To the Editor:

Regarding the question of whether or not *globi* are to be found in borderline lesions, much depends on what kinds of cases are classified as borderline, and about that I have noticed considerable differences of opinion among experienced leprologists.

Personally, I distinguish between (*a*) borderline cases on the tuberculoid side of the spectrum, (*b*) typical borderline cases in the middle, and (*c*) borderline cases on the lepromatous side. I have compared the clinical pictures with the bacteriology, the lepromin reaction and the histopathology. Although the differences are not always clear-cut, there certainly is a parallel.

In Nigeria (and other West African countries) the situation is further complicated by the fact that there are seen so many leprosy lesions which do not fit into either of the polar types, or in the borderline group. They are not sufficiently elevated, i.e., infiltrated. Some people call them "low-resistance tuberculoid," to stick as closely as possible to the international classification, while others use the term "dimorphous macular." Anyhow, they have to be placed somewhere between (or outside of) the polar types, but they are not borderline.

In order to answer the question about globi I have again gone over my sections from borderline cases. I have not found globi in any of the cases classified as of the A grade, i.e., borderline on the tuberculoid side, or in those from the typical borderline cases (i.e., B grade). There are, however, sections with globi—usually small—from cases which I regard as still borderline but on the lepromatous side. It is true that—as a surprise—some cases which clinically seem to have gone far to the leproma-

tous side do not show globi. On the other hand, there are cases with rather well-defined, asymmetrical infiltrations, with an interrupted subepidermal zone, marked cellular nerve infiltration, and dense masses of epithelioid-like histiocytes (never typical epithelioids), some of which do show globi. Such cases, like borderline cases generally, often respond much better to treatment than one would expect of true lepromatous cases.

Accepting the fact that most borderline cases do not show globi, I doubt whether this feature is helpful in distinguishing between "still borderline" cases and those "just past the lepromatous border."

About the *bacilli themselves,* I do not believe that their condition will turn out to be a valuable criterion. So much depends on the stage. In younger lepromatous lesions most bacilli may be intact, and in older borderline lesions most of them may be degenerated. Also, I have not been able to confirm the idea that in borderline cases the average length of the bacilli is shorter than in lepromatous cases. Again there may be a relationship with the age of the lesions.

As my remarks are not based on a sufficiently large number of sections to be analyzed statistically, I would certainly be interested in a further study if other answers to the question should point in another direction. Unfortunately, I could not at the moment take part in such an investigation.

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