antibody to PGL-I, a statistically significant (P < .001 at 95% confidence intervals) dilution-dependent antigen was recognized (Figure 1C), compared with normal mouse and rabbit serum samples, respectively (with optical density values <0.2).

We then performed the immunoblot assay to determine the specificity of the antibodies. Serum samples from healthy individuals, patients with VL, and patients with leprosy, as well as polyclonal and monoclonal antibodies to PGL-I (Figure 1D), were used to probe for leishmanial antigens [3]. A faint cross-reaction was observed to be restricted to 76–51 kDa bands among healthy control subjects. From the serum samples obtained from patients with VL, we recognized at least 11 polypeptides. Serum samples obtained from patients with active leprosy also demonstrated a cross-reaction with leishmanial antigens present in the 72, 63, 55, and 51 kDa bands. Interestingly, we observed 3 distinct bands of 72, 63, and 55 kDa being recognized by the monoclonal antibody specific for PGL-I. These polypeptides were abundantly recognized by serum samples of patients with kala-azar as well [4]. The rabbit polyclonal antibody against PGL-I showed a blotch in the region between 72 and 55 kDa. Therefore, the polyclonal antibody recognizes the same polypeptides as does the monoclonal antibody. These 3 distinctly different molecular weight antigens of *Leishmania* somehow share the same exposed antigenic determinants to form the molecular configuration of PGL-I. Healthy mouse and rabbit serum samples were used as controls.

Our finding therefore reveals that PGL-I is not a specific antigen for *M. leprae*, as claimed by Spencer et al [5], at least in the Indian scenario, because it cross-reacts with leishmanial antigens. This is a very important finding, because many laboratories are trying to establish diagnostic tests using this antigen for detection of early leprosy [6].

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**References**


**Cover Image and Description for the 1 November 2009 Issue**

To the Editor—In their comment on the cover art (“A Leper with a Bell,” velum, English School [15th century]) for the 1 November 2009 issue of *Clinical Infectious Diseases*, Grizzard and Grizzard state that “the bell would have been important to make the leper heard while begging for alms” as a result of vocal cord damage from advanced leprosy [1]. Although this may be part of the story of the illustration, probably much more important was the requirement that individuals with leprosy carry a clapper or bell to warn people they were approaching so that they could avoid others (as they were required to do) and others could avoid them. This was part of the process of making the person an outcast. Although vocal cord involvement certainly can occur in leprosy, I believe it unlikely that this was responsible for the widespread use of clappers and bells by those with leprosy [2].

This process of depriving persons with leprosy of their humanity and rights contributed greatly to the stigma that still accompanies this disease and contributes to the strong aversion of persons with leprosy (or Hansen disease) to use the term *leper*. I believe it should not have been used in this commentary in the journal. If authors feel it necessary to use the word *leper* for historical purposes, I suggest that it be placed in quotation marks.

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