Lepr Rev (1990) **61,** 297–298

Book Review

***Practical dermatology in pigmented skins.* M. D. Preciado**

This manual is a pocket book intended for the primary health worker, nurse and paramedic. It is written by a nurse who has worked for many years in East Africa. Taking into account the dearth of dermatology specialists in Africa and the fact that most dermatology is in the rural areas, this book makes a thoroughly worthwhile attempt at solving an enormous problem. It deserves to be successful.

Dermatology has developed from the recognition of minute physical signs which are then named. This has resulted in about 2000 or so entries which are used for communication between dermatologists. Whether in rural areas of Africa it is necessary to know all these names remains debatable. Dermatologists practise by pattern recognition. They learn by seeing skin lesions and noting their distribution. One can compare dermatologists to radiologists and pathologists and say that their practice is impossible without pictures. This creates a problem for textbooks for the developing world because pictures are expensive.

This manual is illustrated by only 64 photographs, about 50 of which are very good, and the remainder are either not good pictures or probably irrelevant to practice (plate 31 cylindroma; plate 26 adamantinoma).

How then does this book attempt to teach dermatology. It uses a classification based on physical signs using terms like 'swollen', 'large' and 'generalized'. The leprologist might begin with 'lesions flat' and then pass on to the section on macular lesions, alighting on the 'hypopigmented section and would eventually find leprosy under the further heading of non-scarring. One is then given various numerals—sometimes in brackets and sometimes not, which indicate the page numbers of major texts, like Rook's *Textbook of Dermatology*. Unfortunately, this is based on the second edition and the editors are already preparing the fourth. The system works quite well, nevertheless. The reader proceeds on the simplest recognizable pathological condition to the more complicated and the author emphasizes characteristic and pathognomonic signs. However, anyone who has had a period of training with a dermatologist in a dermatology department and has had the chance to look at a few skin lesions, might move beyond this book and require a more typically organized dermatology manual.

The same may be said about management. In the developing world, it is difficult to know exactly what perspective should be propagated, at least in terms of cost effectiveness. When some clinics cannot even purchase benzyl benzoate, perhaps it is right to say that 'any oil can be used effectively against scabies: paraffin oil, petroleum, engine oil, palm oil, peanut oil, etc'. However, I can imagine that some reviewers will read these management sections with thoroughly western eyes. For instance, in the UK, there is currently a campaign by some of the nursing profession against Gentian violet and Eusol. The former can produce cancer in mice and the latter is not too popular with cells grown in tissue culture. The reviewer has got into trouble for saying that he regards these agents as excellent for practical use and hopes that western views will not result in such excellent agents becoming unavailable in the developing world.

Overall, Miss Preciado has done extremely well but dermatology is a very difficult subject.

There are a lot of minor criticisms that I have listed as I have gone through this book but no two

readers would probably agree on any one, and overall, I would wish to recommend this book and say it is a splendid effort and it deserves to be widely distributed.

Inn Publishing Co Ltd, 11 Eastcheap, London EC3M 1BN, UK.

WHO Expert Committee on Leprosy, *Sixth Report*. Technical Report Series No. 768

This important report (52 pp) covers so many aspects of leprosy, such as epidemiology, chemotherapy, control, bacteriology, immunology and research, that the reviewer proposes to concentrate on certain aspects of particular importance to those concerned with the treatment and control of the disease:

Definition of a case of leprosy. A 'case of leprosy' is a person showing clinical signs of leprosy with or without bacteriological confirmation of the diagnosis, and requiring chemotherapy.

Prevalence of leprosy. This should be computed on the basis of patients requiring or receiving chemotherapy. Separate lists should be maintained for (a) those who have completed chemotherapy and are under surveillance, and (b) those released from surveillance but need care and assistance because of disabilities.

Classification for control programmes. The classification of patients into multibacillary (MB) and paucibacillary (PB) leprosy is not an attempt to formulate another system of classification but only a method of grouping patients together for the purpose of multidrug therapy (MDT). Whereas it was previously considered acceptable that PB patients could have positive skin smears so long as the BI was less than 2, it is now advised that such patients be classified as MB for purposes of MDT.

Bacteriological examination. It is considered essential to train control programme personnel in taking smears of good quality and to organize an efficient service for collecting and processing them. Although clinical improvement is accelerated by MDT, the attainment of smear negativity is not.

MDT for leprosy control. The original standard regimens are approved. Annual follow-up examinations should be carried out for a minimum of two years in PBL and of five years in MBL. Relapses in PBL are about 1 per thousand, and in MBL are about 0·2 per thousand.

W H Jopling

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