

OLAVIDE MUSEUM

## Tuberculoid Leprosy With Ulceration

Sculptor: Enrique Zofío, Clínica del Dr Olavide, Ward 5, Bed 21.  
(Olavide Museum Figure No. 154)



## Case History

The patient, R. C., was 27 years of age and a native of Seville, a tailor by trade, of lymphatic temperament and normal constitution. He reported that after having the childhood diseases he had no further health problems until the age of 19 when, after having sexual relations with an infected person, he suffered an acute attack of gonorrhea that was successfully treated, although he does not know the name of the medication he took. Subsequently, after putting his sexual health at risk a second time, he again contracted gonorrhea, and was again cured of it. The following year, he was called up for military service and sent to Puerto Rico. There, following 2 days of high fever, he found that he had nodules all over his body. He was placed on sick leave and sent to the local military hospital, where he was given cod liver oil and treated with alcoholic tincture of iodine, but to no avail, and the disease continued its course. Upon discharge from the army, he returned to his native Spain, where his condition continued to worsen. In view of this, he decided to come to Madrid for treatment at this clinic, where the wax molding was made. Since the disorder displayed the same characteristics in all the parts of the body where it was found, we will limit ourselves to describing its most representative manifestations. The dorsal surface of the left foot was covered with multilayered scabs; when they fell off, an ulcer was exposed. The radial side of the left forearm was ulcerated, and there were scabs on the back of the left hand; on the tips of the fingers, the nails had been replaced by extensive ulcers. Lesions of the same type were found on the right hand and forearm. The face was lumpy, with infarcted lymph nodes. The patient's breathing was rapid, his pulse rapid and strong, his pupils dilated and his eyes glassy, and his mind confused. In view of this clinical syndrome, the patient was treated with strong purgatives and leeches were applied around the anal opening, and he was placed on a liquid diet of clear broth and water with alcohol added as his usual drink. After 10 days, he fell into a

deep coma accompanied by crepitant rales, and his symptoms intensified, a clear sign of brain involvement. After 6 more days, when the intensity of his symptoms failed to diminish, he was prescribed 200 g of laxative infusion from the pharmacopoeia and blistering plasters on the upper and lower limbs. He was to have been bled 5 ounces, but the patient expired before the bloodletting could be performed.

## Comment

This is a complex case history presented in considerable detail. Interestingly, it contains several references to foods and diet, considered very important at that time.

The food served to patients in the Hospital de San Juan de Dios was classified in terms of rations, half rations, and restricted diet. A ration consisted of 8 ounces of meat, distributed over 2 meals; 2 fifths of a 2-pound loaf of bread, an ounce and a half of chickpeas, and another fifth of bread to be taken with soup, a clear broth in the morning and one made with salt pork and garlic at midday. A half ration included 4 ounces of rice, or 3 ounces of noodles, in the morning soup, a half pound of meat having been added to the stew pot to give it more substance.

The restricted diet consisted of 6 servings of clear broth, each of which was accompanied by 2 plain biscuits of the type known as "*bizcochos de Teruel*", distributed in the following way: at 11 in the morning and at 6 in the afternoon, which is when the other patients were fed, and the 4 remaining servings at 9 in the morning, 3 in the afternoon, 10 at night, and 4 in the morning.

In unusual cases, when doctors ordered it, patients were also given chicken stew, chicken fricassee, meatballs, roasted meat, and other foods.

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