Portugal (the other coordinator) noted various features that call for future study, including Rath de Souza’s finding that the bacilli in borderline lesions are materially smaller than those in lepromatous lesions. He did not regard the present situation as hopeless. He recalled what happened with regard to tuberculous leprosy 30 years ago. The differences of opinion then were much deeper than the present ones relating to borderline, but “there is nowadays a strong agreement about that leprosy type.”—H. W. Wise

THE TERM “DIMORPHOUS” IN LATIN AMERICA

It appears that Latin American workers have acquired a marked tendency to apply the term “dimorphous” to the borderline form of leprosy, sometimes also using the latter term in parentheses to show what they mean. The introductory remarks of Orestes Diniz on the occasion of the Rio de Janeiro meeting dealt with in this issue was entitled “Simpósio Sôbre ‘Lepra Dimorfa’,” but in the first sentence of the text “‘lepra ‘borderline’” (in quotes) was used instead. Furthermore, on the cover of the issue of the periodical which contains the transactions, Arquivos Múneiros de Leprologia, the name of the meeting is given as “Simpósio Sôbre a Lepra Borderline.”

One reason for the preference of “dimorphous” was given in one of the papers read at that meeting, by Nelson de Souza Campos and Paulo Rath de Souza, as follows: “‘The name ‘Borderline’ should be rejected because it is foreign to the [Portuguese] language.” Serra offered the same reason. Because that English word has no direct equivalent in Portuguese or Spanish, from the beginning the Brazilians have often used the word *frondeirico*, and Spanish-speaking writers have used *limitante* or *limitante*.

There is, however, another probable reason for the use of “dimorphous,” or at least justification for its use, by people who are disinclined to use “borderline.” That reason is to be found in an unexplained anomaly that appeared in the Transactions of the Madrid Congress, which previously had not been noticed.

First, it is to be explained that certain of the technical committees of that congress prepared their reports in English, while others wrote in Spanish. In either case the reports as written were the “official” ones, and when they were translated into the other language for presentation to the plenary session and for publication the translations were supposed to be exact, without alterations.

The report of the Committee on Classification was written in English. As published in the Congress Number of *The Journal*, the heading of the description of the form in question is “Borderline (Dimorphous) Group (B).” Later in the report there is a section with a side-head, “Reactional borderline (dimorphous) leprosy.” In the
Spanish version published in The Journal these heads are the same, as they should be.

In the official Transactions of the Congress, however, while the English version is correct, the Spanish version is not. The heading of the description was changed to “Grupo dimorfo (Bordeline) (D o E)” — the “E” obviously a typographic error — and the side-head mentioned appears as “Reacción en casos dimorfo (Bordeline).” Somebody, somewhere in the process of publication, made completely unwarranted changes — and was slightly careless while doing so.

Why and by whom those changes were made we have not been able to learn. But many Latin-Americans, who naturally would depend primarily on the Spanish version, have doubtless believed that that was the way the Classification Committee wanted it, and that the Congress approved it. That is not the case. — H. W. Wade

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Sarcoidosis in the Tropics

(A “Symposium by Correspondence”)

In an article entitled Sarcoidosis and Leprosy, in the Journal of Tropical Medicine and Hygiene (abstract in this issue), D. G. James and W. H. Jopling said in effect that there is evidence that sarcoidosis is relatively common in colored races, and that consequently it is of particular interest in the tropics. The article proceeds to discuss the condition with relation to leprosy, with emphasis on skin lesions.

Since we had not personally seen a recognized case of sarcoidosis in our many years in the Philippines, which is decidedly in the tropics, the validity of that introductory statement seemed to us of dubious validity. A circular inquiry about the matter was therefore sent to a number of leprologists in different countries. First in mind was the matter of skin lesions which could be confused with tuberculoid leprosy, such lesions being what would come to the attention of leprologists and dermatologists; cases with nothing but pulmonary lesions would be in another field. The replies constitute a “symposium” in the Correspondence section of this issue.

By chance, while the answers to this inquiry were coming in, there was received among our exchanges the comprehensive Proceedings of an International Conference on Sarcoidosis which was held in Washington, D. C., in June 1960. These proceedings are Part 2 of the November 1961 issue of The American Review of Respiratory Diseases.

Apart from the data on prevalence and distribution, the most in-