BOOK REVIEWS

Browne, S. G. **Memorandum on leprosy control.** Pp. 27 (1971). [Available free to senior medical and paramedical personnel concerned in leprosy work, from the Editorial Department, The Leprosy Mission, 50 Portland Place, London, W1N, 3DG.]

After discussing various factors in leprosy control in endemic regions, the author advocates reduction of the reservoir of infection by case-finding and ambulatory or domiciliary treatment with dapsone. Admission to hospital should be on a temporary basis and reserved for complicated cases. At the outset of treatment and at suitable intervals thereafter, slit-smear preparations should be made from ear-lobes and from several skin lesions. Mention is made of the importance of education, reconstructive surgery, research, and the training of medical auxiliaries, with the long-term objective of complete integration of leprosy control measures into the public health services.

[This booklet does not lend itself to abstracting as it is in itself a summary of the author's views; it deserves to be read in the original.]—W. H. Jopling (*From* Trop. Dis. Bull.)

Wld Hlth Org. Techn. Rep. Ser. No. 459. WHO Expert Committee on Leprosy. Fourth Report. Geneva (1970) 31 pp. (Sales agent for U.K., H.M. Stationary Office) (30p.; SW.fr.3).

This report will be read and pondered with interest in ministries of health in many countries and by leprosy workers the world over. Like previous reports, it attempts to assess the present situation, to appraise progress, and to provide useful data for planning control measures.

The number of patients diagnosed and registered during the past quinquennium (500,000) is about half the expected total. This is one of the figures submitted with "many reservations," and reflects the incomplete nature of the returns from countries where leprosy is most prevalent. The statement that, "Even in areas of very high endemicity . . . it is unlikely that the prevalence rate will exceed 50 per thousand" is open to challenge, and is refuted by findings from several "areas" in Africa and Asia.

It is concluded that "the prevalence now remains at approximately the same level" in 1970 as in 1965 (which would suggest, in view of the increasing population, that the total number of patients is greater).

The Committee is of the opinion that, because of the risk of relapse of patients with lepromatous leprosy, and the proportion of such patients harboring bacilli, it is necessary to ensure by regular treatment that at least 75% of patients with multibacillary disease must be rendered bacteriologically negative if a reduction in incidence is to be achieved.

The point is made that dependence on auxiliary staff opens the way to either under- or over-diagnosis of leprosy under field conditions.

In the matter of therapy, the Committee (with perhaps undue caution) asserts that there is no "established alternative" drug to dapsone when intolerance to that drug occurs.

The Committee recommends that, when dapsone tablets are given to the patient to be taken at home, reports should indicate "regularity of attendance" rather than "regularity of treatment."

Unexceptionable comments are made on training of auxiliary staff and on health education. The observation is made that, although five years have elapsed since the Third Report of the Expert Committee was published (Trop. Dis. Bull. **63** (1966) 651), some countries have still not developed a suitable system for collecting and reporting the necessary statistics regarding leprosy.

The modified criteria for "released from control" are appended *in extenso*: "A leprosy patient without any sign of clinical activity and with negative bacteriological findings should be considered as an 'inactive' case. Once inactivity is achieved, *regular treatment* should be continued for varying periods of time before the patient is 'released from control' (r.f.c.). These

periods should be 1½ years for tuberculoid, 3 years for indeterminate and *at least* 10 years for lepromatous and borderline cases. Since data on relapses after r.f.c. are scarce, it is advisable and important to continue the follow-up of lepromatous cases but without treatment; some leprologists consider that this should be done for life."

The section on research provides a useful summary of recent and projected work.

One important observation refers to the Morphological Index, and reads as follows: "Because of its limits of sensitivity, however, it is not a suitable procedure for distinguishing the infectious from the noninfectious patient, even when performed under optimal conditions by highly experienced investigators." (This assertion will be received with mixed feelings by field workers, and by public health administrators who were hoping that the experimental evidence concerning viability of *Mycobacterium leprae* could be utilized in positive recommendations of control measures.)

Recommendations for future research into the cultivation of the causative organism, and into drugs and immunology, indicate the lines of future investigation.

The vexed question of the value of BCG vaccination in the prevention of leprosy is adequately summarized, and the conclusion is reached that it is premature to recommend the widespread use of BCG vaccination for this purpose.

The standardization of lepromin has now achieved general consensus: stocks should be made from lepromin yielding 160 million bacilli per ml. The following criteria are recommended for the late (Mitsuda) lepromin reactions: "0, no reaction; ± induration less than 3 mm; + nodule of 3 mm to 5 mm; ++ nodule of 6 mm to 10 mm; and +++ nodule larger than 10 mm or with ulceration. The letter U should be added to the size to indicate ulcerations."

The paragraph on recent advances in the immunology of leprosy indicates the progress made in recent years, and mentions the isolation of a protein antigen that is apparently specific for *M. leprae*.

An indirect fluorescent antibody technic in which smears from *M. lepraemurium* are employed as antigen is reported to be giving consistent results in sera from persons with leprosy.

The section of chemotherapy and chemoprophylaxis summarizes accepted views on the sulphones, the long-acting sulphonamides, clofazimine, and acedapsone. With regard to thalidomide, the Committee recommends that for the present the drug should "be used only for strictly investigative purposes under proper conditions of observation and control."

The studies on chemoprophylaxis are referred to briefly, with mention of the need to determine the optimum dose of drug needed and the duration of administration.

The gaps in our knowledge of epidemiology and transmission and of genetics are emphasized in a concluding section.

This fourth report provides a useful summary of the generally accepted views on leprosy and will be referred to as an authoritative and serious pronouncement on the major aspects of the disease.—S. G. Browne (*From* Trop. Dis. Bull.)