

of the bacillus into nine-banded armadillos (Kirchheimer-Storrs).

Even though Shepard's model has been known since 1960, practically no antileprosy drug has been discovered through its use; and because of this it is very doubtful that such an event may happen sometime in the future.

The method of Kirchheimer-Storrs is not suitable at all as a screening method for antileprosy drugs. It is not practical, is very expensive, and it is not possible to use many animals—a condition of fundamental importance when screening methods are concerned.

Due to these facts, these two methods have been the subjects of many criticisms. We sug-

gest instead the following method: to investigate the *in vitro* antioxidant activity of biologic as well as industrial antioxidants by using as substrate, that is, the fatty material, a synthetic mixture of fats quite similar to the human subcutaneous fat of leprosy patients, or of normal persons living in countries where leprosy is highly endemic. From the most powerful antioxidants found to act upon such fats it would be advisable to test their antileprosy activity in patients.

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No Enforced Segregation in Australia

TO THE EDITOR:

I would appreciate your publishing the following in reply to the review which appeared in the Current Literature section of the IJL in Volume 46 of 1978, page 232: comments by Dr. Lechat on the article "Exorcising the Leper" which was published in the MEDICAL JOURNAL OF AUSTRALIA (2 [1977] 345-347).

The article quoted above has already been discussed and has a reply from the Director of Health, Northern Territory Division of the Australian Department of Health (Med. J. Australia 2 [1977] 652). This reply points out the inaccuracies of the original article from which Dr. Lechat quotes. Since the reply was published before Dr. Lechat's comments, it would have been preferable that he consulted the source before writing his own comment as it leaves one with the impression that segregation could still be in force in the Northern

Territory. Nothing could be further from the truth. I would like this clearly stated: **THERE IS NO ENFORCED SEGREGATION IN THE NORTHERN TERRITORY OF AUSTRALIA.**

The confusion could have arisen because I was not in Australia when the original article was published, but I wrote to Dr. Gurd, who signed the article in reply as soon as it came to my notice. I think I also sent you a copy but am not sure of this. I must point out that I am very concerned about the inaccuracy of the original article and I am sure, knowing Dr. Lechat, that he will agree with me of the importance of clearing the matter up.

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Features of Ridley-Jopling Classification and Its Application in the Clinical Field

TO THE EDITOR:

I would like to draw attention to certain features of the Ridley-Jopling classification and its application in the clinical field. Originally the Ridley-Jopling system of classification (1966) was based on histopathologic

findings of biopsy specimens from different types of leprosy lesions. However it might better be called a slide classification of a particular biopsy section and varies from biopsy to biopsy with respect to histologic features of BB, BT or BL. Borderline leprosy presents varied and pleomorphic clinical as well as