

BOOK REVIEWS

Antia, Noshir H., Enna, Carl D. and Daver, Behman M. *The Surgical Management of Deformities in Leprosy and Other Peripheral Neuropathies.* Bombay: Oxford University Press, 1992. Hardbound, 162 pp., black and white illustrations, indexed. ISBN 0-19-563058-0. US\$39.95. Available from Oxford University Press, 200 Madison Avenue, New York, NY 10016, U.S.A.

"The commonest peripheral nerve disease in man is leprosy. It is estimated that over 12 million people suffer from this disease and about a fourth of them have some deformity. However, the majority of deformities seen in leprosy are not peculiar to the disease. They are also seen in other peripheral neuropathies, including trauma, and systemic diseases like diabetes. The principles of management and surgical treatment of deformities secondary to peripheral nerve disease are very much the same, no matter what the cause. This comprehensive volume on the subject will therefore be of value to surgeons all over the world, not just those in countries with a high incidence of leprosy.

"Three major chapters of the book deal with correction of the deformities of the face, the hand, and the foot. The other chapters cover related aspects such as pathogenesis and pathology, the skin and peripheral nerves, complications and secondary disorders, complementary changes and rehabilitation. Illustrations are provided wherever relevant and useful.

"The authors' combined experience dates back to the fifties, and they have thus been able to overview the development of reconstructive surgery in leprosy from its very inception. The result is a fund of information and practical knowledge which will be useful to all surgeons working with patients with peripheral nerve disease."—From book jacket

Leprosy Unit, World Health Organization. *"Global Strategy for the Elimination of Leprosy as a Public Health Problem."* Geneva: World Health Organization, 1994.

WHO/CTD/LEP/94.2. Monograph, soft-bound, 28 pp. Available from World Health Organization, Geneva, Switzerland.

"Leprosy is still a dreaded disease even in countries where it has long ceased to be endemic. There are some 2.4 million (1994) sufferers and 79 countries with significant numbers of cases. Besides the permanent progressive disability it causes, the grim social consequences that infection has for its victims make it a unique public health problem. Until the early 1980s, efforts to control the disease by treating patients with dapsone proved ineffective because treatment had to continue for a long period and because of the occurrence of drug resistance. This frustrating situation dramatically changed following the introduction of the WHO-recommended standard multidrug therapy (MDT).

"MDT has shown itself effective in combating the disease. Experiences based on many thousands of patients treated with MDT over the past decade indicate extremely low relapse rates (cumulative relapse rates around 1%). By the end of 1993, some 5.6 million patients had been cured, and the global cumulative MDT coverage of registered patients had reached 89%. The number of registered cases has fallen from 5.4 million in 1985 to 1.7 million in 1994. The significant progress made in leprosy control enabled the World Health Assembly in 1991 to set the goal of eliminating leprosy as a public health problem by the year 2000. Provided leprosy control through MDT is further intensified in the coming years, there is every reason to believe that this goal—specifically, reducing the prevalence to less than one case per 10 000 population in endemic areas—can be reached.

"This proposed global strategy calls for increased resource allocation and priority setting at global, regional and country levels, while underlining that public awareness at the community level will be vital to ensure early detection of cases. One important epidemiological factor is that this is a very unevenly distributed disease; 65% of the problem is confined to only five countries and

92% concerns just 25 countries. The elimination strategy aims to stratify the situation at different levels, identify priority areas for action, set intermediate targets, and monitor them. The size and intensity of the problem and the accessibility of leprosy control services, including MDT, will determine the level of each stratum. Political commitment as well as mobilization and coordination of resources, including those from donor NGOs, will be essential prerequisites for the elimination strategy. The core activities will continue to focus on implementing MDT, together with intensive case-detection. Programme monitoring and evaluation and epidemiological surveillance will also be important elements of the strategy. The WHO Working Group on Leprosy Control will continue to monitor the progress towards global elimination of the disease.

"The elimination strategy envisages identifying and treating with MDT a total of about 5 million cases from 1994 to the year 2000. The cost of dealing with these cases has been estimated at US\$ 420 million, including US\$ 150 million for the drugs. It will be possible to mobilize these resources over the next five to seven years, provided the need for eliminating leprosy as a public health problem is fully recognized, and provided all interested agencies actively work together in a spirit of partnership. For the goal of elimination to be attained, it is essential for everyone to recognize and seize this opportunity to rid humanity of a disease that has plagued it for millennia."—Executive Summary

Tropical and Geographical Medicine, Volume 46, No. 2, 1994, Special Issue on Leprosy.

"The XIVth International Leprosy Congress was held 29 August to 4 September 1993 in Orlando, USA. According to tradition the Q. M. Gastmann-Wichers-Foundation organized a Dutch Leprosy Symposium in order to cover the main issues of the International Congress for the Dutch audience. The Symposium was held on 17 September 1993 in Amersfoort, The Netherlands.

"This issue of Tropical and Geographical Medicine (TGM) contains the papers of the speakers. It may be noticed that most speakers were Dutch nationals. This was not out

of convenience, but Dutch leprologists play a major role in the field of leprosy control, clinical leprosy and leprosy research. This due to the recruiting power of the doyen of the Dutch leprologists, Professor D. L. Leiker, and the continuous support of the Netherlands Leprosy Relief Association.

"At the Symposium the 'P. H. van Thiel lecture' was given, a lecture instituted by the Association Institute of Tropical Medicine, Rotterdam-Leiden in honour of Professor P. H. van Thiel, in his time an outstanding parasitologist at Leiden University. Professor Van Thiel died last year, aged 98 years. His obituary is included in this issue. The P. H. van Thiel lectures are held yearly. The presenters who are invited, are outstanding in their field within tropical medicine. This year Dr. J. L. Stanford was invited. He is an expert in the field of vaccination and immunotherapy of leprosy and tuberculosis. As far as the speakers are concerned, Dr. Richard de Soldenhoff is a Scot who has worked for a considerable time in Africa, notably in Tanzania and Zambia, and more recently in Nepal where he introduced the World Health Organization (WHO) advocated multidrug therapy (MDT) and, working in the field, found it hard to distinguish pauci- from multibacillary leprosy. Dr. Paul Klatser is a laboratory researcher who became interested in the epidemiology of leprosy and used his skills to define tools, serology, polymerase chain reaction (PCR) and nucleic acid sequence-based amplification (NASBA), for diagnosis, classification, follow-up etc., and found leprosy quite reluctant to give up its secrets. Dr. Marijke Bex-Bleumink won her spurs in Africa, especially when she worked in Ethiopia introducing MDT and studying the treatment of reactions in the field. Her paper examines critically the achievement of WHO MDT. Dr. Pieter Fennstra, a leprologist and a specialist in public health who worked in Sulawesi, Indonesia, gave one of the keynote lectures at the Orlando Congress. As a public health specialist and manager he examines the future of leprosy control when there will be only a few new patients and patients under treatment or follow-up. Dr. Tom Ottenhoff, also one of the key-note speakers in Orlando, is an immunologist and basic scientist and worked for some years at the Armauer Hansen Research Institute

(AHRI) in Addis Ababa, Ethiopia. He gave an introduction of basic immunology in leprosy but extended it into the newest findings. Dr. Ben Naafs, who for over 20 years studied the reactional phenomena, first in Ethiopia, later in Zimbabwe and The Netherlands, describes the mechanisms behind reactions and nerve damage. Prof. Stephaan Pattyn hails the achievements of chemotherapy and analyses the different treatment regimes used. Dr. Wim Brandsma, a physiotherapist with long experience in leprosy in Uganda, Ethiopia and Carville, U.S.A., addresses the problem of terminology in rehabilitation medicine and the confusion about leprosy disability. He also gives guidelines for nerve function assessment.

“Last but not least the P. H. van Thiel lecture by Dr. John Stanford. He analyzes the background of immunotherapy and prophylaxis and widens the scope from leprosy to other diseases as well. Though his ideas are considered controversial they deserve serious reading and considering.

The issue is completed with two review articles, one from Dr. Marijke Becx who examined MDT in the field, the other from Dr. Paul Klatser who discusses the serology. Two case reports are included as discussion papers. One on human immunodeficiency virus (HIV) and leprosy and the other on cyclosporine treatment. Both papers have been presented in Orlando.”—Editorial by B. Naafs