THE FOLLOW-UP OF CASES

The opinion has been heard on occasion that to a considerable extent the study of leprosy has been superficial. Whatever the reasons in individual cases—the usual condition of overload of work on those who deal with lepers, or the common lack of facilities in leprosy institutions, or concentration of attention on the more immediate and attractive features of the disease—there undoubtedly is some basis for such a complaint.

One of the fields in which leprosy workers as a whole are perhaps most open to this charge is that of detailed study of individual cases over long periods of time. A definite contrast is to be seen when we consider the situation with regard to other important chronic diseases, such as tuberculosis, or syphilis, or cancer—diseases which are dealt with by thousands of workers in all parts of the world, often in special institutions.

A feature of work where medical activities are highly developed and pursued intensively is that when a new disease is defined, or new features of old ones are recognized, individual cases are studied closely. Reports of them are made with all the essential details. Where necessary, every effort is made to get into touch with patients who have passed from immediate sight, in order to ascertain the ultimate outcome of the disease for which they came under observation. Such work is done and recorded until it becomes possible, from the accumulated experiences, to marshal the facts and to draw from them accurate pictures of the conditions in question.

That we in leprosy work fall short of the ideal in this matter may not be wholly evident. In many places and for many years lepers have been placed in special institutions, at least after the disease has become sufficiently advanced for them to be recognized, and in the course of time the familiar pictures of the disease have been established. But the situation has changed somewhat of late, so that those pictures do not suffice. Furthermore, quite new factors have entered. For example, modern treatment has led to the release from institutions of many thousands of patients in various parts of the world. But in

how many places can it be stated with the authority of adequate statistics what is the ultimate outcome of such cases, or are there being collected, properly, the data that will permit of making such statements in the reasonably near future? It is only comparatively recently that we have come to realize in how many instances slight lesions of leprosy may appear and then disappear completely, especially in children but also in adults. In how many places in which such cases are seen have provisions been made for ascertaining, in this generation, how actual and permanent such apparent recoveries really are?

With regard to our understanding of the course of the two types of the disease, it is now recognized that in the past the tuberculoid form of the neural type was ordinarily looked upon as of the lepromatous type, to the confusion of the pictures of both types. Today our ideas regarding the prognosis of this misplaced form differ radically; some workers see it as wholly favorable and others as quite otherwise. Yet neither group can cite adequate records to support their opinion.

Some time ago a correspondent[1] asked whether cases of typical tuberculoid leprosy have ever been observed to change to the common lepromatous form of the disease. Only one of the several persons who commented on the matter stated definitely that he had seen cases undergo that change, and so far as we are aware no specific report of such a case has yet been published. In connection with the neural type in general, probably everyone agrees that cases of that class may undergo conversion to the lepromatous one, but information as to how often that happens, or by what process it happens, or precisely what the cases are like afterward, is totally lacking.

The detailed study of groups of leprosy cases over long periods of years is tedious and time-consuming, a task that may distract attention and take time from more immediate and perhaps more interesting activities. To many men circumstances may make such work impossible, but it must be done if our knowledge of the disease is to be made precise. So essential is that to progress, in our opinion, that we depart from our practice of avoiding editorial comment on articles that we publish and call attention to two in this issue that report follow-up observations on groups of cases of the neural type. —H. W. W.

[1]SCHUJMAN, S. Classification and evolution of tuberculoid leprosy. THE JOURNAL **4** (1936) 369; with comments by nine writers.