CORRESPONDENCE

This department is provided for the publication of informal communications which are of interest because they are informative or stimulating, and for the discussion of controversial matters.

EPIDEMIOLOGY OF SKIN DISEASES IN AFRICA

To the Editor:

A pilot survey on the subject of the heading of this note has yielded such interesting material that I am preparing, with the assistance of the South African Council for Scientific and Industrial Research, to make a large-scale investigation of the distribution and incidence of skin diseases on the continent of Africa. The ultimate aim is to establish a central office for information and a reference library of literature and photographs.

I wish to approach not only those in scientific and academic institutions, but also anyone who practices or has practiced in Africa who could supply information even if it should be only a limited field of the question. I would welcome the hospitality of your columns to bring this request to their attention. Questionnaires will be sent on request to anyone willing to help.

A great deal of most useful information has come from leprologists, and I should like to interest more of them in my project. I shall be presenting my preliminary findings in Washington in September at the International Congress on Dermatology.

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MORE ABOUT THE LATE LEPROMIN REACTION IN SUBSIDED LEPROMATOUS CASES

To the Editor:

The article of Mukerjee and Kundu in The Journal, 29 (1961) 14-19, in which they quoted us (Fiol et al.) as having reported the positivization of the Mitsuda reaction in nearly 10 per cent of 125 patients which were treated with Promin for over a year, gives me the opportunity of saying something else about this subject. We have now the impression that these changes from negative to positive, which were not maintained, were not in correspondence with the development of a useful immunological state. But since 1957 we have seen subsided lepromatous cases in which, after many years of sulfone treatment, preceded or not by chaulmoogra, the late lepromin reaction changed to positive, both clinically and histologically. We have registered 10 such cases.
<table>
<thead>
<tr>
<th>Case No.</th>
<th>Age and sex</th>
<th>Year</th>
<th>Diagnosis</th>
<th>Bacilli</th>
<th>Mitsuda biopsy</th>
<th>Negative signs</th>
<th>Date/grade</th>
<th>Histopathology</th>
<th>Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>F/73</td>
<td>1931</td>
<td>L2</td>
<td>2+</td>
<td>—</td>
<td>Ch 24 yr</td>
<td>1950</td>
<td>Tbd, gran. w/o giant cells; Fig. 3</td>
<td>Still free from lesions; continues treatment</td>
</tr>
<tr>
<td>2</td>
<td>F/54</td>
<td>1942</td>
<td>L2</td>
<td>2+</td>
<td>—</td>
<td>Ch 4 yr</td>
<td>1953</td>
<td>Tbd, gran. w/o giant cells; some foamy cells</td>
<td>No lesions until 1953; no further follow-up</td>
</tr>
<tr>
<td>3</td>
<td>F/46</td>
<td>1943</td>
<td>L2</td>
<td>1+</td>
<td>—</td>
<td>Ch 9 yr</td>
<td>1958</td>
<td>Tbd, gran. few giant cells</td>
<td>Still free from lesions; continues treatment</td>
</tr>
<tr>
<td>4</td>
<td>F/40</td>
<td>1946</td>
<td>L2</td>
<td>2+</td>
<td>—</td>
<td>Su 9 yr</td>
<td>1958</td>
<td>Tbd, gran. w/o giant cells</td>
<td>Still free from lesions; continues treatment</td>
</tr>
<tr>
<td>5</td>
<td>F/26</td>
<td>1946</td>
<td>L3</td>
<td>2+</td>
<td>—</td>
<td>Su 11 yr</td>
<td>1954</td>
<td>Tbd, gran. w/o giant cells; central abscess; Figs. 5 and 6</td>
<td>Last Mitsuda positive 1960; weekly B+s since then. Treatment regular</td>
</tr>
<tr>
<td>6</td>
<td>M/55</td>
<td>1946</td>
<td>L1</td>
<td>2+</td>
<td>Su 12 yr</td>
<td>Su 12 yr</td>
<td>1958</td>
<td>Tbd, gran. w/o giant cells; (8 mm.)</td>
<td>Continues treatment; BCG, 1954, w/o effect on lepromin reaction; Mitsuda still positive</td>
</tr>
<tr>
<td>7</td>
<td>F/40</td>
<td>1948</td>
<td>L3</td>
<td>3+</td>
<td>Su 11 yr</td>
<td>Su 11 yr</td>
<td>1957</td>
<td>Tbd, gran. w/o giant cells</td>
<td>Continues treatment</td>
</tr>
<tr>
<td>8</td>
<td>M/49</td>
<td>1949</td>
<td>L3</td>
<td>3+</td>
<td>Su 12 yr</td>
<td>Su 12 yr</td>
<td>1961</td>
<td>Tbd, gran. w/o giant cells; acid-fast debris; nearby foamy cells</td>
<td>Continues treatment</td>
</tr>
<tr>
<td>9</td>
<td>M/54</td>
<td>1950</td>
<td>L2</td>
<td>1+</td>
<td>Su 11 yr</td>
<td>Su 11 yr</td>
<td>1956</td>
<td>Epithelioid gran. w/o central abscess; Foreign body giant cells</td>
<td>Still free from lesions; continues treatment</td>
</tr>
<tr>
<td>10</td>
<td>M/59</td>
<td>1955</td>
<td>L2</td>
<td>3+</td>
<td>Su 6 yr</td>
<td>Su 6 yr</td>
<td>1961</td>
<td>Histolympheoid nodule w/o giant cells; (8 mm.)</td>
<td>This Mitsuda specimen was considered negative by the pathologist</td>
</tr>
</tbody>
</table>

Bacteriologic negativity, Carville method of examination. 
Fernandez reactions positive in all cases except No. 1. 
Tbd. gran.: tuberoid granuloma. 
This case, although clinically clean, was persistently but weakly bacteriologically positive.
FIG. 1. — Histiocty-lymphoid cell nodule, without giant cells. A dense but not clear tubercuoid structure, with vague, poorly differentiated tuberculoid areas or foci. Regarded as a doubtfully positive Mitsuda reaction; considered negative by Dr. Abudello, the pathologist (Case 10).

FIG. 2. — A tuberculoid granuloma with poorly differentiated tuberculoid foci but with several Langhans type giant cells present, regarded as positive (Case 6).

FIG. 3. — Typical prefascicular tuberculoid structure, closely resembling the sarcoïd picture (Case 1).

FIG. 4. — One of the tuberculoid granulomas in which were found residual foamy cells of the original lepromatous condition (Case 8).

FIG. 5. — Central abscess formation in a tuberculoid granuloma (Case 5).

FIG. 6. — Higher magnification of the wall of the central abscess (A) shown in Fig. 5. The picture shows, in disorder typical of such a condition, the elements of a tuberculoid structure.
over the past 4 years. All of them were Mitsuda positive (7, 1+, 3, 2+), and all but one were Fernandez positive.

Histologically, all but one of them (Case 10) showed a tuberculoid type of reaction, indistinguishable from the Mitsuda reaction in tuberculoid patients. The exceptional lesion showed a histiocytelymphoid-cell picture with indefinite tuberculoid structure which may be regarded as an immature tuberculoid lesion, although it was considered to be negative by Dr. Abulafia, the pathologist (Fig. 1). One case (No. 9) showed a very similar reaction lesion, without mature epithelioid foci but with giant-cell formation (Fig. 2), and that one was regarded as definitely positive. In most of the other cases the tuberculoid lesions were more or less typical tuberculoid structure, sometimes approaching the sarcoïd picture (Fig. 3). However, in three of the cases (Nos. 2, 8 and 10) there were a few foamy (Virchow) cells connected with the tuberculoid granuloma, suggesting residual traces of the lepromatous condition in the tissues tested (antebrachial forearm) (Fig. 4). In one instance there was a Schaumann body in a group of multinucleate (foreign body) giant cells, the tissue surrounding which was composed largely of epithelioid cells. In each of two of the 1+ reactions there was, histologically, a central abscess; one of them (in Case 5) is illustrated in Figs. 5 and 6.

All patients have continued treatment to the present because, although they have remained clinically clear, and nine of them bacteriologically negative (Carville-style testing), Case 5 lost the late-reaction positivity and became bacteriologically (weakly) positive again, suggesting that a definite positive late reaction in subsided lepromatous cases must be considered with caution. Finally, we fully agree with Mukerjee and Kundu's conclusion that a "great majority of subsided lepromatous cases remain negative to lepromin, although a positive reaction—clinical or histologic—may occasionally be encountered in a few such cases."

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To the Editor:
On reading Gray and Dreisbach's paper "Leprosy Among Foreign Missionaries in Northern Nigeria" in THE JOURNAL [29 (1961) 279-280] it appeared to me that some of their chi square values should not be as large as stated in the text because they were based only on 12 leprosy cases in 807 missionary workers.