the enzyme in *M. leprae* from the bacterial particles, by detergent-treatment, as a pure protein. The properties of 9-diphenoloxidase in the leprosy bacilli have been investigated and found to be different from tyrosinases occurring in mammalian and plant tissues. The enzyme has so far not been detected in any other mycobacteria, obtained from infected tissues of three different species of animals and from cultures.

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**An Ancient Briton Adds to the Story of Leprosy**

**To THE EDITOR:**

In the News and Notes section of the IJL (44 [1976] 387) there is information reported on the supposed discovery of a case of leprosy in a corpse found in Dorset, studied by Rachel Reader who, assisted by Dr. Jopling’s diagnosis, comes to the conclusion that leprosy appeared in England as early as 350 AD and not at a later date, as previously believed until now. We call attention to the fact that this affirmation is based upon the study of the foot bones which showed, “The phalanges of the hallux (big toe) and other toes were eroded to points in what the Americans describe, with hideous but vivid metaphor, as the ‘sucked candy syndrome,’” and that, “Even on the left foot, ocular and radiographic inspection shows distortion and erosion that can only have been caused by leprosy.” There are no references about bone lesions in the hands, skull, etc. To avoid a premature conclusion it is convenient to remember that this picture, radiologically notorious in leprosy, is also found in the disease described by the Bureau et Barrière (Presse Medicale: 64/95 [1957] 2127) as “Acropathie ulceromutilante pseudo-tyringomyeliques non familiale des membres inferieurs.” In our country this disease, if not as common as leprosy, is relatively frequent (Jonquieres, E. et al. Rev. Argent Dermatol. 46 [1962] 202). Then the “sucked candy syndrome” as exclusively seen in feet does not discard the Bureau-Barrière disease. Naturally we don’t know if this disease may have occurred as early as 350 AD!

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