SKIN SMEARS FROM LEPROMATOUS AND REACTIONAL TUBERCULOID CASES

To the Editor:

You have called attention to a report by W. Periaswamy [Leprosy in India **31** (1959) 103-106] who reported, from observations in a few (10) cases, that from the findings in smears taken from three different sites—the margin of an actual lesion, a site about 3 mm. outside the edge of the lesion, and normal-appearing skin at a distance from any lesion—would aid in the differentiation of lepromatous, borderline, and reactional tuberculoid cases. It seems highly doubtful that any rule could be established on the basis of so small a number of cases, but I will nevertheless have the matter looked into.

I may say, however, that for a considerable number of years I have used the criterion of positivity or negativity of smears from apparently healthy-looking skin for differentiating between lepromatous and reactional tuberculoid cases. In well-established lepromatous cases the infection is generalized, as was revealed by the demonstration of inapparent lesions in the period when intravenous methylene blue was being used for treatment. Consequently, smears taken from the apparently healthy-looking skin away from any lesion are likely to be positive. On the other hand, in reactional tuberculoid cases the disease is localized, and smears taken from healthy-looking skin away from the lesions are negative. This difference of generalization and localization between these forms of the disease appeared to me quite obvious, and that is the reason why I have not mentioned this fact in any of my publications. It now appears that I should have written about this observation.

The study now proposed, along the line of Periaswamy's report, will be made on definitely diagnosed cases. The diagnosis will be primarily clinical, for I am in entire agreement with your statement, "I myself would not venture to make the definitive diagnosis on any series of cases on the basis of histology alone." I wish that this view of a veteran pathologist, with wide and prolonged experience in the clinical and histologic aspects of leprosy, might be appreciated by leprologists in general.

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