area was no greater there than in subcutaneous tissues and connective tissue spaces between the muscle bundles. In the feet to which the infection had spread, the bursal location was similar. In the ears the location was also subcutaneous and not in muscle.

In our study the proportion of solidly staining bacilli was lower than that reported by Rees, et al., and the relative difference between treated and control mice was much more pronounced. Possible explanations for the apparent discrepancy include differences in lines of mice, and in the technic of determining solid ratios.

In summary, we have confirmed that when thymectomized-irradiated mice are infected in the foot pads the local growth of M. leprae in the foot pads is distinctly increased over that seen in controls. In addition there was bacterial spread to the other feet, the ears, and nose in mice followed for long periods. Our reason for reporting this confirmation is to emphasize that this technic, or other similar ones, appears to offer new approaches to the study of the immunology and pathogenesis of leprosy, and to provide a means for maintaining a laboratory supply of increased numbers of M. leprae in high viability.

Charles C. Shepherd

and

Charles C. Congdon

6 February 1968

Nomenclature for Leprosy

To the Editor:

The signs and symptoms of the mildly communicable disease caused by Hansen's bacillus are not found in the Bible and certainly do not correspond to "Zaraat" as described in chapter 13 of Leviticus or other chapters of the Old Testament, as any specialist will easily find out. They do not correspond, either, to its Greek translation "lepra," which only meant, vaguely, a group of scaly dermatoses such as tinea, psoriasis, etc., and probably had the same meaning as "Zaraat" viz., defilement and degradation before God. Faulty translations and connotations through the ages, and tolerance of the early doctors (Danielssen and Boeck among the exceptions), who did not react against the application of the vague but terrific "leprosy" label to the newly created nosologic entity, have given our generation that Trojan present: a name whose only effect was the disgracing of millions of people, hindering tremendously all modern technics for prevention and treatment.

But we, who are specialists, still insist on keeping that "tragic name of leprosy"
broadened by Lendrum4 as a "major hazard for public health and a more serious barrier to sound medical care than any difficulty arising from treatment."

The Vth International Congress of Leprosy (Havana, 1945), refused the plea of thousands of patients carried by Perry Bar-
gens, and recommended instead educational campaigns to make the word "leprosy" acceptable. What kind of world-wide per-
manent effort has been made since?

As director of the São Paulo Leprosy Department (Brazil) I could feel more closely the uselessness of some local and
odd campaigns against universal words carry-
ing all the weight of tales and superstitions,
based on faulty translations of the
Old Testament. Ninety per cent of our
educators' work is to explain that leprosy is
not "leprosy"; the remaining 10 per cent of
their time, spent explaining resistance, the
low grade of transmissibility, the new
therapy, is destroyed the next morning by
sensational front page headlines of "dan-
gerous lepers threatening our peaceful
city."

Changing words in the Bible and giving
"Zaraat" its real translation will not be easy
nor fast; anyway, it will not solve the
problem of "leprosy" in the literature or in
the dictionaries, like one within my hands
which carries the definition: "leper—beare-
er of leprosy, sordid, repulsive, loathsome."

The only solution I see is that medical
people agree on a new word; even if it has
to be an artificial one, and immediately
forget "leprosy" and its derivatives. The
association with the old name will wane in
a few years if we try hard. The forthcoming
IXth International Leprosy Congress will
deserve the gratitude of doctors and pa-
tients alike if it revives the problem and
offers a solution.

In the meantime, I could not wait and
see "leprosy" spoiling all administrative ac-
tion. As a provisional name I suggested
"hanseniasis," with good receptivity at the
XXIV Meeting of Brazilian Dermatologists
(Juiz de Fora, Minas Gerais, October
1967), the Brazilian Leprological Associa-
tion (Rio de Janeiro, November 1967), and
the São Paulo Dermatological and Lepro-
logical Associations (December 1967). Pro-
fessor Babello, Chairman of the Committee
of Nomenclature of the Brazilian Dermato-
logical Society, informed me personally
that in the next edition, the term "hansen-
iasis" will be substituted for "Morbus Han-
sen."

Older substitutes like " Hansen's disease" and "hansenniasis" were discussed and
thought by some as more nearly correct,
but "hanseniasis" was far more acceptable
to most specialists and patients, and these
are certainly entitled to have a voice in
the question, after centuries of defamation.

Derivatives like "hansenology," "hansen-
ioiogist," "hansenatic," "hansenid," "han-
soid," etc., were readily adopted. "Han-
 seniana" as a substitute for "leprosy" would be unfair; "macules, nodules, infiltrations
of Virchow" were alternative solutions.
The forms of the disease will be
known by the initials "V" (for Virchow),
"T" (for indeterminate), "D" (for tubercu-
loid) and "D" (for dimorphous). "Mitsud-
in" is our antigen. I cannot do anything
about M. leprae or the pathologic nomen-
clature, of course, but those simple admin-
istrative steps, unhesitatingly approved by
Professor W. Leser, Secretary of Health of
the State of São Paulo, have shown, in a
few weeks, the first good results: (1) pa-
tients and families are thanking us; (2) our
efforts to integrate with other public health
activities are far more successful; (3) gen-
eral practitioners, dermatologists and neu-
rologists are finding it much easier to refer
cases of "hanseniasis" to our new "Depart-
ment of Sanitary Dermatology" (after the
Venezuelan model) than to the old dread-
ful "leprosy prophylaxis."

I am now mailing letters and question
forms to dermatologic and leprologic re-
views and societies, and to professors, re-
searchers and welfare workers in Brazil and
abroad, including many members of the
International Leprosy Association, in order
to collect opinions and prepare a report in
time for the forthcoming International Con-
gress. I would appreciate it if you will

---

4 LENDRUM, F. C. The tragic name of "leprosy." Modern Hospital 64 (1945). 79-80.
publish this letter to reach other persons and organizations.

I am aware of the difficulties of the problem and of the defects of our new terminology, and willing to accept any better suggestions. But I hope that I am not forced, by international disapproval or lack of cooperation, to fall back into the ‘leprous’ nightmare and have to deal again with stigmas and superstitions.

—A. ROTHERG

Departamento de Dermatologia
Sanitaria
Avenida Eneas Carvalho de Aguiar 188
Caixa Postal 8027
São Paulo, Brazil
10 January 1968

Elongation in vitro of M. lepraemurium

To the Editor:

Recently (The Journal 36 (1968) 83-86), under the title “Elongation in vitro of Mycobacterium lepraemurium as a distinction from Mycobacterium leprae,” we reported results indicating that elongation in vitro may prove useful in easily distinguishing the two mycobacteria. In five out of seven authentic strains of M. lepraemurium, and in 10 other M. lepraemurium-like strains, elongation was observed, while, in contrast, in 30 strains of M. leprae (fresh tissue homogenates) elongation was not observed.

In the interval since our report, using the same cultural method, we have observed elongation with the two remaining authentic strains (Fukuoka and Keishiko) of M. lepraemurium from mouse preparations kindly sent to us by Dr. T. Mori. Thus all authenticated strains of M. lepraemurium have elongated in our hands.

P. D’ARCY HART
R. J. W. REES
National Institute for Medical Research
The Ridgeway, Mill Hill
London, N.W. 7, England
3 April 1968