and that he failed to establish a correlation between this sign and the lepromin test. This is not in keeping with his original statement.

It is a fact that tenderness of an affected nerve sometimes suggests that the disease is becoming active, i.e., just before the onset of lepra reaction. At that time not only the affected nerves but also skin lesions become hypersensitive. But not all cases pass on to the lepromatous type. A hypopigmented or simple lesion, when it becomes slightly more active, may turn into a minor tuberculoid; and at that time it becomes more sensitive to percussion, and the nerve supplying it may become tender. Similarly a minor tuberculoid lesion may become major tuberculoid, and then it becomes hypersensitive.

A nerve may be very thick but not very tender, whereas a less thick nerve may be more tender. This is because there is a correlation between the activity of the disease in both the skin lesion and the nerve. In the quiescent phase a nerve may be slightly tender but just before the onset of reaction it becomes more so, and in the phase of reaction it may become acutely inflamed and painful. Therefore, we fail to understand why there should be bilateral tenderness of median nerves and sometimes of radial nerves only and not of other nerves.

Joseph found the median and radial nerves tender below the level of the epicondyles. These nerves are not easily palpable in this place. But he did not mention whether these nerves were also tender near the wrist, where the nerves are superficial and are usually found thickened when there are skin lesions in their areas of distribution. In his communication to me he stated:

"Moreover, this sign is not pathognomonic of leprosy alone... Typhoid cases in the third week, some fever cases said to be kala-azar, a few pneumonia cases in the acute stage, and some secondary syphilitic cases, and a boy of 12 with melanoderma (W. R. +), also responded to this test." This being the case, the condition evidently has no diagnostic or prognostic significance or any other special value in leprosy.
La terme tuberculoïde précoce ou celui de prétuberculoïde souvent employés, semblent indiquer une tendance évolutive des lésions alors que nous avons trouvé cet aspect, et non rarement, dans de vieilles lésions tuberculoïdes. Si l'on tient compte du fait que ces structures, si elles peuvent être destinées à devenir tuberculoïdes, peuvent l'être aussi à subsister telles quelles, ou à disparaître pour faire place à des lésions du type indifférencié ou à des lésions cicatricielles, il semble que le terme de tuberculoïde fruste serait plus judicieux que ceux de tuberculoïde précoce ou prétuberculoïde. Il ne présage en rien de l'évolution future des lésions.

In a series of reports on the skin lesions of neural-type leprosy published by Wade and associates more than a decade ago the term "subtuberculoïd" was applied to small focal groups of epithelioid cells which, since then, others have often called "pretuberculoïd." The purpose was to avoid implication about the evolution of the condition, whether progressive toward definite tuberculoïd or regression from that status (which might be called "posttuberculoïd"). The term was defined [THE JOURNAL 5 (1937) 453 and 459] as meaning "the presence of foci too small or too undifferentiated to be called definitely tuberculoïd," the changes representing "either incompletely differentiated tuberculoïd foci or residual remnants."

In a letter to Dr. Floch it was agreed that such foci may be encountered in simple macular lesions established at an intermediate level of activity (i.e., histologically between straight round-cell infiltration and definite tuberculoïd focalization), and also in retrogressive lesions which previously were more marked, definitely tuberculoïd, but which have become perhaps residual in clinical appearance although histologically not yet at that level; and he was asked if, from the point of view from which he criticized the term "pretuberculoïd," the noncommittal term "subtuberculoïd" would be acceptable instead of "tuberculoïd fruste." The latter one would usually be understood, at least by many English-speaking readers, as signifying a condition which has been thwarted, prevented from attaining full development. That being so, it would not be appropriate for a condition which is actually retrogressive from a higher level.

Dr. Floch's reply bore entirely on the meaning of the word "fruste."

"La discussion pour les termes 'sub-tuberculoïdes' et 'tuberculoïde fruste' est plus délicate à conduire, comme vous me le dîtes vous-même, par lettre. Le terme 'fruste' n'indique pas à mon avis qu'il ne peut s'agir d'une lésion que régressive. Etymologiquement ce serait même plutôt au contraire. Voici d'ailleurs sa définition dans un dictionnaire classique:

"FRUSTE: Se dit d'une médaille ou d'une sculpture usée par le temps. Presque effacé: le souvenir fruste. (Par un curieux renversement de sens,
The term fruste as used in pathology is not found in any reference available in this office. In one of the ordinary vocabulary-dictionaries at hand it is defined as "worn, defaced, corroded (of coin; medals, sculpture, etc.)," the noun le fruste being a "defaced effigy, etc." which—if it were appropriate for such use—would be in keeping with the idea of residual foci in a regressive lesion or part of lesion. In another such dictionary the meaning is given as "illegible, imperfect, defective," which could perhaps be allied to the idea of an unfinished process in a progressive lesion.

The idea of a process or lesion stopped in its course before completion or maturity, which at least an English-speaking person reads into a term such as "lèpre fruste" as it is used, naturally brings to mind the idea of "frustration"; but, according to Dr. Floch:

Le mot "fruster" est absolument différent de "fruste." Je pense qu'il est inutile d'en parler ici; si vous me permettez de vous dire, c'est du mème ordre que "vieille" (old) et "vielle" (hurdy-gurdy), ou "three" et "tree"!

Because of the different meanings and usages of "fruste," it was suggested to him that there is still need of a strictly non-committal word, one without implication to anyone whether English-speaking or otherwise as to whether the histologic picture referred to has or has not been more developed previously. He replied:

La discussion du terme "fruste" aurait été si facile de vive voix! Croyez bien que je n'y mets aucun acharnement déplacé, mais vraiment cette fois vous me convainquez de son excellence. Vous demandez, si je comprends bien, un terme qui puisse représenter à la fois et sans distinction:

1°) des lésions qui n'ont pas encore évolué et ne se sont pas bien développées (or typiquement développées); et

2°) des lésions qui ont été plus "typiques" mais ont régressé. Justement "fruste" a ces deux sens: le premier sens d'emploi actuel, plus particulier en médecine ("maladie fruste"), le deuxième sens étymologique. Dans ces conditions combien trouver mieux? D'autant plus que même médicalement parlant, des symptômes actuellement frustes peuvent très bien avoir été plus typiques. Le terme ne préjuge en rien de l'évolution antérieure ou future. N'est-ce pas la très exactement vos désiderata?

Institut Pasteur
Cayenne, French Guiana

—HERVE FLOCH
Director