

CLASSIFICATION IN JAPAN

To the EDITOR:

I should like to make a few comments on the article by Dr. Wade on the classification of cases of the tuberculoid variety of leprosy, which appeared in the last issue of the JOURNAL.

As I understand it, it may be said that the word "tuberculoid" as applied to a *clinical lesion* (i. e., not referring to the histological picture itself) is practically speaking an abbreviation of "macula tuberculoid" as that term is used in Japan. It is to be understood with regard to the practice of classification in Japan that macula tuberculoid does not signify a special type of leprosy, but a variant or stage of the macular or neural ("N") case, and that variety must be assigned to the neural type.

As I stated in the report of my study tour, also published in the last issue of the JOURNAL, we of Mitsuda's school would support readily any accepted classification if only that variety were not put in the cutaneous ("C") type. The reason why we have understood that the Manila Conference intended that the macula tuberculoid case should be put in that type is that shortly after the conference, when Wade visited Japan, I showed him some cases of that variety and asked him how they should be classed. He said that he had never seen in the Philippines cases of the kind and degree of those that I showed him, and only a few definitely tuberculoid cases of any kind, and that the conference had not specially discussed this variety of the disease. However, he held that because the lesions were granulomatous they should be considered "cutaneous," and until recently we have supposed that that was the intention of the conference. Later in the same year Wade saw many cases of that nature in other countries, and in a report made in London soon afterwards he agreed that they belong to the nerve type. He emphasises this in his last article. I heartily concur with that article in its principal part, as it agrees with the opinion which Mitsuda has maintained for many years.

Whether there is any essential difference between the words "leprotic" and "leprous" philologically I do not know. We here have been accustomed to saying "leprotic deformity," for example, or "leprotic mal perforans." I deem it unnatural to limit "leprotic"

to the sense of "lepromatous." I prefer to use the latter term for the kind of lesion which characterises the cutaneous type of case, as Wade does in the article referred to.

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Comment by Dr. H. W. Wade, Culion, P. I.:

It will be gratifying indeed if a further advance toward general uniformity of practice in the classification of cases of leprosy results from the clearing up in the minds of our colleagues in Japan of a misunderstanding, for which I must accept responsibility, as to the intention of the Memorial Conference. As I stated in the article referred to by Dr. Hayashi, that conference did not discuss tuberculoid leprosy specifically. Elsewhere (Trans. Ninth Congress, Far Eastern Assoc. Trop. Med., 1934. Nanking, 1935, vol. 1, p. 685) I have pointed out that the members "...who recognized it as a distinct variety of leprosy still looked upon it as an occasional oddity, too infrequent and unimportant to be considered as a distinct feature of the disease, and so it was not included in the discussions..." This was certainly my own view of the matter, and I understand that it was that of one or two of those with whom I have discussed the matter personally. The members from countries where the condition is relatively frequent and conspicuous did not raise the question.

After the tuberculoid condition had come to our attention at Culion, Wade and Pineda in 1928 reported some of the cases that they had seen (Trans. Seventh Congress, Far Eastern Assoc. Trop. Med., 1928. Calcutta, 1929, vol. 2, p. 383). In that report are cited three cases diagnosed as (primary) tuberculoid, two of which had been recognized as such when seen, and one recalled from experience in another connection. None of them had extensive lesions. The actual Culion cases then recorded and others seen later were apparently *secondary*. That is, the patients when sent there were bacteriologically positive (supposedly of the ordinary cutaneous type), and under treatment they had improved sufficiently to become bacteriologically negative, but they showed persistent skin lesions of somewhat peculiar appearance that proved to be tuberculoid histologically.

This is recounted more to suggest what may be found today in other places where this condition is not yet recognized than to explain ignorance, which may have been excusable under the circumstances. Since the frequency of the tuberculoid case had not yet been generally recognized, nor its peculiarities emphasized, undue emphasis was laid on one of the technical features of one of the definitions that had recently been set up by the Memorial Conference when the discussions in Japan referred to by Hayashi took place. It was not until later that it was realized that the characteristic features of the cases which present these lesions primarily are such that they cannot be classed as cutaneous, and that in typical cases there is a wide gulf between the granulomatous lesions that on the one hand are rich in bacilli and are composed chiefly of lepra cells (i.e., the lepromata), and on the other hand those that are typically negative for bacilli and are characterized by the presence of foci of ordinary epithelioid

cells rather than of lepra cells. If this is recognized, the tuberculoid cases can be classified as neural without invalidating the basic distinction of types set up by the conference.

As for the distinction between "leprous" and "leprotic," Hayashi's comment is not without reason. However, it is to be understood that the conference sought to establish a single convenient word to designate the kind of lesion characteristic of the cutaneous type of the disease. "Lepromatous," a word which is a bit awkward, might be thought too technical for general acceptance. Furthermore, it might be thought applicable only to lesions of such size or character as to be tumor-like, as are seen only in the more advanced stages of the condition. However, it is actually applicable to any stage or degree of the morbid process indicated, and as it is the more definite and specific it may be found desirable in practice to use lepromatous instead of leprotic.