

Features of the Ridley-Jopling Classification

TO THE EDITOR:

Dr. S. K. Kundu (Int. J. Lepr. 47 [1979] 64–65) asserts that different lesions produce different classifications, a view which has been expressed quite frequently in the past. My own experience is based on receiving double biopsy specimens, taken concurrently from two lesions, which has been the routine practice of several of the clinicians who have sent me material over many years. In addition, I have carried out comparative assessments of the specimens of some other workers who have shared Dr. Kundu's opinion. The results are discussed in previous publications. In tuberculoid, borderline, and lepromatous leprosy, it has been exceptional to find even insignificant differences in classification between a pair of biopsies, and not infrequently the histological classification has been the same for two lesions that were clinically discrepant.

There are two provisos:

- a) during reversal reactions, reacting lesions may sometimes develop at different speeds.
- b) during the process of upgrading or downgrading, there may occasionally be a confusing mixture of features of BT and BL, but reactions apart, no difference, I believe, between lesions.

It is simply not true, in any general sense, that this system of classification produces different answers for each lesion. A symposium to test the views of "eminent experts," which Dr. Kundu asks for, was organized by Dr. Chapman Binford and held at the Armed Forces Institute of Pathology, Washington, in 1971, and again at Bergen before the Congress in 1973. On each occasion, agreement among the histologists participating was almost unanimous.

Neither Dr. Jopling nor I would accept that "it might better be called a slide classification." It is (opportunity permitting) a joint clinical-histological classification. Histology sometimes has the advantage on points of detail because it reflects directly the underlying immune mechanism. But the clinical assessment is always and at least a useful counterpart to histology, and in the absence of a biopsy, it stands by itself. The reason why more has been written about the histological aspects is that they are less widely understood.

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