CORRESPONDENCE

This department is provided for the publication of informal communications which are of interest because they are informative or stimulating, and for the discussion of controversial matters.

THE LEPROMIN REACTION IN TUBERCULOID REACTION CASES

It has long been understood that when tuberculoid cases undergo reactions, the lepromin reaction tends to lessen in intensity and may become negative. Recently, in personal conversation, Dr. José N. Rodriguez stated that if the lepromin reaction was strong before the clinical reaction occurred, it would not become negative. The point being one of some interest, opinions were asked of several South American workers who have had experience in the matter. Their replies follow:

From Dr. Lauro de Souza Lima, São Paulo, Brazil.—In my opinion, and according to my experience with such cases, the informant is correct who said that if the lepromin reaction is strong before the onset of reaction in tuberculoid cases it will not become negative during that state. I have never seen that change to negativity during reaction in strongly positive cases.

I believe that one of the Brazilian workers with whom I have at times been associated believes that the change does take place, but I do not agree with him in this matter.

From Dr. J. M. M. Fernandez, Rosario, Argentina.—It is true that when leprominpositive tuberculoid cases undergo reaction, the reactivity to lepromin very often decreases temporarily. It is true, too, that if the clinical reaction is strong enough the lepromin reactivity may be quite lost, particularly at the beginning of the episode in strongly bacteriologically-positive cases. But it is also true that patients who were strongly reactive to lepromin in the inactive stage do not always become entirely negative during reactions. Finally, in many cases, the lepromin reactivity is not at all modified during the reaction.

From Dr. Salomon Schujman, Rosario, Argentina.—I have always thought, and am still of the opinion, that the hyperergic cases of tuberculoid leprosy—i.e., those with strongly positive lepromin reactions—may diminish in positivity for various reasons but do not become negative. I have seen during tuberculoid lepra reactions, even in the more dramatic ones so far as concerns the quantity and intensity of the lesions, decrease of intensity of the lepromin reaction but in no case change to negative.

In my paper "Tuberculoid lepra reaction" in THE JOURNAL [5 (1937) 77-86] there are several cases and some pictures about this matter which are illustrative. I also sent you, at one time, two pictures of a case of a very strong tuberculoid lepra reaction in which the lepromin reaction remained strongly positive. I now send you a third one of the same patient taken two years later, which shows the regressive condition of the lesions. When I sent you the first pictures I made a good prognosis of this case because of the strong positivity of the Mitsuda reaction.

From Dr. Guillermo Basombrio, Buenos Aires, Argentina.-In reply to your

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inquiry I am telling you of my experience of the variation of the lepromin test when tuberculoid patients undergo reaction, in a group of 74 cases studied with my collaborator Dr. Gatti:

1.	No change of positivity during the reaction	15	cases
2.	Change of positivity during the reaction:		
	(a) From strongly positive (2+) to negative	2	cases
	(b) From positive $(1+)$ to doubtful (\pm)	20	cases
	(c) From positive (+) to negative	35	cases
	(d) From doubtful to negative	2	cases

If the 2a and 2c groups are taken together, then just 50 per cent of our positive cases became negative during reaction.

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