

Dear Madam,

Issue No. 5, Vol. 42 of your Journal, containing Dr. Bhutani's editorial "*Mycobacterium Leprae* Captured?" just came to hand.

Paragraph five of the editorial contains an error and illustrates a somewhat artificially produced difficulty in communication. In attributing the statements of Pattyn and Kato to "personal communication," I presume that the writer is "following the rules" of not referencing memos recorded in the Leprosy Scientific Memoranda (LSM). However, the average reader, not being familiar with LSM and its proscription against being referenced, may well assume that there has been direct communication with these authors and has no way of referring back to the original source. Since this source apparently was the LSM, a second reading of Kato's memorandum will show that lumping his statement with Pattyn's conclusion "that the organism isolated by Skinsnes is entirely different from the aetiologic agent of leprosy" is a major error in interpretation since Kato meant quite the contrary. He agreed, as do we, that the many strains of organisms isolated by us, as well as those now isolated by him, do indeed have the characteristics of scrofulaceum group organisms (and thus are scrofulaceum) as noted by Pattyn. His thrust was that *M. Leprae* may indeed belong to the scrofulaceum group of organisms but the fact that cultivated organisms have scrofulaceum characteristics does not mean they are not *M. Leprae*.

The above statements are now supported by several publications in the International Journal of Leprosy, which may be referenced, as follows:

Kato⁴⁴ (1976) 385-386; Kato & Ishakue⁴⁴ (1976) 435-442; Skinsnes⁴⁴ (1976) 491-493.

Ongoing studies in Dr. Kato's and our laboratories are showing significant metabolic and immunologic differences between our cultivated bacilli and standard scrofulacea such as *M. Marianum*.

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OLAF K. SKINSNES, M.D., Ph.D.,

We herein reproduce the letter from the author of the article mentioned above.
—Editor

Madam,

Dr. Skinsnes is quite right in assuming that the source of personal communications was Leprosy Scientific Memoranda (LSM). He is also correct in thinking that I was 'following the rules' of LSM which enjoin that "each participant in the project agrees on his own behalf and on behalf of any other person with whom he shares the information that the research findings communicated via the LSM will be treated as 'personal communications' from fellow investigators" Need I say more?

Regarding the second point made by Dr. Skinsnes I quote Dr. Kato :

“Pattyn (LSM 1976 Memo L-790) identified the strain as *M. scrofulaceum* and concluded: “That the organism isolated by O. Skinsnes is entirely different from the aetiologic agent of Leprosy”.

In cooperation with Dr. Edith Mankiewicz, our findings are in full agreement with the report of Pattyn.”

If there has been, on my part, a major error of interpretation, I am afraid, I cannot see it.

Having said that I may add that if, as Dr. Skinsnes suggests, Dr. Kato has had an occasion to modify his opinion and if it is proved that the Skinsnes' bacillus is indeed Hansen's bacillus, leprosy workers throughout the world will rejoice at this discovery and be grateful to Dr. Skinsnes. I will then suggest the eponymic designation of Skinsnes - Hansen bacillus for *M. Leprae*.

After all, what more could Armauer - Hansen have wished for !!

L. K. BHUTANI, M.D.

Madam,

It is indeed unfortunate that the authors of the article “Neurosyphilis (Asymptomatic) with Psychiatric Manifestations” (A Case Report) which appeared in the January-February, 1977 issue of the Journal (Pages 25-26) have made no reference to the work already done on General Paresis and published in this country. The writer of this letter was associated with a study of 34 General Paretics along with Prof. A. Venkoba Rao, Head of the Department of Psychiatry, Madurai Medical College, which included a report on cerebral biopsies in four patients, ^{1,2}.

While analysing the clinical manifestations of these patients, the authors found that the signs and symptoms could be arranged in a spectrum with neurological and psychiatric terminii. Pure neurological and pure psychiatric forms were not uncommon in the series, while most cases had mixed viz., both neurological and psychiatric features. In this context the case mentioned in the article can be put under the category of General Paresis with pure psychiatric symptoms. The case has all the features of the disease and the striking therapeutic response to antisiphilic treatment is yet another proof of the diagnosis.

References

1. Venkoba Rao A. Ranganathan PS and Natarajan M: General Paresis in the Psychiatric Department of a General Hospital in India, Brit J Psychi, 121 : 561, 1972.
2. Venkoba Rao A Ranganathan PS and Natarajan M: Report on a study of Cerebral Biopsy in General Paretics, Neurology India, 7 : 26, 1969.

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—Editor