

OLAVIDE MUSEUM

## Tuberculous Leprosy

Sculptor: Enrique Zofío. Clínica del Dr Olavide  
(Olavide Museum Figure No. 235. Hospital de San Juan de Dios, Bed No. 1)



## Case History

The patient, J. F., was married, a tinsmith by trade, a native of Somavez (Santander province), 30 years of age, and with no family history related to his present illness. He reported that in 1886 he began to notice thick lumps on his face and shortly thereafter on his hands, but since they caused him no pain and did not interfere with his work, he did not believe himself to be sick. As the months passed and the lumps did not disappear but grew larger, increasing first to the size of chickpeas and then to the size of hazelnuts, he decided to consult a doctor, who did not hesitate to diagnose his condition as leprosy and advised him to take cod liver oil. He took it for a short time and, finding that it gave him little relief, he sought admission to this hospital, as shown in the hospital records for the month of May 1890.

At present there are no significant changes in his general condition. The patient appears oriented and there is no appreciable malnourishment, but on the entire surface of his body, especially the skin of his face and hands, large blemishes or lymphatic growths can be observed. These are thick, tuberculoid, clustered together, and dark copper in color. As a result his facial muscles, especially those of the forehead, nose, and lips, are extremely bulky to the point of disfigurement, giving the patient the leonine facies characteristic of leprosy.

His hands are seriously affected, the fingers so grossly thickened that he cannot bring them together, and completely lacking in tactile sensitivity.

Given the symptoms noted and the patient's present condition, there can be no doubt that this is a case of second-stage tuberculoid leprosy. Its pathognomonic features make it easy to diagnose, and there is little possibility of cure, given the current state of medical science in this area.

## Treatment

The patient was prescribed a diet consisting of rations with ordinary wine, between 6 and 30 drops of alcoholic

tincture of iodine with meals, and iodoform ointment applied to the tubercles. When the patient's condition did not improve, this treatment plan was abandoned and replaced with 1 gram of salol in the form of 10 pills to be taken with meals, 5 in the morning and 5 in the afternoon.

After months of treatment with these pills, the patient improved. Although the tubercles did not diminish in size, they grew lighter in color and the patient's face became less lumpy. The thickness of the tubercles on his hands decreased and the patient regained some of the lost sensitivity in his fingers, which became less swollen and more flexible.

The patient developed some ulcerated tubercles in his throat which caused him to lose his voice. These disappeared thanks to cauterization with tincture of iodine and silver nitrate.

At this writing (January 1891), the patient continues to undergo treatment, and although he is improving, it is not possible to venture any kind of prognosis while strenuous efforts are still being made to resolve the problem and cure his skin lesions.

## Comment

The diagnosis of tuberculoid leprosy is surprising, since the clinical symptoms are those of lepromatous leprosy, but we should remember that at that time only Hansen's early papers in the journal *Archiv für Dermatologie und Syphilis* (Berlin) were known, the first in 1871 hypothesizing the existence of the bacillus as the causative agent, and another published in 1873 confirming its role in the disease. These papers were the subject of much controversy until the matter was settled at the Berlin Leprosy Conference of 1896.

The description of the treatment reveals an interest in new therapies. Experiments intended to "cure" leprosy were being conducted with salol (phenyl salicylate), introduced some years earlier in 1886 by M. Nencki as an antiseptic and antibacterial agent.

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