TO THE EDITOR:

A statement which appeared as a footnote to an editorial in THE JOURNAL [23 (1955) 194] suggests that our experience with the Khanolkar concentration technique was limited to healthy staff members and one patient with tuberculoid leprosy. In actuality the study was concerned with the examination of specimens obtained from closed cases of lepromatous and tuberculoid leprosy. Healthy staff members of this institution were not anxious to submit to the examination, and so only two controls (persons without leprosy, not staff members) were included in the study. The following is a summary of the work and findings.

A review of my notes indicates that 63 specimens were examined by the Khanolkar concentration method during 1952 and 1953. Fifty-eight were skin specimens obtained from closed cases of leprosy. In only 4 instances were acid-fast bacilli not found, while in 54 cases acid-fast bacilli, from a few to several hundred, were found. Acid-fast bacilli were not found in the specimens from the 2 controls, but in one of them atypical organisms were seen. Three additional specimens were obtained from the placenta and umbilical cord in a case of active lepromatous leprosy. Acid-fast bacilli were not found in those tissues.

The observations may be summarized as follows:

Type of Specimen	*AFB found*	*AFB not found*
1. Skin Biopsy		
A. Leprosy (all closed cases)	54	4
i. Lepromatous (apparently arrested)	27	3
ii. Tuberculoid	27	1
B. Controls (without leprosy)	0	2[a]
2. Placenta (from active lepromatous case)		
A. Maternal Surface		1
B. Fetal Surface		1
C. Umbilical Cord		1

a One specimen showed atypical organisms. Agreement by several bacteriologists and pathologists that the organisms were not acid-fast bacilli.

I had not considered publication of the above findings, since I felt that it was only one step in an evaluation of the concentration technique. I believe, however, that the study did disclose that acid-fast bacilli, presumably *Mycobacterium leprae*, may be found readily in supposedly closed cases of leprosy. I have felt that the study should be expanded to include observation of household contacts and others in endemic areas and perhaps a number of controls in nonendemic areas.

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