

BOOK REVIEW

Estudio Epidemiológico y Clínico de la Endemia de Lepra en la Guinea española. By MARTINEZ DOMINGUEZ, V. [An Epidemiological and Clinical Study of the Endemic Disease of Leprosy in Spanish Guinea.] Madrid: Instituto de Estudios Africanos, Consejo Superior de Investigaciones Científicas, 1954, 113 pp.

The small colony of Spanish Guinea, situated in the Gulf of Guinea, consists of two islands, Fernando Po and Annobón, and a district on the African mainland 26,000 square kilometers in area. The population of Fernando Po is 14,735, that of Annobón 1,396, and that of the mainland district 129,039. The leprosy rate is higher in the continental area than in the islands; it is calculated that for the last 15 years there have been about 4,621 cases, with rates varying in different districts from 71.1 to 2.9 per thousand. The prevalence is highest in the interior and especially in the northeast, indicating that the infection originally spread with the Bantu invaders from that direction. In the islands the population is much denser and partly urbanized, and the frequency of leprosy is much less.

Under "Incidence in Relation to the Clinical Form" is discussed the cause of the greater prevalence on the mainland as compared to that in Annobón. In the former place the ratio of tuberculoid to lepromatous cases is 5.7:1; in the latter place it is 1.8:1; i. e., on the mainland the proportion of tuberculoid cases is 3 times as great. On the other hand, on the mainland the general rate is 35 per thousand and in Annobón only 7.8 per thousand. The larger proportion of resistant-form cases on the mainland is easily explained by the fact that the disease has been there for a much longer time. But the higher total prevalence on the mainland is more difficult to explain on the supposition that leprosy infection goes on producing an increasing resistance to the disease. The author explains the phenomenon by concluding that the reaction to lepromin indicates sensitization to *M. leprae*, and only indirectly a degree of immunity. Hypersensitivity does not necessarily imply high immunity. Lack of sensitivity (anergy) does not always indicate complete lack of immunity. In Spanish Guinea the population is strongly sensitized by exposure to *M. leprae* (100%); yet the high prevalence appears to indicate a low index of immunity. To explain the want of relationship between the high incidence and the comparatively small number of sources of infection (open lepromatous cases) it is necessary to suppose that there is hypersensitivity which increases liability to infection, and at the same time determines a great predominance of hyperegic forms (tuberculoid and indeterminate).

Of the extraneous factors influencing the spread and control of leprosy the most important are thought to be density of population and the arrival of people of a more civilized race. It is found here, as elsewhere, that although leprosy is less common under the more sanitary conditions of an urbanized area in spite of the denser population, yet in rural areas where the population is dense the frequency of leprosy is particularly high. The fact that the advent of a higher civilization lowers the prevalence of leprosy is explained by the better sanitation which results, and possibly by the spread of tuberculosis which often accompanies the white races, the latter infection bringing about a degree of resistance to leprosy.

Regarding the examination of contacts, generally considered an important part of control methods, the author says that promiscuity is so rife, the people wander about so much, and divorce is so common, that it would be necessary to consider every member of the territory as a contact, or at least all these living in the mainland territory.

The introduction of sulfone treatment has had a phenomenal result. Instead of avoiding the doctors as before, there was a "veritable avalanche" of patients coming from every corner of the colony, and 1,638 new patients were registered voluntarily within a year.

In the campaign against leprosy a new standing order has been issued according to which everyone, of whatever race, has to have a passport with a special visa stating that he is not suffering from leprosy. Anyone suspected of having the disease can, if it is considered necessary, be kept under observation for a period up to 5 years. According to the form of the disease and the condition of the patient he can be kept under observation without or with treatment, but if the disease is open and active he must be isolated.

This brochure is illustrated with numerous photographs and a number of charts and diagrams.—[From abstract in *Trop. Dis. Bull.* 51 (1954) 935.]

✓ **Lepra.** By JOSÉ GÓMEZ ORBANEJA and ANTONIO GARCÍA PÉREZ. Madrid: Editorial Paz Montalvo, 1953, 388 pp.

In the past five years several textbooks on leprosy have been published, among them one by Bechelli and Rotberg in Portuguese (1951), one by Chaussinand in French (1950), and one by Arnold in English (1953). There was lacking, however, one in the Spanish language, and that has been supplied by Professor Gomez Orbaneja and Dr. Garcia Perez. This book was published in Madrid in October 1953, coming out during the days of the VI International Congress of Leprology which was held there. Mention should be made of the approval of those delegates who were fortunate enough to obtain copies, and who talked about it in the corridors of the hall where the meetings were held.

This book is a complete and up to date work, including not only the classification of clinical forms adopted at Havana in 1948, but also a chapter on "Lepra intermedia, limitante ('Borderline') o bipolar," which more or less corresponds to the new borderline (dimorphous) group of the classification scheme adopted by the Madrid Congress. Mention should be made of the order in which the clinical groups are discussed: first indeterminate, followed by tuberculoid, and ending with lepromatous. Since the lepromatous type of leprosy is the most characteristic one the clinical description would properly begin with that, according to the opinion of some workers. The authors may have their reasons, and among them may be the natural evolution of the disease.

Under the heading of "Observations on the international classification of Havana, and bases for future modifications," in the chapter on classification (p. 95), the authors make a timid but plausible defense of "neuroanesthetic, pure neural or polyneuritic form." This is a form which is acceptable only as a "variety," and its being classified as a "type" or "group" by the last Congress would have been a step backward in this important matter. Those who advocate the recognition of a pure neural form cannot disregard this article, or the "declaration of faith" with which this chapter ends (p. 97), in a paragraph on "judicious criticism of the classification of leprosy."

Chapter VIII, on diagnosis, is very complete; but it is perhaps too elaborate and complex, so much so that it may discourage the beginner, especially if he is not a dermatologist. The fundamentals of diagnosis should be given in a precise and concrete manner, pointing out clearly only the most significant features—the bacteriological examination, sensory disturbances, histopathology—which cannot be compared with other, imprecise things such as serology. It is true that these observations are expressed in the text, but they will not impress a reader without experience in the matter. On the other hand, the chapter on treatment is concrete, clear and brief.

The authors are intimately known to me, and I make these observations knowing that they appreciate and welcome constructive criticism. In no way should this

criticism obscure the fact that this is an excellent work from all points of view. Thus I include it without hesitancy in my catalogue of books which I believe to be indispensable for any physician who seeks to be informed in leprology.

Physically, the book is of somewhat larger dimensions than most, about 18.5 x 25 cm. (7-1/4" x 10"), well printed with clear type on good paper. Most of the numerous pictures are well reproduced.

—G. BASOMBRIO