Lepr Rev (1981) **52**, 193–196

Book Reviews

Damien, the Leper Priest, by Anne E Neimark. William Morrow & Company, Inc., New York, 160 pp. $7.95.

This is the story of Father Damien, told in colourful prose and written for the young people of today. The saga of the Belgian priest who devoted the last years of his life to the neglected sufferers from leprosy in Hawaii a century ago, certainly bears re-telling. His life – and more especially his death, thanks largely to Robert Louis Stevenson – awoke the conscience of the world to the victims of leprosy. Contracting the disease himself, Damien demonstrated that it was possible to *catch* leprosy, and this was only a few brief years after the (London) Royal College of Physicians had pronounced in a weighty report that leprosy was probably an hereditary disease – and Father Damien's Belgian ancestry was impeccably free from leprosy.

The book is definitely not written for critical leprologists, but factual blemishes like 'itchy spots on the skin' (p. 51), and 'leprosy . . . a fatal infection' (p. 51) should have been detected and removed; and historical inaccuracies (e.g. leprosy occurring 2000 BC in India and China, and 1500 BC in Japan (p. 52), and Moses advising 'oil and tree sap' (p. 56) as treatment, might have been avoided; and the statement (on p. 59) that 'a quarter of Europe's people had been attacked by leprosy' is surely an exaggeration. The unknown 'mysterious causes of leprosy' (p. 91) had been earlier discovered and 'labelled *Mycobacterium leprae*' (p. 82). It was news to the reviewer that leprosy could 'degenerate the tissues of the body' (p. 51), and that earlobes could be so enlarged that they 'hung to the shoulders' (p. 52).

However, these professional cavils will probably pale into insignificance in the eyes of those who are offended by the recurrence of the banned word 'leper' in the title and throughout the book. The word has today a false ring about it, as dated and objectionable as the word 'native' (p. 29). Has *The Star* been fighting a lone and losing battle over the years, in the country of its birth?

Apart from these criticisms, the story unfolds with the maximum of evocative and gruesome descriptions of the horrors of the untreated disease. One's admiration for the figure who found Molokai a cesspool of vice and filth and left it a garden is enhanced by the retelling of this heroic and challenging tale.

S G BROWNE

A Guide to Leprosy Control. WHO publication, Geneva, 1980, 97 pp. Sw. fr. 15.

The fact that there were 3,599,949 registered cases of leprosy in the world at the end of 1976 does not reflect the magnitude of the leprosy problem as the actual number of cases is estimated to be at least three times greater. Furthermore, only three-quarters of all registered cases are receiving treatment. Clinical disease appears only in a small proportion of infected persons as the majority have subclinical infection; therefore leprosy is a disease with a high infectiousness and a low pathogenicity. Disabilities are the main cause of prejudice against the disease, affecting about 50% of registered cases, and in addition there may be 2 million unknown partially handicapped patients, thus illustrating the social relevance of leprosy control, for no other disease

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arouses such adverse reactions in the community and causes so much distress to patients and their families.

Although the mode of transmission has not been established with certainty, airborne spread is probably the most important, but other modes of transmission cannot be ruled out. All patients should be treated, even though some non-lepromatous skin lesions may disappear without treatment, but every effort must be made to establish certainty of diagnosis. Details are given of the physical signs of leprosy, neural and dermal, but in discussing palpable nerve thickening no mention is made of the diagnostic importance of hardness or of surface irregularity. Further help in diagnosis can be obtained from the histamine test, the indelible pencil test (in hot countries), skin smears, nasal smears, and in some cases skin biopsy may be necessary.

Two systems of classifying leprosy are described in detail, the Madrid classification of 1953 and the Ridley–Jopling classification of 1962 and 1966. Dapsone is given priority in chemotherapy, and in order to minimize the emergence of resistant strains of *Mycobacterium leprae* it is advised that full dosage should be used throughout treatment and without interruption. In multibacillary forms of leprosy initial treatment should be with two drugs, after which Dapsone can be used alone; one method is to add Clofazimine in dosage of 100 mg daily, or 3 times a week, for the first 4–6 months, and another is to add Rifampicin 300–600 mg per day for a minimum of 2 weeks. Other possible combinations must be considered in relation to toxicity, effectiveness, cost and availability. At follow-up examinations of multibacillary cases it is important to take skin smears every 6–12 months in order to observe the reappearance of solid-staining bacilli as bacteriological relapse due to secondary resistance precedes clinical relapse. Secondary resistance to Dapsone is likely to develop in 5–20 years after beginning treatment, and under field conditions it can be confirmed if there is lack of improvement after giving regular and supervised treatment for 3–6 months. Alternative lines of treatment are described for such cases, Defaulting is the main obstacle to the effectiveness of leprosy control, and the even greater importance of guarding against defaulting on combined treatment is stressed. Advice is given regarding the assessment of clinical inactivity and the duration of treatment in the various types of leprosy.

As regards complications of leprosy and their management, the following are described: reactional states, hand deformity, neuropathic bone and joint damage, planter ulcer, foot drop, claw toe, infected vascular lesions and eye complications.

The basis of leprosy control is case-finding and effective therapy (secondary prevention), for BCG vaccination is not a specific prophylactic measure and it may be a long time before a specific vaccine is available (primary prevention), and other aspects include heath education, protection of household contacts, prevention of disabilities, rehabilitation, and social assistance to patients and their families. Important adjuncts to leprosy control are a rising standard of living and education, and more effective drugs. Priorities in leprosy control are effective treatment and follow-up, especially for multibacillary cases, and surveillance of contacts. Treatment should be on an out-patient basis, beginning with mobile units until health clinics can be established, and compliance with a tablet regimen may be helped by giving an injection of Acedapsone 225 mg every 75 days (the reviewer would prefer 3 months as Acedapsone is effective over this period and lunar months are readily comprehended). In-patient care should be carried out in a general hospital, should be short-term and restricted to special cases. Leprosy villages are not advocated.

The general objective of leprosy control should be to cover the whole country and to combine leprosy services with other health services, and detailed advice is given regarding the planning and running of a control programme, including a description of the set of forms for recording data prepared by WHO and the International Federation of Anti-Leprosy Associations (OMSLEP).

In a series of Annexes details are given of the preparation of standard integral (Mitsuda type) lepromin, techniques in clinical and bacteriological examinations, schemes of treatment for patients harbouring Dapsone-resistant bacilli, adverse reactions to Rifampicin, control of Dapsone intake by urine testing, and the OMSLEP system of recording disabilities. At the end of the book there are 57 references and an Index.

This is a comprehensive and authoritative publication which deserves to be widely circulated and studied.

W H JOPLING

Leprosy in Tropical Australia, by J C Hargrave and E R Jones. North Territory Medical Service, Darwin, 1980. Unpriced.

This well produced and profusely illustrated book of 59 pages sub-titled 'A short guide for field staff in the diagnosis, treatment and management of leprosy', is an enlarged and up-to-date edition of an earlier book published in 1970 entitled *Leprosy in Northern Territory Aborigines*. The various sections include descriptions of 4 types of leprosy (indeterminate, tuberculoid, lepromatous and borderline), the management of paralysed and insensitive hands and feet, the causation and treatment of plantar ulcers, eye damage, reactional states, the taking of smears and biopsies, and the basic principles of leprosy control. On the subject of chemotherapy pride of place is given to Dapsone and Acedapsone, and side effects of Dapsone are fully discussed. Other drugs described are Clofazimine and Rifampicin. Compelling reasons are given for treating patients on an out-patient basis and reserving short-term hospital admission for the management of complications.

All photographs are in colour and are of the highest quality; there are 15 showing the various types of leprosy, with additional illustrations of muscle paralysis and ulceration of hands and feet. Finally there are 17 pictures of skin conditions and limb deformities which could be confused with leprosy.

The reviewer was particularly interested to learn three things about leprosy as it affects Australian Aborigines: there is no stigma associated with the disease (although it is known as the 'Big Sickness'), blindness is rare, and indeterminate macules most commonly affect the face. The authors are to be congratulated on this excellent publication which deserves a wide readership.

W H JOPLING

The Application of Advances in Neurosciences for the Control of Neurological Disorders. Report of a WHO Study Group. (World Health Organization Technical Report Series, 1978, No. 629, ISBN 92 4 1206292.) Sw. fr. 9. (French and Spanish editions in preparation).

The following is extracted from a recent WHO announcement:

'In the last few decades considerable progress has been made towards achieving an understanding of organic infections of the nervous system, largely through the use of new techniques and the application of knowledge derived from the basic sciences. Unfortunately, few of the developing countries possess the facilities, personnel or equipment required for effective neuropathological investigation, prevention and treatment. The high prevalence in the Third World of a variety of diseases that cause disorders of the nervous system thus presents a formidable challenge.

'It was with the specific objective of trying to ameliorate this situation that WHO convened a Study Group to discuss the application of recent advances in the neurosciences for the control of diseases with neurological sequelae, some of which afflict millions of people yearly in Africa, Asia and Latin America.

The report of the Study Group, which has just been published, is concerned essentially with the following diseases: epilepsy and other convulsive disorders; cerebrovascular diseases, with special reference to

stroke; malnutrition and nutritional neuropathies (e.g. tropical ataxic neuropathy); cerebral malaria; trypanosomiasis; cysticercosis of the nervous system; leprosy, bacterial meningitides; viral infections such as kuru and other infectious disorders of the nervous system; and parkinsonism. Each disease is dealt with in a separate section, which examines etiology, epidemiology, neuropathology, therapeutic approaches (including pharmacokinetics), measures for prevention and control and, in some cases, the social implications for those afflicted.'

Office Techniques for Diagnosing Skin Disease, by William H Eaglstein and David M Pariser. Selected photography by Carroll H Weiss. Year Book Publishers, Inc., Chicago and London, November 1978.

This is a hardback of 194 pages, including a good index, by authors from the University of Miami Medical School and the Eastern Virginia Medical School, USA. The book was originally written to describe techniques which could be performed almost on the spot, in or near the consulting room, thus minimizing the usual delays in submitting material for routine laboratory examination. 'It is not often', reads one sentence in the Preface, 'that clinicians can confirm their diagnoses with techniques that they control.'

A wide range of diagnostic procedures are described for fungal, infective and parasitic diseases, many of them of perhaps prime interest to the clinical dermatologist, although many are relevant to tropical medicine. This book is noteworthy in that pages 83–185 are devoted to illustrations, many of them in colour, of the relevant techniques. Some of those on slit-skin smear techniques in leprosy, especially Fig. 10-3 and Fig. 10-4, showing incision and scraping, are unfortunately below the general standard. (To our knowledge, a really good series of absolutely clear photographs illustrating this simple but important procedure has yet to be published.)

Unusual Presentation of Extragenital Cutaneous *Schitosomiasos mansoni*, by W K Jayck, R V Lawande and S S Tulpule. *British Journal of Dermatology* (1980) **103**, 205.

'An African patient with a hypopigmented plaque on the face, suggesting clinically tuberculoid leprosy or sarcoidosis, is described. Histology revealed palisading granulomas surrounding ova of *Schistosoma mansoni*.'

This interesting single lesion, which was not anaesthetic, is well described and illustrated in this report by two plates showing the histological changes, including many ova within the granuloma. In the discussion, the authors point out that only 10 cases of extragenital and extra-anal cutaneous schistosomiasis have been reported and they conclude that in endemic areas this condition must be considered in the differential diagnosis of cutaneous granulomas, along with sarcoidosis, granuloma multiforme and tuberculoid leprosy.

Health Education Index and Guide to Voluntary Agencies, 1980, compiled and edited by Brian Edsall. Published by B Edsall and Co. Ltd, 36 Eccleston Square, London SW1V 1PF. £15.

This is a paperback of 362 pages, measuring 18 by 23 cm, with no less than 500 sources, classifying over 9,000 different items on health education material. It also includes an exhaustive listing of the names, addresses and telephone numbers of specialist voluntary and professional organizations likely to be helpful in this subject, and the availability of speakers on various subjects. The price is considerable, but the information extensive and extremely well presented; it covers books, pamphlets, films, film strips, slides, flannelgraphs, lecture notes, loops, overhead transparencies, posters, tapes and tape casettes, video casettes and wallcharts.

A C McDOUGALL