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EDITORIALS

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THE PROBLEMS OF CLASSIFICATION

It is now more than twenty years since an international conference set up the first formal scheme of classification of leprosy cases, but not yet have we arrived at one which is generally acceptable and applicable. What is sought is a formula which is scientifically satisfactory, reasonably comprehensive, and at the same time essentially practicable—one which can be applied by the properly trained clinician in the field and yet be elaborated upon by specialists who have the necessary special facilities. At present, since the Havana congress abandoned the Cairo classification, we have nothing internationally "official" but the first and more general part of a modification of the South American classification proposed by the classification committee of that meeting, the second and more specific part having been rejected, although it is sometimes dealt with as if it were supposed to be in force. The situation is most confusing and unfortunate, and it calls for a serious effort if a solution is to be reached at the approaching Madrid congress.

The scheme of classification adopted by the conference convened by the Leonard Wood Memorial in Manila in 1931, which made the first effort referred to, was a relatively simple one. It soon proved to be grossly inadequate because the importance and significance of the tuberculoid form of leprosy were not

understood when it was prepared, and it lacked any reference to the immunological aspect of the disease because no one outside of Japan was yet aware of the significance of the Mitsuda reaction. It was shortly thereafter that interest became focused on the former matter, and that the latter was brought to the attention of the world at large.

Both of those features were brought into a revision and expansion of the Manila scheme by the Cairo congress in 1938. The characteristics of the two types with respect to the lepromin reaction were written into their definitions, and, tentatively ("for the present"), tuberculoid leprosy was put into the neural type as a variety.

The tentative nature of that disposition of tuberculoid leprosy was due to the fact that certain South American delegates had held that it should be accorded recognition as a type on its own account, whereas the majority felt that existing knowledge of it did not justify that position. Soon afterward, in 1938-1939, a group centered in São Paulo, whose medium was the *Revista brasileira de Leprologia*, set up a new plan of classification. With much study and extraordinary enthusiasm—and no evident opposition—this matter was pursued for several years. Finally the scheme, possibly affected a little by non-South American members of the committee but still stipulated to be "for the American countries," was formulated in detail by the Second Pan-American Leprosy Conference held in Rio de Janeiro late in 1946.

This is no place to attempt an exposition of this classification. It may, however, be recalled (*a*) that it recognizes three primary classes, the "polar" lepromatous and tuberculoid ones, and an intermediate "incharacteristic" one (the name changed at Havana to "indeterminate" and the status reduced from a "type" to a "group," this class presenting the greatest difficulties to those who do not fully understand the system); and (*b*) that the fundamental criterion of type diagnosis is the histological one (which would put some clinically simple macules into the lepromatous type, and more into the tuberculoid type). Nothing need be said here of the disposal of certain kinds of cases with manifestations of nerve involvement, or of the interesting if baffling kind to which the term "borderline" and numerous others have been applied.

A fairly adequate idea of the development and the essential spirit and features of the South American classification may

be gained from the following publications: the original proposals made in 1939 ^{1a, 1b} and the accompanying exposition of it by Aguiar Pupo ²; an extraordinary study of de Souza Lima and Alayon of the "incharacteristic" class, published as a monograph in 1941 ³; a study by Rabello ⁴ of a group of cases clinically of that nature, which illustrates what is done when the histological criterion is held paramount; a report by L. de Souza Lima written in 1945 on experience with the new classification and questions that had arisen, ⁵ and the opinions of committees appointed to reply to those questions, which filled the rest of that issue of the *Revista brasileira de Leprologia*, together with the summary statement which followed ^{1c}; an article on the pathogenic bases of the classification by Barba Rubio *et al.* ⁶; and, finally, the culminating product, the report of the Rio de Janeiro conference. This last was published officially in two places, ^{7a, 7b} in neither instance quite accurately, and a free English translation with certain omissions and errors appeared in THE JOURNAL. ^{7c} These items are selected from a rather extensive literature. ⁸

¹ REVISTA BRASILEIRA DE LEPROLOGIA. (Editorials on classification.) (a) 7 (1939) 215-217; (b) 7 (1939) 335-338; (c) 13 (1945) 229-230; (d) 16 (1948) 135-136.

² AGUIAR PUPO, J. Das formas clínicas da lepra. Modalidades invasoras e reacionarias. Rev. brasileira Leprol. 7 (1939) 357-390.

³ DE SOUZA LIMA, L. & ALAYON, F. L. Sobre a significação patológica das lesões incharacterísticas (maculares simples). 5ª Monografia dos Arquivos do Sanatório "Padre Bento." São Paulo, Brazil: Empresa Gráfica da "Revista dos Tribunais" Ltda, 1941.

⁴ RABELLO, F. E. A lepra incharacterística na experiência do Sanatório Padre Bento. Rev. brasileira Leprol. 11 (1943) 115-132.

⁵ DE SOUZA LIMA, L. Sobre a classificação sul americana das formas da lepra. Rev. brasileira Leprol. 13 (1945) 135-142.

⁶ BARBA RUBIO, J., DE SOUZA LIMA, M., DE SOUZA LIMA, L. & RATH DE SOUZA, P. Bases patogenéticas de la clasificación sudamericana de la lepra. Tentativa de esquematización. Arq. Serv. Nac. Lep. 5 (1947) 98-104; also (in a modified English translation, and without the conclusions) Internat. J. Leprosy 15 (1947) 169-174.

⁷ II CONFERENCIA PANAMERICANA DE LEPROLOGIA. Relatório da Comissão do Tema Classificação. (a) Rev. brasileira Leprol. 14 (1946) 334-344; (b) Arq. Serv. Nac. Lep. 5 (1947) 176-186 (vol. III of the official conference report); (c) Internat. J. Leprosy 15 (1947) 100-107.

⁸ Two other readily accessible articles which contribute to the picture with respect to specific features are: PORTUGAL, H. Contribuição para o estudo da classificação dos casos de lepra. Aspecto das lesões, reatividade ao antígeno específico, número de bacilos e estrutura histológica. Arq. Serv. Nac. Lep. 5 (1947) 77-84; also, in English translation, Internat. J.

During the long period before the Rio de Janeiro conference the only exposition of the new classification which appeared in English was one by Pardo-Castello and Tiant,⁹ and that was set forth in a modified form. After the Rio de Janeiro meeting Muir¹⁰ wrote of the system adopted there, showing in a diagram what the "incharacteristic" class would include but not attempting a full exposition of the system. Shortly before the Havana congress at least five workers not within the South American sphere of influence published proposals with respect to classification, all based on the older system. No proponent of the newer one published anything about it in English, a fact pointed out later from the well-spring.¹⁴

Regarding the fiasco at Havana, where the classification committee made an earnest if none too successful effort to reconcile and compromise the different points of view represented there, suffice it to recall that the part of its report which was adopted^{11a} holds that the clinical criteria should take first place as a classification, but that it is totally inadequate to serve as a working guide because of its brevity and lack of subdivisions. The second part,^{11b} which embodied the compromise proposals for the subgroupings, was rejected—deservedly so, it may be said. Afterward it was commented¹⁴ that the South American classification had won out by force of numbers and not by convincing those who had been opposed to it; that since there had never been a proper exposition of it in a language understood by peoples of English culture they did not have the knowledge necessary to evaluate and judge it, so that valuable time had been lost in instructing them; and, looking to the future, that it was necessary that the concepts on which it is based should be made known by means of publications in THE JOURNAL.

Nothing of the sort has been done as yet; no such article

Leprosy **15** (1947) 162-168. DE SOUZA LIMA, L. and DE SOUZA CAMPOS, N. Immunobiological anomalies in leprosy. *Internat. J. Leprosy* **16** (1948) 9-22.

⁹ PARDO-CASTELLO, V. & TIANT, F. R. Leprosy. Correlation of its clinical, pathologic, immunologic and bacteriologic aspects. *J. American Med. Assoc.* **121** (1943) 1264-1269.

¹⁰ MUIR, E. Classification of leprosy cases. *Lep. Rev.* **18** (1947) 73-82.

¹¹ FIFTH INTERNATIONAL LEPROSY CONGRESS. Technical resolutions. Classification and nomenclature. (a) *Internat. J. Leprosy* **16** (1948) 201-208; *Mem. V. Congr. Internac. Lepra, Havana, 1948; Havana 1949*, pp. 71-76; (b) *Internat. J. Leprosy* **16** (1948) 391-397.

has been offered for publication. Cochrane¹² and Dharmendra¹³ have discussed the Havana classification, making proposals of their own more or less along the lines they had set down before that meeting. More recently, Cochrane¹⁴ has contributed an editorial to THE JOURNAL in which, after saying that the South American system is the most logical one yet proposed, certain features of it are criticized—one point being that the issue is confused by the introduction of the “uncharacteristic” class, whereas all “indeterminate” lesions are potentially either lepride or leproma—and a two-group scheme is proposed. An article by Maxwell and Kao¹⁵ which appears in this issue indicates other difficulties with classification, partly due to regional peculiarities of the disease and partly to apparent difficulties of meeting certain requirements of the new system. After examining these and other publications one gains the impression that what is involved in that system has not always been thoroughly comprehended, a condition which the writer of this note must confess to share, and that there is some misunderstanding as to what was adopted by the Havana congress and what was rejected.

Since the original South American classification is of paramount importance in discussions of this subject, its true form and significance should be thoroughly understood by workers outside of the sphere of influence of those who developed it, lest the delegates to the Madrid congress find themselves in circumstances like those which they faced at Havana. To help in this matter we propose, for one thing, to reprint the classification report of the Rio de Janeiro conference in a new translation; one has been made and submitted to certain of the Brazilian leprologists for scrutiny as to its accuracy. Certain other things may also be dealt with in similar fashion.

To obtain a sort of cross section of existing views, a memorandum embodying certain suggestions for consideration has been distributed for comment to various workers in different

¹² COCHRANE, R. G. Some brief comments on the classification of leprosy. *Lep. India* **21** (1949) 86-90.

¹³ DHARMENDRA. Comments on the classification of leprosy recommended by the Havana Congress. *Lep. India* **21** (1949) 96-102.

¹⁴ COCHRANE, R. G. Classification of leprosy. *Internat. J. Leprosy* **19** (1951) 337-344 (editorial).

¹⁵ MAXWELL, J. L. & KAO, L. The classification of leprosy in Eastern China. *Internat. J. Leprosy* **20** (1952) [39].

parts of the world. The responses, it is planned, will be published as a "symposium by correspondence" in a later issue.

In the meantime, we solicit articles on the subject of classification from those who are especially concerned with the matter. It is to be hoped that there may be an authoritative exposition of the South American system as it stands today, and that those who have found difficulty in applying it will also contribute. In view of the extent to which that system has been adopted or at least approved in principle, and the scant attention given to the several proposals for modification of the old system which were published before the Havana congress, it would seem that the only realistic approach is that of making the South American system generally applicable.

—H. W. WADE