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BOOK REVIEWS

Sehgal, V. N. and Srivastava, G. *Histoid Leprosy.* Delhi: CBS Publishers & Distributors, 1985.

The book serves to show that there are aspects of leprosy which need an in-depth study. This is essentially a review of literature on the histoid variety of lepromatous leprosy and may therefore be of help to students of leprosy. It is true that the term "histoid" like the term "tuberculoid" is based on histological characteristics. Histoid nodules can, however, be clinically identified by the trained leprologist.

Any study on the histoid variety of lepromatous nodules should be based on the histological criteria described by Wade in 1960. Nodules with occasional features of the histoid variety as described by Wade will not conform to the entity. Jonquires' paper was published in 1964, and therefore does not precede Wade's paper, as the authors mention on page 3. The cases with histoid nodules form 8% of borderline lepromatous (BL) and lepromatous (LL) cases in the authors' series, which is a prevalence not commonly observed if the criteria set by Wade are observed.

On page 13 the authors have recommended a regimen for the treatment of histoid leprosy. This does not fit in with any of the recommended lines of treatment. The authors have not done any animal experiments to find out whether or not any of these 23 cases were resistant to dapsone. On page 17 the authors have not mentioned how many of the cases belonged to the BL type and how many to the LL type. The authors had an unspecified number of LL cases as controls, but they do not give the mean duration of illness of lepromatous cases as compared to the cases with histoid nodules. The authors have also not mentioned the extent of the clinical condition of the cases. Patients may have a single histoid nodule or several nodules and plaques, or sometimes a histoid nodule might co-exist along with conventional lepromatous nodules. On page 33, according to the authors' description, 78.2% of sections showed foamy histiocytes, which is not in keeping with the histological characteristics of histoid nodules. In the acid-fast section, the bacilli are not in conformity with the description of the "histoid habitus" by Wade. One is struck by the number of foam cells and globi seen in 56.5% of sections according to the authors on page 35. This is against the histological features of histoid nodules. On the immunological profile, the T-cell numbers in histoid patients are found to be more than in active lepromatous leprosy. The B-cell count and percentage are much higher in histoid (page 36), but the levels of the immunoglobulin classes are lower than conventional LL, which is paradoxical. The authors have reported on C3 levels at a point of time, but they have not reported on C3d, which would be important if one has to really assess complement activity and its metabolism.

There are apparent inconsistencies in the statements of the authors, for example, as mentioned before, they found globi in 56.5% of cases and on page 45 they point out the absence of globi formation as an important feature. In page 46 they offer an entire description in place of a caption. The description of the type of lesions and the histological pictures as offered by the authors do not show any clear-cut histological features as they claim on page 46. The authors have not followed up these cases to warrant the statement that histoid leprosy is a relatively stable component.—G. Ramu

Wheate, H. W. and Pearson, J. M. H. *A Practical Guide to the Diagnosis and Treatment of Leprosy in the Basic Health Unit.* Würzburg: German Leprosy Relief Foundation, 1985, 3rd ed., 38 pp., softcover.

This booklet, now in its third edition, has been expanded from 26 pages (second edition) to 38 pages with some very useful additions and revisions. The authors, who have had many years of experience caring for leprosy patients and training leprosy workers, have again produced a booklet which will be very useful to clinical leprosy workers around the world. The main emphasis is on a careful, orderly examination in order to confirm or rule out the diagnosis of leprosy

with confidence and then to proceed with the effective management of uncomplicated leprosy, to recognize complications, and to refer those cases which need specialized treatment or hospitalization. It is written in concise easy English and should be understandable to anyone with a basic knowledge of English.

In the section on Diagnosis there are now six black and white photographs of patients and seven new and very useful photographs illustrating examination of the commonly involved nerves in leprosy. The pictures illustrating nerve examination are the most helpful I have seen and would, in themselves, make it worth obtaining this booklet. A new section describes classifying of all patients as multibacillary or paucibacillary as recommended by the World Health Organization. In the discussion on classification, only tuberculoid, indeterminate, and lepromatous classifications are mentioned, which might be a bit confusing for those who have long been accustomed to at least a borderline group.

The treatment section has been revised and includes the 1982 WHO multidrug therapy recommendations as well as recommendations for dapsone monotherapy where that is the recommended treatment. There is a brief, pertinent discussion of health education, and Chapter 7, on reactions, is now expanded to include some explanation of the two types of reactions commonly seen. The last seven chapters deal with the most common complications of leprosy, covering hand and foot problems, ulcers, and lagophthalmos, with clearly outlined advice as to the appropriate measures to be taken in a basic health unit.

This booklet is obviously intended primarily for paramedical staff working independently in a health unit. However, it will certainly also be of use to any health worker who is being introduced to the diagnosis and treatment of leprosy for the first time. It would also serve as a good teaching outline, with the most important points summarized, for a basic course in leprosy for paramedical personnel. Physicians and supervisory personnel will need more detailed and advanced material than is presented in this booklet. However, the basic information presented is of such importance that it will be useful in any health program where leprosy patients may be seen or treated.—L. J. Yoder