

CORRESPONDENCE

This department is provided for the publication of informal communications which are of interest because they are informative or stimulating, and for the discussion of controversial matters.

REGIONAL DIFFERENTIATION OF ALOPECIA OF THE EYEBROWS IN LEPROMATOUS LEPROSY

(Continued)

TO THE EDITOR:

I have read with great interest the inquiry on "regional differentiation in alopecia of the eyebrows in lepromatous leprosy" in the first issue of THE JOURNAL for 1957 (symposium, pp. 56-58; editorial, pp. 53-55). I think that I can give you certain suggestions about the matter.

In many skin diseases of the face the lateral or temporal portions of the eyebrows are thinner than the median parts. I first learned this when, after the war, I made examinations for stigmata in diseases of metabolism.

Later I had the opportunity to see three brothers with ectodermal dysplasia [*Hautarzt* 5 (1954) 351-357], and two sisters with a new syndrome complex [*Ibid.* 7 (1956) 105-113]. All these cases, and many other similar ones, showed the interesting symptom of Hertoghe, the "*signe de sourcil*" (eyebrow sign). The eyebrows laterally are thinner and less pigmented than medially. All cases with these symptoms should go in the great group of "multiple *Abartungen*" (multiple degenerations) of von Pfaundler. The cause of these dysplasias must be sought in a disturbance in the embryologic development, and I remember new investigations in the pathology of this matter. Therefore, I think that the way of explanation of J. E. Kindred is the best one to throw light on the problem, although he does not succeed.

In our region, in Köln, the same problem has been seen, and G. Polemann, with L. Peltzer, made a study of "The eyebrow sign of Hertoghe, a symptom influenced by the endocrine and autonomic nervous systems," [*Medizinische* (1952) 856-860], which gives a little more information about this problem. There are illustrations which show well lateral thinning in endogenous eczema and certain other conditions. In 1895, Hertoghe called attention to this symptom in hypothyroidism. Hypofunction of the gonads, and thallium poisoning, have also been observed to have the same effect (Buschke). According to M. Clara, the area of innervation of the trigemminus is divided by Sölder's lines. The line between the second and third segments goes through the eyebrows. This line-system agrees with many clinical cases, as erythematodes, eczema, urticaria, and on the other hand with my *zentrale Gesichtsblässe* (central face pallor) and the "vegetative mask of the face" (redness of the face).

Now we have the directive influence of the vegetative nervous system, which also can be subject to the influence of hormones.

I think I give you new names for a new-old symptom. It will be seen that the question about this eyebrow symptom is not a problem for leprology alone, but for dermatology in general.

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—GEORG KLINGMÜLLER

TO THE EDITOR:

I wonder if any further light on the very interesting question discussed in the editorial and symposium of the first issue of THE JOURNAL for 1957, as to why the lateral portion of the eyebrows is the first to be affected by lepromatous alopecia, may be shed by recording the observation that, among the Bantu people of Tanganyika, the medial portion of the eyebrow is the first to grow again when lepromatous leprosy is approaching complete resolution under sulfone therapy?

It has also been observed that alopecia of the eyebrows is a relatively late sign among these people, occurring usually only after a lepra reaction. This observation is consistent with the hypothesis that the cause of the alopecia is neurotrophic.

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