CORRESPONDENCE

To the Editor of "Leprosy Review." Sir:

The report of Dr. R. G. Cochrane, on his South American journey, published in the Vol. 23, n.2, April, 1952, page 63, deserves some comments.

I went with my car to Galeao Air Port, Governor Island, expressly to take Dr. Cochrane to the city. On the way we stopped

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at the Instituto Oswaldo Cruz where he "spent two hours" visiting the Institute. In my laboratory he spent a very short time, mostly reading the documents regarding the sad affair of Dr. Soule and the Michigan University. Secondly he gave a glance at my leprosy cultures and my Rhesus monkeys inoculated with the same. He did not spend two hours discussing my experiments with me. I saw immediately that he had "parti-pris" upon such experiments. Now he says that his personal opinion is against my point of view.

Dr. Cochrane has little experience in the bacteriology of leprosy and his opinion is not valuable.

My experience dates from 1927. To obtain a pure culture of an acid-fast bacillus from leprosy material is a very difficult task, but I got, in 25 years, a few good strains. Only after such experience had I the courage to say that I had isolated two strains of *Mycobacterium leprae hominis* (See Memorias do Instituto Oswaldo Cruz, 1950, vol. 48:51 to 99 and from 101 to 112). Immunological experiments with cultures can never be comparable with the lepromin-test. That is quite comprehensible: lepromin is a suspension of Hansen's bacillus with all antibodies produced by the infected human organism. This matter is a subject for a long forensic discussion.

In Buenos Aires when I read my paper upon inoculation of Rhesus monkeys with my cultures, Dr. Cochrane joined in the discussion comparing his results with mine. Dr. Cochrane et al (Int. J. Lep., 7:377/81) inserted into the mesentery of monkeys (M. sinicus) a nodule taken from a case of leprosy." In their first conclusion they said: "There appears to be a possibility of infecting a monkey by performing preliminary splenectomy and embedding a nodule in the peritoneum" In their second note, Cochrane et al (Int. J. Lep., 12:88/97) they annulled their first success. In their third note: "Inoculation of monkeys with human leprosy material" (pp. 98/100) they said . . . "a rhesus monkey was splenectomised on November 25th, 1940, and infected in the usual fashion" (p. 99).

Such experiments are quite different from mine, and then not comparable. I infected and obtained in the glabrous skin (face) of Rhesus monkeys inoculated with some of my leprosy cultures, lesions in which the histology is similar to human lepromata. I obtained also passage of the infection through a series of Rhesus monkeys (Dr. Cochrane saw No. six), always with re-isolation of the inoculated bacilli.

Yours faithfully,

(Dr.) H. C. de Souza-Araujo.

Rio de Janeiro, 31st December, 1952.