

The article by Dr. M. L. R. Montel in this issue of THE JOURNAL is avowedly an individualistic product. While some of the opinions expressed are in agreement with those of many others—notably that neither the histology of the lesions nor the result of the lepromin test is satisfactory for the primary criterion of classification—other opinions are contrary to those that have become widely accepted, some of them as “official” as they can be made by the WHO’S Expert Committee’s report and the action of the Madrid Congress. The article is frankly controversial, and was accepted for publication subject to this comment. The author agreed and said, “J’estime que l’interêt de mon travail est justement dans son caractère personnel de non conformisme.”

Montel’s primary thesis is that leprosy almost always begins as tuberculoid, although sometimes transformation to lepromatous occurs so soon that the original form is not observed. In support of that opinion he says that in Saigon he found 80 per cent of the children brought to the clinics were tuberculoid, and that in Paris all of 14 leprosy cases were or had been tuberculoid.

That many cases of leprosy which are lepromatous today were not of that type at the outset is hardly to be disputed, but the opinion that virtually all began as tuberculoid is certainly open to question. Disagreement may be expected especially from field workers who search out the earliest cases among children and others in their schools and homes. They see many early lesions that could not be called tuberculoid by any accepted criteria. South American workers see so many such cases that they set up the long-since accepted “indeterminate” (originally *incharacteristico*) group to take care of them in classification. It is generally agreed that some proportion of this “unstable” variety will evolve directly to the lepromatous end of the spectrum, not passing through a tuberculoid phase.

But Montel flatly disavows the indeterminate group. Furthermore, he so broadens the concept of tuberculoid that it becomes hardly recognizable. Pure nerve lesions without skin lesions are tuberculoid, he holds, as are flat macules of centrifugal extension.¹ At the other extreme the “borderline” and related cases are included, but these are hardly *formes de début*.²

To digress for a moment, it would not have been unexpected if, when he mentioned the children seen in Saigon, he had pointed out that many primary tuberculoid lesions in such individuals disappear spontaneously,

¹ In this last Montel appears to be in agreement with the majority of the Classification Committee of the Madrid Congress.

² In his tabulated scheme of classification these cases are not included in the tuberculoid form, but in an intermediate one.

and had then suggested that the disease might be expected to reappear in another form in later life. That this happens, however, has never been established. It is often said that in endemic countries leprosy infection probably occurs mainly in childhood, lies latent and produces the disease during puberty or early adult life. Children who when very young have had primary (tuberculoid) lesions that cleared up spontaneously might be expected to be among those cases, but no report of that actually happening has as yet been recorded. Some time ago we discussed this matter personally with Lauro de Souza Lima, of São Paulo, who has had probably as much experience with the follow-up of such childhood cases as anyone else, and asked him what had been the developments among children he had demonstrated to us ten years and more before. He stated, definitely, that to his knowledge the disease had not reappeared in any of them, and some of them were already married and with children of their own. If any observer has information on this point, it should be recorded.

As for Montel's scheme of classification, there would be no point in going into it in detail. It will doubtless take its place with many others as an individual's views, unlikely to disturb seriously the scheme adopted by recent international meetings.

—H. W. W.