

CORRESPONDENCE

This department is provided for the publication of informal communications which are of interest because they are informative or stimulating, and for the discussion of controversial matters.

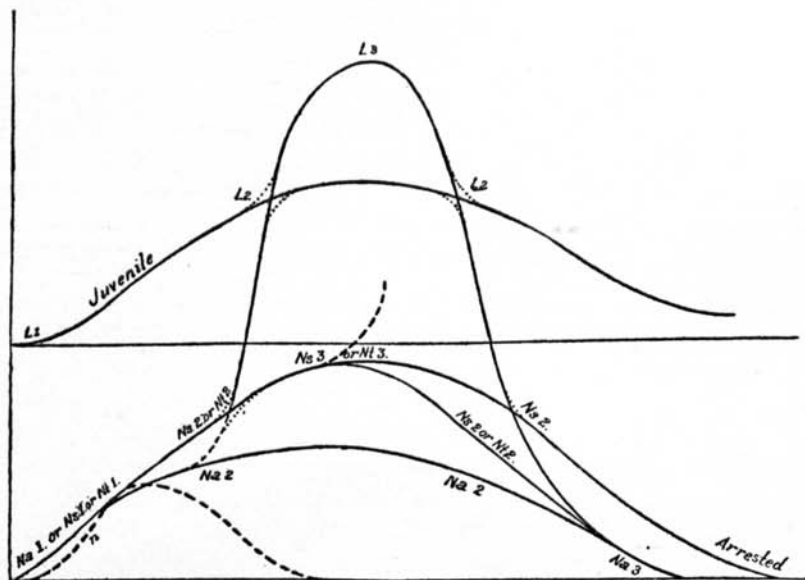
THE COURSE OF LEPROSY

TO THE EDITOR:

The article entitled "The status after five years of neural leprosy cases studied in Cebu," by Drs. J. N. Rodriguez and H. W. Wade, which was published in the third issue of *THE JOURNAL* last year [7 (1939) 309-326], is particularly interesting to me for the reason that I recorded similar observations in an article entitled "The international classification of leprosy," which was sent to the Cairo congress. Unfortunately the article was not read at that meeting, and as yet only a brief summary of it has been published [*THE JOURNAL* 6 (1938) 446]. In it I discussed the development and course of the disease and illustrated those features by curves. As it was written before the Cairo congress modified the formal classification, some of the symbols do not agree with the present official ones, but it will be found that my impressions gained from clinical observations fall in the same line as those of the article mentioned. I shall feel obliged if you will publish the following portion of my article and the accompanying diagram, in both of which the symbols have been slightly changed to make them conform with the classification of the Cairo conference.

Development and course of the disease.—A case may start with only anaesthesia (Na1) or with an anaesthetic macule (Ns or Nt) and very exceptionally with thickening of a nerve only—i.e., no anaesthesia, no macule (N). A Na1 case may gradually develop acroteric lesions (Na2) and later still there may be deformities and mutilations (Na3). Or Na1 case may subsequently develop macules (Ns or Nt). Ns2 or Nt2 case may become Ns3 or Nt3 and then develop deformities (Ns2 or Nt2a2) or, due to retrogression, the lesions may gradually fade (Ns2) and ultimately the disease may be arrested. A neural case (Na2, Ns2 or Nt2, etc.) may some time develop lepomatous lesions (L2). From L2 the case may go up to L3 or may go on a flat curve (L2-L2). A L2 or L3 case may remain so throughout his whole life with periodical decrease or increase or there may be some resolution of the lesions and the case may develop neural signs (L2-Na3). On the other hand juvenile leprosy (lepomatous leprosy among

children) usually begins with lepromatous lesions and the case may go along the flat curve or may go up to L3 and then trace the downward curve and develop acroteric lesions. These have been shown in the curves.



Leprosy Research Department
School of Tropical Medicine
Calcutta, India

S. N. CHATTERJI