Book Review

Biopsy of skin lesions in leprosy. Stains, Pathogenesis and Classification. K. Harada

This is a funny thing indeed. The title and appearance (A5 white booklet) looks similar to the publication of Dennis Ridley 'Skin biopsy in leprosy'. That went through 3 editions (the last in 1990), published by Ciba-Geigy, and covered synoptically the immunopathological spectrum of leprosy which Ridley (and Jopling) had so brilliantly conceptualized; the various patterns of dermatopathology of leprosy were discussed systematically and well illustrated; the standard staining methods and useful immunocyto-chemistry were covered, as was differential diagnosis.

Frankly, it would have better if the present production had been smothered before birth. The author is notable for contributing a useful additional staining method for leprosy bacilli—the periodic acid carbol pararosanilin stain—which helps detect degenerate bacilli that have lost acid fast-ness. Nearly one third of the booklet concerns the staining of acid-fast bacilli (historical, comparative, and illustrated in colour); but this is quite out of proportion, and most of the illustrations are of obviously multibacillary leprosy cases. No help with sorting out a problematic non-bacillated granulomatous dermatitis will be found here. The booklet cannot have been proof-read by a fluent English speaker, and the syntactic and spelling mistakes are innumerable. And does the phrase 'The indeterminate patients appear ''versine'' [sic] in the immune response for *M. leprae*...' (p. 51) mean anything, or is it another misprint?

The first section describing the range of histopathology of determined and early leprosy is jumbled without subheadings, includes ENL but not delayed hypersensitivity reactions, and confusingly introduces a novel subclassification of BB leprosy. Two tables (slightly different) are printed listing the histological features as they reflect the Madrid, Ridley–Jopling, and Harada's own, classifications. Under pathogenesis, the author holds the view that nerve Schwann cells evolve into epithelioid cells when infected by *M. leprae*—quite why is unclear. Tuberculosis is compared with leprosy histopathogenetically, but absent features include a proper account of differential diagnosis, the role of immunocytochemistry, DHRs and the bacterial index.

In summary, pathologists seeking assistance in their diagnostic work, whether they see frequent or only occasional specimens, will not find this booklet useful. Leprosy workers seeking a scientific background in their activities will be confused.

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