

THE PRECUTANEOUS LESION OF LEPROSY

To the EDITOR:

In the past two years we have been studying clinically the various kinds of leprous skin lesions seen in South India, and have arrived at a classification which includes a form not heretofore recognized in any systematic scheme of which we are aware. That form, which may be called the "precutaneous," is of serious portent to the patient if my view of it is correct; and in any event it should be recognized and studied in order to establish positively its position in the picture of leprosy.

This kind of lesion, which Muir would possibly recognize as his "juvenile leprosy," is deceptive because few if any of the cardinal signs of the disease are present. The chief points to be noted in the diagnosis of them are as follows:

(a) They are multiple or single, hypopigmented or very slightly erythematous. The periphery is not distinct but fades imperceptibly into the surrounding normal skin, and the lesion is seen better in oblique than direct light.

(b) Sometimes there is a very slight shininess of the skin; when this appearance is definite the lesions have usually become bacteriologically positive.

(c) There is no loss of tactile, thermal or pain (pin-prick) sensation.

(d) They are usually bacteriologically negative by the standard methods of examination.

(e) There is no nerve enlargement or anesthesia of the extremities.

- (f) The leprolin test is always negative.
- (g) It practically always occurs in children under 14 years of age.
- (h) There is almost always a history of contact with an open case.

The histology of these lesions has not yet been worked out, but it is probable that at first only round-celled infiltration would be seen, and then there is probably an invasion of histiocytes of an indefinite character. When these lesions become positive the wandering cells probably take on the more typical appearance of lepra cells.

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