can be relieved at least temporarily, without any disfiguring scar, by section of the relative chorda tympani nerve as it crosses the tympanic membrane.

It remains to be seen whether over the years the syndrome will again establish itself as a definite entity as before the operation, which would imply a regeneration of the nerve.

We thank Mr. Francis Bauer and Mr. P. E. Roland for their advice, which led to the attempted operations for relief of the condition.

REFERENCES

- Bauer, F. (1956). *Brit. med. J.*, 2, 1176.
 Roland, P. E. (1956). *Ibid.*, 2, 1176.
 Young, A. G. (1956). *Ibid.*, 2, 976.

Medical Memoranda

Hypermelanotic Rash Associated with Sulphonamide Therapy

The various skin rashes associated with sulphonamide therapy, in the production of which idiosyncrasy, allergy, and photosensitization may play a part, are well recognized (Smith, 1944; Freeman, 1944; Lawrence and Francis, 1953).

In the course of an investigation into the occurrence of a hypermelanotic macular eruption during dapsone treatment for leprosy among deeply pigmented Bantu patients in the Belgian Congo (Browne, 1959a, 1959b, 1959c)—an eruption differing from the drug-dermatitis already reported (Lowe, 1950; Barnes and Barnes, 1951; Allday and Barnes, 1951)—two cases were observed in which an identical eruption was apparently caused by sulphaguanidine and sulphathiazole.

CASE 1

A Congolese medical assistant suspected that his wife had on several occasions put poison in his food, occasioning bouts of diarrhoea and recurring crops of hypermelanotic macules; he therefore instituted proceedings for divorce.

Circumspect inquiry revealed that his suspicions were first aroused by the rash, and not so much by the diarrhoea; and further questioning elicited the information that the rash appeared for the first time after he had treated the diarrhoea with sulphaguanidine, a total dose of 20 g. spread over three days. On the last

Photograph of Case 1, showing rash on back.

day of this treatment he experienced widespread irritation, and many small bullae appeared on the skin, which, after being scratched, left a raw bleeding surface. Within a few days the bullae healed, but the skin in those areas was black in colour.

During the following months he suffered from several attacks of diarrhoea; and each attack, treated by himself (in an isolated bush dispensary) in the same way, was

followed by the same sequence: pruritus, bullae formation, hyperpigmented macules.

He had never seen such an eruption before, and jumped to the diagnosis that was, to him, the likeliest, explaining both the rash and the diarrhoea.

During the next 12 months, he had no further attacks of diarrhoea, and the macules slowly faded and almost disappeared. Conjugal harmony was restored. Then a single attack of diarrhoea, treated with 7 g. of sulphaguanidine in one day, was followed by the same sequence, and the same suspicions of his wife's murderous intentions. I saw him a few days afterwards, and took the accompanying photograph. Fortified by my personal observations in the matter of dapsone therapy, I was able to suggest the true explanation of the rash (and convince him of it) and offer counsel.

CASE 2

A Bantu woman aged 22 was given oral sulphathiazole for a pustular dermatitis of the forearms; she received 2 g. daily for three days. A week later a hyperpigmented rash appeared, first on the forearms, then on the face, trunk, and legs, but without previous bulla formation. The skin over the whole body irritated intensely. The appearance of the individual elements and the disposition of the rash were similar in all respects to the case recorded above, after the healing of the bullae.

The macules gradually faded, but were still visible six months later as vague blackish spots in the skin.

COMMENT

Neither patient at the time of the examination showed toxic signs attributable to the treatment undergone, and no history of such signs could be obtained. The urine was normal to the usual chemical and microscopical tests.

In both cases the elements of the macular eruption were widely distributed over trunk, limbs, and face, sparing the hairy scalp and the extremities. They were black or, in some lights, dark purplish black, set in a dark-brown skin.

Histological examination of similar macules associated with dapsone therapy reveals masses of a melanin-like pigment deposited in the superficial layers of the corium, both in melanophores and free. The melanocytes are apparently normal.

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REFERENCES

- Allday, E. J., and Barnes, J. (1951). *Lancet*, 2, 205.
 Barnes, J., and Barnes, E. J. (1951). *Leprosy Rev.*, 22, 54.
 Browne, S. G. (1959a). In *Leprosy in Theory and Practice*, edited by R. G. Cochrane. Wright, Bristol.
 — (1959b). *Trans. roy. Soc. trop. Med. Hyg.*, 53, 495.
 — (1959c). *Ibid.*, 53, 506.
 Freeman, H. E. (1944). *Arch. Derm. Syph. (Chicago)*, 50, 45.
 Lawrence, J. S., and Francis, J. (1953). *The Sulphonamides and Antibiotics*, 2nd ed. Lewis, London.
 Lowe, J. (1950). *Lancet*, 1, 145.
 Smith, F. C. (1944). *Sulphonamide Therapy in Medical Practice*, Davis, Philadelphia.

The teaching programme of the University of Pittsburgh School of Medicine will be strengthened this year as a result of a \$400,000 gift from the A. W. Mellon Educational and Charitable Trust. Funds from the gift will be used over an eight-year period to expand the teaching programme of the school's Department of Preventive Medicine from July 1.