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## EDITORIALS

*Editorials are written by members of the Editorial Board, and opinions expressed are those of the writers.*

### QUESTION OF OPTIMAL SITE FOR THE LEPROMIN TEST

Ordinarily the injection of the antigen for the lepromin test, as in the case of the Mantoux tuberculin test and various others, is made into the soft skin of the flexor surface of the forearm. That is the site used by the original Japanese workers, and most others have used it in subsequent years. It is of course the classical site of tuberculin testing.

Recently Aronson and Taylor<sup>1</sup> have reported that tuberculin reactions in BCG-vaccinated persons are more localized if made in the thicker skin of the deltoid region of the shoulder than in the usual place. In double tests of 139 such persons, the deltoid tests gave 98 per cent positives, the forearm tests only 66 per cent; only 2 persons were doubtful (and 1 negative) in the first instance, against 43 doubtful (and 4 negative) in the second instance. With few exceptions the edema and redness were most sharply defined and marked on the shoulder. The report is confined to the immediate observation, with no speculation regarding the testing of unvaccinated persons or the most favorable site for applying other intracutaneous tests.

This report brought to mind our own experience with the lepromin tests in dogs sensitized by previous injections. Reactions to subsequent tests in the thinner, softer skin of the belly were frequently—although by no means always—less prominent and well-defined than those in the thicker, firmer skin of the chest. It also brought to mind the practice of certain of the South American workers to make their lepromin injections into the

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<sup>1</sup> ARONSON, J. D. and TAYLOR, H. C. The relative sensitivity of the skin of the forearm and shoulder to tuberculin. *American Rev. Tuberc. & Pulm. Dis.* **72** (1955) 242 (notes): (abstract in next issue).

skin of the back, rather than the forearm. One of them Dr. J. M. M. Fernandez, was asked to comment on the matter, and his reply was printed in the correspondence section of the last issue. (Page 475).

The main point made by Fernandez is that the "thicker, firmer skin of the back is more suitable for the nodular type of reactions, like the Mitsuda reaction," whereas—contrary to the findings of Aronson and Taylor in BCG-vaccinated subjects—he considers the thinner, softer skin of the forearm better for reactions of the erythematodematous type.

We have no knowledge of any comparative study of the matter. The purpose of this note is to suggest that trial be made of such double lepromin tests, one on the forearm and the other on the deltoid region of the shoulder or somewhere on the upper back, in adequate numbers of individuals of various categories, to determine whether better, more clear-cut reactions of either the early (Fernandez) or the late (Mitsuda) kind, or both, will be obtained in the firmer, thicker skin than in the usual site.

—H. W. W.