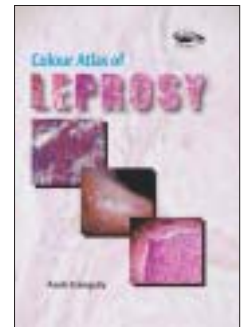


A color atlas of leprosy

Asok Ganguly

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There are no suitable atlases to date for leprosy in dark-skinned patients, despite the fact that this population living in Southeast Asia comprises the largest case load. Therefore, this treatise giving a pictorial description of leprosy is welcome and the efforts of Dr. Asok Ganguly are to be appreciated.

This book, 'A Color Atlas of Leprosy' with almost 400 pictures, is a fair presentation of the varied manifestations of clinical leprosy, covering both the Ridley and Jopling and the Indian Association of Leprologists (IAL) classification, including a few slides on nerve thickening, histopathology, reactions, deformities, and many of the conditions that cause difficulties in the diagnosis of leprosy. A brief write-up in simple pointwise fashion at the beginning of each chapter, prepares the reader for the pictures that follow.

Although a large number of pictures of lesions/patients with varied manifestations of leprosy have increased the utility of this atlas, it has resulted in not only overlap, but also some confusion related to the tuberculoid type of the disease (TT, Tm, and BT). Some of the pictures shown as TT or Tm are actually of BT patients. Likewise, some of the BT pictures are possibly those of BB patients. Bacteriological and histopathological confirmation throughout would have added weight, in particular, with the presentation of indeterminate and single lepromatous lesions (BL/LL).

The quality of the clinical photographs and

photomicrographs, particularly those showing acid fast bacilli (AFB), could have been better in terms of their focus on the lesion/s, aperture for light, and the color. Many of the clinical pictures are better replaced in the next edition.

As stated above, the summary at the beginning of each chapter appears to be based on the personal views of the author. Some corrections are needed with regard to lepromins (page 6). Lepromin A is a preparation containing *bacilli* obtained from tissues, particularly the liver, of infected armadillos. Similarly, the Dharmendra antigen is *not a soluble protein* but a suspension of defatted *Mycobacterium leprae* obtained from human lepromas. Unlike what is mentioned on page 9, erythema nodosum leprosum (ENL) is more often *not limited to the extremities but frequently appears on the trunk and the face, including the external ears. Likewise, TT lesions are often erythematous and raised* and not always hypopigmented as mentioned on page 17.

I am sure that the problems mentioned above as well as some minor English language corrections would be taken care of in the subsequent editions of the book.

Overall, the book is likely to be useful for residents' training in dermatology and those involved in leprosy fieldwork in India and the neighboring countries.

- B.K. Girdhar