Correspondence

SIGNIFICANCE OF LEPROMIN POSITIVITY

To the Editor:

Professor J. Gay Prieto wrote, in his article entitled “Introducción a la Rehabilitación quirúrgica del Leproso,” in the transactions of the Congreso Internazionale per la Difesa e la Riaabilitazione Sociale del “Leproso” (Vol. 1, p. 246), the following “revolutionary” paragraph:

It is also necessary to state that from the strictly public health point of view, the immunological condition of the children demonstrable by the Mitsuda reaction has no value. This matter, of extraordinary theoretical and scientific importance, cannot serve at the present time to establish a control measure. There are (although exceptionally) lepromatous patients with positive Mitsuda reactions, and a malign (lepromatous) evolution of the disease has repeatedly been seen in children with positive Mitsuda.

I would like to ask the following questions, hoping that there may be replies from readers of The Journal.

1. Has it been proved that the immunological condition of children who give a positive Mitsuda reaction has no value?

2. Are lepromatous cases known which give spontaneous positive Mitsuda reactions? (If the reaction has been induced by cosensitization, as by BCG, the case is different.) If spontaneously positive cases occur, it would be interesting to know in what proportion they exist.

3. Apart from the six children with positive Mitsuda reactions who developed lepromatous leprosy, reported by de Souza Lima at the “Tres Corazones” meeting, I don’t know of any that have done so. It would be of much interest to ascertain the experience of other leprologists, and if other cases have been seen, how many there have been.

Buenos Aires
Argentina

GUILLERMO BASOMBIO, M. D.

[The second item in this inquiry brings up another question, because of the problems involved in the borderline form of leprosy. That is: What assurance is there that the cases classified as lepromatous but found to be reactive to lepromin are not actually borderline, or that they have not been borderline previously and—as a result of treatment—are reverting in that direction and regaining at least some of the tissue reactivity which is very likely they originally had?—Editor.]

QUESTION OF OPTIMAL SITE FOR THE LEPROMIN TEST

To the Editor:

Replying to the question about the reason for our choice of the skin of the back as the site for the lepromin test, and the possibility that it may be a more suitable site for routine testing than the flexor surface of the forearm, I know of no comparative study of the matter. For years I have used exclusively the back (región escapular derecha) for lepromin testing, and the forearm for the Mantoux test.

Some of the reasons for my choice of the back for the lepromin test are as follows:
1. I believe the thicker, firmer skin to be the more suitable for nodular reactions like the Mitsuda. According to my experience it is possible to obtain more clear-cut positive and negative lepromin reactions there than in the thinner, softer skin of the forearm, although I regard the latter site as the better for reactions of the erythematodematous type.

2. There is more room on the back for testing, when multiple tests are to be made.

3. The patient cannot see what happens to the injections on the back.

Hospital I. Carrasco
Rosario, Argentina

Jose M. M. Fernandez

[See the editorial section of this issue for a note on the occasion for the inquiry to which this was the reply.—Editor.]

ACTIVATION OF LEPROSY ASSOCIATED WITH ACTH AND CORTISONE TREATMENT

When word was received, from Dr. J. A. Doull, of a case of leprosy seen in St. Louis, Mo., whose lesions were said to have been aggravated during a period when ACTH or cortisone was being administered, inquiry about the case was made of Dr. Carl C. Harford, of the Department of Medicine, Washington University School of Medicine, St. Louis, who was known to be interested in it. This has elicited the following note, which is deemed of interest.

Heretofore, to our knowledge, the systemic use of these hormones in leprosy cases has been limited to short-term administration for the control of reactional phenomena. This case is unique in that the hormones were given for an arthritic condition associated with a rash, apparently for a relatively long period, during which—judging from the description—intra reaction supervened and the skin eruption was greatly aggravated, after which the patient appeared at the hospital where the nature of the condition was recognized. It is this apparent anomaly in the effects of the hormones that makes this case of special interest.

Presumably the word of caution in the last paragraph of the communication refers to the use of the hormones in leprosy cases during the ordinary quiescent phase of the disease. The writer could hardly have had in mind the treatment of ordinary reactional conditions for which various workers have found the hormones useful.—Editor.

To THE EDITOR:

Several physicians have suggested that THE JOURNAL should be informed about a patient seen recently at Barnes Hospital, St. Louis, whose case might warrant some comment for the correspondence section. We are reluctant to make a longer or more formal report of the effect of ACTH and hydro cortisone (Cortef) on the course of leprosy in this case, since it has not been possible to find out from the patient’s former physician just how much of these compounds were administered, or for how long a period, or what he observed their effects to be. For the history it has therefore been necessary to depend entirely upon the patient herself, and consequently the evidence is scanty.

The patient, white female, 71 years of age, was admitted to Barnes Hospital on November 28, 1955. The only thing in the past history of possible significance...