THE CLASSIFICATION OF LEPROSY

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I have read with interest Lie's recent article on the subject of the classification of leprosy (1). He himself has foreseen objections which some would make to his scheme "on the ground of its being intricate and complicated."

The Memorial Conference classification (2) certainly lends itself to criticism, and those who criticize it should not all be suspected of misunderstanding the broad principles on which it rests—I think most of us understand and appreciate them. Whatever its imperfections, that classification possesses one admirable quality, namely, its simplicity. One feels, therefore, that whatever changes may be proposed and ultimately agreed to, this simplicity should not be sacrificed.

I agree that the obvious clinical classification of leprosy into neural and cutaneous should be maintained, but in my opinion the macular element of neural leprosy must be frankly acknowledged as a cutaneous element. However, just as in cutaneous leprosy the cutaneous element overshadows the neural when the latter is present—it is well known that in a large number of cutaneous cases polyneuritis is present, though it may not be obvious—so in neural leprosy the neural element should still hold precedence over the coexistant macular (cutaneous) element.

Let cutaneous leprosy be acknowledged as usually consisting of two elements, one cutaneous, predominant, and the other polyneuritic, subsidiary; and let such cases be designated as C.N. On the other hand, let neural leprosy also be acknowledged as usually consisting of two elements, one polyneuritic, predominant, and the other cutaneous (i.e., the macules), subsidiary, and let such cases be designated as N.C.

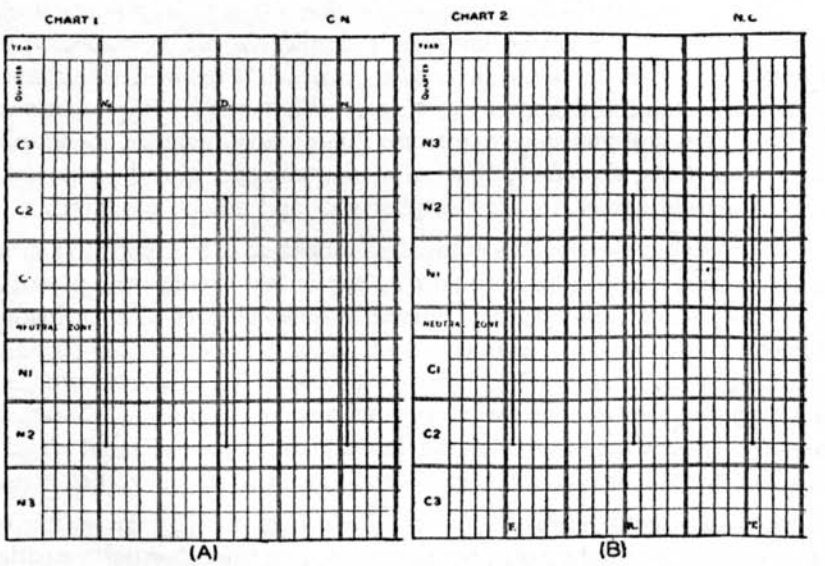
This brings me to the question of the graphical representation of the two types. Instead of the single chart of Wade and le Roux (3) I propose two, the second one to consist simply of an inversion of the first. Thus a C.N. case, one of cutaneous leprosy in which both cutaneous and neural elements are present, would appear as in Chart I, Text-fig. 1, A. On the other hand an N.C. case, one of neu-

ral leprosy presenting as is usual both polyneuritis and macules, would appear as in Chart II, Text-fig. 1, B.

As usual, there are a few snags. The following are examples:

1. A C.N. case may present equal degrees of both cutaneous and neural involvement, corresponding to the classical mixed type. It nevertheless is still predominantly cutaneous, and should appear in Chart I.

2. A C.N. case may present only incipient cutaneous lesions, but advanced polyneuritis. This again is an example of mixed leprosy, but although the cutaneous element is only incipient it is predominant, prognostically and administratively, over the older and more advanced neural element.



TEXT-FIG. 1. Charts for graphic representation of cases under the proposed modification of the Memorial Conference classification. A. The original Wade-le Roux chart, for C.N. cases. B. Inverted chart for N.C. cases. (Both charts shortened for reproduction.)

3. A C.N. case may present only cutaneous lesions. In this case, C must figure alone, above the "equator" of the chart.

4. An N.C. case may present only macules. In such a case C must again figure alone, but this time below instead of above the equator. Not only is this necessary to avoid confusion with the C of cutaneous leprosy, but also because such cases, potentially, are predominantly neural.

5. But what is to be done in cases of the old maculo-anesthetic type in which the macules are found to be rich in bacilli? In such cases, obviously, the cutaneous element predominates. Therefore, macules notwithstanding, they should appear as C.N. and not N.C.

Such a scheme possesses the great advantage of enabling the chart to give a very complete and exact picture of the patient's lesions. Thus:

1. In cutaneous leprosy it will be easy to indicate whether the cutaneous element consists of one, or more than one, of the following kinds of lesions: nodules (to be indicated by the notation "No."), diffuse infiltration (indicated by "D"), and macules—always raised and always bacteriologically positive—(indicated by "M").

2. In neural leprosy it will be equally simple to indicate whether the macules are: flat or flush ("F"), raised ("R"), tuberculoid ("T"), or whether they are of more than one kind.

3. The morphology of the elements being liable to change in the course of the disease, it is an advantage if these changes can figure on the chart. With the proposed arrangement this would be easy. The appropriate letter would simply be written at the head or the foot of the column corresponding to the quarter in which the change has been observed.

In conclusion, I may summarize the proposed modifications of the Memorial Conference classification and the Wade-le Roux chart as follows:

1. Two charts instead of one, the only difference between the two being that one is inverted. The "neutral zone" of the chart to be abolished as no longer necessary, a double line taking its place.

2. Full recognition of the cutaneous nature of all macules.

3. Macules to be considered as an element of neural leprosy, as heretofore, except when they are found bacteriologically positive by usual methods; that condition to be the *sine qua non* of their classification as elements of cutaneous leprosy.

4. Pure cutaneous leprosy, when not charted, to be written +C and pure (bacillus free) macular leprosy —C.

5. In grading cutaneous and neural elements, Roman figures to be used for divisions and Arabic for sub-divisions. The former only would appear on the chart, but both would be used in writing. Thus an incipient (mixed) cutaneous case would be indicated by CII, NII, and a very advanced neural (maculo-anaesthetic) case by N.III3, C.III3.

REFERENCES

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(3) WADE, H. W. and LE ROUX, J. J. DU P. A leprosy case progress chart. Internat. Jour. Lep. **3** (1935) 33-42.