

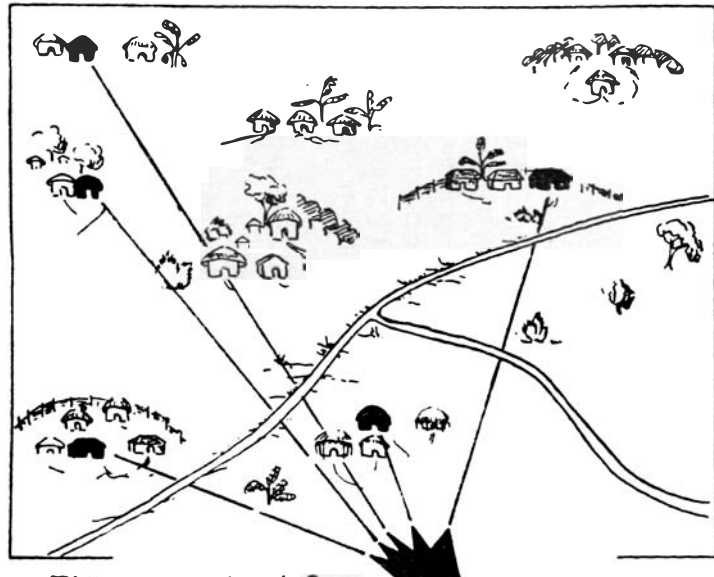
Leprosy in India. Vol. 27, No. 1 (Jan. 1955).

In Editorial Notes on classification the modified classification drawn up by the Indian Association of Leprologists for its second bi-annual meeting, to be held in Jamshedpur in March, 1955, is given. This corresponds largely with the views of Dr. Wade. Six main forms of leprosy are included: Lepromatous (L), Tuberculoid (T), Maculoanaesthetic (MA), Polyneuritic (P), Borderline (B), Indeterminate (I). These again are condensed into three main groups as follows:

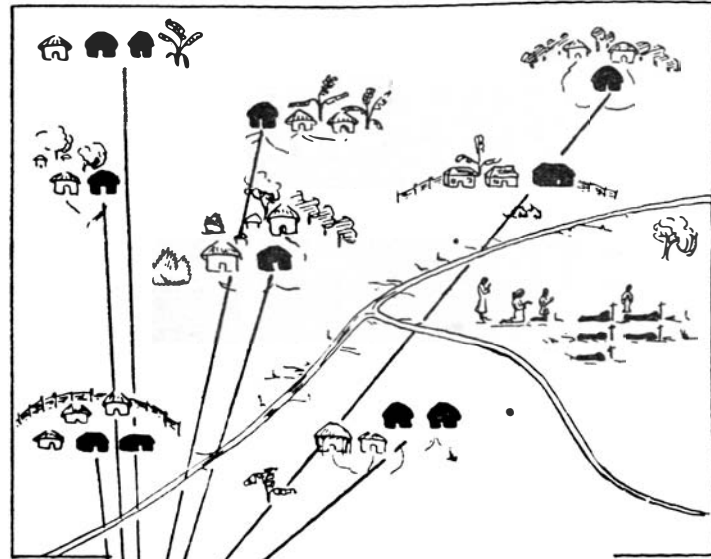
<i>Nonlepromatous</i> (N)	<i>Intermediate</i> (N/L)	<i>Lepromatous</i> (L)
Tuberculoid (T)	Borderline (B)	Lepromatous
Maculoanaesthetic (MA)	Indeterminate (I)	
Polyneuritic (P)		

The following comment is made on the classification recommended at the International Leprosy Congress in Madrid in October, 1953:

HOW MANY LEPERS IN YOUR AREA



This area had five lepers
but nothing was done.
THIS HAPPENED



The children became infected. The number
of lepers increased. Some died.



This village put its lepers in ONE PLACE
and medicine was sent every week.



The lepers were cured and returned
home and all danger disappeared.

THE MEDICINE IS READY!

WHAT ARE YOU GOING TO DO IN YOUR AREA ?

Ask your District Commissioner, Medical Officer, Health Inspector or your Chief for advice.

“ One finds that when making actual recommendations regarding primary classification it is really histopathological criterion that has carried more weight with the committee, otherwise how could one explain the recommendation of the committee to include flat hypopigmented patches generally known as ‘ simple macular ’ or ‘ maculoanaesthetic ’ under the type ‘ Tuberculoid ’ which term implies, and is usually applied to, thickened patches with varying degrees of elevation. The inclusion of the two morphologically different lesions under the term ‘ Tuberculoid ’ can be justified only when histology is considered the basis of primary classification, since low grade tuberculoid changes are generally found in a large number of these flat patches. In this respect the recommendations of the WHO Expert Committee are preferable as the ‘ simple macular ’ or ‘ maculoanaesthetic ’ cases were included under a class separate from the red, thick and elevated lesions of the Tuberculoid type.”