CORRESPONDENCE

This department is provided for the publication of informal communications which are of interest, whether because they are informative or are suggestive and stimulating; to serve as an open forum for discussions of matters brought up by readers.

THE ABORTIVE CASE

To the EDITOR:

I have recently returned to Anvers after spending a year at Pawa, Belgian Congo, where I remained most of the time except for two months in Urundi. We have built at Pawa a little laboratory and a little dispensary for lepers. Many cases (about 500) are under observation but more are left outside. We have engaged a young doctor who will stay there for three years. For prophylaxis we are trying to get all the lepers isolated (not very strictly, however), in native villages. Some officials advocate strict segregation for skin cases with many bacilli.

I should like to get opinions on a question concerning early diagnosis. In 1931 one of our people (not a doctor) made a leprosy census of our "chefferie" and found 11 per cent of the people affected. Three years later, in 1934, I had an opportunity to reexamine many of these supposed lepers and in many of them found no symptom of the disease; in more I found just the same little macule that had been noticed in 1931, without any other sign. For instance, in one of the "capita" I saw 80 of these people; in 33 there were no symptoms visible; in 36 there had been no change, the lesions being very small macules, usually single; only 11 had definite or probable evidences of leprosy.

There are two hypotheses. One is that the diagnoses made in 1931 were erroneous, but if this was so I have no other diagnosis for these little macules. The other is that they are cases of leprosy that did not progress. But is it possible that so large a proportion of cases should remain stationary?

Light anesthesia was not present, and the microscopic examination was negative in most cases. The histamine test is not useful

on black skin. So far we have not taken all these cases to be leprosy, and have put them on a list for special observation. I should like to get opinions on this point, and information on the difficult question of the early diagnosis of leprosy.

If any people working in leprosy should travel in that part of Africa they would be welcomed in Pawa. Pawa is only two days by car from Juba on the Imperial Airways line, through Watsa, Gombari and Wamba or through Niangara.

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Comment by Dr. R. G. Cochrane, London:

Dr. Dubois' inquiry concerning the diagnosis of certain lesions which he has observed in Central Africa is of extreme interest. The signs which are mentioned appear to indicate that these are very early lesions of leprosy, of the nature of small hypopigmented macules. It is particularly noted that they are not anesthetic, and usually are single. I think that if Dr. Dubois had tested carefully for the loss of heat sense he would probably have found that this had become impaired. It is interesting that in some of the cases no change had taken place during the three years which elapsed between the time the macules were first seen and his subsequent examination. This indicates that these lesions were probably abortive.

I believe that the general statement made in textbooks with regard to anesthesia is not applicable to these early macules. The great majority of them do not show any loss of touch sense, and they are rather small, with a rough surface. They are quite definite, both when the patient is standing in the sun and in the shade; in fact they are perhaps a little more definite in the shade.

While I believe that the early macules of leprosy can be diagnosed with some certainty, they are nevertheless very liable to be confused with other conditions, the chief of which are hypopigmented spots due to impetigo, and various types of birth-marks. In the former there is usually seen a hyperpigmented periphery, and in the latter the macule is larger and the surface smooth. Both of these conditions have an appearance which is difficult to describe, but which is distinctive from lesions of early leprosy.

I have no doubt that the right course to pursue, when lesions such as Dr. Dubois describes are discovered, is to keep the individuals under observation but not to treat them. However, we have no information as to the percentage of such cases that do become abortive, and I think Dr. Dubois should watch these over a period of years. Thus he may be able to add to our knowledge of these lesions.

Comment by Dr. José Rodriguez, Cebu, Philippine Islands:

Two questions are raised by Dr. Dubois' inquiry regarding his interesting cases. These are: (1) Are the "little macules" due to leprosy? (2) Is it

possible for the macules of leprosy to remain stationary for a period of three years?

With regard to the first of these questions, it is regretted that the data given is not sufficient even to hazard a tentative diagnosis. There is no indication suggestive of early leprosy beyond the fact that the lesions were macular. On examining the skins of dark peoples, especially those who go about with scanty clothing, one meets with numerous depigmented (i.e., hypopigmented) patches the nature of which it is often impossible to determine. Many of them are probably cases of so-called "consecutive depigmentation." In the tropics many superficial dermatoses, such as those due to streptococcus (pityriasis simplex of Darier), or to yeast-like organisms, or to more complex fungi often produce long standing hypopigmentations which may persist even after cure of the original condition. In some cases there seems to be actual injury to the pigment-forming function of the skin, with consequent depigmented areas that are more or less permanent. This effect is supposed to be due to the action of the actinic rays of the sun on skin which in some way has been sensitized by the infection. We have also seen, on the bodies of fishermen exposed to the sun without clothing, peculiar small vitiligoid lesions the size of a grain of corn which seem to arise spontaneously.

It is often impossible to distinguish these "secondary" hypopigmented areas from the macules of leprosy unless there is anesthesia or thickening of the cutaneous nerves, or unless biopsy is performed. After reaching a certain size, however, the leprous macules can usually be distinguished, for they have a characteristic appearance. Unfortunately, the ability to distinguish them comes only after seeing many cases, and in our experience it cannot be acquired from reading descriptions of them. In my opinion the best thing that could be done with the cases of Dubois would be to secure biopsies from some of them and send the specimens to some worker who is thoroughly familiar with the pathology of the leprides. Another measure is to do just what Dubois is doing, namely, follow the progress of the lesions by means of careful periodical examinations.

With reference to the second question, our experience with the early macules of incipient leprosy has been that they fluctuate periodically, fading and becoming more marked, at least for a time. Some of the macules which we have observed, in which the diagnosis was confirmed by biopsy, had faded almost completely after three years even without treatment. A few have persisted unchanged for that length of time, but in these cases they usually presented an atrophic-looking appearance and on biopsy the histology was that of an ordinary superficial scar. As a general rule active macules of early leprosy may be expected to show some change, either of progression or retrogression, at least over some segment of the lesion, in a period as long as three years, and it is not common that so large a proportion of the lesions should remain unchanged as in Dubois' cases.

To the EDITOR:

I have been much interested in the "abortive" case, concerning which Cochrane especially has been writing of late [this JOURNAL 2 (1934) 221 and 385], but from my experience in our outpatient leprosy clinics here I find that there are practical difficulties in applying what I understand to be his views.

For example, I have seen recently two cases which if I am not mistaken he would consider abortive. One was a school-boy with a spreading macule on his face, a faint pink area with little or no disturbance of sensation, a doubtfully enlarged posterior auricular nerve, and negative bacteriological smears. The other was a young girl with a macule just beside her mouth and another very small one under the eye. These cases may be potentially abortive, but on the other hand they may be progressive. What right in the circumstances have I to refuse treatment? I certainly cannot tell such patients that they have leprosy but do not need treatment! The boy has had intradermal and intramuscular injections, and the local condition appears to have improved. The girl has only recently come up for treatment, and I have given her intradermal injections only and told her to return once a fortnight.

More recently I have seen another case which may be more in line with what is meant by the abortive case. A man of about 60 years came up complaining of lethargy, and in the course of the examination showed a red area on the dorsum of the foot which, he said, had existed for a number of years and which showed no signs of spreading. He asked if it was leprosy. If it was, it was certainly an abortive case, but I feel decidedly uncertain about diagnosing it as leprosy. I think that it is going to take considerable experience to decide which are the cases that are abortive.

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[*Comment.*—This inquiry brings forward a question concerning which there is, certainly, need of a clear understanding, and which is discussed editorially elsewhere in this issue. With regard to the important question of treatment of these cases with slight, bacteriologically negative lesions, the view has become more or less prevalent that chaulmoogra drugs are of little value in this stage. This is based, at least in part, on the observations of Rodriguez on children born at Culion of leper parents. However, attention may be drawn to an article by Rodriguez and Plantilla, to appear in the next issue of the JOURNAL, in which they arrive at somewhat different conclusions as a result of experience at the Cebu Skin Dispensary with another class of patients.—EDITOR.]