

# Leprosy in the United Kingdom

In the House of Commons, on 27 November, 1968, Mr. David Ennals (Minister of State, Department of Health and Social Security), provided some interesting facts and figures concerning leprosy in the United Kingdom. In reply to questions raised by the Member for Wembley (South), who had referred to a report that an average of 50 people a year were being notified as having contracted leprosy, Mr. Ennals said:

“The majority of persons suffering from leprosy in England and Wales are being treated as hospital out-patients or by their family doctors. The small number who need hospital in-patient care are treated in hospitals for tropical diseases or, occasionally, in general hospitals.

By the end of 1967, 196 patients were reported to have been cured out of a total of 732 notified since 1951. Of the 357 patients remaining on the register at the end of 1967, 196 were known to be quiescent, but treatment was continuing as a precaution against recurrence.

Particulars required to be notified under the Infectious Diseases Regulations do not provide information about the country of origin of the patient. There is no evidence to suggest that any person on the register of notified cases has contracted the disease in the United Kingdom.”

While these numbers give no cause for alarm, they do support the oft-repeated contention that in the United Kingdom leprosy must be considered in the differential diagnosis of any chronic atypical non-irritating dermatosis that does not respond to suitable therapy, and of any unusual peripheral neurological disorder that does not fit into one of the commoner diagnostic pigeon-holes. In all countries, England included, there may be patients still on treatment for “mycotic” patches that have failed to clear up despite the continued application of fungicidal ointments, just as there may be patients with ulnar palsy who have unjustifiably borne the label of “hysteria” for far too long. Medical students and doctors should realize that a geographical history may be more important than a “history of children’s complaints” when they are confronted with a native-born Englishman who has spent some time abroad, or an immigrant patient who presents himself in a suburban consulting-room or dermatological clinic.