

BOOK REVIEWS

Noussitou, F. M., en colaboracion con San-sarriecq, H., and Walter, J., con una introduccion por Browne, S. G. *Lepra Infantil*. Ginebra, Switzerland: Organizacion Mundial de la Salud, 1976, 31 pp. (In Spanish)

Se consideran la epidemiología, topografía, características clínicas, diagnóstico, clasificación, tratamiento y pronóstico, así como los aspectos psicosociales de la lepra. Los puntos más importantes son:

- 1) Una significativa proporción de todos los casos de lepra comienza en la infancia.
- 2) Prácticamente todas las lesiones de la lepra infantil son inicialmente benignas y en su mayoría bacteriológicamente negativas.
- 3) En una proporción muy alta de los casos tratados hay completa regresión con pocas o ninguna secuela. La curación espontánea es una característica común a muchos casos de lepra infantil, pero un número significativo de pacientes no tratados evoluciona hacia formas adultas de la enfermedad con alto riesgo infeccioso y graves deformidades.
- 4) Se discuten en detalle las ventajas del examen metódico de los niños, principalmente escolares, en los programas de control, así como los problemas de diagnóstico y tratamiento que se presentan en la práctica.—Author's Summary

Nunzi, E., ed. *Quaderni de Cooperazione Sanitaria (Health Cooperation Papers)*. Bologna, Italy: Associazione Italiana "Amici di Raoul Follereau," Organizzazione Cooperazione Sanitaria Internazionale (O.C.S.I.), 1981, 125 pp.

Until a few years ago sulfones seemed to have resolved the problem of therapy in leprosy. The monochemotherapy with sul-

fones had two advantages, the low cost and an easy administration, which granted the success of antileprosy control campaigns. The only problem was the distribution of the drug to all patients.

The good results, however, lead physicians to overestimate the possibilities of sulfones, and low dosages of the drug were introduced.

As one should have expected, low dosage and irregular intake by self-managed patients resulted in resistant strains of bacilli. Today the mainstays of leprosy treatment are being debated again and, as it occurred in tuberculosis, polychemotherapy has been proposed. Of course, polychemotherapy means more complicated administration, higher rate of side effects, higher cost and, last but not least, a better training of paramedical personnel. What drugs do we utilize?

And what schedule do we follow?

If the schedule is too complicated and therefore too expensive, it cannot be realized. If it is too simple and cheap, it will probably produce a new drug resistance.

In this issue of Health Cooperation Papers, we discuss this subject which requires an urgent choice. We do not presume to advise on a definitive therapeutic schedule, but only to stimulate the attention of physicians and the medical authorities.

In the first part of this issue, some reviews can be found that illustrate the various drugs, their possible combinations, and their side effects.

Other papers concern guidelines in management of drug-resistances, chemoprophylaxis, immunotherapy, and immunoprophylaxis.

In the second part, specialists from various countries illustrate their own treatment schemes.—Editor's Foreword by Dr. E. Nunzi