Case of Leprosy.

By Henry MacCormac, C.B.E., M.D.

The patient exhibited, a boy aged 9, came to England from Brazil three years ago. It is difficult to determine exactly when the disease first appeared, but lesions certainly have been noted during the last two years. The present state is as follows:—There are numerous pigmentary patches of varying colour and dimensions, on the arms, legs, and trunk, the larger of a deep brown colour with a slight degree of desquamation, the smaller of a lighter fawn tint, and smoother. One or two of the more deeply coloured areas have lost their central pigmentation.

In certain situations, especially the face and arms, there are small discrete nodules, some exhibiting an increased pigmentation, varying in size from that of a pin head to that of a small split pea. There is also conjunctivitis of the right eye, and a small ulcer is present on the front of the left leg. A history of bleeding of the nose can be obtained and there is now a slight nasal discharge. The lymphatic glands are enlarged and easily palpable in the groins, epitrochlear regions, and to a less degree in the posterior triangle. The superficial nerves do not show the characteristic thickening usually present in such cases. Investigation of the sensory condition of the pigmented areas reveals some degree of confusion between heat and cold and there is definite loss of the perception of touch in some situations. A slide made from the nasal discharge and suitably stained shows numerous acid-fast bacilli.

According to Rogers and Muir the incidence of leprosy in Brazil is 0·72 per thousand. From information received in a private communication, it appears that leprosy is common in Manaus, where the patient formerly lived, several hundred cases being registered.

Cutaneous Xanthosis, especially of the Palms of the Hands, in a Patient with Grave Diabetes Mellitus.

By F. Parkes Weber, M.D.

The patient, Mrs. E. T., aged 48, English, was admitted to the German Hospital on May 5, 1925, with grave diabetes mellitus and urinary acidosis, under the care of my colleague, Dr. E. Schwarz, by whose kindness I am able to show the case. She had had symptoms of diabetes mellitus for the last six months, and during the last four weeks before admission she had noticed that her hands were very yellow. The ochre-yellowness of her hands, especially of the palms, is still very striking, but not as much as it was on admission. There is likewise a (lesser) yellowish coloration of her feet (chiefly the soles) and (very slight) of the face and other parts of the skin; but there is no yellow tinge of the scleroties as there is in true jaundice. The urine is free from bilirubin and excess of urobilin and urobilinogen; and it is not specially highly coloured. The patient's blood-plasma is abnormally yellow, but gives negative direct and indirect Hjimans van den Bergh's reactions for bilirubin. The abnormal yellowness of the blood-plasma is due to excess of a lutein-pigment, which can be (and in a specimen from this patient has been) extracted with ether. The blood-plasma