text we fail to explain how, in the absence of Virchow cells, a bacteriologically negative neural case becomes positive or positivity in the same case increases and how these bacilli disintegrate under sulfone treatment.

It seems, therefore, that bacilli are nourished by the tissue fluid in general of a leprous lesion and not by Virchow cells alone, and that alteration of metabolism in the tissues due to sulfone treatment is more general and not limited to the Virchow cells, thus making the tissues unsuitable for the growth and multiplication of bacilli anywhere in the lesion.

I agree with the statement that, "An identical mechanism is also operative, although not so regularly or effectively, either when other ways of treatment are applied or in natural condition when regression of the lesions occur without treatment."

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THE NAME LEPROSY

In the last issue of THE JOURNAL (pp. 86-89) there appeared five communications on the subject of the agitation to replace the word "leprosy" by "Hansen's disease," four from Associate Editors to whom had been submitted a proposal to reprint a certain article on the subject, and one from another interested contributor. Another voluntary contribution has now been received, this one from Dr. Reidar Melsom, of Bergen, the successor of Lie in the leprosy work in Norway.

From Dr. R. Melsom, Bergen:

I have recently been led to ponder over the proposal that the name "leprosy" be changed to "Hansen's disease," and I offer my opinion on the subject.

Leprosy was endemic in Norway from ancient times to the end of the last century, and this endemic was more severe and more prolonged than in any other part of Western Europe. Norwegians are therefore more familiar with this disease than any other nation with West European culture. I was born on the coast of Norway not far from Oslo, in an area where there has never been any leprosy, which was therefore practically unknown to the local inhabitants. As a child and in school I heard, like everybody else, about leprosy during scripture lessons, which then had a prominent place in the primary schools. The biblical history of miraculous cures of leprosy did not provoke in the schoolchildren any great fear or horror of this disease. My personal experiences do not confirm the claim that the odious association connected with the word leprosy are due to the stories in the Bible.

While I was a medical student and after I had qualified as a doctor, the diagnosis of hopeless diseases such as cancer, leukemia, mycosis fungoides, etc., always made me feel heavy at heart. Dr. H. P. Lie was of the
opinion that, among the most serious diseases, only mycosis fungoides could be compared with leprosy. Twenty years ago I came to Bergen as Dr. Lie’s assistant, and a couple of years later I became his successor.

Bergen has for many centuries been familiar with leprosy, and its first leperarium dates from about 1350. There is no great dread here of patients suffering from leprosy, and they are free to receive visits from other persons in the town and from relatives outside it. As long as they are able to do so, leprosy patients are allowed to travel freely in the town. The Norwegian form of isolation of these patients is very liberal, but they are not allowed to take their meals outside the hospital, or to be away from it at night unless they are on a visit in their homes.

My duties have to a certain extent led to my visiting persons with leprosy in their homes in the country and to making contacts with their relatives. In my opinion leprosy is not feared in the abstract and in association with this term, but as a reality—fear of contracting the disease. I have noticed a deadly fear in the eyes of persons who had a justifiable suspicion that they were suffering from leprosy and who actually had it.

A century ago the term in common use for the disease in Norway was Spedalskhet, which is derived from the word hospital. It is noteworthy that Armauer Hansen strove to have this term changed to leprosy (“lepra”). The attitude of the public to the disease is exactly the same whether it is called “lepra” or “Spedalskhet.” It is not the name that is feared, but the actual facts created by the disease.

I see no point whatever in changing the name of a disease which already has far too many synonyms. After a short interval, a couple of decades perhaps, the new name will evoke precisely the same association and ideas as the older names, and will therefore be feared just as much.

There is only one way in which the opinion of the public about leprosy can be changed. It is to discover a method of treatment which is so effective that the disease loses its characteristic features of incurability and of being more disfiguring and deforming than any other disease. We are now well on the way to achieve this end.

I am entirely in agreement with you in thinking that Armauer Hansen would turn in his grave over the notion that the disease should be labelled with his name.

To THE EDITOR:

Your editorial in the fourth issue of The Journal last year, page 518, item (b), second paragraph, contains an error which completely distorts my view concerning the reactional tuberculoid condition. It is stated that it is recognized as a distinct variety in my “third division of the T type, although it is called ‘borderline.’”

I have never confused “borderline” leprosy with the reaction state in tuberculoid leprosy. In my opinion, “borderline” leprosy is an evolutive stage of tuberculoid leprosy and should be classed as a separate variety.

On the contrary, the state of reaction should not be considered as a variety; it represents an episode which may occur in certain forms of the disease. In lepromatous leprosy, correctly, the reaction state is not inter-