simply determining the capacity of PMNs to become activated *in vitro* and to generate superoxide. He did not find out whether activation pre-existed in patients with RLL. His results are concordant with ours except that he did not explore what was happening to the metabolism of PMNs in the patients when they had symptomatic RLL. This latter point is a key one in our concept. It must be added that it is con-

ceivable that NBT reduction, as estimated by cytologic methods, is affected not only by true metabolic activation but also by availability of NBT to the cell. Factors such as PMN permeability may be of importance.

—Mauricio Goihman-Yahr, M.D., Ph.D.

Head, Section of Immunology I Instituto Nacional de Dermatologia Caracas, Venezuela

Reply to Dr. Goihman-Yahr's Letter to the Editor

TO THE EDITOR:

In relation to Dr. Goihman-Yahr's comments on my paper on superoxide production (O_2^-) in leprosy (Int. J. Lepr. 46 [1978] 337–341), I accept (and regret) that the paragraph he mentions seems to point out discrepancies between my results and his (Clin. Exp. Immunol. 20 [1975] 257–264). My intention was not to show these supposed discrepancies (which are not real) but to simply indicate that lepromatous patients with an active leprosy reaction do not differ from those without it in regard to their leukocytes' ability to generate O_2^- when appropriately stimulated.

As Dr. Goihman-Yahr mentioned, I did not measure the spontaneous production of O_2^- by leukocytes of the patients under

study and because of this my results cannot be at variance with his. What is happening to the metabolism (in terms of O_2^- production) of PMN leukocytes in the patient with reactional leprosy, is a point that has to be studied.

The very important point is, I believe, that PMN leukocytes from lepromatous leprosy, with or without a complicating leprosy reaction, do not seem to be defective in regard to the metabolic activities so far examined.

—Oscar Rojas-Espinosa, Ph.D.

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Teaching and Training in Leprosy

TO THE EDITOR:

I refer to Volume 47, Number 2 of your esteemed journal dated June 1979 in which there is given a summary of the present teaching and training facilities in leprosy on pages 176–196.

On page 195 there is stated as a Note: "In September 1978, political and military disturbances in Ethiopia are most likely to disrupt this center's activities, and it may have to close."

As you will know from your visit to Ethiopia when we had the pleasure of having you as our visitor in connection with the Kellersberger Memorial Lecture, ALERT is still carrying on with uninterrupted activities, and there is no reason to believe that this center will have to close. On the contrary, we are intending to give even more comprehensive teaching in leprosy in the future.

In order to correct the false picture your readers may have gotten because of the referred note, I shall be grateful if you will be kind enough to insert a correction in your next issue.

Could you also please correct the fee for accommodation stated on the same page from Eth. Birr 13,—per day to Eth. Birr. 18,—per day.

Thanking you very much for your kind cooperation in this matter.

-Bernt Johannessen

Executive Director All Africa Leprosy & Rehabilitation Centre (ALERT) P.O. Box 165 Addis Ababa, Ethiopia

Teaching and Training in Leprosy

TO THE EDITOR:

I hasten to apologize for a statement in my article on "Teaching and Training," concerning the ALERT Centre in Addis Ababa, Ethiopia.

At the time of writing this long article, there was indeed a very considerable measure of civil and political unrest in Ethiopia, and it was my understanding that this might well lead to closure of ALERT as a training centre, in view of the possible danger to personnel.

By the time my article was submitted, these conditions were already beginning to improve, and I am, of course, delighted to see that such a valuable centre is not only active but also expanding its teaching activities.

I submit this letter in the hope that it may be possible to print it in the near future, thus correcting as soon as possible any wrong impression I may have given.

-A. Colin McDougall, M.D., M.R.C.P.

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