

## THE PROBLEM OF LATENT LEPROSY

## TO THE EDITOR:

I have studied with much interest the excellent paper by Dr. H. W. Wade on The Persistent Problem of Latent Leprosy, which appeared in the *Revista argentina de Dermatosifilologia* **35** (1951) 105-111. The main points brought out are: (a) absence of latency in persons of high resistance; (b) low antigenicity of the bacilli (or the relatively poor response of certain individuals in a population); and (c) the necessity of improving the search for bacilli in skin and lymph nodes. My agreement with these pertinent considerations arises from having pondered so long over the way in which an ability to cultivate the bacilli could be put to practical use in the diagnosis of latent cases.

My conclusion has been that the search for bacilli in smears made indiscriminately from the body surfaces would be a waste of effort. I would like, therefore, to suggest that the first step in preparing for the diagnosis of latent cases should consist of the administration of BCG, or of repeated lepromin injections, in order to raise the tissue response sufficiently that suspicious skin areas may be recognized. It would be at this moment that bacteriological study or cultivation could be undertaken with higher efficiency.

The immediate pertinence of this suggestion lies in the fact that these procedures would facilitate clinical diagnosis. For some time, therefore, I have been encouraging those who do clinical work to conduct immunization in the contacts of discovered cases, in order to increase the possibility of early diagnosis. This procedure has the further merit that resistance to the disease might simultaneously be enhanced.

Harvard Medical School  
Boston, Mass.

JOHN H. HANKS  
Bacteriologist  
Leonard Wood Memorial