(4) From Dr. RAO on the Indian Classification of leprosy

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Dear Sir,

I read with interest Dr. R. CHAUSSINAND's article on 'The So-called "Maculo-anaesthetic form" of the Indian classification of Leprosy',[1] But I am amazed that he so strongly disagrees with it when he is in entire agreement with the first Expert Committee on Leprosy[2], which stated that the basic criteria of the primary classification of leprosy should be clinical and bacteriological. If, as he says, 'a scientific study of cases is made, immunological and histopathological criteria should be fully used to determine certain groups', the major classification of 'Lepromatous' and 'Tuberculoid' ought to be different, because they are essentially histopathological diagnoses even though the clinical picture in these types is definite.

It is not that the Indian leprologists alone who consider that a 'Supplemental form named maculo-anaesthetic should be introduced in the primary classification of leprosy'. Dr. WADE and Dr. COCHRANE who belong to two other different nations speak of it. There was much discussion about it (and much disagreement) at the Madrid Congress. Neither the Madrid Congress nor the Tokyo Congress could make up its mind about the 'Maculo-anaesthetic' and the 'Polyneuritic' types of the disease.[3],[4].

Again let it be noted that COCHRANE, BROWNE, RAMANUJAN, DAVEY and a lot of others have all agreed to the existence of the 'maculo-anaesthetic' group, as a distinct, well-defined clinical entity.

Dr. CHAUSSINAND has quoted DOULL as the only person who raised an objection. Actually his sentence is taken out of context. The first few lines spoken by Dr. DOULL at the same time are 'Dr. DHARMENDRA has given an exceedingly clear description of the maculo-anaesthetic group and I have no objection whatever to the terminology which is proposed'.

Dr. CHAUSSINAND can see only one difference between the maculo-anaesthetic macule and the Indeterminate macule (according to the paper of DHARMENDRA and CHATTERJEE)—one is dry and the other is not. But for me, the following things also strike as important differences.

(1) Anaesthesia is a prominent feature in the maculo-anaesthetic type, it is not so in the other.

(2) Thickening of the nerve is usually present in the maculo-anaesthetic type. It is uncommon in the other type.

(3) Bacteriological examination is usually negative.

(4) In evolution, the maculo-anaesthetic is far more stable and chronic than the unstable and fleeting indeterminate type.

(5) Histologically it is a pre-tuberculoid form whereas the changes in the indeterminate are non-specific.[5]

I am afraid that Dr. CHAUSSINAND gives another misleading argument when he says that the Indian classification consists of 'a mixture of pure indeterminate and pre-tuberculoid indeterminate cases . . . '. An indeterminate case is either pure or it is not 'indeterminate'.

Leprosy is a disease with two polar types and the spectrum in between shows definite entities whose shadows overlap this way or that way causing immense confusion unless one sticks to certain characteristic criteria. The stress should be on the different, clinically recognizable entities rather than the nomenclature according to some water-tight compartments such as immunological, histopathological etc. Let us not forget that these compartments are made by man for a better understanding of the subject. 'A rose smells as sweet by any other name'.

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References

[1]*Leprosy Review*, Vol. 34, No. 1, January 1963, 29–34.
[2]Comité Experts de la leprae 1953, 71.
[3]Leprosy in Theory and Practice, by R. G. COCHRANE (1959), 157.
[4]Second Report of Expert Committee on Leprosy, W. H. Q., 1960, 27.
[5]KHANOLKAR in "Leprosy in Theory and Practice".