

## BOOK REVIEWS

**Ortner, Donald J. and Aufderheide, Arthur C.**, eds. *Human Paleopathology; Current Syntheses and Future Options*. Washington, D.C.: Smithsonian Institution Press, 1991. Hard cover, 311 pp., black and white illustrations, bibliographical references and index, US \$70 (does not include postage). Available from: Smithsonian Institution Press, Department 900, Blue Ridge Summit, Pennsylvania 17294, U.S.A.

This is an interesting topic reflecting a symposium held at the International Congress of Anthropological and Ethnological Sciences, Zagreb, Yugoslavia, 24–31 July 1988. Contributions dealing with leprosy include (page 23 ff.) an article by Keith Manchester entitled "Tuberculosis and leprosy: evidence for interaction of disease." The interesting position is taken that while tuberculosis has declined due to human efforts, changes in leprosy prevalence have been, and to some extent still are, totally independent of any human efforts at control and eradication. Tuberculosis and leprosy are relative newcomers to the spectrum of human disease with tuberculosis being historically the older of the two. Tuberculosis was described in 4000 B.C. and leprosy in 600 B.C. Leprosy is said to have existed in Egyptian skeletons, possibly by the second century B.C. In Britain leprosy increased during the 11th through 13th centuries, reaching a peak in the 13th century and declining by the 15th century, to virtually disappear by the 16th century. Tuberculosis, in contrast, has continued in Britain until modern times. The author speculates that in Britain when cities developed after the Norman Conquest, tuberculosis increased due to increased crowding in the population. Survivors of tuberculosis are speculated to have shown cross immunity to *Mycobacterium leprae* and, for this reason, leprosy declined precipitously due to the

cross immunity preventing leprosy outright or upgrading host immunity toward non-infectious, tuberculoid forms of leprosy.

Joseph Zias (p. 197 ff.) presented evidence for both tuberculosis and leprosy in the monastery of John the Baptist in the Judean desert which was destroyed by the Persians in 614 A.D. Debra Chase (p. 200 ff.) presented evidence of leprosy in the epilogue to the Code of Hammurapi. As translated, the description does not seem persuasive to a leprologist. Johs G. Andersen (p. 205 ff.) discussed the medieval diagnosis of leprosy. Leprosy was described as a new disease for the first time in the Mediterranean world in 300–250 B.C.

Overall, the collection of articles makes for interesting reading. The difficulties in equating ancient skeletal remains, mummies, and ancient writings with modern disease is apparent.—RCH

**Ridley, Dennis S.** *Skin Biopsy in Leprosy; Histological Interpretation and Clinical Application*. 3rd ed. Documenta Geigy. Basle: CIBA-GEIGY Limited, 1990. Softbound, 63 pages, including index, black and white and color illustrations. Order from CIBA-GEIGY Limited, CH-4002 Basle, Switzerland.

The third edition of the book *Skin Biopsy in Leprosy* by D. S. Ridley, published by CIBA-GEIGY Limited, is an improvement on its previous edition with the addition of a section on classification of nerve lesions.

This book offers a comprehensive and authoritative description of the pathology of leprosy lesions, and is beautifully illustrated. It also summarizes the work of many researchers in the field whose references are given at the end of every section.

*Skin Biopsy in Leprosy* will continue to be widely used by pathologists and trainees involved in research and diagnosis of leprosy.—C. K. Job, M.D., F.R.C.Path.