Corrigenda

- 1 Dr. Schulz has asked us to point out that in her paper with H. H. L. Pentz on "Leprosy Control in South Africa" (Lepr. Rev. 1970, 41, 15-19) the following corrections should be made:
 - (i) In Table 1 the heading to Col. 2 should read: "No. of population in thousands".
 - (ii) In Fig. 1 the caption should read: "x—x, no. of new cases per 100,000 population" (and NOT per million as inadvertently stated).
- 2. We regret that in the Letter to the Editor from Dr. W. H. Jopling (Lepr. Rev. 1970, 41, 62) the Table was wrongly and misleadingly set out. It should have been as follows:

Name of reaction	Type of leprosy involved	Main clinical features	Main histological features (in dermis)	Main haematological findings
Type 1 reaction	Tuberculoid, borderline, and lepromatous	Erythema and swelling of some or all of the leprosy skin lesions; nerve swelling and pain; oedema of extremities	In "reversal reaction" there is oedema, diminution in number of acid-fast bacilli, and increase in defensive cells such as lymphocytes, epithelioid cells, and giant cells In "downgrading reaction" there is oedema, increase in acid-fast bacilli, and diminution in the number of defensive cells	Nil
Type 2 reaction	Lepromatous; some cases of borderline- lepromatous	Any of the following, singly or in combination: erythema nodosum leprosum, nerve pain, bone pain, joint pain, fever, malaise, lymphadenitis, rhinitis, epistaxis, irido- cyclitis, epididymo- orchitis, proteinuria. In severe cases, erythema nodosum leprosum lesions may become vesicular or bullous and break down	Oedema. Polymorphonuclear infiltration of dermis. Swelling of capillary endo- thelium. In necrotizing reactions there is capillary necrosis with fibrinoid patches in and around affected vessels	Polymorpho- nuclear leuco- cytosis. Raised erythrocyte sedimentation rate. Increased serum gamma globulin. Anaemia sometimes

		TABLE 1			
Classification	of lepra	reaction	(reaction	in	leprosy)