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INCIDENCE AND SEVERITY OF *GLOEOSPORIUM* LEAF DISEASE OF RUBBER IN SOUTH INDIA

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A survey on *Gloeosporium* leaf disease of rubber was conducted in South India to monitor the distribution of the disease and its severity. Eight representative rubber growing regions were selected and 95 sites surveyed. The results indicated that the disease incidence and severity of infection were moderate to very severe in all the regions, except in Kulasekharam where the disease was mild. The clones RRII 105, GT 1 and PR 225 were more susceptible compared to the other clones covered under the survey.

Key words : Disease survey, *Gloeosporium*, *Hevea*, Leaf disease, South India.

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INTRODUCTION

Hevea brasiliensis (Willd. ex Adr. de Juss.) Muell. Arg. is susceptible to several leaf diseases. Among them, *Gloeosporium* leaf disease caused by the fungus *Gloeosporium alborubrum* Petch., the imperfect stage of *Glomerella cingulata* (Carpenter and Stevenson, 1954), occurs during the rainy season on nursery and immature plants. The pathogen, synonymous with *Colletotrichum gloeosporioides* (Penz.) Sacc. causes extensive damage to tender leaves. The infection results in the appearance of blackish-brown spots surrounded by a yellow halo. The very young brownish leaves shrivel and defoliation follows. On immature green leaves numerous raised spots with holes in the centre are prominent (Ramakrishnan and Pillai, 1961). Severe attack of the fungus results in growth retardation and thereby prolongation of the immaturity period of rubber trees. Reduction in crop production ranging from 7 to 45 per cent has been reported from Indonesia and 12 per cent from Sri Lanka (RRDB, 1994) due to incidence of this disease.

In India, the disease was confined to a few localities but has recently gained more importance with its spread to all the traditional rubber growing areas. The incidence of the disease has also been reported from non-traditional rubber growing belts of the north-eastern region, during the rainy season (Deka *et al.*, 1996; Singh *et al.*, 1998). Considering the damage caused by the disease, an assessment of the incidence of