

Book Reviews

Bitter Pills: Medicines and the Third World Poor by Dianna Melrose. Published by Oxfam.

'A woman was crying. We found her with a dead baby in her arms and a collection of medicine bottles beside her. She had spent all her money on these expensive drugs. . . . The baby had become severely dehydrated from diarrhoea. Her death could have been prevented with a simple home-made solution of water, salt and sugar.'

Millions of people in the Third World die or suffer from curable or preventable conditions because of problems in making effective drugs available to the world's poor. Problems abound, solutions are far more elusive. The demands of market forces dictate the drugs which are available—more than a third of the drugs on the market in Nepal in 1980 were multivitamin tonics—profit margins, rather than need, determine who gets what; sales promotion is the major source of medical information. Dianna Melrose documents the case-histories of abuse, greed and ignorance, but while the pharmaceutical industry receives most of the criticism, one is left to ponder why governments, both developed and developing, have not taken a more assertive role. Thus, if the Third World regulatory agencies' reliance on manufacturers' information on toxicity has proven, not surprisingly, unsatisfactory, why hasn't the extensive information generated by the agencies of developed countries been utilized? If the interests of the drug companies and the interests of the poor cannot both be satisfied by commercial pressures, then it is the poor who need legislative protection. It is to be hoped that the leads taken by the governments of Bangladesh, Sri Lanka and Mozambique in controlling the numbers of drugs available and in limiting the freedom of the prescriber, are seen to be successful and are followed elsewhere.

Bitter Pills is a thought-provoking book

which demonstrates that while the gap between the laboratory and the pharmacy shelf may be large, the gap between the pharmacy shelf and the provision of essential medical help to the Third World poor can be even larger. The book provides a voice for the sick and poor which, if we are to prevent the sale of anabolic steroids as appetite stimulants for children, the over-the-counter sale of toxic anti-cancer drugs as 'safe cures for all cancer', or any of the other abuses which are eloquently described in *Bitter Pills*, we would all do well to hear.

M J COLSTON

The Biology of the Mycobacteria. Volume 1. Editors C Ratledge and J Stanford. Academic Press, 1982.

This is the first part of a 2-volume publication. This first volume deals with mycobacterial physiology, identification and classification, while the second volume is concerned with immunological and environmental aspects. The book brings together a wealth of information on basic and laboratory aspects of the mycobacteria, and should be of great benefit to those working in this field. It is likely to be of less value to those whose primary interest is in the clinical aspects of mycobacterial diseases, unless they are seeking to increase their basic knowledge of the mycobacteria.

The book is a multi-author publication, with chapters on the anatomy of mycobacteria, lipids (2 chapters), nutrition and physiology, *Mycobacterium leprae*, genetics, antimycobacterial agents, diagnostic bacteriology, and taxonomy. The coverage by each of the authors is very comprehensive, providing an excellent reference text for each of the areas covered. The mycobacteria emerge from this book as being essentially similar to other groups of bacteria,

but the importance of the lipid-rich cell envelope is attested for, not only in the chapters dealing specifically with mycobacterial lipids, but also in those dealing with the structure, physiology and taxonomy of the mycobacteria, and with the development of antimycobacterial chemotherapeutic agents. No doubt Volume 2 will provide even more compelling evidence on the importance of the bacterial cell surface in the evolution of mycobacterial pathogenicity.

M J COLSTON

British National Formulary (BNF), Number 5, 1983, 456 pp., paperback.

This publication, jointly from the British Medical Association and the Pharmaceutical Society of Great Britain, has just appeared in the UK and will no doubt prove as invaluable to general practitioners, hospital doctors, specialists and medical students as the numerous previous

issues. It is, however, now somewhat larger and certainly heavier than previous versions, which used to slip easily into the doctor's pocket, to be consulted inconspicuously and without too much loss of face. A glance at this Number 5 will, however, confirm the enormous breadth and complexity of pharmacology and therapeutics in 1983, and it must surely be only the exceptional doctor who can keep abreast of new developments, including side-effects and incompatibilities. The BNF includes useful pages on prescription writing; prescribing for children; the elderly; those with liver and renal disease; pregnancy and lactation. There are also sections on adverse reactions to drugs and drug dependence. Most of the basic tropical disease drugs, including those for leprosy, are well covered. Available from the BMA, Tavistock Square, London, WC1H 9JP or the Pharmaceutical Press, 1 Lambeth High Street, London SE1 7JN.

EDITOR

The Scientific Working Groups on Immunology of Leprosy (IMMLEP) and Chemotherapy of Leprosy (THELEP) of the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) wish to undertake a series of trials of immunotherapy of lepromatous leprosy. The first trials are designed to compare the efficacy of three vaccines—BCG, heat-killed *Mycobacterium leprae* (HKML), and the combination BCG + HKML—in terms of the proportions of treated, smear negative lepromatous patients who develop skin-test reactivity to a soluble antigen prepared from *M. leprae*. A protocol* has been prepared, which calls for four groups, each of 100 such patients. The patients are to be skin-tested and vaccinated on eight occasions at intervals of three months, and followed thereafter for a period of five years. Leprosy treatment centres interested in participating in such trials are invited to write to Dr S.K. Noordeen, Secretary, IMMLEP and THELEP Steering Committees (TDR), World Health Organization, 1211 Geneva 27, Switzerland.

* "Protocol for a trial to determine the capacity of several vaccines to produce skin-test reactivity to a soluble *M. leprae* antigen in treated smear-negative patients with lepromatous leprosy."