

Palatal Involvement in Lepromatous Leprosy

Sir,

I read the three articles by Dr Girdhar and his colleagues with great interest (Girdhar, B. K. and Desikan, K. V., *Lepr. Rev.* (1979) **50**, 25–35. Mukherjee, A., Girdhar, B. K. and Desikan, K. V., *ibid* (1979) **50**, 37–43. Hubscher, S., Girdhar, B. K. and Desikan, K. V., *ibid* (1979) **50**, 45–50). Their finding that *Mycobacterium leprae* is discharged from the mouth in a high proportion of

patients with lepromatous leprosy, even when no oral lesion is seen, is of particular significance.

I have discussed previously palatal involvement in lepromatous leprosy (Barton, R. P. E., *Lepr. India* (1974) **46**, 130–134) and, like Girdhar and Desikan, I have not seen perforation of the palate in over 300 patients. I would therefore suggest that such perforation be described as “rare” rather than as “quite often seen”, particularly as perforation of the palate may also be caused by syphilis and tuberculosis.

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