

BOOK REVIEWS

Leprosy for medical practitioners and para-medical workers, Thangaraj RH and Yawalkar SJ : CIBA-GEIGY Limited, Basle, Switzerland, 1986; pp 92, Price complimentary.

Because of the tremendous amount of research undertaken during the last few years and the vast knowledge accumulated thereby many books have recently been written on leprosy. This book is a small but excellent monograph highlighting the latest information on various aspects of leprosy. The language of the manuscript is very simple, clear and unambiguous. The text has been split into fourteen chapters each giving an adequate account of the disease. The first chapter includes different names used for leprosy in various languages of the world, and this is followed by historical background, prevalence of leprosy in the world, bacteriology, epidemiology, evolution of leprosy lesions, clinical features, differential diagnosis, laboratory diagnosis, treatment, reactions in leprosy and their management, deformities, prevention and control of leprosy, and rehabilitation. Most of the chapters are well written, accurate and adequate. The list of references provided at the end is exhaustive though it is neither complete nor it is expected to be complete. Recommendations for further reading include reference to the various books, brochures and journals dealing with leprosy. A brief mention of the major milestones in the field of leprosy is quite interesting. Without going into the details of various controversies in leprosy, this book succeeds in conveying a general consensus of opinion in all the aspects of leprosy. This book should be extremely useful to all the categories of leprosy workers including the medical practitioners and para-medical workers for whom it is primarily meant,

except perhaps for the workers engaged in leprosy research. We would highly recommend it for undergraduate students as also the post-graduates.

Nevertheless, as is usual with all manuscripts, there are some errors and differences of opinion which are listed below. (1) It has been mentioned in this book that TT cases are the most common in India while the fact is that the borderline group constitutes the major bulk of cases. Similarly, TT type has been described to have daughter lesions and the same has been illustrated in fig. 25. This type should be diagnosed as BT leprosy rather than TT. (2) The manuscript creates the impression that histoid leprosy is the result of drug resistance, though this is not the current view about histoid leprosy. (3) Nutritional dyschromia is a controversial and perhaps an arbitrary condition which is not accepted by many workers. (4) It is generally taught that the sensory loss in leprosy is in the order of temperature, touch and pain. The statement made by the authors that it is the touch sensation which is lost first, needs confirmation. (5) Likewise, the distinction between tuberculoid major and minor types also needs clarification. (6) The practice of isolating the multi-bacillary leprosy patients is not being favoured these days because the patient is likely to have infected the contacts if at all before the leprosy was detected in the patient. Thus, by isolating the patient one is likely to create more social and psychological problems compared to the benefits. (7) The reviewers do not agree with the WHO recommended regime of monthly doses of rifampicin chiefly because there is a grave risk of introducing resistance to rifampicin for leprosy as well as tuberculosis, especially when a significant proportion of patients are

likely to be resistant to dapsone. In such cases the only continuous drug would be clofazimine. The reviewers believe that either rifampicin should be used continuously or not at all. (8) The use of the commercial name Lamprene in place of clofazimine should have been avoided. It is preferable to use the generic names rather than the commercial names.

Apart from these few shortcomings/differences of opinion, the book is an excellent material supported with good printing, quality photographs, tables and charts.

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