

BOOK REVIEW

Sehgal, Virendra N. *Clinical Leprosy*. New Delhi: Jaypee Brothers Medical Publishers Limited. 3rd edition, softbound, 222 pp., 1993. Available from Jaypee Brothers Medical Publishers (P) Ltd., Post Box 7193, B-3 Emca House, 23/23B Ansari Road, Daryaganj, New Delhi-110002, India. Price Rs. 125.00. ISBN 81-7179-310-X.

This is the third edition of a book first published in 1979 and now has 222 pages, 22 chapters, and 10 appendices. There are over 100 black and white photographs of histology, skin lesions, and deformities. This is a comprehensive book on clinical leprosy intended for students and practitioners, although some topics receive considerably more emphasis than others. The basic requirements for multidrug therapy are covered, with brief discussions of possible new antileprosy drugs. The pathogenesis, immunology, and classification of leprosy cover 10 chapters, and there is considerable emphasis on differential diagnosis in several chapters. A major section is devoted to the deformities and disabilities of leprosy. A grade I to Grade V leprosy deformity grading scale recommended by the World Health Organization (WHO) is described in some detail. However, the most recent disability grading recommended by WHO for leprosy with only Grades 0, 1, 2 is not mentioned.

There is a unique chapter on "urban lep-

rosy" which I have not seen addressed in any other book. Sehgal notes that urban leprosy has emerged as a definite entity in recent years and that transmigration of patients from endemic areas to urban areas for economic reasons contributes to this problem. A larger than expected proportion of urban patients are of the infectious type. He offers a number of suggestions for improved urban leprosy control, such as better training of medical personnel and health check posts at points of entry into cities to detect infectious cases.

A book written by a single author reflects the experience and opinions which may, at times, differ from those of other workers. This would be true of a number of topics in this book, such as the statement that transmission is generally by close contact with an infected individual and that the organism usually enters through normal or abraded skin. It is also recommended that borderline tuberculoid leprosy should be treated as multibacillary leprosy which differs from most recommendations.

This book is written out of many years of experience in India, and certainly will have its most useful applications in that setting. However, others who may have a special interest in the emphasis on classifications, the discussions of leprosy deformities, and urban leprosy will also find this book useful—Leo J. Yoder, M.D.