

## EDITORIAL

This issue is devoted largely to descriptions of regional differences in leprosy. Such descriptions are timely, and they are worthy of careful study. The compact article by Dr. Ross on the leprosy he observed in the Owerri Province of Nigeria, and on his survey of the Gambia, is an excellent comparative study of differences which are both startling and puzzling.

So many questions have been asked us about the classification of leprosy, and so many misapprehensions have emerged on this subject, that some clarification may not be out of place. It is frequently assumed that a classification based on histology is essentially scientific—an assumption which loses sight of the fact that only an attitude of mind can be scientific. Secondly, it is not realised that the words tuberculoid, lepromatous and uncharacteristic in the S. American classification, are used in a specialised sense. "Tuberculoid" and "lepromatous" for instance are considered as histological descriptions. But the words have for many years conveyed a wealth of clinical, topographical, therapeutic and immunological implications far beyond their original microscopic meaning. They cannot now be regarded as histological. Similarly, "Uncharacteristic" in the S. American classification loses its wide English meaning, and becomes "any leprosy which deviates from two set histological structures."

Classifications fall into three categories. First there is the catalogue type of classification, whereby objects are divided by the enumeration of some characteristic which may be prominent but has no special meaning. Thus animals may be divided according to their country of origin (topographical) or diseases according to the presence of giant cells (histological). Again leprosy could be divided into the group with claw hands and the uncharacteristic group without claw hands. These are catalogue classifications. Secondly there is the applied classification—division by some feature denoting a specific purpose. Cases of leprosy can be classified as infective or non-infective for public health purposes, or as lepromin positive or negative for prognostic purposes.

The third type of classification is generic. If we examine the disease, not as an entity but as a process, we can detect in that process certain clinical and histological patterns, the gradations of which recur with sufficient frequency and recognisability as to make a predictable sequence. Such is lepromatous leprosy—not a histological picture, but a disease pattern. Such again is tuberculoid leprosy—another detectable pattern in the process—a genus of

leprosy with its own clinical, immunological, bacteriological and therapeutic implications. Until we are able to fit every type of lesion into its place as part of a recognisable sequence, it may still be necessary to use the catalogue or descriptive type of classification, possibly implemented by an applied classification.

But there would seem to be little real future for an " uncharacteristic " group whose only common qualification as a recognisable type is the possession of a histological rejection slip.