

CLASSIFICATION OF LEPROSY

To the EDITOR:

In submitting my paper on the classification of leprosy¹ I wish to point out that I am not entirely satisfied with my previous article in the *South African Medical Journal* [10 (1936) 17-25], though it has the virtue of expressing my reasons for disagreeing with the Memorial Conference classification, or at least with one aspect of it. Since it

¹Page 67, this issue.

was written I have realized that your defence of that classification is based on broader principles—chiefly clinical—than I had thought. I have also come to the conclusion that the suggestion I made then was not the best solution of the difficulties. I hope that with the modification now offered the Memorial Conference classification will prove more generally acceptable.

It is to be understood that in this article I use the word "cutaneous" in only one sense, the dictionary sense. To me a lesion of the skin is cutaneous whether it is a leproma or a lepride. In some cases the cutaneous element (in the dictionary sense) is predominant, and I therefore call them cutaneous—short for predominantly cutaneous. In other cases the neural element predominates, and them I call neural—short for predominantly neural. That the predominantly cutaneous group or type is the same thing as what the Conference classification calls "cutaneous" I do not deny, but it does not follow that I give the word a special, nondictionary sense. However, despite the difficulty that I find in adopting the Conference classification, I am adhering to it very strictly, and I do not think it necessary to abandon it until this can be done by common agreement.

Batsobelo Leper Asylum
Maseru, Basutoland.

R. C. GERMOND