reduction in universal reactions of lepromatous patients following therapy. But the outstanding feature of Olitzki's work was that he and his associate, Nagher, extended their observation period to two to three years. Then, the differences in the reactions were quite outstanding. This observation is of special interest to me because, as is well known, the pathologic processes in leprosy go on at a slow rate, and it would therefore seem reasonable to expect that the immunologic processes would similarly go on at a slow rate. Time is apparently an important factor in the study of serologic changes in leprosy. We must keep this in mind because we are so accustomed in the serology of syphilis to expect a change in the serologic picture in the course of a few months.

In summary, I would add that I believe the universal reaction could prove of value in the therapy of leprosy, provided the results are interpreted in relation to the clinical condition of the patient.

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ANOMALOUS LEPROMATOUS CASES IN NIGERIA

To The Editor:

According to an abstract in THE JOURNAL [28 (1959) 335], of an article by Jamison in Leprosy Review [30 (1959) 159] on the results of outpatient treatment in the Katshina district of Northern Nigeria, it appears that although advanced lepromatous cases improved markedly under DDS treatment, "around 17% of the nonlepromatous cases (and many in two leprosaria) had in spite of the sulfone treatment developed generalized diffuse lepromatous infiltrations." Editorial it was remarked, "Further information about this extraordinary development is awaited."

Having recently been privileged to spend four months in Nigeria, I believe it can be said that the explanation is a simple one. Classification of cases—into lepromatous and nonlepromatous—is done mainly by the paramedical workers, attendants and inspectors, without the aid of bacteriologic examinations. They do not distinguish the "low resistant tuberculoid" cases and the "mucous dimorphous" cases, which are very common here. They, and also the indeterminate cases which without treatment become "dimorphous," are of course put into the nonlepromatous group. If these cases are treated as benign tuberculoid, the chance of relapse is high.

The same thing happens in the Eastern Region of Nigeria, where I checked a series of relapsed cases. They were usually of the kind with several not very well-defined macules, bacteriologically negative or weakly positive on admission and always negative within a year
of treatment. Three years of treatment was certainly not too long for these cases. Nowadays treatment of such cases is prolonged, and there is no doubt that the frequency of relapse will decrease. The cases classified as lepromatous had had much longer treatment than the others, and that explains the lower relapse rate in them.

These macular varieties seen in Africa are fascinating. Northern Nigeria is a paradise for leprosy study. The material is overwhelmingly abundant and the patients usually cooperate well. It is a great pity that there is no research center in the North, but, alas, the government cannot afford the expense. Help should be offered from outside.

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GAMMA GLOBULIN IN THE TREATMENT OF REACTIONS

To the Editor:

Upon the suggestion of Dr. Lauro de Souza Lima, we take the liberty of reporting to you the first findings of a therapeutic experiment we have been carrying out, and to request the favor of your publishing the following preliminary information in the Journal.

We have employed gamma globulin in the treatment of erythema nodosum and erythema multiforme of lepromatous leprosy with results that seem to us to be highly suggestive. In the first 5 reactional lepromatous cases so treated, we have seen evident modifications of the dermatologic aspect of the outbreaks, with corresponding histopathologic changes. The trial treatment seemed to be highly beneficial to all the patients.

These early results, to which we wish to call the attention of other investigators, are now the subject of further and more thorough studies which will be published in due time.

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COURSES AND LECTURES IN ARGENTINA

To the Editor:

This is a brief account of a round of six months performance of a job in leprosy control which was given me by the Ministry of Public Health and the Director of the Dermatologic Diseases Control. This mission consisted of two complete training courses in sanitary leprology, and of a round throughout the country in order to give lectures on sanitary education in leprosy.

1. The two courses in leprology were each of 45 days duration. The first was held near Buenos Aires from June 15 to July 30, and the other in Corrientes and in the leprosarium of the Isla del Corinto from September 15 to October 30. The teaching was intensive, from 5 to 6 hours daily, theoretical and practical, especially practical, since we are working in colonies and dispensaries with doctors with scholarship grants. The