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EDITORIALS

Editorials are written by members of the Editorial Board, and opinions expressed are those of the writers. Any statement that does not meet with agreement will be of service if it but stimulates discussion, for which provision is made elsewhere.

"CUTANEOUS" AND "NEURAL"

In spite of the fact that much has been written on the subject of late, there is still evidence of a good deal of misunderstanding with regard to the significance of the terms "cutaneous" and "neural" as applied in the classification of leprosy. From articles published, letters received and discussions heard it is evident that in connection with classification many people use these words in their literal, limited sense rather than in the broader sense that they are expected to convey in that connection.

It would, of course, be highly desirable if words could be devised for technical application that would be clearly self-explanatory and could have only one meaning. But, apart from the difficulty of devising such words to fit special cases, so much are we conservative creatures of habit that when such words are devised for things for which other terms have long been familiar we are loath to adopt them. Consequently, even medical language is full of words that have to be recognized as having special meanings in special applications. An example in leprosy is "nodular," which many have used

for one of the types quite without implication that actual nodules exist in every case so designated.

The Leonard Wood Memorial Conference discussed at length various terms that were actually in use or had been suggested for the designation of the established types of the disease. With regard to "cutaneous" and "neural" it gave due consideration to the objections that in its ordinary dictionary sense the former means "of or pertaining to the skin," and that only, and the latter means "of or pertaining to the nerve." Yet in consideration of past usage, and of the facts that these terms indicate *principal distinguishing characteristics* of the two main groups of cases, it adopted them for use as the names of those groups or types, and set up definitions for them. Admittedly, there were some members of the Conference (the writer of this note being one of them), who did not favor "cutaneous" because of the existing confusion as to its significance —the continuation of which is the occasion for this note. But since the term was adopted these objectors (or most of them) have used it. They believe that the universal adoption of a single term for each of the types is of much greater importance than the actual terms used. If those who are in a position to do so will but make a conscientious effort to make clear the real significance of those that were adopted by the Conference the desired objective should be attained in reasonably short order.

With regard to the cutaneous type, there could not possibly have been any intention to convey the idea that the lepromatous lesions which characterize it are confined entirely to the skin. Everyone who is at all familiar with the pathology of the disease is aware that in well-established cases of this relatively unrestrained, "malignant" type of the infection certain deeper organs, *including the peripheral nerves,* are regularly involved, and that sooner or later clinical evidence of the nerve involvement is to be expected. Consequently the question of whether there is a "pure cutaneous" form of the disease is quite a secondary question, one which does not enter at all into the question of primary classification, however interesting it may be academically or otherwise.

In view of this, it should not be difficult to agree, in turn, that "neural" does not imply that in a case to be so designated the infection must be confined to the nerves, and that the skin must be free from any detectable change other than trophic, that it may

not have active skin lesions caused by the presence of the bacillus. The distinction of types is more fundamental. It is based less on the location than on the nature of the active processes; it is based on the broad but clear differences in the whole picture, clinical, bacteriological, pathological, and also immunological so far as we know anything about that—differences that are induced by the nature and degree of the reaction to the infection and of resistance to its progress.

There was a time when it was assumed that the simple flat, hypopigmented, more or less anesthetic macule of neural leprosy was not a manifestation of local invasion by the leprosy bacillus. As a reflection of this the term "lepride," which Arning introduced to designate these patches, was modified by Unna to "neuro-lepride." It may be that some of the skin changes in neural leprosy are induced solely by disturbances of the nerves of supply following leprous affection of them, though Jadassohn has expressed doubt of that. Even so, it would be difficult to explain on that basis the frequent distribution of the leprides (as for example where a single macule affects parts of contiguous areas supplied by two or more cutaneous nerves), or particularly the centrifugal progression and central recovery that is often seen in them. The fact of the matter is that Arning, Lie, and other careful and dependable workers have been able to find bacilli in very small numbers in the active portions of such lesions when they were sought with proper technique and sufficient persistence. That, however, does not invalidate the classification of leprosy as a disease into two distinct types. It merely requires recognition of the fact that, even as cutaneous-type cases may—and usually do—have active lesions in the nerves and deeper organs, neural cases may—and often do—have active lesions in the skin.

One of the main difficulties today, it would seem, is in recognizing the frankly infiltrated tuberculoid lesion as a skin manifestation of neural leprosy. Being strikingly different in appearance from the simple leprides, and often (for a time at least) without marked sensory disturbances, it is especially apt to be mistaken clinically for a lepromatous lesion of cutaneous leprosy, especially where the bacteriological examination is neglected. But when the main features of the cases characterized by these lesions are taken into account—the fundamental characteristics of high resistance to the infection and consequent extreme paucity of bacilli in the lesions, together with the course of typical cases—they can be accepted as

of the neural rather than the cutaneous type of the disease. From the viewpoint of those who are working with lepers but not specializing in leprosy it is unfortunate that the matter has become more complicated than in the past, when in the general run of well-established cases simple inspection was believed to be sufficient to determine the group to which a case should be assigned. Histopathological examinations cannot be made in most institutions, which fact necessitates laying particular stress on the bacteriological examination.

However, before the confusion as regards classification and nomenclature of these and other cases that evidently persists can be relieved it must be recognized, first of all, that the terms cutaneous and neural as applied to the types of leprosy are intended to convey an idea of clinical complexes. They do not indicate exclusive confinement of the leprous processes to the tissues indicated by them, nor do they imply absence of active nerve affection in cutaneous cases or active skin lesions in neural cases.