COMMENT: THE USE OF HONEY AND SUGAR FOR THE TREATMENT OF ULCERS IN LEPROSY

Sir,

J M Grange has mentioned that honey promotes wound healing and inhibits the growth of bacteria. Also in an earlier letter L A Wiseman had suggested the use of sugar as an aid to wound healing and the treatment of ulcers in leprosy.

If we accept this treatment and bring it in use, we may invite trouble in the form of ants, houseflies and bluebottle flies which are ubiquitous and rampant especially in the third world where the incidence of leprosy is higher.

Maggots in leprosy ulcers are a common phenomenon in India. It is beyond anybody's capacity to remove the deep-seated maggots from leprotic ulcers. Treating such patients with honey dressings will attract more flies, worsening the maggot menace.

Therefore, the use of honey or sugar in the treatment of leprosy ulcers may not be practicable in countries like India.

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References


FIELD DETECTION OF EARLY NEURITIS IN LEPROSY

Sir,

I appreciated the article by Dr Frischi on 'Field detection of early neuritis in leprosy' (*Lepr Rev*, 1987; 58: 173–7) but I would like to correct an anatomical error in the text (p. 176) and the caption of Figure 6. The caption for Figure 6 is, 'The sensory test for posterior tibial nerve paralysis'. The area indicated in Figure 6, i.e. the lateral aspect of the foot, is not sensorially supplied by the tibial but by the lateral cutaneous nerve of the foot which receives fibres from the sural nerve (the cutaneous branch of the posterior tibial) and the cutaneous branch of the common peroneal nerve. So technically, the test of Figure 6 is a sensory test for tibial and common nerve paralysis because clinically you would not know which fibres you were testing unless you did a microsurgical dissection—but that is another story.

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