

In our last issue [pp. 155-162] there was a report, by Dr. A. S. Rabson of the U. S. Public Health Service, on determinations of C-reactive protein in leprosy cases under treatment at Carville. That article is one we had looked for since first learning of this peculiar abnormal serum constituent. Special attention is invited to that report, in the hope that there will be others from institutions where there are cases in greater number and varieties. There are obvious questions to be answered, some of them mentioned by the author.

Because the presence of the C-reactive protein is said to connote some active inflammatory condition, perhaps the most interesting question is what would be found, in frequencies and degrees of positive results, in reactional leprosy cases of various kinds, for in them there is "inflammation" in the commonly-understood sense of the word. Two of Rabson's cases were erythema nodosum leprosum, but they were under cortisone treatment and—interestingly enough—gave negative results.

Before that, however, comes the question of what would be found in untreated, progressing cases as compared with those under treatment and more or less improved as a result of it.<sup>1</sup> Under the circumstances the large proportion that Rabson found positive is surprising, and it seems anomalous that even among the "arrested" cases without amyloidosis many were positive. The question arises whether or not the treatment given these patients may have been implicated there, the sulfones being toxic drugs.

In view of the evident simplicity of the test, answers to these and other questions should be forthcoming in the near future. It would perhaps be well to parallel the CRP test with the old-fashioned erythrocyte sedimentation test.

—H. W. W.

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<sup>1</sup> One group of Rabson's cases is called "active," but only by virtue of a peculiarity of the terminology used at Carville. There, evidently, any case not classed as "arrested" is "active," although in fact the disease may be—and usually is—no longer progressing but actually retrogressing under treatment.