FERNANDEZ ON THE SOUTH AMERICAN CLASSIFICATION

TO THE EDITORS:

In the last issue of THE JOURNAL there appeared a long-awaited article on the South American classification by Dr. J. M. M. Fernandez, of Argentina, who played an important part in the initiation of that scheme some fifteen years ago. In accord with established policy that article was published without editorial comment, but I wish to remark here, on a personal basis, on certain of its features. These remarks are not made

in criticism but rather for orientation because of the importance of the subject.

In the first place, if Dr. Fernandez' article be compared with the official report on classification of the Third Pan-American Conference, an approved translation of which was recently published [THE JOURNAL **20** (1952) 505-512], it will be seen that to a considerable degree it is a different and personalized product. There has never, to my knowledge, appeared so elegant and elaborate a scheme of the evolution of the forms of leprosy and their relationships to each other, although it will be appreciated that to a certain extent it savors of the theoretical. Nor has there been a better statement of certain difficulties of application of the South American system with respect to the indeterminate group and polyneuritic cases, or a more practical point of view regarding the meeting of those difficulties. Recognition is given the kind of cases called—among other things—"borderline," which were not identified in the official South American scheme although their peculiarities had previously been considered by Lauro de Souza Lima, but which are now recognized in various quarters as a variety to be distinguished.

In Fernandez' scheme of things, clinically recognizable leprosy starts as of the indeterminate form, an intermediate one the lesions of which morphologically and histologically are of simple inflammatory nature.[1] These lesions are undifferentiated, or "neutral," and they exist during a period when the individual system is undecided as to whether or not it will adopt a "passive" (i.e., nonresistant) attitude toward the infection, thus permitting the malign lepromatous process to develop, or will become "resistant" and acquire forces which result in the development of the benign tuberculoid process. This would seem either to be a deliberately simplified schematization, or to be based on the assumption that lesions which are tuberculoid or lepromatous when first recognizable had previously passed through an imperceivable indeterminate phase.

The author specifies certain distinct stages in the course of evolution from this initial, indeterminate form toward one or the other of the polar forms. On the one hand with progression

[1] The infiltrate is spoken of as "lymphocytic," which leads to the question whether the essential cell of the early active process is really of that nature or of the monocytic type of the reticuloendothelial system, admixed with a greater or lesser proportion of the lymphocytes of chronic inflammation.

there is a "prelepromatous indeterminate" stage, followed by a more advanced but "atypical, incomplete" ("extrapolar") one, and finally the mature polar or complete lepromatous condition; and on the other hand there are the same gradations to the polar tuberculoid condition. These earlier or "immature" stages are regarded as unstable, and in them there may occur aberrant changes including the development of the borderline condition, but after the mature polar condition is attained the condition is stabilized and such changes do not occur. So far as I am aware this scheme of stages of progression or evolution is peculiarly the author's own. The distinguishing features of the developmental stages between the neutral indeterminate and the final polar forms are touched on but lightly, and I for one would find difficulty in recognizing them.

The thesis of stability of the mature polar forms would seem to be opposed to the widely accepted view that the borderline condition may—and usually does—arise in established tuberculoid cases as a result of reactional changes.

The author maintains the original thesis that the primary and fundamental basis of the South American classification is the histological structure of the lesions. It appears then, that he does not agree with the decision of the Havana congress when it accepted the clinical criterion as the primary one, the bacteriological, immunological and histological factors following in that order. How representative this is of the prevailing opinion of South American workers it would be interesting to know.

On the other hand, the author shows that in practice the classification can be applied without actual performance of the histological examination, on the basis of clinical, bacteriological and immunological observations. It is pointed out that dispensaries which do not have the facilities for making the bacteriological examination and the lepromin test are not in a position to apply any system of classification. The author might have gone further and said that any leprosy institution without such facilities—if there be such, these days—are so primitive that no one concerned with the problems of classification need worry about them at all.

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