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LEPRA TUBEROSA

Synonyms: Leprosy; Elephantiasis Graecorum; Leontiasis; Satyriasis.

Leprosy is a chronic infectious disease caused by *Bacillus leprae*, of which the most prominent and typical symptoms are nodular lesions in the skin and mucous membranes (*Lepra tuberosa*), and sensory and trophic disturbances due to infiltration of the peripheral nerves (*Lepra anaesthetica*). The two sets of symptoms are usually combined, though one may greatly predominate. The first skin lesions are, as a rule, coin sized or larger, dusky erythematous patches which may be either hyperesthetic or anesthetic and usually become pigmented and slightly infiltrated. They may disappear and leave leucodermic or atrophic areas or no traces at all. Often the infiltration increases until pea to nut sized, rounded, elastic nodes are formed, over which the skin is generally a little brown, shiny and anesthetic. The favorite location of the tubercles is upon the face. They occur at times upon the extensor surfaces of the knees and elbows and on the backs of the hands and feet, less often on the trunk, and are very rarely seen on the scalp, soles, palms or on the glans penis. The face generally acquires a characteristic morose, frowning expression (*Facies leonina*) from the nodular or more diffuse but uneven thickening of the eyebrows and facial folds and deepening of the natural furrows. The lips and ears are often irregularly thickened and prominent. The eyebrows and lashes and many hairs of the beard fall out. Nodules frequently lodge in the conjunctiva and spread over the cornea, causing blindness (*Pannus leprosus*). In the skin the leprous nodes may remain unchanged for an indefinite time, occasionally a few are absorbed, others ulcerate, especially those located upon the hands and feet where they are much exposed to injury. The ulceration is sometimes deep and extensive. Infiltrations are commonly present early in the disease in the mucous membrane of the

mouth and upper respiratory tract. Thickening of the vocal cords gives the voice a raucous quality. The cartilaginous nasal septum may be perforated, but the bones remain intact. The nasal discharge is a common vehicle of infection. After the disease has lasted several years the superficial nerve trunks, especially the ulnar, can be palpated greatly thickened and sometimes nodulous. The compression and destruction of nerve fibres are responsible for the production of hyperesthetic areas that later become anesthetic, and of trophic changes such as the formation of small bullae on the skin, the atrophy and contracture of the muscles of the hands and feet, and the wasting of all the tissues of the digits, so that phalanges gradually wither and disappear. Painless ulcers form spontaneously or as the result of injuries, and often increase and hasten the mutilation. In *lepra anaesthetica* the manifestations due to nerve involvement may be present many years before the development of cutaneous nodes. The average duration of life of tubercular lepers is eight to ten years, of anesthetic lepers twelve to twenty years. **DIAGNOSIS:** In the early stages the dusky, hypersensitive or numb macules are very characteristic, while advanced leprosy of either type could not possibly be mistaken for any other disease. In any doubtful case a microscopic examination of an excised nodule is conclusive. The acid fast leprosy bacilli are always present in enormous numbers. **TREATMENT:** It is doubtful whether a cure has ever been observed. The measure most likely to delay or arrest the progress of the disease is residence in a non-leprous district under hygienic conditions, which include nourishment with good food, fresh air and sunlight. Of internal remedies chaulmoogra and gurjun oils and *nux vomica* are the most approved. The ulcers should be treated upon ordinary surgical principles.