Correspondence

Modern Trends in Leprosy.

SIR—I have read with much interest the above paper by Dr D. G. Jamison (*Postgrad. med. J.*, 1969, 45, 408).

On page 412 the author says:

'The *Mycobacterium leprae* has for generations been assumed to enter the body through the skin. Recently various other routes have been proposed (Weddell *et al.*, 1963) such as the intestinal and respiratory tracts; and in babies, breast milk from infected mothers has been SUGGESTED as a possible source of infection. It is difficult to accept that the skin is the only portal of entry: it is equally difficult in the ABSENCE OF ANY SIGNIFICANT DATA, to support alternative methods of entry.' (capitals—mine).

May I be allowed to point out that it has not been merely 'suggested' that the breast milk of infected mothers 'is a possible source of infection', but that it has been clearly demonstrated beyond all possible doubt that the breast milk of a lactating woman suffering with lepromatous leprosy can be a source of infection to babies. Very significant data have been produced to show that this is so in several papers, three of which were illustrated with the most convincing photomicrographs, which were published in the *Leprosy Review* as follows:

PEDLEY, J.C. (1967) The presence of *M. leprae* in human milk. *Leprosy Review*, 38, 239.

PEDLEY, J.C. (1968) Presence of *M. leprae* in the nipple secretion and lumina of the hypertrophied mammary gland. 39, 67.

PEDLEY, J.C. (1968) The presence of *M. leprae* in the nipple secretion and lumina of the hypertrophied mammary gland. 39, 111.

PEDLEY, J.C. (1968) The presence of *M. leprae* in the lumina of the female gland. 39, 201.

I may add that the photomicrographs illustrating the last three papers are also available even more convincingly in Agfa Colour at the Leprosy Study Centre, 57a Wimpole Street W.1. (Director—Dr Stanley Browne), as also are Agfa Colour photomicrographs of sections of biopsies sent subsequently by Dr Monica Priestman of Nigeria, showing milk

ducts in a lactating mammary gland whose lining cells are crowded with *M. leprae* in solid staining form and being shed into the lumina of the ducts.

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J. C. PEDLEY

Psychiatric referrals since the Abortion Act 1967.

SIR—My paper should be read in conjunction with the previous one (Kenyon, 1969). If Dr Priest consults this he will find a detailed comparison, with appropriate statistical evaluation, of patients referred for termination compared with a matched group of routine out-patient referrals. Also in this paper is a comparison between those recommended for termination and those not.

As regards lack of cross-correlations and statistics in the present paper I was trying to highlight broad trends on what I thought were some of the more important variables and not get lost in too many sub-categories, or clutter up the account with elaborate statistics. In actual fact the majority of comparisons made were subject to chi-square tests but none was found to be significant. Perhaps I should have mentioned this in my paper but had done so verbally in a presentation of some of the results at a recent international congress.

To answer specific queries, in my series 41% of patients referred by gynaecologists had no previous psychiatric history compared with 25% of those referred by P.Ps. The increase in mean length of the history of the presenting illness was again put forward as a trend but it is so difficult to date precisely the onset, particularly with neurotic conditions, that I did not think it justified further mathematical treatment. I am grateful to Dr Priest for pointing out the significance of the increase in proportion of first pregnancies in single patients, a calculation which I did not do.

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KENYON, F.E. (1969) Termination of pregnancy on psychiatric grounds: a comparative study of sixty-one cases. *British Journal of Medical Psychology*, 42, 243.