7 lepromatous cases with severe ENL and dapsone intolerance were given three successive infusions of mitomycin C-blocked allogenic blood lymphocytes. Also in another experiment, 4 similar patients were infused with transfer factor prepared from kubocytes taken from healthy donors with positive lepromin reactivity. However, the last two immunologic interventions proved to be futile, although immunologic unresponsiveness towards unrelated antigens developed in almost all cases. Also, in a current pilot experiment, human fetal thymic tissue encaised in millipore chambers and inserted in a few lepromatous cases having severe ENL, did not alter their downhill course though some unrelated immunologic responsiveness did develop.

These experiences suggest that an allogenic encounter between the recipient and donor lymphocytes, with viable lymphocyte infusion, may help the lepromatous macrophages to process M. leprae. Moreover, all these four immunologic interventions could only restore those immunologic reactivities which were not related to M. leprae, e.g., tuberculin and streptokinase-streptodornase sensitivities, dinitrochlorobenzene contact sensitivity, and even 48-hour lepromin (armadillo) hypersensitivity. What is lamentable is that the 30-day lepromin responsiveness never developed, although in a few cases there was influx of lymphocytes at the site of lepromin test. Thus there is always high risk of reactivation (relapse) of the active illness, which promptly subsides after the lymphoid tissue replacement therapy. In fact, the disease relapsed with full intensity in two patients after about two years of thymus grafting. Therefore it is possible that the primary immunologic defect related to M. leprae lies neither in T cells nor in the thymus, but may stay in some bone marrow or fetal liver precursor cells. Thus, it is difficult to see how an attenuated live vaccine can be effective in controlling this dreadful disease on the earth. The equivocal results on controlled trials on leprosy prevention by BCG vaccination lend further support to the above notion. BCG vaccination indeed potentiates late lepromin reactivity which is the hallmark of resistance against leprosy; but it may fail to protect those who may be genetically deprived of this unique late reactivity towards M. leprae.

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REFERENCES

Termination of Armadillo Controversy

To the Editor:

I would like to terminate the fruitless "Armadillo War" (III. 45 [1977] 64-65) with Dr. Binford who was in no way involved in the preliminary discussions and the launching of the cooperative armadillo leprosy project in 1968 and 1969 respectively. Records and documents going back that far are preserved in the medical library and in the office of The STAR at the USPHS Hospital, Carville, Louisiana. These documents can be examined by persons with a need to know who initiated the study, directed it, wrote the grant application and in whose laboratory the leprosy work was done. The records also include correspondence with Dr. Sohan L. Issar, pathologist at GSRI in 1972 and 1973, which might be helpful someday from an epidemiologic viewpoint.

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