

BOOK REVIEWS

Job, C. K., Selvapandian, A. J. and Rao, D. K. *Leprosy Diagnosis and Management*. New Delhi: Hind Kusht Nivaran Sangh (Indian Leprosy Association), 1991. Hardbound, 90 pp. Rs.50/ (approx. US\$6.50), Paperback Rs.40/ (approx. US\$5.00), (plus shipping) from Hind Kusht Nivaran Sangh, 1 Red Cross Road, New Delhi 110001, India.

This is the fourth edition of a book first published in 1974. Although it contains only 90 pages it covers virtually every aspect of the field of leprosy beginning with a short history and ending with leprosy control and rehabilitation. It is divided into 23 chapters with 62 black and white photographs. There is a table of contents but there is no index and no references.

This is a well written, easy to read handbook and the information is accurate and up to date. The overall emphasis is toward clinical field work and the persons who are doing hands-on patient care. There is a detailed outline of the steps in clinical evaluation of patients, including a protocol for testing of the major nerves involved in leprosy.

Some items are covered better in this book than in some larger texts, such as the review of classification beginning with the Madrid International, Indian, Ridley-Jopling, and the Job and Chako modifications, as well as the World Health Organization classification for treatment. There are separate chapters on eye and ENT problems, and brief discussions of visceral lesions such as those of the adrenal gland and the liver not usually described in a book of this size.

The authors note correctly that although multidrug therapy is now recommended in all cases, dapsone monotherapy has had a remarkable impact on leprosy worldwide since it was first used 50 years ago, and dapsone monotherapy is still a viable option where multidrug therapy is not feasible. Seven chapters are devoted to the often neglected area of deformities, ulcer treatment, surgery, and rehabilitation. There is an excellent chapter on basic physiotherapy and splinting with a brief review of reconstructive surgery.

The authors' philosophy of patient care and their personal interest in leprosy is well illustrated in a statement in the treatment section: "The first and foremost requirement is an understanding and sympathetic physician who is willing to tailor the treatment to the needs of each patient. The management of leprosy is an art to be imbibed and is not easily acquired by reading a book."

Small handbooks such as this one are usually a compromise to some degree in terms of the material covered and many of the discussions are very brief. However, I have seldom seen a book with as much practical clinical information in a small space as in this one. This is an excellent small book at a modest cost which could be used as a textbook for students, paramedicals, nurses, etc., as well as a concise reference for the nonspecialist who needs a working knowledge of the field of leprosy.—Leo J. Yoder, M.D.

Leprosy in India; a Compendium of Statistics, 1992. Wardha, India: Centre for Social Science Research on Leprosy, Gandhi Memorial Leprosy Foundation, 1992. Softbound, 154 pp. Rs.75 + Rs.4 for postage within India; US\$15 (includes postage) outside India. Order from Centre for Social Science Research on Leprosy, GMLF, Hindinagar, Wardha 442103, Maharashtra, India.

This is an enormous collection of information about leprosy in 1992 in India. To put this information in perspective there is introductory information about selected population statistics in India as well as selected socioeconomic indicators. Details are presented regarding the prevalence of leprosy in each of the Indian states together with registered cases, detection rates, cure rates, etc. Tabulations cover the amount of effort being expended by government agencies and voluntary organizations in terms of funds, manpower, care facilities, and training in each of the states and, in some cases, in each of the districts in each of the states. MDT coverage is updated at a district level. Information is compiled for the available training in leprosy in India for medical officers, paramedical workers,

paramedical supervisors, physiotherapists, nonmedical supervisors, laboratory technicians, etc. An overview of voluntary efforts in leprosy work in India provides information on effects since 1890, including the location of centers, funding levels, etc. The compendium concludes with information about general population statistics, socioeconomic indicators, the distribution of leprosy cases, etc., in other countries. In a country-by-country comparison, India's 2,556,396 registered leprosy patients make up 67% of the total number of registered leprosy patients in the entire world. The country with the second highest number of registered leprosy patients is Brazil with 278,692 cases, accounting for 7.3% of the world's registered patients. Clearly most of the world's leprosy burden falls on India, and the details compiled in this book on leprosy (as it occurs in India) should be extremely valuable to Indian, as well as international decision-makers in leprosy work.—RCH

Wiker, Harald G. *Secreted Antigens of Mycobacterium tuberculosis and Mycobacterium bovis BCG*. Oslo: University of Oslo Institute of Immunology and Rheumatology, 1991. Softbound, 64 pp. plus copies of papers, some black and white illustrations. ISBN82-90522-14-2. Available from Dr. Wiker at the Institute.

The JOURNAL quotes from the Conclusions:

“The major findings in this collection of papers may be summarized as follows:

“There are a number of antigens actively secreted from *M. tuberculosis*. At least 15–20 proteins have been observed at present. A number of them have been purified and characterized in the present work, and several candidate secreted antigens are recognized by a new polyclonal antiserum.

“The antigen 85 complex is the major secreted constituent of *M. tuberculosis*. The detailed study of this antigen complex has

revealed that its individual components are closely related. The members of the antigen 85 complex and MPT51 crossreact extensively, and there are extensive homologies in their N-terminal amino acid sequences determined for 30–50 steps. It appears that there is a family of closely related secreted proteins of *M. tuberculosis* which may be defined by comparing their primary amino acid sequences and by characterization of crossreactions.

“The work with purified mycobacterial antigens forms an essential basis for further research. For proper definition of mycobacterial antigens, it is important to obtain information on native structures which can be compared with data obtained by recombinant DNA technology.

“The important aims of detailed analysis of individual antigens is to map crossreactive and specific antigenic epitopes. Such data are essential for development of new diagnostic and protective tools as well as characterization of immune responses.

“Several important immunopathological features of mycobacterial disease may be investigated in greater detail using single antigens and antibody reagents developed to react with these antigens. Many essential questions call for more attention. The specificities and characteristics of protective immune responses in mycobacterial disease are poorly known, and the relationship between protective immunity and current methods for assaying T-cell responses is one of the most important issues which should be resolved. Further elaboration of this theme involves identification of antigens that give protective immunity, and antigens which are immunogenic during natural infection. The delineation of secreted versus intracellular antigens makes it possible to investigate whether these two antigen groups play different roles in the immunopathology of mycobacterial disease. Furthermore, it is important to characterize the part of the immune system which is responsible for development of protective immunity, and the corresponding effector mechanisms.”

We were deeply saddened to learn of the death of Mr. Bill Edgar, International Director of The Leprosy Mission, at his home on 20 July 1992.