

In the last issue of THE JOURNAL, the fourth for 1957, there appeared in the Correspondence section a symposium on the effects of lepra reaction in lepromatous leprosy. In the editorial summary of the symposium the following comment was made:

....It would seem that by this time, the middle of the twentieth century, leprologists should have been able to come to a general agreement regarding the forms of reactions that occur in lepromatous leprosy, if not about the names to apply to them. One may wonder if this matter of reactions in leprosy as a whole may not perhaps be worthy of the attention of the next international congress.

In letters sent to a number of our correspondents, that paragraph was quoted and opinions were asked regarding the suggestion that the matter of reactions in leprosy as a whole might be considered at the next congress. The answers received, arranged in alphabetic order, follow.

From Dr. Guillermo Basombrio, Buenos Aires.—Referring to the difficulty of coming to an agreement about the benefits of reactions in lepromatous leprosy, illustrated by the symposium on the question raised by Schujman because of the variety of replies received, I agree that the matter should be dealt with by the coming congress. I think the best way of going about it would be to create a clinical committee on the subject during the congress.

From Dr. J. A. Kinnear Brown, Entebbe, Uganda.—I could not agree with you more. Any plan which will lead to simplification and uniformity in the matter of reactions would be worth following.

Some of the difficulties are due to the different languages we speak; others to the fact that the predominating features of the clinical picture vary from one country to another. Where 50% of the patients are lepromatous, lepra reaction is a commoner element in the picture than where only 5% or 10% have this type of disease; that is to say that where the lepromatous form is common reactions are seen more frequently and natural variants are more easily recognizable. Where 90% are nonlepromatous, i.e., either tuberculoid, indeterminate or maculoanesthetic, experience and emphasis are different.

Unfortunately, these principles are not always recognized by those who teach. The result is that medical officers in the tropics get the impression that this disease is the preserve of the specialist and they look for an interest in diseases that are presented to them in a form they can understand. Anything that will lead to a clearer understanding of what everybody means will be a great help to research workers and students alike.

From Dr. J. A. Doull, Washington, D.C.—I agree that it is time for careful definitions of what are to be designated as "reactions" in leprosy—if the term is to be perpetuated. Most of the difficulty lies in the forms of reaction that occur in lepromatous leprosy, because of so-called ENL. Perhaps we are concerned with two varieties and with a combination of the two.

I would be inclined to add the subject to the agenda of the Panel on Classification, perhaps adding a couple of men to the list to report specifically on reactions. I suppose the men selected should be leprologists with large institutional experience.

From Dr. José M. M. Fernandez, Rosario, Argentina.—I agree that the subject of reactions in leprosy deserves the attention of the next international congress, but I don't know how or where it could be included in the program. I think that in the last Pan-American Leprosy Conference, held in Buenos Aires late in 1951, "lepra reaction" was considered as a special theme and discussed in a whole session. I am afraid it is too late now to designate an Interim Panel for the subject. Perhaps the best thing will be to dedicate a whole session to it as a recommended theme.

From Dr. Hervé Floch, Cayenne, French Guiana.—I am entirely in accord with you regarding the value there would be in studying, at the coming international congress, the subject of lepra reactions more closely. Unquestionably, lepra reactions constitute one of the major problems in leprology at present, as interesting from the theoretic point of view as from the practical one.

From Dr. J. Ross Innes, London.—The suggestion that reactions in leprosy as a whole should be worthy of attention at the next congress is very

timely. As the time is short, perhaps the best means of inserting a discussion on this subject would be to ask two or three workers in close clinical touch to write a short paper, one from South America, one from the Asian region, and one from Africa. I do not think that there would be time for forming a separate Interim Panel at this late date, but it should be possible to obtain suitable articles from representative authors.

From Dr. C. B. Lara, Culion Sanitarium, Philippines.—[The reply of this contributor, having been received immediately because of proximity, was used in the editorial section of the last issue, following the analysis of the symposium. His contribution dwelt on the study that should be given the subject of reactions.—EDITOR.]

From Dr. E. Muir, London.—I think the idea of having lepra reaction as a major subject at the 1963 congress would be a good one. I think also that as much time as possible might be devoted to it at the congress to be held in November this year.

From Dr. N. Mukerjee, Calcutta, India.—I fully endorse the suggestion that the subject of reaction in leprosy should be discussed at an international level, because not only are there divergent views about its form, but its origin, significance, progress, the biochemical and histological changes during this period, the rationale of its treatment, etc., are all imperfectly known. I think, however, that it will be difficult to include the subject in the agenda for this year's congress, unless it can be squeezed in the form of treatment of reacting conditions under the subject of therapy.

From Dr. N. de Souza Campos, São Paulo, Brazil.—The question of lepra reaction in the lepromatous form of leprosy, which is the subject of the symposium initiated by Schujman, should first be well defined and classified. There is much confusion in this matter. It involves pure phenomena of reactivation, episodes of aggravation (acute lepromatization), together with intercurrent phenomena in the chronic evolution of the disease consisting of the erythema nodosum and multiforme syndrome. The former consists only of acute deteriorative outbreaks which make the patient more lepromatous than ever. The latter is an intercurrent condition which, although it begins as an acute phenomenon, later assumes a chronic, relapsing, cyclic character.

This type of lepra reaction, nodosum and multiforme, which constitutes a problem in leprosy, is I believe the one Schujman refers to. I have written three articles on this subject, and I still hold the views expressed in those articles. The matter merits the attention of the leprologists who will be meeting in the congress.

From Dr. Lauro de Souza Lima, São Paulo, Brazil.—With respect to the celebrated "reaction," I am entirely in accord with your suggestion. For a long time I have tried to arouse the interest of the leprologists here on the subject, and I even wrote a monograph about it. It would be best that the subject be included in the agenda of an international gathering.

From Dr. J. G. Tolentino, Cebu, Philippines.—The proposal that the matter of reactions in leprosy be made a subject of study by a committee especially created for the purpose is a timely one.

It seems to me that while reactions in tuberculoid leprosy are invariably taken as a sign of worsening, in the lepromatous form it is taken as a good prognostic sign. When a tuberculoid patient is in reaction we know he is worse than he was before it. It looks as if the disease progresses by a series of reactions. On the other hand, in the lepromatous form the patients may not show any reactions while the disease is still progressing, but may have them when it is improving. Not infrequently cases are seen among candidates for parole which have some ENL but still remain bacteriologically negative.

Another observation is that while reactions in the tuberculoid form can be controlled by antileprosy treatment, they are provoked or aggravated by it in the lepromatous form. There is still no known specific treatment for ENL, for while it is true that the steroid hormones are of great value in many cases, many of them again show ENL as soon as the treatment is discontinued, or soon afterward.

Lepra reaction still remains one of the most puzzling problems in leprosy, and its solution will bring one of the greatest benefits to the patients.

From Dr. R. R. Wolcott, Carville, La.—I agree wholeheartedly that the question of acute reactions in leprosy is a most interesting one. Perhaps a clinical committee at the congress would be able to make some progress but I have a feeling that something like a working clinical conference could deal more satisfactorily with this particular problem. A group could discuss reactions more intelligently if they could be examining representative cases at the same time.