

BOOK REVIEWS

Jopling, W. H. and McDougall, A. C. *Handbook of Leprosy*. 5th revised edn. New Delhi: CBS Publishers & Distributors, 1996. Rs 195. Available from: CBS Publishers & Distributors, 4596/1-A 11 Daryanganj, New Delhi 11001, India. Fax 91-11-3276712.

CBS took over the printing and distribution of this handbook in 1995 from Heineemann Professional Publishing in the United Kingdom. A reprinting of the fourth edition by CBS achieved widespread distribution, mainly in India, and in 1996 a revised fifth edition sold over 1000 copies in a little over one year.

The fifth edition has now been reprinted (April 1997) and is available from medical booksellers in India and from the address above.

Erratum. The inclusion of primary amyloidosis of peripheral nerves as one of the conditions causing palpable nerve thickening, with or without muscle wasting, page 152 in Chapter 12, Differential Diagnosis, is an error. The clinical features described for primary amyloidosis are correct, but this condition *does not cause palpable thickening of peripheral nerves*. This will be corrected in any future edition.—Announcement and erratum from Dr. A. C. McDougall

Lwin, Kyaw and Zuiderhoek, Bos. *Leprosy Control in Myanmar (Burma); a Retrospective View of the Tackling of a Huge Leprosy Problem and its Results over a 25-Year Period (1948–1973)*. Working Group on History, Netherlands Society of Tropical Medicine, 1997. Soft-bound, 39 pages, illustrations. ISBN 90-9010787-8. This publication is available free of charge from co-author B. Zuiderhoek, Fideliolaan 102, 1183 PP Amstelveen, The Netherlands.

This is a very attractive and interesting monograph of 25 years of leprosy work in Myanmar from 1948–1973. The authors' summary is as follows:

Leprosy is mentioned in Myanmar literature as early as the Pagan Dynasty (1044 AD). After World War II, Tha Saing, later

accompanied by WHO Consultant Dharmendra, travelled all over the country. They came across thousands of patients and met with grossly inadequate leprosy control activities. As a result, the government drew up a thorough plan for a National Anti-Leprosy Campaign, with WHO and UNICEF providing technical and financial assistance.

First of all, pilot areas were established. With the experience thus gained, the campaign was gradually extended, creating an efficient nationwide organization. The number of registered patients increased from 4600 in 1952 to 245,000 in 1973, of whom 96% were under treatment. Segregation never played an important part: only 1% of those receiving treatment were inpatients. At that time dapsone was the drug of choice.

The ultimate goal was to integrate leprosy control into the general health service. Trials showed that the best way of achieving such integration depended on epidemiological and geographical factors, which varied throughout the country. Midwives appeared to be the most appropriate health workers, especially for drug distribution.

Training was given a high priority and was not restricted to medical personnel but extended to all workers involved in the leprosy problem. The importance of health education was also stressed, workers being taught to adopt a personal approach in their dealings with patients. The latter did not lose their jobs. Medical students had to get to know control techniques in the field. Workers were given clear job descriptions with planned targets. Reports were simplified to the greatest possible extent.

School surveys were introduced as a routine method of case-finding. When the project started prevalences of up to 40/1000 were no exception in central Myanmar. Children under treatment were not expelled from school.

Overall expenditure per outpatient per year came to US\$2.50 in 1973. The government was very cautious in its discharge policy, which explains why case-detection rates were used as the indicators for assessment. Random surveys were carried out to get baseline data for future evaluation. They contributed considerably to more complete

and differentiated understanding of the situation and were used to determine the future policy of control. Surveys in project areas which had been in operation for at least 10 years revealed that the majority of the estimated L cases had already been detected, but also that the percentage of undetected I/T cases was high. Even in well-organized project areas, control measures proved unable to detect those cases. It also became apparent that case-detection rates derived from project data need to be interpreted with caution.—Review accompanying the monograph

Porter, Edgar A. *The People's Doctor; George Hatem and China's Revolution.* Honolulu: University of Hawaii Press, 1997. ISBN 0-8248-1905-5 (paper: alk. paper), ISBN 0-8248-1840-7 (cloth: alk. paper). \$29.95 paper; \$60 cloth. Available from: University of Hawaii Press, 2840 Kolowalu Street, Honolulu, Hawaii 96822, U.S.A. Phone: 808-956-8679.

The author visited China in 1976 as a young American intrigued by the accomplishments of China's revolution. He visited again in 1978, and in 1979 moved to Henan Province where he taught in a provincial college for 2 years. He was drawn to the small group of aging foreigners who had embraced China and its Communist party during the revolution and who had chosen to remain in China afterward. He is currently with the School of Hawaiian, Asian and Pacific Studies at the University of Hawaii, Honolulu, Hawaii, U.S.A. He has authored two previous books and numerous

articles on China. His bachelor's degree is from St. Andrews Presbyterian College and his doctorate is from Vanderbilt University.

This is a detailed account of the life of George Hatem, also known as Ma Haide. The author begins with the early development of the Chinese Communist party and with the childhood and education of George Hatem in the U.S.A. He then follows the further education of Hatem, his moving to Shanghai in 1934 at the age of 24, his involvement with the politics of that time and place, and his eventually joining the Red Army at the end of the Long March. In 1937 he joined the Communist party, and in 1949 he was part of the Red Army which conquered Beijing. Shortly afterward, he became the first foreigner to be granted Chinese citizenship. For many years he was an advisor to the Ministry of Public Health where he influenced policy in China's struggle with venereal disease and leprosy up until his death in 1988.

This is a book about politics and about Ma Haide's personality. The details of his political views and his social and family life are exhaustive. On the other hand, accounts of his professional life in the public health of China are extremely sketchy and, with regard to leprosy, contain a number of errors. The author is obviously in awe of Ma Haide and much of the text is simple adoration. As opposed to the dedicated "China hand," the casual reader will find the many details of Ma Haide's interactions with China's leaders somewhat less than riveting. Indeed, in places the book intrudes into many personal details of his life that seem to serve no useful purpose.—RCH