

## BOOK REVIEWS

✓ **Arnold, Harry L., M.D. and Fasal, Paul, M.D.** *Leprosy. Diagnosis and Management*, 2nd edit., John M. Knox, ed. A monograph in *American Lectures in Dermatology*. Springfield, Ill.: Charles C. Thomas, 1973, 93 pp, 36 black and white figures and 16 color plates with 2 illustrations each. Price \$14.75.

The first edition of this work was titled *Modern Concepts of Leprosy*, written by Dr. Arnold and published in 1953. Dr. Arnold is a long-standing member of the dermatology department at Straub Clinic, Honolulu, Hawaii and is clinical professor of dermatology at the University of Hawaii School of Medicine. Dr. Fasal is chief of Leprosy Service, U.S. Public Health Service Hospital and associate clinical professor of dermatology at the University of California School of Medicine, San Francisco, California.

This book is a brief, succinct primer on leprosy primarily directed towards physicians who are not primarily students of leprosy, but general practitioners, dermatologists or others who may occasionally be faced with a problem in leprosy. One aim is to prevent the needless and often disruptive diagnosis of leprosy in a patient who does not have this disease. Another purpose is to encourage the modern care of leprosy cases.

After initial very brief chapters on etiology and epidemiology, the authors present a brief discussion on the natural evolution of leprosy accompanied by the six color plates. These interesting and illustrative illustrations are, unfortunately, of varying reproductive quality, plates 9B, 10B, 11B and 16B being of limited illustrative value. Plate 11A presents a printing error in the legend, referring to "Tuberculois leprosy:..." rather than "Tuberculoïd leprosy:..." The schematic on page 18 implies, by lack of mention, the absence of tuberculoïd lesions in internal organs. Such lesions are well documented though not as extensive as visceral lepromatous lesions.

Other chapters discuss diagnosis of the clinical patterns, immunology, histopathology and treatment. As a primer on leprosy the work eschews any presentation of references. Throughout its pages there is evidence of concern for patients and even the

seasoned leprologist is likely to find bits of useful information drawn from the combined experience of the authors.—Olaf K. Skinsnes, M.D., Ph.D.

✓ **Cappell, D.F. and Anderson, J.R.** *Muir's Textbook of Pathology*, 9th edit., London: Edward Arnold Ltd., 1971, 976 pp. Price £10.00 net.

This well-known textbook of pathology was first published in 1924. The present edition has almost completely rewritten the section on general pathology and the chapters on systemic pathology have been revised and brought up to date.

Leprosy now occupies half a page with single word or sentence references in four other sections. The book therefore is not a significant source of information about leprosy but it is encouraging to note here, as is also increasingly true of other general texts, that old concepts of this disease are slowly being replaced at least by recognition of the polar immunopathologic types of this disease.

This work is not burdened by text references to original sources. Instead, at the end of the book there is a three page list of suggestions for further reading which lists from three to ten selected references for each chapter. There are no works on leprosy recommended.

As a textbook of pathology this work sets a high standard.—Olaf K. Skinsnes, M.D., Ph.D.

✓ **Contreras Dueñas, Felix, M.D. and Miquel y Suarez de Inclan, Ramon, M.D.** *Historia de la Lepra en Espana*. Gráficas Hergon, S.L.—Miguel Servet; 15, Madrid 12, Spain, 1973, 209 pp.

This is a very important book for the history of leprosy as a whole. Spain, at the western end of the Mediterranean Sea, has been in a unique position geographically for repeated introductions of epidemic disease from other lands. Four great movements are recognized by the authors as responsible for the early endemization of leprosy in Spain, 1) the pioneer venturesome trade voyages by the Phoenicians, who presumably

acquired the disease from its early and perhaps original endemic focus in India, 2) invasions by the Romans, who took infected slaves and foreign military forces with them, 3) conquests by the Arabs, who occupied much of Spain for a long period from the eighth to the fifteenth centuries, and finally 4) repeated crisscrossing of Spain by crusaders going to and returning from the Holy Land in the eleventh, twelfth and thirteenth centuries. Less important, but still significant sources for the spread of the infection within Spain were immigrations of Jews from the Near East and Africa, migrations of gypsies, and the many pilgrimages to holy sites that took place within Spain itself. In effect these great forces established separate, but often contiguous endemic foci in different provinces of the country, all of which are noted in detail in this book.

With the Middle Ages a new and important element entered the picture, the foundation of a great many lazarettos for the isolation of leprosy victims throughout the land. The authors, following exhaustive studies, have furnished brief histories of a large number of these, some of which attained worldwide distinction. A noteworthy tendency, according to the authors, was for Arab physicians, the best in the world at that time, including such figures as Rhazes, Avicenna and Avenzoar, to make meticulous reports on the nature of the disease, while the Christian religious orders emphasized humanitarian care for its victims. It may be noted in passing that the authors suspect that the gypsies, whose migrations are unpredictable, will ultimately be the most difficult sources of spread to control.

A large section of the book, quite naturally, is taken up with more modern periods, commencing with studies and measures for control introduced by their Catholic Majesties Ferdinand and Isabella in the latter years of the 15th century.

The authors, after their careful description of the introduction of leprosy in Spain, are equally informative in calling attention to the role of Spain in its further diffusion. The high prevalence of leprosy in South and Central America is traced in some detail to their Spanish colonization. Migration of leprosy victims to the new world was not a novelty. The authors note the case, for example, of a warrior of great distinction,

Jiménez de Quesada, conqueror of Colombia, who was afflicted with leprosy.

The final chapters deal with Spanish contributions to measurement of the prevalence of leprosy in Spain in recent times, the many accurate surveys of its incidence, province by province, carefully drawn laws set up by Spanish physicians for its containment, specific scientific contributions by Spanish medical investigators of leprology in its broad aspects, and Spain's part in international leprosy affairs. Among the notable investigators of the earlier years of this period were Mauro Guillén and Prof. José Gay Prieto. The latter has been continuously active, and out of his long experience was a natural choice for the concluding epilogue of this book. Much recent research is covered, particularly of fundamental studies made at the Fontilles Sanatorium by its directors of recent years: Dr. Contreras, who has been also vice-president of the International Leprosy Association for its Central Region, and Dr. Terencio de las Aguas, as well as a great many competent Spanish investigators whose studies are reported in current journals.

Introductions to the book are furnished by the internationally distinguished medical historian Pedro Laín Entralgo and the lecturer and educator, author-playwright, Raoul Follereau. The cover design is spectacular, featuring in striking color the "Catholic Kings" who began the modern Spanish efforts to control leprosy, and a saddening picture of a leprosy victim.

The writer of this review found the book fascinating and recommends it for general reading by medical historians and all who are interested in leprosy.—Esmond R. Long, M.D., Ph.D.

**Davey, Audrey, M.C.S.P.** *A Leprosy Manual for Papua and New Guinea*. Port Moresby: Government Printer, 112 pp. Price \$1.00 (Australian). Paper covers.

This polycopied brochure is really a practical manual for physiotherapist auxiliaries working in leprosy, and as such admirably fulfills its purpose. Its approach ranges from the very simple to the rather sophisticated, but with the help of line diagrams of muscles and bones and nerve supply, the text should be clear to those for whom it was written. The sections on physical examination and

assessment of muscle damage will prove as helpful as those on the various forms of physiotherapeutic treatment that should be available at the center of a leprosy control program.

Miss Davey writes from six years of experience in a hospital in Papua, New Guinea, that has played a real part in demonstrating the practicability of the procedures advocated.

A limited number of this little manual is available at the price of \$1.00 (Australian) from: The Department of Public Health, P.O. Box 2084, Konedobu, Papua, New Guinea.—S.G. Browne, M.D. (*From Lepr. Rev.*)

**Daws, Gavan.** *Holy Man. Father Damien of Molokai.* New York: Harper & Row, 1973, 293 pp, 22 figures in sepia monochrome. Price \$8.95.

A well-known, very competent T-V writer once told the reviewer, and demonstrated, that "words sing." Professor Daws has this ability and often in this very well written and researched interpretive biography of Father Damien, the words do sing. Additionally, they hold the reader's attention and eschew sentimentalism. Realistic sympathy, however, shines forth as the work and influence of Father Damien are set forth and evaluated against the difficulties of his locale and in the light of his admitted idiosyncrasies, independence and lack of social graces.

In contrast to the approach of the Reverend Doctor Hyde, Father Damien wrote before he joined those with leprosy, "I like our poor *Kanaka* very much, because of their simplicity, and I do all I can for them. In their turn they like me as children like their parents. It is by this mutual affection that I hope to convert them to God. For if they love the priest, they will easily love Our Lord" (p 45). It was this same spirit that brought him to his final parishoners, residents of the leprosarium on Kalawao and Kalaupapa, Molokai Island.

The work does more than recount Damien's activities in Hawaii. It does so against the local and world concepts and status of leprosy at the time of Damien and presents a balanced evaluation of the status at that time. Moreover, Professor Daws has taken pains to seek information as to current medical and social understanding of leprosy from a variety of acknowledged consultants, some

of whom read the manuscript before publication, and his bibliography witnesses to his attempt at understanding.

The work is adequately indexed and well-referenced.

Without question, to date this is the most balanced and definitive biographical study of Father Damien. It provides fascinating and informative reading.—Olaf K. Skinsnes, M.D., Ph.D.

**Fritschi, Ernest P., M.B., F.R.C.S. (Edin.), D. Orth.** *Reconstructive Surgery in Leprosy.* Foreword by Paul W. Brand. Bristol: John Wright & Sons, Ltd., 1971, 225 pp, 200 figures. Also Baltimore: Williams & Wilkins Co. Price U.S. \$12.75.

It is now about a quarter of a century since reconstructive surgery began serious application to the debilitating problems of leprosy. Description of procedures and results have appeared in a wide range of journals, but apart from the earlier bilingual work by Carayon, Bourrel and Languillon, this is apparently the first work in the English language devoted only to surgery in leprosy. As such, it is not a textbook but rather an outline primer of many standard and successful procedures as applied and adapted to the problems of leprosy, written by a surgeon having extensive experience in this area. It is designed to be a companion to the physician undergoing training in this area of surgery and also to be a useful reference for physiotherapists, occupational therapists, nurses, and others working in a reconstructive surgical or rehabilitation team. As such it would appear eminently successful and suitable.

Following a discussion of general principles of surgical reconstruction in leprosy there follow chapters on nerve involvement in leprosy, the examination of the hand, the restoration of finger function, the management of miscellaneous contractures and deformities of the fingers, the restoration of thumb function, the triple nerve lesion, the surgery of facial deformity, miscellaneous surgical conditions, the foot, and ulcers of the foot in leprosy. These chapters are followed appropriately by one on physiotherapy. The concluding appendix includes a very brief scheme of muscle grading, recommendations as to anesthetic use, a list of recommended surgical instruments for setting up an opera-

tion theater for this type of work, and a breakdown of instruments and supplies into suitable sets in preparation for various surgical procedures. The final index seems adequate. Almost all the illustrations are line drawings.

In a short manual of this nature individual readers will of course always find omissions. In this work the most notable are perhaps lack of, or limited discussions of likely causes of operative failure and their prevention, as well as an absence of standards, procedures or means of assessing results and some indication of the results that may be expected and the deficits still left. In all probability this would have defeated the purpose of the primer in introducing too complex a set of subjects. Perhaps their absence stands as an enforcement of the author's stated goal of only providing a companion as a guide to the development of experience under competent guidance and training. The book deserves the attention of the general leprosy worker, not as an encouragement to untrained dabbles in a delicate specialty, but because its lucid descriptions promote understanding of the techniques available for the amelioration of deformity.—Olaf K. Skinsnes, M.D., Ph.D.

**Grebennikov, P.S.** *Leprosy*. Rostov-on Don: The RSFSR Ministry of Health Clinico-Experimental Leprosary, 1969, illustrated, 50 pages. (In Russian)

The first edition of this monograph published for medical personnel of the Rostov district was quickly recognized as a valuable contribution. This second edition has been considerably rewritten and includes much new material to provide a guide for medical personnel of the Russian Federal Republic. Like its predecessor, this edition is intended to be a practical manual and indeed the emphasis is on practical aspects of early diagnosis, prevention and therapy of leprosy.

It begins with an account of the history and epidemiology of leprosy in the U.S.S.R. The disease was known in the Rostov region from the 4th-5th century B.C. Although leprosy is not spreading in Russia, it is an endemic disease in the Astrakhan, Rostov, Irkutsk, Amur, Sakhalin, Krasnodar, Stavropol and Khabarovsk regions. Leprosy in central Russia has almost completely died out, but single cases occur in the Voronezh, Lipetsk, Kursk and Smolensk regions. The

next section gives a full description of physical signs with a moderate amount of pathology, enabling the student to move to a tentative diagnosis. Next to be considered are special procedures used in the diagnosis and differential diagnosis of patients with suspected leprosy. The section dealing with the scope, types and general principles of therapy has been brought well into line with current thought and practice, discussing the most important types of drugs (sulfone, thiourea, ethyl mercaptan and chaulmoogric compounds) which can be used within a broad therapeutic approach. The basic principles of management are clearly stated in the fifth section, including diagnosis, treatment and outpatient care. The final two sections deal with the prevention of leprosy, the use of the lepromin test and BCG vaccination.

In a small book of this kind, the style must necessarily be didactic in character, but it loses none of its value on this account. There is no doubt, therefore, that the new edition of this paperback monograph will maintain the high reputation that has already been achieved.—N. M. Larin (*Adapted from Trop. Dis. Bull.*)

**Hansen, G. Armauer, M.D. and Looft, Carl, M.D.** Translated by Norman Walker. *Leprosy: in its Clinical and Pathological Aspects*. Bristol: John Wright & Co., 1895, 162 pp, 13 illus., 8 plates being in color. Reprinted 1973. Price N.Kr. 35.

Obligatory inactivity associated with elective surgery following the Bergen Congress provided the reviewer an opportunity to read Hansen and Looft's *Leprosy: in its Clinical and Pathological Aspects*, and to spend considerably more time with this delightful book than would have otherwise been available. The breadth of understanding of leprosy is astounding, so I took the time to try to compare our present-day knowledge with that of Hansen and Looft. Attempting to do this in a measurable way I marked what appear to be two types of significant passages: first, those that were definite contributions to knowledge and surprising in the light of our not having progressed much further today; secondly, those statements made which we now have proven incorrect. It is astounding that 11.5% of their writing is in the first category, and only 1.2% in the latter.



Without question the authors' most important contribution was the demonstration of the etiology of leprosy, but I want to point up other information they provide which in the interim must have been forgotten.

*Etiology and epidemiology.* Leprosy was correctly divided into its two types and the authors definitely suggest a spectrum of disease, but try to reason against it, although discussing movement in the spectrum (p 3). In one passage they almost suggest temperature as a factor in disease development (p 6). The authors question whether types are due to differences in bacilli or in the host, but finally conclude that the different types of disease must be due to host differences (pp 19, 79, 80). They conclude that the disease is a prolonged process due to slow growth of the bacilli (p 40) producing an indolent disease that frequently is self-healing (p 105).

The proposition that leprosy is contagious is quite well supported by the logic of the effects of isolation and the significance of the Norwegian statistics are not to be minimized (p 101). We can today add little positive knowledge to their simple statement that the means of transmission is unknown (p 102).

*Clinical pathology.* Hansen and Looft recognized the importance of neuropathy and its effects in leprosy. Its etiology and course are well defined, although some of their terminology is inaccurate today. They quite adequately stressed the importance of anesthesia as the cause of disability (pp 64, 70) and they conclude that the ultimate plight of the patient with deformity is due to host resistance (pp 67, 78, 85). We cannot but be amazed to hear the description of a "necrosis blister" and the association of bullae with neurotrophic disturbances (pp 58, 62, 64).

A fact that has only recently been proven—that leprosy is a systemic and blood-borne disease—was already recognized (pp 7, 38). Anyone who has developed an interest in the eye in leprosy will be pleased with the accurate and concise descriptions of these authors (pp 8-10).

Their descriptions of what they saw and concluded from the pathology of the lymphatic system (pp 13, 72) form a fundamental basis for some of the most exciting investigations in immunopathology of leprosy today. The observations on nephritis, amyloid infiltration and muscle pathology are fairly well confirmed today (pp 21, 22, 56, 60, 73).

A slight error is made in stating that all bone lesions arise from secondary infection, but today we tend to err too far in the opposite direction by ascribing bone involvement to primary leprosy infiltration (pp 28, 75).

Twice (pp 64, 122) remarks are made about the rapidity of healing of surgical wounds, but we must have forgotten this for all of 55 years.

*Histopathology.* When we consider the primitive microscopes available to the authors, it is not surprising that they made some errors in this area of investigation. Nevertheless they stress that bacilli are intracellular (pp 31, 34, 37) and that this is where the pathogens multiply (p 41). They correctly conclude that the body's response to the disease results in an infiltration of blood cells (p 33). We cannot but remark on the excellent discussion of bacillary morphology which they try to explain (and here suggest that temperature may be a factor) and the proposition that granular bacilli are dead (pp 41-43).

*Diagnosis.* In making the diagnosis the authors stress the importance of checking for loss of sensation (pp 83-84) recognizing that deep sensation is preserved (p 64). They recommend confirming a diagnosis by finding the bacilli in the skin (p 14).

*Treatment.* The authors were honest enough to conclude that they had no specific treatment for leprosy although practically everything had been tried. They recognized that iodine given systemically causes a reaction ("eruption") (p 116). Some of our present day investigations of BCG can be said to have been presaged by their study of therapy with tuberculin (p 118).

I would agree fully with their conclusion that nerve surgery is contraindicated in leprosy (p 121).

*Prognosis.* It is significant that the authors recognized that many patients with leprosy heal spontaneously, but more importantly, they acknowledged their failure—the disease eradicated but leaving "... only a miserable rudiment of a human being, with ... paralyzed hands and feet, with unclosable eyes, ... cornea opaque, the tears run(ning) down over the cheeks, and with paralyzed facial muscles, unable to close the mouth, so that saliva constantly dribbles. Such cases may ... reach great ages, if under such circumstances this can be looked upon as any ad-

vantage" (p 85).

From the time of this publication by Hansen and Looft in 1895 to 1941, the beginning of the revolution in leprosy therapy with sulfones, there is a long and empty hiatus. Hansen's spirit in Bergen must have been overcome with joy to hear of mouse foot pads, armadillos, lymphocyte transformations and rifampin.—Roy E. Pfaltzgraff, M.D.

✓ **Harter, Pierre, M.D.** *Précis de Léprologie.*

Oeuvres Hospitalières Françaises de l'ordre de Malte, 52 bis, rue de Monceau, Paris 8<sup>e</sup>, 1968, 249 pp with 31 illustrations, 5 in color.

French-speaking leprosy workers will welcome this volume by Doctor Harter, well-known former expert leprologist in the French Ministry of Foreign Affairs. This is an important addition to the few available texts on leprosy in French, or any other language.

The volume is handsomely produced in a durable cloth binding. Editorially the text is variable, and although numerous references to authors are made in the text, there is no bibliographic documentation. The photographs are generally well chosen and of reasonable quality. There is no index apart from a list of chapter headings.

Clinical descriptions are excellent and should provide an adequate reference for physicians and paramedical personnel diagnosing and treating leprosy patients. The standard antileprotics are well covered, but the date of publication precludes discussion of some drugs now in use, notably clofazimine and rifampicin.

This reviewer was particularly impressed by Dr. Harter's sympathetic approach to case-finding and village treatment programs. Anyone undertaking such campaigns would do well to study and reread Chapter XVI, "Epidemiology and Plans for Anti-Leprosy Campaigns."

The book concludes with an extensive listing of relevant general reference sources, associations, and treatment centers. Taking into consideration the date of publication, within the limitations of the reviewer's knowledge, many items are seriously outdated and grossly inadequate. A few examples are illustrative. Thus, the following are listed as holding the position of responsibility in their organization: Dr. Kellersberger, American

Leprosy Missions, Inc.; Dr. Johansen, United States Public Health Service Hospital, Carville; Mr. Burgess, Leonard Wood Memorial; and Dr. Wade, International Leprosy Association. By reason of retirement, these distinguished men ceased to hold these positions in 1953, 1953, 1958 and 1963 respectively. The list of treatment centers is useful for reference purposes. However, it is not entirely representative according to the heading "List of the Principal Leprosaria and Antileprosy Centers of the World."

The shortcomings of this work should not detract from its general usefulness to its intended audience of clinical leprologists and paramedical workers. I wish this and possible future editions a good fruition.—Wayne M. Meyers, M.D., Ph.D.

✓ **Hill, George J., M.D., F.A.C.S.** *Leprosy in Five Young Men.* Boulder, Colorado: Colorado Associated University Press, 1971, 204 pp, 90 figures in black and white. Price \$10.00.

This work is well-organized, reasonably well-written and nicely printed with evident good proofreading and well-reproduced photographs. It is adequately indexed and modestly referenced, having a total of 83 references, 8 of which are to popular works and 14 of which are from the period lying between the study and the publication—a period in which there were marked advances in the understanding of leprosy. The book reports extensive clinical, pathologic and other laboratory studies on five young male leprosy patients who were selected in and brought from Mexico to the U.S. National Institutes of Health for this purpose through the assistance of prominent Mexican leprologists and medical institutions. The data reported are valid and probably more exhaustive than has previously been reported for any single leprosy patient or group of leprosy patients. Despite this, it is difficult to find anything not previously known about this disease. There are no reported functional immunologic or other studies that might help to elucidate its nature. The book suffers from lack of critical editing and from clearly evident deficits in knowledge of what was known about leprosy at the time of writing.

The dust jacket of this production states in part, "As a kind of dictionary the book will be of great value in teaching the natural

and variable history of leprosy." This is difficult to justify on the basis of studies of five cases (one tuberculoid, four lepromatous) each studied for a period of two to three months and then treated (DDS) from three to seven months, with a repetition of most of the pretreatment studies for comparison. Following this the patients were returned to Mexico and the book does not contain any statement on their course in the seven to eight years intervening between their return to Mexico and the publication of this book, save for a footnote to Table 15 which notes that patient 5 developed tuberculosis in 1965 and that this responded to INH and PAS therapy. The dust jacket also carries the statement, "The dust jacket depicts Job as a leper . . ." The word "leper" is scattered throughout the text. Various sections of the book are headed by "literary" quotations (pp 1, 3, 7, 79, 149) seemingly chosen to recall the opprobrium that has been associated with leprosy and having no apparent relevance to this study, or to the sections they introduce.

The patients ranged in age from 14 to 26 years and had shown signs or symptoms of leprosy for two months to seven years. At the NIH a team of 37 collaborating and consultant physicians subjected them to an overwhelming battery of tests during the study period and then repeated these in large measure through the treatment period. In addition to physical examinations the studies included biopsies (14 different tissue sites listed for most patients) and clinical laboratory determinations (44 categories listed in Table 15, acid-fast bacterial stains from 29 different specimen locales are given in Table 4 and eight skin tests are noted in Table 5; while Table 6 lists 19 serological determinations and Table 7 presents the results of four specific types of serum protein determinations). As might be expected, this resulted in page after page of negative findings interspersed with occasional abnormal findings. Perusing the findings this reviewer eventually found what he thought to be a first documentation of the presence of acid-fast bacilli in the semen, but subsequent reading has shown that this was not a first. Had the study at this point noted ejaculant contracture fractions some clue might have been given as to whether the acid-fast organisms came chiefly from prostate, epididy-

mis or testis.

The first five chapters are devoted to individualized histories of each of the patients. Patient 2 was given a final diagnosis of "tuberculoid" leprosy, but this is questionable on the basis of the data presented. The accompanying photographs have more the appearance of dimorphous leprosy and this judgement is supported by the bilateral symmetry of skin sensory deficit involving 28% of the body as delineated in Figure 29. Acid-fast bacilli were found in one skin biopsy and also in one bone marrow aspirate. The legend under Figure 26 states that a rapid decrease in bacterial counts led to a diagnosis of "tuberculoid" leprosy, but this is characteristic of dimorphous leprosy and countable evaluation of bacterial decrease is unusual for the tuberculoid variety. Similarly one may wonder at the legend for Figure 49, a photomicrograph of a liver biopsy showing acid-fast bacilli. It is stated that the presence of these organisms was the first indication that the disease had become disseminated. On the facing page there appears a neat schematic of the same patient's skin sensory deficit showing involvement of head, arms and lower legs. One wonders why this is not regarded as valid evidence of dissemination.

In the chapter "Bacteriology and Pathology" the claim is made for uniqueness of study with the words, "Extensive pathological studies such as these had been reported from necropsies, but to our knowledge had never been performed in living patients with leprosy." Perhaps so, but the virtue of this escapes one in the face of evaluative judgement such as that on page 127 where it is stated that (on the basis of one biopsy, Table 4, p 161), "The fifth patient . . . showed multiple granulomas with giant cells *throughout* (reviewer's italics) his liver . . .".

Leprologists will wonder at some other statements such as the following: "The lepromin skin test is a useful means of evaluating improvement in leprosy: . . ." (p 151); "one of the volunteer recipients (nonleprous) of the intradermal declined to have the nodule removed. It slowly regressed over a two month period *and he remains well, seven years later*" (p 86, reviewer's italics). It is not stated whether it was considered possible that he might get leprosy from this test, or if lepromin is thought to have protected him from other diseases! Figure 57 is described

as "leonine facies" on page 40. "In study period I, which lasted for two months, the patient's course was remarkably stable..." (p 10; related to leprosy the statement is more remarkable than the finding).

A fairly extensive sexual history and sex function study is given for each patient and summarized in Chapter XII and Table 14. In this relation it is noted that frontal nude photographs have the eyes blocked out, presumably to hide identification. The device is effectively circumvented by printing on facing pages (e.g., pp 12, 56, 66) nice portraits of the disguised patients. Page 11, referring to patient I, unctuously states, "However, the great tragedy of his life was known only to him and to his physicians: because of prolonged delay in diagnosis, leprosy had rendered him a eunuch." The statement neatly makes itself inoperative for with this publication this secret is effectively broadcast and the sufferer identified by portrait. Additionally Figure 86 presents an operating room photograph of this same patient's testicles freed of their scrotal sac, causing one to wonder if this operation was for the benefit of the patient. Members of his family are well-shown in Figures 8 and 9. One further wonders if similar coverage would have been published in book form if the patient had been a resident of the U.S.A.

It is evident that a great deal of effort and work went into this study and that the findings are valid and worth recording. However, one wishes either that they had been presented in a series of papers in some medical journal where they could have received critical attention or, alternatively, that the manuscript of this book could have had critical editorial guidance from consultants well familiar with leprosy. The book does not acknowledge such manuscript review on the part of any of the leprologists listed as consultants.

Perhaps this review can stand as witness to the fact that leprosy is no longer a medically outcast disease but now has a vast lore of knowledge and information accumulated. It is against this background that new studies should be presented, rather than against the assumption that a brief look at a chronic disease, warrants the assumption of new revelations.—Olaf K. Skinsnes, M.D., Ph.D.

**Kent, Harold Winfield.** *Dr. Hyde and Mr. Stevenson.* Tokyo: Charles E. Tuttle Co., 1973, 390 pp, 45 black and white illustrations. Price \$10.00.

The author, through a biographical evaluation of the character and work of Dr. Hyde takes the part of Dr. Hyde in the controversy that flared up between him and Mr. Stevenson regarding the person and work of Father Damien and which received world-wide attention at the time of its occurrence. The author makes a good case for the energy, sincerity, dedication and highmindedness of Dr. Hyde. In the process the latter also shines forth as a person of rigidly held, forceful opinions who would be perfectly capable of writing, as he did, the controversial derogatory letter regarding Father Damien. The author's chief defense of Dr. Hyde is that the latter wrote the letter as a personal letter and had not intended its publication, and he documents that Father Damien was in many ways "difficult" and not completely the saintly personality that Mr. Stevenson and the world press portrayed. The republication of Dr. Hyde's reply to the furor created by his letter suggests, however, that he continued to hold the views expressed in the letter and that these were deeply felt and intertwined with his other attitudes. Thus he wrote (p 369), "when I began in 1877, my assigned work for the A.B.C.F.M., the charge of the North Pacific Institute for the training of Hawaiian pastors and missionaries, this matter of leprosy confronted me as a most direct and personal question. Accustomed as I was to the purity of a New England home, there yawned before me, in Hawaiian social and family life, an abysmal depth of heathen degradation, unutterable in its loathsomeness. Obscenity takes the place, among Hawaiians and other heathen nations, of the profaneness that pollutes our Christian civilization. Hawaiian home life, apart from Christian life, is abominably filthy. Of the five students in the first class I taught, one has been for years a confirmed leper, one has a daughter in the leper home, one had a leper brother, and the other two were sons of a leper father. Could I safely hold intercourse with such a set? I investigated the question for myself. ---I visited the lepers in their homes and cared for them in their sickness. ---I was introduced to Father Damien, rode with him through the settlement, visited at



his house, and talked with him about his work. ---By all that I saw and heard and read, I was soon convinced of this one fact, that leprosy is one of the results of licentiousness."

He further states, in contradiction to the observations of many, "But the fact is that at no time have the lepers on Molokai been any worse off than the average Hawaiian, and during these recent years they have been far better housed, clothed and fed than the people outside the settlement" (p 372). Dr. Hyde seemed not unduly perturbed by the publication of his private letters, but on the contrary, quite willing to support, defend and extend his statements publicly.

With respect to an understanding of leprosy, the author, for his time, is no farther advanced than Dr. Hyde was for his. Thus his concluding note in the book (p 377, #10) in referring to leprosy states, "It takes on two forms—either suppurating sores or anesthetic patches. Like every other epidemic, it decreases both in its virulence and in its spread. Domestication, as does Pasteur's cultivation, diminishes the intensity of the virus. ---Any one who knows the Hawaiian habit of promiscuous intercourse will acknowledge that segregation is necessary and must be enforced." Shades of Dr. Hyde! The author, like Dr. Hyde, even in 1973 continues the use of the word "leper" (e.g., pp 16, 248). There is no acknowledgment in his work that he consulted with anyone knowledgeable about leprosy, nor can any reference be found to any credible modern discussion of the nature of leprosy. The work suffers from this lack.

With respect to the life and work of the Reverend Doctor Hyde, the work is well researched, documented and presented. From this there emerges a character delineation of an energetic, dedicated, moralistically opinionated parson who had a great consciousness of the need of service to the Hawaiian community—service of which he, however, remained the judge of validity and procedure. There was much organizational talent interwoven with his social consciousness and a number of institutions in Hawaii, such as the Kamehameha schools for those of Hawaiian descent, the Bishop Museum and the YMCA, still bear the imprint of these talented contributions. His energy, dedication and stubbornly single-minded adherence to his convictions shine forth on

most pages of this work and it was this that led to his slanderous private letter about Father Damien.

In the face of much maudlin writing about Father Damien and the virtually universal excoriation of the Reverend Doctor Hyde, there has long been a need for a book that will present some challenging documentation. This work points out inaccuracies in Stevenson's presentations and conclusions and notes Mr. Stevenson's own doubts as to the propriety of his attack on Hyde. These are well-documented and valuable since they are not well-known or recognized. The same is true with respect to the writings of others regarding the Hyde-Damien controversy.—Olaf K. Skinsnes, M.D., Ph.D.

**Koebing, H.M., Schär-Send, M., Stettler-Schär, A. and Trümpy, H.** *Beiträge zur Geschichte der Lepra.* [A Contribution to the History of Leprosy.] Zürcher medizinisch-geschichtliche Abhandlungen, New Series No. 93, Zurich: Juris-Verlag AG, 1972 105 pp. Price, Fr. 24.—.

With Issue 93 as the skeleton of medical history, a careful study for the history of leprosy was conducted by four authors at Zurich University. Dr. Huldrych M. Koebing, professor of medical history and the director of the department of medical history at Zurich University discusses the problem of the disease caused by *Mycobacterium leprae* which has been known for 100 years, but still cannot be cultivated in the artificial media. The fact that human leprosy is regarded as a major endemic disease in tropical countries in spite of its weak contagiousness, (and the fact that the features of the disease are not the same among various nations) keeps researchers busy today as before. Infection does not cause the disease without exception if it is discovered early in its course and regularly treated with drugs. Based on scientific sources and reliable articles, clear representation of the historical progress of leprosy problems in antiquity, as well as in old Indian society, and in medicine is elucidated.

Associate Professor Dr. H.M. Koebing cooperated with Monica Schär-Send and Dr. Antoinette Stettler-Schär in this study of medical history. The description from antiquity before the Middle Ages to early modern ages is researched in this issue.

Hans Trümpy, Ph.D., who is the professor

of the nation's culture and the chairman of the seminars for the nation's culture at Basel University, describes the fate of socially expelled leprosy patients in Europe in the Middle Ages. Nineteen pictures and summaries in English enrich the book.—(*Translated from German summary by the publisher*)

✓ **Mehendale, M.S.** *Gandhiji Looks At Leprosy*. Bharatiya Vidhya Bhavan, Bombay: Gandhi Memorial Leprosy Foundation, Wardha, Maharashtra, 1971, 50 pp, 8 plates. *Leprosy in India* 43 (1971) 48.

This small and interesting book brings out very clearly the most humane approach of Gandhiji towards persons afflicted with leprosy, and that at a time when the social stigma attached to this disease was enormous. The book is divided into the three sections.

The first section deals with the early days of Gandhiji's life and reveals that even as a small boy he had come in contact with leprosy through the person of Ladha Maharaj, who was commissioned to read the Ramayana by Gandhiji's father. It was apparently in South Africa that he first experienced leprosy as a problem of ostracism. When a leprosy patient knocked at his door he invited him into the house, dressed his wounds, fed him and made arrangements for his subsequent care. This compassionate attitude found several other expressions which have been detailed by the author of this book. Gandhiji's personal interest in this person with leprosy is a touching reminder of his interest in the welfare of fellow human beings and an attempt by his own example to arouse the conscience of those around him.

The second section of the book describes Gandhiji's efforts to initiate attempts at eradication of leprosy at the national level. It is also significant to note that in this regard it

was only after his personal example that serious attempts were initiated in India to deal with leprosy as a national problem.

The third section of the book is a very brief account of the origin of the Gandhi Samarak Nidhi, and in particular its leprosy program. It is mentioned in detail and also the fact that the Gandhi Memorial Leprosy Foundation was started in his memory.

At a time when the National Leprosy Control Program is seeking to expand so as to bring within its purview as many leprosy patients as possible, a small book like this written in clear language will be helpful for the public in overcoming their aversion and unkindly attitude towards people afflicted with leprosy. It will also serve as a reminder of the interest in this problem, evinced by one of the greatest men of the century.—[*Adapted from Leprosy In India* 43 (1971) 48]

✓ **Vazquez de Bernard, Celia.** *Mojado y en la Oscuridad*. [Wet and in the Dark.] Buenos Aires: Compania Impresora CADASA S.R.L. (e.f.), Andonaegui 1326, 1973, pp 127. In Spanish.

This is a new novel by Celia Vazquez de Bernard, an Argentine M.D., who has previously published other books of poetry.

This novel is the testimony of a new era in health education on the old problem of Hansen's disease. The author describes the prejudices widely held by the general population and convincingly shows how health education may achieve the acceptance of ambulatory patients into the core of the productive community.

The main merit of this novel is, perhaps, that it transmits in a simple and precise style the new medical, social and epidemiologic approaches on leprosy propagated by the Argentine Society of Leprology and the World Health Organization.—E.A. Porta, M.D., Ph.D.