

6 THE OPERATION OF CLASSIFICATION COMMITTEES

TO THE EDITOR:

In connection with the recent discussion by correspondence of certain proposals regarding classification, the following remarks on how groups which consider this matter should operate are offered.

As one who has witnessed some of the meetings of the committees which elaborated the Manila, Cairo and Rio de Janeiro classifications, I have always regretted that it was never possible for the members to apply on actual cases the new classifications they elaborated while they were still together. It is to be feared that as long as the activities of such committees are confined to round-table discussions, there will not be much prospect that a generally acceptable formula will result. If it were possible to hold such a meeting under ideal conditions, the circumstances would perhaps be about as follows:

The committee would meet in a city where there are one or more accessible leprosaria with a combined capacity of at least 1,000 patients, a "skin dispensary" able to round up about 50 torpid and reacting tubercloid cases, an isolation ward of a preventorium with a number of "indeterminate" cases, and also some contact children who had become bacteriologically positive and admitted to a leprosarium. The membership of the committee would include two pathologists who have had long experience in biopsy work on leprosy patients.

After a preliminary session or sessions at which one or more classifications would be adopted temporarily, the committee would then attempt to subtype, say, 50 leprosarium cases with interesting typical and atypical lesions, and all of the available tubercloid and indeterminate cases.

Some of those of each type and subtype about which there would be differences of opinion would be biopsied, the slides being submitted to the pathologists separately. At the first clinical examination, the patients would not have been seen by the pathologists. After recording their findings, they would examine the biopsied lesions and might then modify their findings if they should desire, but still without consulting each other. Next, their written reports would be read before the committee as a whole and compared. These precautions should help to establish the true value and accuracy of the histological findings in the different types and subtypes of leprosy.

Finally, a classification would be drawn up and the members would then try to apply it on patients previously examined and also new ones brought up for the purpose.

This work could be completed in two weeks if the cases had previously been tested with lepromin.

The classification adopted should not be published until six months after the meeting, to give the members an opportunity to try out the new classification on their own cases at home. This cooling-off period would permit them to submit further modifications, if they should find it desirable to do so, to a standing committee which would refer the proposed changes to the other members by correspondence.

In this way there would be a better chance of setting up a classification that would work in the field and be found acceptable to more leprologists.

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