become reduced to 3%. This again would be a wrong and unrealistic expression of the condition of that patient.

The following is suggested if the bacteriological status is at all to be summarized:

1. The highest BI score obtained should be recorded in brackets in addition to the so-called average BI.
2. In the calculation of the average MI the pauci-bacillary sites (BI 3+ or less) should be omitted.

This procedure, however, is a compromise: the only correct way to report on the bacteriological status is a recording in full of all the BI and MI results.

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Identification Problems of Strain 0122

To the Editor:

We are referring to the Letter to the Editor by P. Piot, E. Van Dyck, and S. R. Pattyn ([5]), which relates the identification of strain 0122 (isolated by one of us from a leproma) as corynebacterium and states that "strain 0122 is claimed to be a diphtheroid form of *Mycobacterium leprae*," quoting a publication of ours ([4]). This statement is incorrect in many respects:

1) Diphtheroid or coryneform strains are gram positive microorganisms morphologically resembling *Corynebacterium diphtheriae*. Strains of this sort were isolated by several scientists, including us, from human leprosy lesions but never identified with *Mycobacterium leprae*.

2) In a submitted manuscript (Janczura, E., Abou-Zeid, Ch., Gailly, Ch., and Cocito, C. unpublished experiments) the chemical structure of the cell wall of 25 diphtheroid strains was analyzed, and it was concluded that they all are corynebacteria. Accordingly, Barksdale's suggestion ([1,2]) to rename the identified diphtheroid strains as LDC (leprosy derived corynebacteria) was adopted.

3) A work of ours ([3]) demonstrates, however, that the LDC strains so far analyzed share common antigens with *Mycobacterium leprae* and suggests that such immunological relationships may account for a presumptive facilitation by LDC strains of *Mycobacterium leprae* development.

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