

## CORRESPONDENCE

*This department is provided for the publication of informal communications which are of interest because they are informative or stimulating, and for the discussion of controversial matters.*

### 6 INFECTION BY TATTOOING

TO THE EDITOR:

My attention has been drawn to an editorial in *Leprosy Review* **20** (1949) 103, which criticizes and even ridicules the report by Porritt and Olsen of two cases in which leprosy developed simultaneously in tattoo figures, the subjects having been tattooed on the same occasion by the same operator [American J. Path. **23** (1947) 805; extended abstract in *THE JOURNAL* **16** (1948) 514].

On my own part, I found the report of great interest, and I consider the evidence strongly in favor of transmission by an infected tattoo needle. Having seen the way tattooing is done in some countries where leprosy is common, I have long considered that mode of transmission is far from impossible.

From the Leprosy Department of the School of Tropical Medicine in Calcutta, I once published with S. N. Chatterji an article on the connection between leprous lesions and tattoo marks [*Lep. India* **11** (1939) 14]. We recorded several cases, with photographs, of patients with the only lesion at the site of a tattoo mark. We considered three main possibilities. First, that the tattooing had been done to obscure a leprous lesion. In India this practice is not uncommon, and it probably explained some of our cases. Second, in a person with a latent leprous infection, a trauma to the skin might cause the first leprous lesion to appear at the site of the trauma. It was impossible to assess the likelihood of this development. Third, there was the possibility that the lesion was the result of actual transmission of leprosy by a tattoo needle infected by a previous customer and not sterilised, for tattooers in India use no method of sterilisation. This was considered a distinct possibility although in that country, where leprosy is widespread, proof was of course impossible.

In the cases of Porritt and Olsen the first two possibilities seem so remote as to be negligible, and the third seems the only feasible explanation. This idea is greatly strengthened by the

fact that the two cases occurred in exactly similar circumstances. For these reasons I consider the report of great interest, as giving support to the view that leprosy can be transmitted by inoculation, and that the first lesion may appear at the site of inoculation.

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