

**BOOK REVIEW.**

**De la Lèpre.** TISSEUIL, J. Arnette 2, Rue Casimir Delavigne, Paris, 1950; pp. xxi+159, 24 figs. & 2 charts; Fr. 650.

The author first went out to the French overseas territories long ago when there were none of the modern conveniences for living and travel, and where he performed the functions of doctor, administrator, judge and protector of the indigenous people. The book covers all the usual divisions of the subject commonly discussed in a textbook on leprosy; it does not aim at being a treatise but rather gives the personal experiences and reflections of the author. As an example, writing of the Mitsuda test he says that the negative reaction in cutaneous [lepromatous] leprosy is specific when the antigen is injected *subcutaneously*, seeing that the paratubercle bacillus and the bacillus of rat leprosy when used similarly as antigens give positive reactions. The usual Mitsuda reaction given by intradermal injection of the antigen, and reacting positively in maculo-anesthetic cases is not a sign of immunity or partial immunity to leprosy, as a positive reaction is also obtained when the antigen is composed of rat leprosy bacilli or paratubercle bacilli, and a similar positive reaction is also obtained, when the usual Mitsuda antigen is injected intradermally, in a certain proportion of those who have never had any contact with leprosy. The author finds an immediate reaction which lasts some 9 days when Mitsuda's antigen is injected subcutaneously under tuberculoid macules, but this immediate reaction is absent when the same injection is made in the spaces between the macules.

The author, when in New Caledonia in 1928, thought of the possibility of preventing leprosy by vaccination with BCG. But the epidemiological enquiry which he made in French Guiana between 1933 and 1935, and the fact that tuberculosis had been rapidly diminishing there for some years while leprosy had not been diminishing, convinced him that tuberculosis had not chased leprosy from Cayenne, but rather the other way round.

Only one page is devoted to sulphone treatment, but nine pages to chaulmoogra treatment. The chapter on prophylaxis is of particular interest, as the author's rich experience overseas is drawn upon. He considers that though isolation of patients is not without a favourable effect in the regression of leprosy, the decisive factor in the disappearance of the disease is the modification of unfavorable social conditions. He accounts for the familial distribution of leprosy by saying that when there is one leprosy patient in a family there is likely to be an important number of other members susceptible to the disease. In New Caledonia he noticed that when several members of one family were affected they all had lesions similar in nature and in the same places on the body.

He denies the report that leprosy was brought to New Caledonia by a Chinese; the disease was there long before in a mild form, and it was the changed economic and social conditions that caused the serious epidemic outbreak.

[Whether one agrees with the author or not in many of his original statements, the book is most interestingly written from his own unique

experiences and will well repay careful study.]—[From *Trop. Dis. Bull.* 49 (1952) 961, *verbatim*.]

**World Survey of Catholic Leprosy Work.** By RAPHAEL BROWN, Franciscan Tertiary. Techny, Illinois: The Mission Press, S.V.D., undated (but 1952) 92 pp., paper-covered, price \$0.75.

This booklet, subtitled *A Case Study in Christian Technical Cooperation*, is the result of an intensive study of published material and of replies to questionnaires sent out through several agencies of the Roman Catholic Church. It does not undertake to evaluate the record of any of the hundred-odd orders of missionary priests and nuns that are active in this field.

Many topics are discussed in the first 26 pages after the author's preface, ranging from brief statements about the disease itself and of the "sulfone revolution," through the abolition of the words "leper" and "leprosy" and questions of social welfare, to matters particular to Catholic work.

Estimates of the total number of cases in the world, it is said, vary from 3 million ("several leprologists") to 7 million (Belra) and 10 million (American Leprosy Missions). The author is evidently inclined to settle for a little over 4 million, and the figure 4,052,494 is reached in a table in which total estimates for the different regions are: the Americas, 161,749 [*sic*]; Europe, 8,000; Africa, 1,343,300; Asia, 2,529,400; and Oceania, 10,000. Of the total, only 418,000 are receiving treatment in leprosaria of all kinds, government, Catholic and Protestant. This table also gives figures for the numbers of leprosaria and of patients in the different countries, and those with which Catholic workers are concerned. Catholic nuns are nursing 25,437 patients in 97 mission institutions, and another 46,587 in government leprosaria.

Another section of 18 pages is a directory of 300 such institutions, listed as of four categories, two being Catholic without and with government subsidy, the other two being government institutions with which Catholic priests, lay brothers or nuns are connected; regarding the Type E leprosaria (Protestant), only the number of them is given in the summary of each country.

There follows a directory of orders of priests (40), Brothers (2), Sisters (87), and lay groups (4) serving as chaplains or nurses or regular visitors of leprosaria or otherwise concerned; a directory of organizations and periodicals; and an extensive bibliography.

This booklet can be obtained from the Society for the Propagation of the Faith, 109 East 38th Street, New York City, or the Mission Secretariat, 1312 Massachusetts Avenue, N.W., Washington, D. C. —H. W. WADE