EDITORIAL.

Classification is more important in leprosy than in most other diseases. For this there are two main reasons, the one prognostic and the other prophylactic. We have no specific treatment for leprosy, and yet in most endemic countries the majority of cases belong to a type of the disease which will generally recover, either spontaneously or under early effective treatment and improved conditions. On the other hand a minority of cases suffer from the more severe type which most commonly passes on to a hopeless condition associated, at least in the popular mind, with the utmost limit of mental and physical suffering. From the point of view of prognosis, therefore, accurate classification is of very serious importance.

From the prophylactic standpoint also a careful division is important, distinguishing the open infective case from the closed, as the former requires isolation and the latter does not. To a large extent, though not entirely, the prognostically and prophylactically favourable type correspond, while generally speaking the infective cases are those with unfavourable prognosis.

Earlier authorities divided leprosy into tubercular (or nodular) maculo-anaesthetic and mixed types, using a definitely clinical classification. The conference held in the Philippines in 1931 made the main division between cutaneous and neural, what might be called a topographical distinction. At the International Leprosy Congress at Cairo in 1938 the classification adopted was less consistent, as of the terms used, " lepromatous " and "neural," the former is of a structural nature and the latter topographical.

In this issue we give an abstract of a symposium and discussion held in South Amercia with a view to clarifying the position. What has come to be known as the ' South American Classification ' is an advance on that of Cairo. There is little doubt as to the typical polar forms of leprosy, called for lack of better terms ' tuberculoid ' and ' lepromatous '; but in the limbo between these polar forms the classification needs clearing up, and much hard work and discussion will be necessary before general agreement is reached.

It is gradually becoming recognised that leprosy is not the same in all places. There appear to be racial and, it may be, climatic and other conditions which modify the disease and determine the proportion of the various types and sub-types, their course of development and their reaction to treatment. For instance, the proportion of lepromatous cases is said to be much

greater among the Chinese than among the Indians in Malaya.

Dr. Cochrane's paper, while recognising the value of clinical and immunological factors in classification, gives priority to histological differences and stresses in his sub-classification the importance of such points as the clear sub-epithelial stratum, the appearances of nerves in the corium, the degree of concentration of epithelioid cells and different kinds of giant cells. All these points are of much interest and value to the expert, but are beyond the reach of those who cannot have recourse to expert histological facilities.

Dr. Davey's paper puts forward a hypothesis to explain the complex phenomena connected with tuberculoid leprous lesions, largely based on recent experimental work in tuberculosis. This is justified by the chemical similarity between the two mycobacteria. Failure so far to culture M.leprae effectively outside the human body makes it impossible to repeat in leprosy the experimental work done in connection with tuberculosis, and it is necessary to be content with analogy. Dr. Davey's theory of the delayed local formation of antibodies certainly explains to a large extent the complex and puzzling phenomena associated with the formation, growth, reaction and resolution of the various forms of lesions found in leprosy. It also gives a new explanation of the difference between the immediate and the delayed local response in the lepromin test.

CORRECTION.

In the last (April, 1946) issue of *Leprosy Review* on page 27, line 17, 'sulphurthiasol' was misprinted for 'sulphathiasol.'