

Letters to the Editor

Dr Stringer's conclusion [*Leprosy Review* (1973) 44, 70-74] that the word "leprosy" should be retained "particularly because of its value to fund-raising", testifies both to the tremendous power of that word and to the uniqueness of that disease. Nothing similar occurs in any other branch of medicine.

Those of us who really believe that it should be "like any other" preferred the educational and, consequently, the preventive possibilities of an emotionless non-stigmatizing "hanseniasis", although regretting that this "cold" term might hamper the fund-raising possibilities of the voluntary agencies in our area. We had to make a choice for the benefit of the patients and our programmes, and we chose enlightenment and destigmatization.

Evidently, this is not a problem for England, where there are neither "lepers" to be hurt (and abscond), nor control programmes to be hindered. But we still hope that in the so-called civilized era we live in, voluntary agencies will eventually find a way to raise funds for patients in Africa, Asia and the Western Pacific without contributing to the suffering of millions in the Americas and to the spread of the endemic in this part of the world.

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In the editorial, "How Do Leprosy Bacilli Leave the Body?" [*Leprosy Review* (1973) 44, 47-49] the comment is offered that "In the Far East the genitourinary tract has for many centuries been associated in popular belief with the transmission of leprosy. . ." The concept of the transmission of leprosy by urine is also prevalent in central Africa.

During the period 1961-1973, I often asked inhabitants in various parts of what is now the Republic of Zaire about their thoughts on the mode of transmission of leprosy. In addition, each year in my dermatology course at the Institut Medical Evangélique, Kimpese, lower-Zaire, I would ask the students, who came from every province of the country, what were the prevailing beliefs in their home village areas on the contagion of leprosy (not necessarily the belief of the student). Transmission by contamination of the soil with urine from a leprosy patient was a popular concept. There were of course many other explanations such as consumption of the meat of elephants or spotted animals, especially red-skinned ones such as antelopes.

I am not certain of the basic reasoning behind the implication of urine, but there is an association of ideas between "leprosy" contaminated soil and the development of plantar ulcers, as if the neuropathic ulcers had been caused by organisms directly inoculated from the soil. In central Africa the stigmata of

leprosy are perhaps socially more acceptable than in certain other parts of the world. However, as the editorial suggests, the development of plantar ulcers seems to be especially unacceptable. We have observed patients with other deformities who were normally welcome in their village until plantar ulcers developed. The belief was that the soil was contaminated by "leprosy" from the open ulcers as well as by urine and thus transmitted the disease.

A sympathetic understanding of the popular ideas concerning any disease, and especially leprosy, is essential to a meaningful patient-physician-population relationship in any society.

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