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EDITORIALS

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TREPONEMA PROTEIN COMPLEMENT FIXATION TEST

To anyone concerned with the detection of syphilis infection in leprosy patients, the sera of which are notoriously liable to give biologic false positive results with ordinary serologic tests, there is interest in a report by Konstant and Kelcec¹ of which an abstract appears in this issue.

The highly specific treponema immobilization (TPI) test, in which is employed the living *Treponema pallidum* of the Nichols strain obtained from infected rabbits' testicles, well known from experimental studies some of which have involved sera from leprosy cases, is difficult, tedious, and not without hazard to the technician. Even the simplest derivative of that procedure, a complement fixation (TPCF) test employing an extract of the same treponemes, is impractical for large-scale testing because of the cost of the antigen.

From a strain of *T. pallidum* found by Reiter to be cultivable, which the Nichols strain is not, a protein fraction has been extracted for a complement fixation test (RPCF, Reiter protein complement fixation) which in a comprehensive study the authors cited have found to be highly specific and satisfactorily sensitive, even with sera that had given biologic false reactions with ordinary tests. This test, simple and apparently inexpensive, would seem worth while investigating in leprosy. It is not stated in the report where the antigen can be obtained.

—H. W. W.