
TO THE EDITOR:

I have just read your editorial on classification of leprosy in the June issue of the JOURNAL. It is a very thought-provoking and stimulating article. Unfortunately it is too true that we are not asking such fundamental questions very often. It becomes much easier to simplify everything in life and then imagine that the simplified representations are the reality.

I do agree with you that simplifying the classification system has been an invaluable tool to reach millions of untreated individuals and to lower prevalence, and it still remains a valid tool for public health. However it should not be confused with our endeavor to understand a disease through scientific research.

—Dr. Sunil Deepak, Director
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Epidemiology of Leprosy

TO THE EDITOR:

I read with great interest the article titled “Epidemiological Characteristics of Leprosy Reactions: 15 years experience from North India,” Int. J. Lepr. Other Mycobact. Dis. 72 (2004) 125–133. Prof. Bhushan Kumar and his co-authors have to be complimented on a painstaking analysis of 2600 patients with leprosy reactions attending their reputed “tertiary care institute in Northern India, which is a low endemic area for leprosy.” This is indeed a very useful clinical contribution.

However, I wonder whether it is an “epidemiological study” (as the title implies) based on a specific population from which the sample of patients is derived. As far as I know “Epidemiology” is defined as the study of the distribution and determinants of disease in human population. Whereas the basis of clinical research is the observation on individual patients, epidemiology requires observation of communities of people among whom disease occurs. The word epidemiology means something about people (EPI = upon; DEMOS = people).

While factors like onset, risk factors like age, sex etc. which also form important parameters of epidemiology are well described in the article, the occurrence of reactions and incidence over a period of time in specific communities or population groups is not available. This information will be necessary for planning management of reactions under field conditions. The title of the paper may be a misnomer.

I would invite comments from the authors or any epidemiologist on these points.

—Dr. R. Ganapati

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