Book Reviews

An Englishwoman in Japan: Hannah Riddell, pioneer of leprosy work in Kumamoto, Kyushu, Japan, 1894–1950. Julia Boyd

Rutland, Vermont and Tokyo, Japan. 1996. 215 pp

This is a remarkable book (hardback), describing the life and endeavours of an indomitable lady who established one of the first modern leprosaria in Japan in the year 1894. As the wife of the British Ambassador in Japan, 1992–96, the author, Julia Boyd, was invited to attend the inauguration of the Riddell-Weight Memorial Society of Kumamoto, Kyushu and this inspired her to research and publish an account of the life of Hannah Riddell, who was sent out to Japan in November 1890 under the auspices of the Church Missionary Society (CMS). Her inspiration to enter leprosy work derived from a visit to the Honmyoji temple in Kumamoto, where she encountered victims of leprosy in various stages of advanced disease and degradation. The book, which is extremely well written and commendably accurate on medical aspects, traces the 50-year story of a highly motivated and determined English lady to built and run a leprosarium in a foreign land, quite often in the face of opposition and criticism from the authorities. The hospital complex included a laboratory, to which Michitaro Uchida was appointed as first director, ‘... having been interviewed for the job by Hannah at the Imperial Hotel in Tokyo.’ Although somewhat expensive, this biography contains a wealth of information on many aspects of leprosy work in Japan in the period leading up to the Second World War, together with 57 black and white photographs, many of them of historical importance and almost certainly not published before. Number 53, on the closure of Hannah Riddell’s leprosarium at Kaishun, is particularly poignant; it shows workers dressed in protective clothing, including gum boots, masks and gloves, as they supervise the removal of patients’ furniture and personal belongings on 3rd February, 1941.

Charles E. Tuttle

Mycobacteria and human disease. John M. Grange


From the mid-1980s, many countries identified a disturbing increase in the number of TB patients from within their own communities. WHO declared tuberculosis a global emergency. Funding for research and public health expanded and this was associated with a concomitant increase in the number of publications including many books. Simultaneously, there was an increase in attention paid to leprosy and the goal of achieving its elimination was announced as a foreseeable reality. In addition, with the advent of AIDS, atypical mycobacteria, especially Mycobacterium avium intracellulare, were recognized as important human pathogens. Therefore, it is surprising that so little attention has been paid to the ‘collective’ — the mycobacteria themselves. No doubt, editors and publishers of TB books would argue that inclusion of other mycobacteria would dilute the ‘biggest of all infectious killers’. So why collect together this seemingly mixed bag of mycobacteria? At one level, this could be seen as a result of
microbiological and histological categorization and, in the case of this book, reflect the author’s background. From a clinical perspective, the common mycobacterial diseases are a disparate collection, affecting a variety of different systems, each with its own unique natural history. However, this ‘mixed bag’ has more in common than its genetic ancestry alone, and a variety of useful scientific and clinical questions can be asked when comparing mycobacteria with each other. For example, are there immunological similarities between leprosy type 1 (reversal) reactions and the paradoxical worsening of clinical features occasionally seen following the commencement of anti-tuberculous treatment? Is it likely that genetic predisposition to atypical mycobacteria seen in certain Maltese families applies to its phylogenetic cousins? Is intracellular processing of mycobacterial antigen down an MHC class I pathway present for all species (with induction of CD8+ T cells) or is this limited to only some pathogenic mycobacteria.

Whether you feel that this second edition of *Mycobacteria and human disease* provokes such a debate, is not critical. What this book certainly achieves, is to remind us of the relatedness of these diseases as well as their distinctions. In its entirety, it presents an excellent overview of many aspects of mycobacteria. It fills gaps which have been previously skimmed over by equivalent texts. The author’s practical and theoretical expertise is evident and, as a single author book, it offers a coherent balance of subject matter and style. The subject matter is very comprehensive considering its relatively short 230 pages. It deals with historical background, microbiology, genetics, immunology and immunosuppression, vaccines, public health and clinical disease. Particularly good are the sections covering mycobacteria cell structure, a description and classification of important species, diagnostic issues and the epidemiology/disease control section. However, single author textbooks have weaknesses. The immunology section seemed the least strong. The author concentrated on issues relating to delayed-type hypersensitivity and, although this is of interest, it represents only one aspect of mycobacterial immunity. Other issues concerning the complexities of cellular immunity and vaccine design were either missed out or alluded to very briefly. Also, the sections covering the clinical presentation, diagnosis and management of tuberculosis did not have the feel as if they had been written from a practical perspective, but came across as a catalogue of disease presentations. Despite the inevitable shortcomings of single authorship, this ‘monotherapy’ should be taken, as the benefits easily outweigh the adverse effects!

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