

Letter to the Editor

Dear Sir,

With some hesitation, I enter the arena where two doughty opponents, Dr R. G. Cochrane (*Lep. Rev.* **36**, 196) and Dr Harry L. Arnold (Letter to the Editor, *Lep. Rev.* **37**, 129) are already engaged in a wordy battle concerning the value of nasal smears in leprosy

'There is no "never" and no "always" in medicine.' (Of course it is not the *taking* of the smear, but the results of the microscopical examination of the suitably stained material obtained by this procedure, that is important in this context). I have records of a patient in whom the pre-lepromatous macules were bacteriologically negative at a time when the nasal smears were teeming with *Myco. leprae*, many of which were in typical globi (*Lep. Rev.* 1959, **30**, 174).

As for the "danger" of the procedure, I have yet to see any harm resulting from some thousands of examinations carefully performed under my supervision.

As I indicate in an article shortly to appear

in the International Journal of Leprosy, bacterioscopic examination of the septal mucosa of patients with lepromatous leprosy may be of real but limited value. In the broad-nosed Bantu, with wide nares and exposed mucosa, nasal smears may provide valuable data. They frequently show both a higher Bacterial Index and a higher Morphological Index than smears from the ear lobes or the skin lesions. Globi, too, may be more numerous there than elsewhere. Not only globi, but morphologically normal and degenerate forms may persist in the nasal mucosa after they have disappeared from other sites smeared.

Thus, while we all really agree that the microscopical examination of material obtained by nasal smearing is almost never necessary to establish a diagnosis of leprosy, it is not infrequently valuable in certain circumstances in regard to both therapy and epidemiology.

S. G. Browne
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