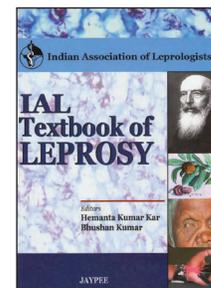


IAL Textbook of Leprosy - Hemanta Kumar Kar and Bhushan Kumar

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The idiom “Do not judge the book by the cover” for once is not proving true. The cover of “IAL Textbook of Leprosy” is very thoughtful with a pleasant color scheme. Right from Gerhard Armauer Hansen’s discovery of *Mycobacterium leprae* aptly captured by the discoverer photograph and the *M. leprae* shown in the backdrop, picture of *Hydnocarpus* leaves and seeds, perhaps the only panacea in the management of leprosy in early twenties, the glaring ghosts of leprosy complications and the importance of rehabilitation and fight against deformities, each photograph has been rightfully chosen to reflect the journey of leprosy in the world.

The list of contributors is impressive and they are aptly chosen. The book is divided into nine sections, viz., the disease history and epidemiology, basic scientific considerations and pathology, clinical and laboratory diagnosis, disease complications, systemic involvement and special situations, therapeutics, prophylaxis and monitoring, miscellaneous issues, rehabilitation and social issues and future prospects. It has 624 pages with readable font size.

The first chapter of historical background is very fascinating which arouses the feelings of wanting more. Perhaps Dr. Shubhada S. Pandya will write history of leprosy world over with the same gusto. Indian contribution to various aspects of leprosy reads like a story. Visit of Henry Vandyke Carter of Mumbai Medical Service to Hansen’s laboratory, and believing in contagion theory and suggesting the segregation of the affected as the most effective control measure, James Robinson of Bengal Service describing two types of leprosy: Elephantiasis tuberculata and Elephantiasis anaesthetos, the mixed variety of leprosy being described by Carter of Mumbai are some of the interesting facts which caught my attention.

Some other historical events are as follows. Sir Leonard Rogers of Indian Medical Service backed his colleague Ernest Muir’s description of reactionary episodes. Carter while working in Mumbai in the 1860s suggested leprosy as a sensory nerve disease, based on his clinical observation and post-mortem dissections carried out at JJ Hospital. He also was the first to demonstrate leprosy bacilli and tuberculous bacilli using Ehrlich stain. George Sticker found large bacillary clusters in the nasal smears of inmates of “Homeless Leper Asylum” in Mumbai and suggested nasal route of entry of leprosy bacilli. Robert Cochrane while working in India along with Vasant Khanolkar worked on the classification based on clinical features. Rogers’ experiment of injections of sodium chaulmoograte in India were initially praised and later criticized due to its ineffectiveness. Pioneer work of Muir in the Calcutta School of Tropical Medicine and his theory of “Propaganda, Treatment, and Survey” (PTS) scheme guided the National Control Programs. Robert Cochrane’s work in Madras Province influenced many leprologists such as Paul Brand (surgeon) in India. He opened leprosy out patient departments in public hospitals and became the Principal of Christian Medical College at Vellore. Along with John Lowe, Cochrane introduced dapsone therapy in India.

The chapters on epidemiology, global scenario, national Scenario, National Leprosy Eradication Program (NLEP) and new paradigms have been adequately dealt with appropriate charts. The chapters on genetic susceptibility and immunogenetics, immunologic aspects, bacteriologic aspects, biochemical aspects, and pathologic aspects are written in a simple and lucid way with plenty of diagrams and histopathologic slides.

History taking and clinical examination is a chapter

with educative tables, diagrams and clinical materials elucidated by arrows in the clinical photograph to draw attention. Various tests for muscle power testing displayed in the chapter will find great favor from the students and field workers. Chapters on classification, case definition and clinical types, with a special chapter on Histoid leprosy give an in-depth knowledge of the respective topic. Laboratory diagnosis, serologic and molecular diagnosis, differential diagnosis of skin and neurological and other conditions are the most important chapters which are flawless in tackling the respective issues.

Structure and electrophysiologic studies of the peripheral nerve, pathogenesis of nerve damage, methods of nerve examination, neuritis and its various aspects, leprosy reaction, systemic manifestations, leprosy and HIV infection, leprosy and pregnancy and leprosy in children are the next chapters in chronologic order, all of them written with a clarity expected from such a masterpiece.

The next chapter is on chemotherapy which profiles the current as well as the newer drugs for leprosy. The chapter on development and evolution of WHO MDT and newer treatment regimes gives an overview of rationale and utility of various regimens, post-treatment surveillance and concepts of relapses in leprosy. Recording, reporting and monitoring of MDT and post-treatment follow-up are dealt with elaborately with CRFs and formats for recording and reporting. This is an important chapter which educates us about the importance of recording and reporting and its impact on the NELP.

Management of leprosy reactions and management of pain and neuropathic pain have been given due attention in chapters 30 and 31, respectively. Subsequent chapters on leprosy vaccines and immunotherapy, and chemoprophylaxis have given detailed information. The chapter on deformities of face, hands and feet, and their management has

displayed simple health educational pamphlets which are self-explanatory. Deformity/disability prevention and nursing care for leprosy patients are often neglected by clinicians and therefore are made very attractive with plenty of diagrams and illustrations.

Relapses in leprosy, drug resistance studies, viability and bacterial persisters, animal models and ocular leprosy are the heterogeneous subjects which have been clubbed together as miscellaneous issues in leprosy. Section eight deals with rehabilitation and social issues and includes chapters on rehabilitation, community-based comprehensive leprosy work, health education, promotion and counseling, psychosocial aspects, human rights and leprosy, the role of NGOs in National Eradication Program and case studies.

Section number 9, which is the last section, deals with future prospects with a chapter on leprosy scenario beyond 2010, weaves the past, the present and the future issues and concludes that India has shown great resilience in overcoming great obstacles in the past and one can only hope that it will be successful in eradicating the ancient scourge of leprosy through its medical and social breakthroughs.

I am very proud to own this book and wish to extend heartfelt gratitude to Indian Association of Leprosy (IAL) and its executive members for conceptualizing and executing this venture. The richness of experience and profound knowledge of Dr. Hemanta Kumar Kar and Dr. Bhushan Kumar have given an all encompassing comprehensive book to the world. I wish to urge students, teachers, scientists, field workers, leprosy project workers, and members of other faculties of medicine to read, and more importantly, to possess this book.

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