

REGARDING THE ARTICLE "LEPROSY AND TUBERCULOSIS"
OF KOOLJ AND RUTGERS

TO THE EDITOR:

In an article entitled "Leprosy and tuberculosis" published in THE JOURNAL last year [26 (1958) 24-41], Kooij and Rutgers ended their conclusions with the following statement: "With skin tests with killed and living bovine tubercle bacilli (BCG), we could not confirm the observations of Chaussinand that patients with tuberculoid leprosy always showed positive skin reactions to killed tubercle bacilli even if the tuberculin reactions are negative." Now, I have never stated that all tuberculoid patients react positively to the injection of an antigen prepared with tubercle bacilli. Instead, I have recently written in THE JOURNAL [25 (1957) 367], in an article on the theory of antagonism between tuberculosis and leprosy, as follows (translated): "The results of the Mitsuda test should be compared with those of a test made with an antigen consisting of heat-killed Koch bacilli, and not with the results of the tuberculin test. It will then be found that most of the subjects sensitive to lepromin react to the Koch-bacillus antigen even when they are not sensitive to tuberculin."

It is evident that in leprosy there cannot be parallergy to the Koch bacillus without allergy to the bacillus of Hansen. Thus, excluding the existence of a concomitant tuberculous infection, only those leprosy cases allergic to the Hansen bacillus, which is to say Mitsuda positive, are likely to show a state of parallergy to the Koch bacillus. On the other hand, the intensity of this parallergetic reaction will depend, to a

certain degree, upon the intensity of the allergy to lepromin, on the nature of the antigen used (virulent Koch bacilli, or BCG, or avirulent paratuberculosis bacilli), and on the bacillus content of the antigen injected.

It is evident, therefore, that the results obtained by Kooij and Rutgers cannot be compared with mine. As a matter of fact, these authors used a "lepromin" of the Dharmendra type, and an antigen composed of BCG avirulent bovine-type bacilli, whereas I used the integral lepromin and an antigen prepared of virulent Koch bacilli of the human type. Furthermore, Kooij and Rutgers adopted different criteria of positivity for the reading of the lepromin reaction (>4 mm. as recommended by the First WHO Expert Committee), and for the reading of the reaction to the Koch bacilli antigen (>6 mm.). Personally, I consider both reactions positive when the diameter is over 3 mm.

Lastly, the proportion of tuberculoid patients who were reactive to the "lepromin" which Kooij and Rutgers used (50%) seems to me abnormally low, which is ascribable to the fact that the Dharmendra antigen produces less frequent and weaker late reactions than does integral lepromin.

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