

BOOK REVIEWS

International Work in Leprosy, 1948-1959. World Health Organization, 1960, 39 pp., 1/9, \$0.30, Sw.fr. 1.¹

This booklet, one of a series devoted to particular fields of WHO activities, bears a credit note for contributions by Drs. J. Gay Prieto and V. Martinez-Dominguez. The subject matter of the first few pages is more or less general, with special attention to classification; the rest—apart from three special inserts—is devoted to the role of WHO in leprosy activities.

The introduction, in which it is said that leprosy "may affect between 10 and 12 million people" in the world, is largely a statement of unsolved problems. Here there appear a couple of old-fashioned ideas, including the frequency of tuberculosis as a cause of death in leprosy, which was once true of institutionalized patients, and the myth that in the Middle Ages there were more than 19,000 leproseries in Christendom. It is well stated that "The Legend of Leprosy" is based on three false assumptions: (a) that it is very contagious; (b) that it is incurable; and (c) that its victims are a people apart, accursed and possessed of a special psychology.

The discussion of classification considers first what was the first conference attempt at systematizing the matter, made by the group convened by the Leonard Wood Memorial in Manila in 1931; then the modification of that scheme by the Cairo congress in 1938, when the recently-appreciated tuberculoid form was recognized; the further modification by the Havana congress in 1948 where the doctrine of the South American workers was adopted, recognizing as "polar" the lepromatous and tuberculoid types, and a less stable "indeterminate" group; the mitigation of the "over-rigid conclusions of the Havana Congress"² by the First WHO Expert Committee on Leprosy in 1952, which recommended recognition of a borderline group; and the acceptance of that proposal with no serious modification by the Madrid congress in 1953.

There is an error in ascribing to the WHO committee the "administrative classification" (into "open" and "closed" cases), which was actually set up by the Leonard Wood Memorial conference. In connection with the current confusion about the use of "borderline" and "dimorphous," the Second Expert Committee (1959) recommended that leprologists should respect the recommendation of the Tokyo Congress (1958) for adherence to the terms of the Madrid classification.

The world distribution of leprosy is shown on a map which affords some entertainment. Rightly, its presence is indicated for only fringes of the United States and Peru and certain other countries (including, unexpectedly, France). On the other hand it is indicated to be as prevalent in North Korea as in South Korea (and low at that), and to be of moderate prevalence throughout the entire Northern Territory of Australia and absent in Western Australia. Collaboration between author and cartographer was not of the closest; for example, in the text it is said that prevalence is high in Brazil, Venezuela and Colombia, but the map shows the "moderate" grade shading. However, it is a commendable attempt—and one which does not indicate the presence of leprosy in Greenland!

In the story of therapy, it is regrettable that the credit for establishing oral DDS treatment and thus making possible the great revolution, is given to another than the late John Lowe (advised and encouraged by Ernest Muir).

¹This booklet is reprinted from the *WHO Chronicle* 14 (1960) 3-38 (Jan.). It is also available in a French edition.

²Recalled, and quoted again here because the fact must always be borne in mind in connection with classification, is a statement made by Gay Prieto at the time: "Nature ignores the rigid moulds into which we attempt to fit the observed clinical facts, and consequently there must necessarily exist intermediate forms which constitute the links of an unbroken chain which connects the polar forms."

The account then passes to the participation of WHO in leprosy work. The First World Health Assembly, held in 1948, gave leprosy No. 6 priority. A meeting of the Executive Board in 1951 "noted with satisfaction" that an Expert Advisory Panel on Leprosy had been created and that an Expert Committee was to be convened. Note is made of the conclusions of special conferences held in Brazil and Japan in 1958, and at Brazzaville in Africa in 1959, and also of the Second Expert Committee in Geneva in 1959.³

A section on international projects in progress in which WHO was interested in one way or another has sideheads for Nigeria, French Equatorial Africa, French West Africa, Ghana, Uganda, Burma, Thailand, Indonesia, the Philippines and Paraguay. Other countries in which control work with international assistance is developing are mentioned.

The section on the economic aspect of leprosy is noteworthy for a scheme of classification of physical disabilities resulting from leprosy which was used as the basis of a questionnaire, and is included in the report of the Second Expert Committee. There is also a short section on rehabilitation.

There is a novel feature in certain smooth-paper inserts with pictures. Two pages are historical, with ancient pictures made available by the Ciba Company. Two pages are devoted to treatment, with before-and-after pictures of two marked lepromatous cases. The third, of 8 pages, is an exceptionally good presentation of differential diagnosis, written as by a dermatologist, with 24 pictures of which nearly one-half are of conditions other than leprosy. Any leprologist will enjoy examining the leprosy pictures and making his own type diagnoses.—H. W. W.

Sbornik Nauchnykh Rabot po Leprologii i Dermatologii. [Collected Scientific Papers on Leprology and Dermatology.] No. 8, 1956. Rostov-on-Don: Rostov Book Publishers, 340 pp.¹

This bound, book-form publication contains 40 articles, of which nearly 30 are on leprosy; of the others, most pertain to dermatology. At the end there are contents lists in both Russian and French. Each article has a summary in French in which the author's name is transliterated; but in no instance is there indication of where the writer is located. Space does not permit specific mention of every leprosy article, and most of those with very brief and uninformative summaries are omitted here, as well as some others that are not particularly contributory.

Several of the articles deal with early lesions and early diagnosis, which it appears was one of the main topics of a symposium held at Rostov-on-Don in December 1955, or with differential diagnosis. The summaries of these are very brief and uninformative, but in two of them (K. Vorobiova *et al.*, pp. 67-72, and L. Kossolapkina *et al.*, pp. 89-93) it is stated that the early macules usually show histologically an undifferentiated structure, sometimes with bacilli in the nerves. The following items are those whose summaries contain information of more or less general interest, or are contributory to their particular subjects.

³This report, recently issued, is entitled Expert Committee on Leprosy, Second Report. Wld Hlth Org. Techn. Rep. Ser. 1960, No. 189. Paper, 27 pp., 1/9, \$0.30, Sw.fr.l.

¹This publication is issued by the Rostov-on-Don Experimental Clinical Leprosarium of the Ministry of Health of the RSFSR and the Department of Skin and Venereal Diseases, Rostov Medical Institute. This issue, and Nos. 10 and 12 of the series, were supplied for review by Dr. James A. Doull, to whom they had been sent by Prof. N. Torsuev, of Rostov. The latter has been requested to supply the missing volumes, Nos. 9 and 11 of the series. The two reprinted articles which appear in this issue, selected and translated for the purpose by Dr. J. Ross Innes, are from the No. 12 volume, of which there will be a review similar to the present one in our next issue.—EDITOR.

TORSUEV, N. The principles of the present prophylaxis of leprosy (pp. 3-20).—The diminution of leprosy is explained by the improvement of the economic situation and the sanitary and hygienic conditions, as well as by active control measures founded on the confidence of the patients, exact registration, precise morbidity statistics, systematic control of contacts, mass examinations of the most affected populations, and strict epidemiological control. Bacillus-positive patients should be isolated provisionally in leprosaria, from which they leave to submit to a dispensary service which is composed of two stages: ambulatory treatment and, later, observation in a dispensary with periodic medical examinations. The rules for leaving the hospitals and the subsequent treatment and follow-up are cited. [Presumably the rules for hospitalization are also given, but they are not mentioned.]

TORSUEV, N. (and 12 collaborators). Initial symptoms of leprosy as obtained from leprosaria data (pp. 21-66).—This article gives detailed data on the character of the initial signs and symptoms of leprosy obtained from questioning 2,032 patients, of whom 1,420 had the lepromatous type, 206 the tuberculoid and 406 the undifferentiated form.

VOROBIEVA, K., TOUMACHEVA, K., VARTANOVA, N. and LINTCHEVSKAJA, L. Initial signs of leprosy from data of VNIIL (pp. 67-72).—The authors conclude from a study of 300 patients that leprosy usually commences with the appearance of macules which have an undifferentiated histological structure. These may be erythematous or hypochromic.

TCHERNYCHEVA, L. The use of nicotinic acid in early diagnosis of leprosy (pp. 94-98).—After intravenous injection of 3-10 cc. of a 1% solution of nicotinic acid, 5 of 50 contacts manifested inflammation and edema of certain parts of the cutaneous surface on a general erythematous background. In these areas, careful clinical exploration revealed hypoesthesia, anhidrosis, and absence of reflex reaction in the intracutaneous injection of 2% morphine. Histologically, in some were found tuberculoid changes, and in others an indeterminate condition. Sometimes bacilli are found in the tissue juice of these parts. This nicotinic acid test, proposed by N. Pavlov for the early diagnosis of leprosy, is of great practical importance.

STEIN, A. A. Sensitivity in initial forms (pp. 99-104).—In all patients presenting initial symptoms there are found sensory disturbances, not only in the lesions but also in clinically healthy parts of the skin. Usually it is the temperature or touch sense which is affected, less often the perception of pain. Not rarely, these hyposensitive parts are symmetric; they are more often on the posterior than the anterior surface of the body, and more often on the legs than on the arms.

LETITCHEVSKAIA, A. Disturbances of temperature and of electric resistance in the clinically healthy parts of the skin and the affected parts in the initial forms of leprosy (pp. 105-109).—In a study of 74 cases the author has found that in clearly delimited erythematous and erythematohypochromic areas the temperature and skin moisture are usually higher than in apparently healthy parts, while the electric resistance is lower. The reverse relations are found in erythematohypochromic or simply hypochromic areas the contours of which are vague. The intravenous nicotinic acid test brings out vasomotor disturbances in clinically healthy skin, but the intensity of the alterations is less marked.

TROITZKAIA, A. Concerning the bacteriologic diagnosis of leprosy (pp. 110-115).—The leprosy bacillus is a polymorphous microorganism which may be found in a nonacid-fast form, especially in the beginning phases. The role of these forms should be elucidated, especially with the staining method of Pechkov.

MAXIMOVA, A. Induced changes in the immunobiologic reactivity of lepromin-negative contacts (pp. 133-142).—In 296 contacts, the Mitsuda reaction was positive in 194, weakly positive in 31, and negative in 71. Negative results were most frequent in children 10 years old or less (58%), less frequent in those aged 11-20 (31%), and most infrequent in those over 20 (1.4%). Two or three years after the test, 3 of the negatives

developed the lepromatous form of leprosy. When the results of the test in contacts are negative, it is necessary to render them positive by vaccination, in children with BCG, in adults with the Stefansky-bacillus lepromin.

TOUTKEVITCH, T. and STEIN, A. Comparative value of lepromins prepared from different tissues (pp. 143-148).—The authors prepared lepromins with lepromas obtained from different tissues of cadavers (skin, lymph nodes, liver, etc.), and submitted 109 persons to comparative tests with respect to the late reaction. The results with the lymph-node product approached most closely the classical Mitsuda reaction. Lepromins made of the different visceral organs and tissues give high percentages of nonspecific early positive results. Lepromins made from lepromas of the liver and spleen are unsuitable for use.

DJANPOLADOVA, V., POLAK, I. and LEONTIEV, E. Acetonemia in leprosy patients (pp. 157-162).—In a study of 30 cases of leprosy it was found that acetonemia was increased in the lepromatous form but normal in the tuberculoid form. Trial of lipocaine in the treatment of lepromatous leprosy is recommended.

TRAPEZONTZEVA, R. Index of bromine metabolism in leprosy, pp. 163-175).—The metabolism of bromine is an index of the functional state of the nervous system. In most cases the blood level of bromine is notably diminished, in parallel with the severity of the case. When the disease regresses, the level becomes normal. The changes observed indicate a weakening of the cortical tonicity and a disturbance of the relations between excitation and inhibition in the cerebral cortex. This indicates an intimate dependence between the functional state of the cortical cells and the clinical state of leprosy.

ILARCHE, N. Transformation of cases of the lepromatous form of leprosy to the tuberculoid form (pp. 193-198).—Clinical features and histopathologic changes in 5 cases.

LEONTIEV, E. Errors of diagnosis of leprosy (pp. 189-206).—Of 245 cases, the correct diagnosis was not made until after more than one year of duration of the disease in 146 (60%). On the average, they were incorrectly diagnosed for 3 years.

ILARCHE, M. Trial of hypnotherapy in leprosy (pp. 231-233).—Hypnotherapy is indicated for patients whose mental state is depressed. It is often effective against neuralgias and paresthesias.

Leprosy in the Russian Empire. By PROF. N. A. TORSUEV. *Sbornik Nauchnykh Rabot po Leprologii i Dermatologii*. [Collected Scientific Works on Leprology and Dermatology.] No. 10, 1958. Rostov-on-Don: Rostov Book Publisher, 328 pp. (in Russian).¹

This book, spoken of as the first of its kind on leprosy in Russia, is said to trace the history of the disease in every government (i.e., district) which composed the old Russian Empire up to the Revolution of 1917, based on a collection of historical documents and statistical data. Among the numerous footnote references in the introductory section there are a few to writings of Herodotus and several to writings of the late 1700's, including two long descriptions in Latin. There are some 15 portraits (mostly drawings) on smooth-paper inserts, and—including several maps and diagrams—fully 50 pictures in the text, some of them illustrating primitive conditions under which persons with leprosy in isolated (and often snow-bound) places were segregated.

There is at the end a brief summary in French which, not including statements included above, follows.

¹This publication, a bound volume, is credited and numbered as one of the annual issues of *Collected Scientific Works on Leprology and Dermatology* put out by the Rostov-on-Don Experimental Leprosarium. No collection of individual papers was issued in the same year

According to all evidence, the introduction of leprosy into Russia occurred by various routes. The Greek colonizers and the Byzantines brought it to the shores of the Black Sea; infected persons coming from Turkey and Iran spread it in the Caucasus and Central Asia; in the Far East it was imported from Korea, China and Japan; and it was also introduced from the Baltic countries, and from Germany.

The earliest written information about leprosy in Russia dates back to the 18th century. The first leprosarium was established during the early part of that century, in the region of the Don River.

The first thesis on leprosy was presented in Moscow in 1841. The pioneer of the scientific study of leprosy in Russia was Dr. G. N. Minch (second half of the 19th century).

The making of individual records for the registration of patients of the entire country was begun in 1895. The first conference of Russian leprologists took place in Petersburg in 1911. The first society for the fight against leprosy was organized in Esthonia and Lithuania. The first preventorium for healthy children of leprosy parents was inaugurated in 1909.

In 1908 there were in Russia 22 leprosaria housing 1,065 patients. From 1895 to 1910 there were recorded in Russia 3,719 cases, according to official data, although in reality there were then about 10,000 cases.—H. W. W.