

To THE EDITOR:

I shall be really glad if, as stated by Dr. Arnold [THE JOURNAL 22 (1954) 473], I am mistaken in my belief that in arriving at a decision the Classification Committee of the Madrid Congress attached more weight to the histopathological than to clinical criteria. However, his explanation does not deal with the points actually raised in my letter to which he refers.

The issue that I raised was that on the one hand the bringing of the "simple" flat macules and the "tuberculoid" raised lesions together into one class designated as tuberculoid, and on the other hand splitting up of polyneuritic cases with similar clinical manifestations into lepromatous, tuberculoid, and indeterminate, could be justified only if histology was accepted as the basis of primary classification. Of the two points raised, Arnold has nothing to say about the latter one, and although he has dealt with the former he has missed the real argument. His statement is obviously based on the wrong assumption that I advocate the grouping together of "maculoanesthetic" and the indeterminate" macules, whereas the fact is quite the reverse. We here in India have been persistently opposed to the idea of including these two kinds of lesions in one class however it be designated, whether "uncharacteristic" or "indeterminate."

I am in entire agreement with Arnold that the hypopigmented macules of leprosy may be arranged in a sort of continuous spectrum, ranging from lepromatous macules at the one extreme to "maculoanesthetic" macules at the other, with indeterminate macules in the middle; and that it makes more sense clinically and biologically to group all the macules to the right [see below] of the "indeterminate" area with their merely morphological ones, the indeterminate and lepromatous lesions.¹ That our views are similar will be clear on reference to a publication from this department dealing with the study of flat hypopigmented patches of leprosy.¹ It was concluded therein that flat hypopigmented leprosy patches can be divided into three categories: (a) at one end, bacteriologically negative, lepromin positive "maculoanesthetic" patches with benign course and thus closely allied to the "tuberculoid" lesions; (b) at the other end, bacteriologically positive (moderately or strongly), lepromin negative lepromatous macules with malign course; and (c), between the two, "indeterminate" macules in which bacteriological findings and results

¹ This refers to a study of the flat hypopigmented patches in leprosy with special reference to their classification, by Dharmendra and N. Mukherji, *Leprosy in India* 25 (1953) 4-28.

of the lepromin test are equivocal and in which the course of the disease is variable.

From the above it will be quite clear that I am very much in favor of separating the maculoanesthetic from the indeterminate macules, far from putting them together. I also recognize the close biological relationship between the maculoanesthetic and the tuberculoid lesions, and agree that these two types should be broadly grouped together.² What I am opposed to is the use of the designation "tuberculoid" for this group. That is not correct, and it necessitates the creation of a term like "macular tuberculoid," which is an anomaly.

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[Dr. Arnold, in writing of the spectrum of hypopigmented macules, spoke of the lepromatous kind as being to the "right" of the centrally-placed indeterminate one, and of the maculoanesthetic kind as at the "left." In his letter Dr. Dharmendra originally followed that lead, but he has agreed that this arrangement should be reversed. For one thing, there are published diagrammatic representations of the situation (e.g., the report of the WHO Expert Committee on Leprosy, published in 1953), in which the benign forms of leprosy are shown at the *right* of the spectrum, and the malign forms at the *left*. It would be well to avoid confusion in this matter, even though it is a minor one. Furthermore, in common parlance these troubled days, "left" has unfavorable connotations and "right" more favorable ones; and that is the case in leprosy with lepromatous as against maculoanesthetic or tuberculoid.—EDITOR.]