

TO THE EDITOR:

When preparing the article on the effects of BCG vaccination of children [published in this issue] I waited to add, to the data which were available at the time of the Tokyo meeting, the results for 1958. These confirm and strengthen the indications of the earlier data, especially with regard to the lowered lepromatous rate in children under 15 and infection rate in children under 5.

These results are especially interesting because the decline of the endemicity of leprosy in Martinique pertains only to the age categories in which BCG vaccination has been generalized. The number of new patients remains practically stationary, and if we admit on the one hand that infection occurs at a young age, and on the other hand that the incubation period is long, it is only in years to come that we will be able to observe any changes among the adults.

However, the positivity of the Mitsuda reaction some months after all the young infants had received BCG, while the controls of the same age are all lepromin negative, really shows that it was not the lepromin which made the reaction positive. As I said in Tokyo in response to Bechelli, there is no doubt that the inoculation of killed bacilli makes the Mitsuda reaction positive, but that positivization is comparable to that obtained for tuberculosis by the BCG test, which is also an inoculation of killed bacilli. This is to say, positivization by such means is

mild and often fleeting, and it cannot be regarded as a real test of protection.

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