

"SECONDARY" TUBERCULOID CASES

To the EDITOR:

I should like to make another remark on the matter of tuberculoid leprosy, in connection with Dr. Wade's comment on my letter which was printed in the last issue of the JOURNAL. In that comment he speaks of "secondary" tuberculoid cases, and in his comment on a letter from Dr. Strachan which appeared earlier (this JOURNAL 2 (1934) 483) he speaks of mixed cases with both tuberculoid and lepromatous lesions.

It is our opinion that the cutaneous case never becomes of the tuberculoid variety. A tuberculoid case may, of course, become cutaneous after some time, but a cutaneous case can never become tuberculoid, and further, it is impossible for tuberculoid lesions to exist at the same time as lepromatous lesions. As Wade says, the occurrence of the tuberculoid lesion signifies resistance, and we can hardly see that both tuberculoid (resistant) and lepromatous (non-resistant) lesions can occur at the same time.

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Comment by Dr. H. W. Wade, Cullion:

The question here raised is one of many that require further investigation by the clinician and the pathologist conjointly. It is agreed that it would be surprising indeed to find real tuberculoid lesions in a cutaneous-type case in full activity of the disease, but it does not seem difficult to understand how such lesions may develop in cutaneous cases under treatment that have acquired increased resistance to the infection to such a degree that the lepromata have subsided. It would simply require that the tissues, the resistance of which has increased, should develop the reactivity to the organism which is characteristic of the ordinary (primary) tuberculoid case. So far as I am aware the only report of such cases is that published by Wade and Pineda (Trans. 7th Cong., Far Eastern Assoc. Trop. Med., India, 1927. Calcutta, 1929, vol. 2, p. 383).