

WHAT IS AN "ACTIVE" CASE OF LEPROSY?

Among the terms met from time to time in the literature of leprosy about the meaning of which there may be uncertainty there is one—not important, perhaps, but nevertheless noteworthy—which could easily be made precise by a little care on the part of the writer or editor. We refer to the term "active" as used in designating the status of a case, those of the lepromatous type usually being involved.

There are indications that workers in certain leprosy centers regard their cases as "active" so long as they remain bacteriologically positive regardless of the status of the disease process, inactivity signifying only the attainment of bacteriologic negativity. On that basis a case in which the lesions had retrogressed until, clinically and histologically, they were little more than residual would still be called "active" so long as any acid-fast rods could be found. Is there justification for this point of view? Let us wander a bit in other fields.

Take a village in a tropical countryside where malaria has not been controlled. There will, of course, be people sick of the disease, but most of the inhabitants will be going about their daily affairs as usual. A survey team comes along and finds a certain proportion of the school children with enlarged spleens, and thick blood smears from the farmers will reveal some proportion of them to have parasites in the circulating blood. Those people all enter into the malaria statistics, but are they *active* cases of malaria?

Take a person such as the writer of this note, or the reader of it, who as a matter of routine or curiosity steps before an x-ray machine for a chest film. A shadow is found, but the experts advise that it represents a lesion sufficiently healed so that nothing special need be done about it. It may be agreed that if the lesion were to be extirpated and cultures and guinea-pig inoculations made the presence of bacilli might be demonstrated.

Here again the individual would enter the statistics, but would he be classed as an *active* case of tuberculosis?

To multiply examples of that kind would be boring, so let us come back to the field of leprosy, first among symptom-free contacts. Many years ago there were reports of lymph-node punctures which revealed in smears what were regarded as leprosy bacilli. More recently certain workers have removed bits of normal-looking skin and made suspensions of them, sometimes finding in concentrates acid-fast rods looked upon as leprosy bacilli. Granting for the sake of argument that the assumption was correct, should the persons concerned be considered *active* leprosy cases, unless and until symptoms appear?

Take a person in a leprosarium who had lepromatous leprosy but whose lesions cleared up under treatment so that he became eligible for discharge. He elected, however, to remain in the institution. Some years later he dies of, say, pneumonia. At autopsy smears are made from peripheral nerves which—as has not infrequently been the case—revealed that acid-fasts still remained. Should he then be regarded as having been an *active* leprosy case all along? Many such negatives discharged in the chaulmoogra days subsequently suffered relapse, and then they *were* active cases again.

On the other hand, let us take a tuberculoid case with lesions which, by observation or the patient's history, are known to be progressive. No bacilli can be found in smears, or even in sections of a biopsy specimen. Here we have clinical activity in spite of bacteriological negativity.

How, then, should "activity" be defined? It is easier to say what it is not than what it is. Surely, if a patient is put under treatment and his lesions become definitely recessive, then activity of the disease process has ceased and it has begun to undergo resolution. That holds for the moment, whether improvement will continue in the future to a favorable termination, or cease at some point along the way and relapse occur.

To most people, we venture to say, an active case of leprosy is one with the disease *in vigor*, progressive or liable to progress if permitted. To avoid confusion, we suggest, it would be well to confine the term to that sense, and to employ some other designation or designations, even if less simple and convenient, for cases in which the disease process is clearly recessive or residual but still bacteriologically positive.