

another time "the leprosy-affected person," or just "the person."

We would therefore like to make a strong appeal to anyone working in the field of leprosy, or anyone otherwise needing to talk or write about leprosy-affected people: For the sake of the dignity of the persons affected by leprosy, please do not use the word "pal."

It is also important to realize that English is not the main language in most leprosy-endemic countries. It is therefore essential to initiate a discussion in all endemic countries about nonstigmatizing terms that would be appropriate in the different languages spoken. In Nepal this discussion has led to agreement to use the term "kustha prabhavit byekti" as the Nepali equivalent for "person affected by leprosy."

We hope that our concerted efforts at introducing and using positive language in relation to people affected by leprosy will

help to raise their dignity and will slowly push back the age-old stigma attached to the disease.

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Reprint requests to Dr. van Brakel. This letter first appeared in the *ilep Flash Special Edition*, 1998.

Prevalence Rate of Leprosy in Brazil

TO THE EDITOR:

I was most interested to read the article on Monitoring the Elimination of Leprosy in Brazil by Andrade, *et al.* in the *International Journal of Leprosy* **66** (1998) 457–463. This is clearly a most valuable description of the progress being made toward the elimination of leprosy as a public health problem in Brazil, based on the declining prevalence rate since multiple drug therapy (MDT), as advised by the World Health Organization, was introduced in 1990.

I was however surprised and somewhat disconcerted to read in the Discussion and Summary that "... defaulters and patients being treated with old regimens are kept on the active registers in Brazil. . . ." The authors rightly add that this is not the case in most other leprosy-endemic countries.

Until reading this article, I must confess that I did not know that this is the situation in Brazil. Many of those who are striving,

directly or indirectly, to achieve the elimination of leprosy in this country may share my concern that the current official prevalence rate (6.72/10,000 of the population) is being affected by this policy.

I write to ask if the authors could comment on any steps which have been taken, perhaps through the World Health Organization, the Pan-American Health Organization or the International Federation of Anti-Leprosy Associations, to remedy this situation and bring it into line with operational and statistical norms in other leprosy-endemic countries.

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