REPLY TO 'IS THE LEPROMIN TEST RELIABLE IN CHILDREN?" Sir.

Dr Stanley Browne's letter¹ on this subject is of considerable interest, especially as he recommends the institution of investigations into this problem which is equally applicable to adults.

In 1957-8 I was fortunate to have under my care 2 very co-operative patients who let me carry out extensive clinical examinations, slit smears, Mitsuda tests and biopsies on small areas of dimorphous skin lesions all within a short space of time,²

My conclusions about the Mitsuda tests closely parallel those of Dr Browne. They were that: 'The presence of a poorly developed lepromatous infiltrate did not appear to exclude a positive lepromin reaction in a clinically similar part of the lesion neither did the prior development of epithelioid and giant cells exclude lepromin negativity of the lesion very close to where they were found.'

Perhaps the repetition of this type of investigation using larger numbers of willing patients would help to solve the problem posed by Dr Browne, and at the same time tell us more about the nature of the interactions between different cell types and live and denatured Hansen's bacilli.

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References

¹ Browne SG. Is the lepromin test reliable in children? Lepr Rev, 1983; **54**(4): 353.

² Corcos, MG. Mycobacterium leprae: a house divided? Lepr Rev, 1964; 35(3): 61-77.