En outre, des léprologues polyglottes du pays invitant devraient être mis à la disposition des interprètes pendant le congrès pour les aider à traduire correctement certains termes techniques ou des passages de communications difficilement compréhensibles. Enfin, l’emplacement des cabines de traduction simultanée devrait permettre aux interprètes de voir ce qui se passe dans la salle.

**Vote des décisions du congrès à la majorité des voix.** — Jusqu’à présent, les décisions de chaque congrès — censées être appliquées ultérieurement dans le monde entier — ont été prises à la majorité des voix des congréistes. Or, ces décisions ne reflètent pas toujours l’opinion de la majorité des léprologues. La situation du lieu du congrès et les affinités raciales et linguistiques des personnes présentes peuvent modifier profondément ces décisions d’un congrès à l’autre. Il semblerait donc logique d’adopter un mode de vote tenant compte, dans la mesure du possible, de la répartition géographique de la lépre et nous estimons qu’une solution acceptable pourrait consister à attribuer une voix à chaque délégation des pays représentés au congrès.

Il est, en effet, injuste que de vastes régions, où la lépre constitue un problème primordial, n’ayant qu’un ou que peu de délégués présents au congrès, ne puissent soutenir leur point de vue que par l’intermédiaire d’une ou de quelques voix, tandis que le pays invitant dispose parfois d’une centaine de voix. A notre avis, c’est le mode de vote illogique et injuste en vigueur qui est en grande partie responsable du fait que les décisions des congrès ne sont pas universellement appliquées. — R. Chaussinand

**A TUBERCULOID-LIKE REACTION IN LEPROMATOUS LEPROSY**

**A REACTIONAL REVERSAL PHENOMENON**

Not yet, it would seem, have we reached the end of distinguishing previously unrecognized features of leprosy. To the anguish of those who wish to keep classification simple, the forms, varieties, and reactional phases of the disease that must be recognized are becoming more numerous. The “good old days” of comfortable simplicity are gone; our present-day ignorance is less thorough-going, and less comfortable.

With respect to tuberculoid leprosy, de Souza Campos began at least ten years ago1 to insist that the original concept of lepra reaction in that type of the disease2 really comprises two different things: (1) an acute aggravation or activation of existing tuberculoid lesions, “tuberculoid reactivation (tuberculoid lepra reaction)”; and (2) a relatively spectacular condition of abrupt onset and often startling appearance, sometimes occurring in persons with only simple lesions or none at all, which he

called “reactional tuberculoid leprosy.” The latter, presumably, is the one which in Japan has long been known as “akuter Schub.”

It now appears that some Japanese leprologists are making a distinction among the reactions that may occur in lepromatous leprosy—apart from erythema nodosum leprosum—somewhat similar to that of de Souza Campos in tuberculoid leprosy. This is recent, because at the Leonard Wood Memorial Working Clinical Conference held in Japan in 1952 only a single condition was considered, it being called “acute lepromatous infiltration.” To some if not most of the foreign participants, its description was decidedly less than satisfying. Now, however, comes Tajiri in this issue of THE JOURNAL with an article (a combined translation of two previous ones) in which is made a distinction between (1) “acute lepromatous infiltration” (in place of which term he has accepted “acute lepromatous activation”), which is basically an acute activation and aggravation of the existing lepromatous condition; and (2) “acute infiltration” (the term avowedly used for lack of a more satisfactory one) which in appearance and otherwise is much like the akuter Schub of tuberculoid leprosy. The resemblance goes so far that, besides morphological similarities, the lepromin reaction becomes positive, the histology of the characteristic lesions are of epithelioid (tuberculoid) rather than lepra cell (lepromatous) nature, and the bacilli in them are much fewer than in actual lepromatous lesions although more than in the typical akuter Schub lesions of tuberculoid cases.

Development of tuberculoid characteristics in lepromatous leprosy as a result of sulfone treatment has been reported before. In 1948, Davey told of an advanced lepromatous case receiving sulphetrone which developed a papular exanthem histologically of atypical tuberculoid nature, while the lepromin reaction turned from negative to strongly positive. If there have been other such reports they have been overlooked.

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7 Abstracts of Tajiri’s previous articles on the subject appeared in our last issue. Also in that issue were three Letters to the Editor on the subject, by Tajiri, Kitamura, and Rodrigues.


9 In the next year de Faria wrote about a lepromatous case that was supposed to have become tuberculoid, but the report does not indicate when, how or why that happened.
Twice, de Souza Lima\textsuperscript{10, 11} has written of a "pseudoexacerbation" phenomenon occurring in lepromatous cases under sulfone treatment, and in this issue of THE JOURNAL there is a translation of the second of these reports. The condition he describes seems to be basically similar to Tajiri’s "acute infiltration," although there are differences. It happens that the writer personally had the opportunity, in 1948, of seeing in São Paulo some of de Souza Lima’s cases and sections from their lesions. The condition was definitely not ordinary lepromatous lepra reaction, but was basically of tuberculoid nature—albeit histologically atypical, as lesions of "reactional tuberculoid leprosy" cases and borderlines are liable to be.

As for the differences between the descriptions from Japan and Brazil, the condition in de Souza Lima’s cases usually occurred early in sulfone treatment, in Tajiri’s cases late. The Brazilian cases remained negative to lepromin.\textsuperscript{12} The bacilli in their lesions were found to be modified; Tajiri remarks especially that they were not so in his cases. Both authors say much the same thing about the numbers of bacilli and their location. Rodriguez\textsuperscript{13} wrote of similar observations in the Philippines, saying that it was borderline cases that had "developed some of the typical characteristics of the lepromatous type" which are liable to develop "pseudoreactivation" under sulfone treatment. "These drugs seem to have the capacity of stirring up the tuberculoid portion of the dual nature of these cases."

This suggestion is important. It is an understandable explanation of a phenomenon which otherwise would be most difficult even to accept as possible. Souza Lima, in response to a personal inquiry, has agreed that the condition probably occurs in secondary lepromatous cases that have evolved to that state from borderline, and that—although almost anything can happen in leprosy—it is unlikely that the phenomenon could occur in cases lepromatous from the outset. Tajiri, in an addendum resulting from correspondence, discusses borderline cases but does not say that the lepromatous cases that develop the acute infiltration were once of that kind. However, in two places he speaks of "transition to the lepromatous type" from the original form—whatever that may have been. He says only that the acute infiltration is a process contrary to the change from borderline to lepromatous, but that the lepromatous cases that have this peculiar reaction do not become borderline as a result of it.

About terminology, the use of "acute lepromatous infiltration" for


\textsuperscript{12} Dharmendra’s antigen was used at first, but later regular lepromin was used (personal communication).

\textsuperscript{13} RODRIGUEZ, J. N. "Pseudoexacerbation" and "borderline" cases. Internat. J. Leprosy 18 (1950) 86.
one kind of reaction in lepromatous leprosy and "acute infiltration" for another is decidedly confusing. For the former kind "acute lepromatization" seems no more helpful for cases already lepromatous, because it suggests a process of change to lepromatous from another form. "Acute lepromatous activation," proposed by us and accepted by Tajiri, is at least different and not readily subject to confusion.

For the latter kind of reaction, "pseudoexacerbation" is hardly more informative than "acute infiltration." Souza Lima says that Rabello has suggested "induced tuberculoid," which would at least be better. We suggest, however, the introduction of the idea of a reversed phenomenon, an attempt to return from the (presumably secondary) lepromatous condition in which this kind of reaction occurs toward a more resistant form or stage; and for that "reversal reaction" in lepromatous leprosy might serve.

Be that as is may, there is here a form of reaction in cases necessarily classified as lepromatous, occurring at some time during sulfone treatment, that few leprologists have recognized. It follows that wherever and whenever the condition is encountered, there should be careful inquiry into the previous history of the case, thorough search for significant stigmata, and adequate follow-up afterward. Clinicians would do well to watch for cases of this kind, and enlist the cooperation of pathologists in the study of them, to fill an apparent gap in our understanding of the disease.

H. W. WADE

"THE PROBLEM OF THE RELUCTANT NEGATIVES"

The sulfone era, besides its manifold benefits, is responsible for a new, or at least greatly magnified, headache for administrators and social workers of leprosaria—the problem of the reluctant negatives. By this is meant patients who, so far as the status of the disease is concerned, could leave the institution but who do not.

An article by C. B. Lara and J. O. Tong in this issue reports the findings of a unique inquiry among negatives at the Culion Sanitarium. It was originally an official report to the Director of Hospitals, who in approving the suggestion that it might be published wrote, I have found [that] the memorandum ... presents very clearly the many angles of the problem presented by the negatives who are reluctant to leave the sanitarium, thereby creating a burden to the government.

The situation recounted of course has features peculiar to Culion itself—among them the numbers of children born there of parents with leprosy, and the great variety of opportunities for self-support—but there are also features that must be prevalent in many such institutions. The general picture is very different from the idea of the uninformed—and the misinformed—that the patients of leprosaria are all there unwillingly, resentful and ready to leave incontinently once restrictions are abolished. Actually, about 25 per cent of the actual inmates at Culion are negatives.