

INTERNATIONAL JOURNAL OF LEPROSY

OFFICIAL ORGAN OF THE INTERNATIONAL LEPROSY ASSOCIATION

PUBLISHED WITH THE AID OF THE
LEONARD WOOD MEMORIAL

Publication Office: 1832 M St., N.W., Washington 6, D.C.

VOLUME 28, NUMBER 1

JANUARY-MARCH 1960

EDITORIALS

Editorials are written by members of the Editorial Board, and opinions expressed are those of the writers.

ATYPICAL MACULAR CASES IN AFRICA

In a note in this department of a recent issue [**27** (1959) 157] about what in certain circles is currently called dimorphous macular leprosy, occasioned by the publication of an article on that subject by Dr. Stanley Browne,¹ mention was made of an article published by Ryrie in 1947 on a peculiar macular syndrome of which he had learned during a visit to the Uzuakoli Settlement in Eastern Nigeria. It was noted that Lowe, after his first year in the country, had said that he had seen only one case with the features described by Ryrie, and the comment was made that apparently the subject had not been followed up in that region.

Dr. T. F. Davey, who had been host to Ryrie at Uzuakoli, was asked about the matter. In reply he called attention to an article published in 1946² in which he had pointed out that the classification of macules into simple, lepromatous and tuberculoid was inadequate for the varieties encountered in his experience in Nigeria. The two extremes of the series, on the one hand clinically tuberculoid and "simple neural" (bacillus negative and lepromin positive), and on the other hand lepromatous (bacillus positive and lepromin negative), he found to be well-defined. Between those extremes, however, there were various

¹ BROWNE, S. G. The clinical course of dimorphous macular leprosy in the Belgian Congo. *Internat. J. Leprosy* **27** (1959) 103-109.

² DAVEY, T. F. Some observations on the role of allergy in leprosy. Part II. Allergy and the macular series. *Leprosy Rev.* **17** (1946) 75-87; *reprinted*, *Internat. J. Leprosy* **16** (1948) 62-72.

intermediate varieties of macules. Summarizing his description of them (which should be read), he wrote:

Reviewing the series as a whole, there is seen a progressive loss of [peripheral] definition and [central] resolution in macules towards the lepromatous end, accompanied by an increase in the persistent bacillary content. Features common to all types of macules are hypopigmentation and erythema, both of which are variable. Sensory changes in the macule also decline and disappear towards the lepromatous end, though they may still be in evidence apart from macules.

Davey has not published further on this subject since then, because to deal with it properly would require a major study of certain features for which his institution was not equipped, and which in any event was not in line with his proper activities. However, he gives interesting and suggestive high lights in the letter which appears in the Correspondence section of this issue. The "intermediate" series of macular cases (approaching tuberculoid at one extreme and lepromatous at the other), still constitutes an important group in leprosy as it is seen in Nigeria. Davey notes, however, that the terms "borderline" and "dimorphous," which in the Madrid classification are applied to quite another form of leprosy, should not be applied to this macular group, but that it should have a distinctive name.

A discussion of this subject from the point of view of one who had had experience in East Africa is contributed by Dr. James Ross Innes in another Letter to the Editor in this issue. He points out that the relative frequency and epidemiologic importance of cases with atypical macular lesions vary from region to region. Such cases are fewer in East Africa than in the Belgian Congo or Nigeria, perhaps because of climatic factors.

Regarding terminology, he regards the established term "indeterminate" to be particularly applicable to such cases, and points out that "borderline" as originally used and as adopted in formal classification is not applicable to macular cases.

Ross Innes holds, as Davey does, that cases of this atypical macular category should be studied, but that the present classification formula should not be modified unless the result of such studies necessitates changes. It is much to be hoped that such a special study may yet be made. It would be well worth while if a grant for the purpose should be provided by some international organization with funds that could be used for leprosy research.—H. W. WADE