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EDITORIALS

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PROBLEMS OF TUBERCULOID LEPROSY 6

The interesting matter of tuberculoid leprosy, recently brought to the fore especially by articles which have appeared in this JOURNAL, has long offered and still offers many obscure points that urgently require elucidation.

One of these is that of the relationships between the other, more familiar forms of leprosy and those cases which may properly be designated as of the tuberculoid variety. It is the opinion of several workers that the latter belong to the neural type. The evidence has been reviewed by Wade in a recent article¹; and Hayashi of Japan² and Muir of India are of the same view. Wade and Hayashi agree, further, that they should be looked upon as a distinct subgroup or variety of that type. However, it seems that from clinical appearances many of these cases are liable to be confused with ordinary nodular cases, at least if one depends solely upon clinical observations.

¹ This JOURNAL 3 (1935) 121.

² IBID. 3 (1935) 165.

It is evident that in this connection it is necessary to take the bacteriological examination into account. It has repeatedly been shown that, typically, this variety of leprous lesion is negative by the usual methods of smear examination. This, however, I believe to be due to the scarcity of bacilli in the lesions rather than their absence. In a note published separately in this issue of the *JOURNAL* (p. 474) I report having found them in the four specimens of tissue sent to me from South Africa, which were taken from typical cases of tuberculoid leprosy. Bacilli could also be demonstrated in the six specimens of ordinary macules from the same source, which finding is in agreement with those in such lesions as seen here in Norway, provided the examinations are made properly. Hence it would not be surprising if a few bacilli are sometimes found in smears from typical tuberculoid cases.

Nevertheless it seems that, so far as experience has yet shown, when bacilli are obtained from lesions that have been proved histologically to be tuberculoid they are comparatively few. Until the contrary has been shown by histological study, it can apparently be taken as probable that when many bacilli are found in skin smears the case is a nodular one. Therefore, to diagnose a typical case of tuberculoid leprosy it is necessary that there be an infiltrated lesion; that it show no bacilli or very few in smears; and that histologically it show undoubted collections of epithelioid cells, usually with giant cells of the Langhans type.

A question that should be especially investigated is the frequency of this condition in different races. It has been pointed out repeatedly that only one typical case has been discovered here in Norway (that reported by Bruusgaard) in spite of persevering examinations. On the other hand, as Wade has shown, this condition is frequent among the natives of South Africa. From Muir's writings it is evidently common in India. Hayashi says that it is less so in Japan, though it is quite frequent there. This is a thing that should be investigated, to find out what differences there may be in different races both in regard to frequency and to the clinical appearances of the lesions.

The peculiarities of the geographic distribution of leprosy in general seems to suggest that climatic conditions, or other circumstances which are connected therewith, may influence the manifestations of the disease. Furthermore, it would not be at all surprising if the skin reacts to the same stimulus somewhat differently in the

various races of mankind; to the contrary, it seems to me that it would be rather strange if there were no differences in reaction to the causative agent in a disease like leprosy. And tuberculoid leprosy cannot very well be looked upon as anything but a special form of reaction against the invading bacilli.

As far as I can see this form of reaction is of great importance in the judgment of the nature of the cases, their clinical course, their susceptibility to therapeutic remedies, and also their prognosis; the prognosis of tuberculoid leprosy seems to be comparatively good, at least as compared with nodular leprosy. Though I have had little personal experience with it I believe that it is of general interest that a thorough study of tuberculoid leprosy be made throughout the world.

H. P. LIE.
