BRIEF REPORTS

The purpose of this department is to facilitate the reporting of interesting cases and observations that otherwise might not be recorded.

AN INFANTILE MACULAR ERUPTION

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The following case, while unfortunately indeterminate clinically, is of an interesting character.

In the Sungei Buloh Leper Settlement marriage is permitted by consent of the medical superintendent. Children born of these unions are taken from the mothers at birth. They are fed artificially for the next nine days in the Settlement wards, and on the tenth day are removed to a home at the General Hospital in the capital city of Kuala Lumpur, about 12 miles away.

Some years ago it was the practice to remove such children within twenty-four hours of birth, but the mortality rate under those conditions was so high that the present system—ten days in the settlement before removal—was inaugurated and appears to work successfully. During these ten days the amount of handling of the baby by inmate staff is reduced to a minimum, but a certain amount is inevitable.

On April 25, 1937, a male Indian child, Mohamed Ali, was born in the settlement. The father, a Mohamedan Indian, was a mild tuberculoid case; the mother had diffuse cutaneous lesions, highly positive bacteriologically. Routine smears from the baby, cord, and placenta were negative for acid-fast bacilli. Both parents gave negative Wassermann and Kahn tests.

On May 4 the child was examined and showed no skin eruption of any kind. He was then removed to Kuala Lumpur. The weight at that time was $4\frac{1}{2}$ pounds. After the transfer the child had undigested stools for a few days, and on May 25 and 28 the feces were blood-streaked.

On or about June 12, when the baby was 48 days old and weighed 5 pounds, shiny macules appeared on the back, buttocks and thigh. At first this condition was not considered of any specific

interest, but by June 23 the macules showed no sign of clearing up and the General Hospital laboratory was asked to take smears. On June 26 a smear was reported "negative but suspicious." On the following day another one was reported as showing a few leprosy bacilli.

I examined the child on the 29th. He had large serpiginious macules over the back of the trunk, left buttock and left thigh. These macules were bordered by a faintly erythematous margin. The macular areas had a shiny appearance, as of thinned out epidermis such as one often sees in early neuro-macular leprosy in a fine skin. It was—naturally—not possible to test for anesthesia in an infant of this age. I was not prepared to give a diagnosis beyond stating that it appeared certainly suggestive of neuro-macular leprosy. Had I seen such a lesion in an adult I should have diagnosed it as a leprotic macule without hesitation.

I took multiple smears of the ears, nose and lesion edges on three separate occasions during the next few days but failed to find bacilli.

On July 13 a biopsy specimen was taken from just within the edge of the lesion on the thigh. Histological results, however, were inconclusive. At this time the erythematous edge had become much less active. By the end of July the lesion was disappearing rapidly and it has since completely faded.

During the year 1937 three other similar cases have occurred in the Children's Home in Kuala Lumpur, two in Chinese children, the third in an Indian. They showed the same characteristics, macular eruptions of a few weeks duration unlike any of the skin rashes of children and with a marked resemblance to tuberculoid leprosy. The lesions were bacteriologically negative in all cases.