

## CORRESPONDENCE

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### THE MADRID CLASSIFICATION

TO THE EDITOR:

Although I was not a member of the Classification Committee at the Madrid Congress, I was privileged to attend some of its sessions, and to participate in part of the discussion that led to the inclusion of some simple macular lesions in the tuberculoid category.

I can say from this that Dr. Dharmendra [THE JOURNAL 22 (1954) 224] is mistaken in his belief that histopathological criteria carried the most weight with the Committee in arriving at this decision. Quite the reverse is true. The Committee recognized that histopathologic criteria of tuberculoid leprosy were often difficult and frequently impossible to satisfy in simple macular lesions. They believed, nevertheless, that many such lesions were very likely to run the same course as a typical tuberculoid plaque, or to evolve into one, and that this conclusion could often be reached on wholly clinical, or at least nonhistopathologic, grounds. The principal criteria on which such a decision might be based are: paucity of lesions, asymmetric distribution, sharpness of outline, absence or rarity of bacilli, anesthesia coextensive with the hypopigmentation, and a positive lepromin reaction.

A classification in which lesions of this sort are placed in the same pigeonhole with macules which are multiple, or bilaterally distributed, or somewhat indistinctly marginated, or moderately bacillary (so to speak), or nonanesthetic, or associated with a doubtful lepromin reaction, or any combination of these, would be very simple indeed to teach and apply, but quite useless, since it would bear no relation to prognosis.

What is suggested, in short, is that the hypopigmented macules of leprosy may be arranged in a sort of continuous spectrum, ranging from lepromatous macules on the right, to "maculoanesthetic" macules on the left—with indeterminate macules in the middle; and that it makes more sense clinically and biologically to group all the macules to the left of the "indeterminate" area with their biological relatives, the definitely tuberculoid lesions, than to group them with their merely morphological ones, the indeterminate and lepromatous lesions.

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