

SUTER'S OBSERVATIONS

TO THE EDITOR:

It is probable that many other leprosy workers have been as much stimulated as I have been by the article of Suter and the accompanying piece by Hanks which appeared in the January-March 1954 issue of THE JOURNAL [22 (1954) 1-11 and 12-15]. These articles provide analogous laboratory evidence which tends to explain many processes previously only guessed at with regard to the activities of the phagocytic system in leprosy.

In an editorial in the same issue, Wade comments on both articles and interprets them from the point of view of a practicing leprologist and pathologist. Although premised on analogy with the behavior of the tubercle bacillus in the tissues and in cultures, the three contributions lead one to believe, at least, that definite advances have been made with regard to our scanty knowledge of the immunology of leprosy.

Suter states that there is no indication supporting the hypothesis that, based on the results obtained with tubercle bacilli, the phagocytes acquire the power to inhibit and to eliminate the bacilli in leprosy. However, Hanks mentions his significant finding that upon adding *M. leprae* to cell cultures of growing fibrocytes from tuberculoid skin lesions there is rapid reduction of the bacilli taken up by the cells. On the other hand, he found that fibrocytes from lepromatous skin lesions were unable to bring about their prompt destruction, thereby reflecting the well-known differences between the two polar types of leprosy. However, it seems to me that even in the lepromatous type, destruction of *M. leprae* does occur within the phagocytic cells of the lepromas, for if the patient survives the active stages of this type, there is observed gradual diminution in the number of bacilli found in the skin, peripheral nerves and other superficial organs. This phenomenon occurs during what Muir called the "stage of elimination," and it seems to be accompanied by increasing fragmentation and granulation of the bacilli in the lepra cells, a change which may occur even without any special treatment. As the process goes on, the histological picture is dominated by collections of "foamy cells," which are rich in lipids but show either no bacilli at all or only fragmented debris. This histological stage probably precedes the final "burnt-out" clinical stage. The delayed "disposal" of the bacilli within the lepra cells and the accompanying clinical clearing-up of active leprotic lesions was much emphasized by the older leprologists but seems to receive scant attention from new-comers in the field.

Bureau of Hospitals
Department of Health
Manila, Philippines

JOSE N. RODRIGUEZ, M.D.
Chief, Division of Sanitaria