

TO THE EDITOR:

According to an abstract in *THE JOURNAL* [28 (1960) 335], of an article by Jamison in *Leprosy Review* [30 (1959) 159] on the results of outpatient treatment in the Katsina district of Northern Nigeria, it appears that although advanced lepromatous cases improved markedly under DDS treatment, "around 17% of the nonlepromatous cases (and many in two leprosaria) had in spite of the sulfone treatment developed generalized diffuse lepromatous infiltrations." Editorially it was remarked, "Further information about this extraordinary development is awaited."

Having recently been privileged to spend four months in Nigeria, I believe it can be said that the explanation is a simple one. Classification of cases—into lepromatous and nonlepromatous—is done mainly by the paramedical workers, attendants and inspectors, without the aid of bacteriologic examinations. They do not distinguish the "low resistant tuberculoid" cases and the "macular dimorphous" cases, which are very common here. They, and also the indeterminate cases which without treatment become "dimorphous," are of course put into the nonlepromatous group. If these cases are treated as benign tuberculoid, the chance of relapse is high.

The same thing happens in the Eastern Region of Nigeria, where I checked a series of relapsed cases. They were usually of the kind with several not very well-defined macules, bacteriologically negative or weakly positive on admission and always negative within a year

of treatment. Three years of treatment was certainly not too long for these cases. Nowadays treatment of such cases is prolonged, and there is no doubt that the frequency of relapse will decrease. The cases classified as lepromatous had had much longer treatment than the others, and that explains the lower relapse rate in them.

These macular varieties seen in Africa are fascinating. Northern Nigeria is a paradise for leprosy study. The material is overwhelmingly abundant and the patients usually cooperate well. It is a great pity that there is no research center in the North, but, alas, the government cannot afford the expense. Help should be offered from outside.

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