

REPLY: AMYLOIDOSIS

Sir,

A H Patki (*Lepr Rev*, 1990; **61**: 398–9) suggests that amyloidosis played a role in the decline of the European leprosy epidemic. I would like to revise another, probably more relevant set of circumstances: as an airborne-droplet or dustborne-disease the spread of leprosy depends on two factors: 1, the number of people per room, sleeping quarters, living or working accommodation; and 2, the mobility of the population.

The importance of the ‘sneezing distance’ is generally recognized. What is less commonly realized is that if a relatively isolated community harbours *Mycobacterium leprae*, the natural tendency is for the epidemic to follow a classical epidemiological curve, that may well stretch over several centuries, eventually leading to maintenance of the epidemic at a low level or total disappearance.

On the other hand, if at regular intervals such a community has close contact with other, also relatively isolated communities (mustering for military service, Viking fleets, seasonal gatherings for offshore fishing, ocean-going cutters manned from several homesteads, trading fairs, religious gatherings, etc.), then the chances are that the epidemic will not only spread, but also maintain a high level. It is clearly demonstrated in the history of leprosy in Scandinavia that this latter factor is of prime importance.

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