

6 REGIONAL VARIATIONS OF SEVERITY OF LEPROSY

TO THE EDITOR:

While visiting the Fyzabad leprosarium, a very well-run place

with about 250 patients under Dr. P. J. Chandy, I was struck with the much milder form of leprosy which they have there in that district of the United Provinces than we see in eastern India, and also with the very good results they get with hydno-carpus oil. The dosage used there is 16-20 cc. per week, and the patients all seem to stand it well. Dr. Chandy thinks that to be partly due to his adding 0.5% of iodine to the oil, to make it less irritant. [See abstract, *THE JOURNAL* 17 (1949) 346.]

There seems no doubt, however, that on the whole the disease there is milder than we usually see. I don't think it is due to diet. It may perhaps be due to the climate, with its greater heat in summer and greater cold in winter. Dr. Chandy also notices that the average age of onset in his patients is higher than usual in India, and that there are fewer cases among children. There is almost entire absence of serious involvement of the eyes, and there is no blindness except in some cases of lagophthalmia due to the neural form.

Now, one may visit an institution and come away with an impression—or an absolute conviction—such as I have indicated, but there is no way by which it could be proved. It would be a good thing if we could devise a system of estimating the severity of leprosy in different areas and comparing them.

The following points are some which, among others occur to me as worth recording for comparison: (1) The frequency of clinical involvement of the eyes, one or both, in lepromatous cases. (2) The frequency of lepra reactions in lepromatous cases of different degrees of advancement (L1, L2 and L3).¹ (3) The daily and yearly maximum climatic variations of temperature. (4) The proportion of patients taking part in daily vigorous physical exercise. (5) The nature of antileprosy drugs used, chaulmoogra or other, and the sizes and frequency of doses tolerated. There are probably other points which workers might consider worth adding as being possibly pertinent to the matter.

This suggestion is put forward in the hope that it may be given serious consideration before the convening of the next leprosy congress.

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¹ It would probably be desirable, in such records, to distinguish between the ordinary lepra reaction and the erythema nodosum type of reaction, which is seen with unusual frequency in lepromatous cases under treatment [see Wolcott, R. R., *THE JOURNAL* 15 (1947) 380; also Sloan, N. R., *et al*, *THE JOURNAL* 18 (1950) 1].—EDITOR.