

## CORRESPONDENCE

*This department is for the publication of informal communications that are of interest because they are informative and stimulating, and for the discussion of controversial matters. The mandate of this JOURNAL is to disseminate information relating to leprosy in particular and also other mycobacterial diseases. Dissident comment or interpretation on published research is of course valid, but personality attacks on individuals would seem unnecessary. Political comments, valid or not, also are unwelcome. They might result in interference with the distribution of the JOURNAL and thus interfere with its prime purpose.*

## Early Tractata on Leprosy

## TO THE EDITOR:

Descriptions of diagnosis and treatment of leprosy, known as *elephantiasis graecorum*, were included from ancient times in volumes on general medicine or dermatology. During centuries after the Crusades, leprosy was a major health problem in Europe, and to fulfil a need, more detailed *tractata*, mostly "dissertations," were published as separate volumes.

The earliest monograph on the disease appeared in print at the oldest European medical faculty, in Montpellier, France, in the year 1620, three years after the death of the author, Johannes Varandaeus (Jean Varandel): "Tractatus de elephantiasi seu lepra." A former student of the University of Montpellier, Varandel opposed and strongly criticized the "chemical treatment" of leprosy introduced by Paracelsus and his students. Varandel advocated the use of the old Hippocratic mild therapy.

Andreas Cleyer (1634–1697), a German doctor, studied the leprosy problem in China, and published interesting case histories in several publications. His reports were richly illustrated with India ink drawings and aquarelles prepared for him by artists in China. These drawings were then transformed into copper etchings and printed during the 17th to 18th centuries to illustrate pertinent publications<sup>(3)</sup>. The originals are preserved at the Bibliotheka Jagiellonska Universitat in Krakow, Poland (Miscellanes Cleyeri, Fol. 18, 21, 22). Cleyer's publications were the first to turn the attention of European doctors to Chinese

medicine and the leprosy problem in the Far East<sup>(1, 2)</sup>.

The most comprehensive early monograph on leprosy was the opus of a Dutch doctor, Schilling, published in Leyden by Luchtmans in 1778. Written in a Vergilian Latin, rather than the often used culinari Latin, "De Lepra Commentationes" makes fascinating reading for the modern leprologist. In many aspects it is scientifically sound even in our times.

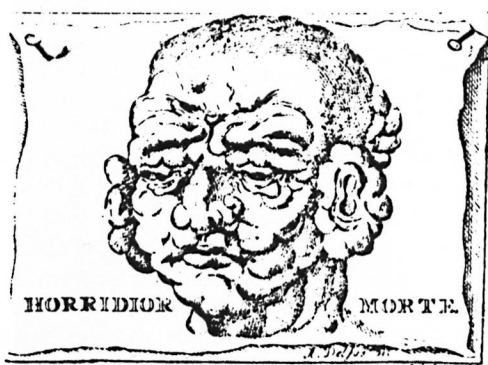
Godfridus Guilelmus Schilling was born in the second decade of the 18th century, and served in Surinam for 15 years as a medical doctor. He had a particular and enthusiastic interest in leprosy, and wrote a dissertation in Utrecht in 1769, "De lepra Surinamensi." Like Cleyer a century earlier, Schilling investigated and described the pathogenesis and the therapy of the disease.

The title page of the volume "De Lepra Commentationes" presents a copper etching as an insert depicting the face of a leprosy sufferer with giant nodules (The Fig.). The design is entitled "Horridior morte" (more terrible than death)—shocking to the modern leprologist, acceptable for the contemporary 18th century medical literature. Schilling was well informed and presented his up-to-date view on the subject. Every chapter shows that he had a great deal of experience in the field; he was not an arm-chair scientist. He was a professional investigator, an observer, a communicator, and a devoted doctor, always keeping an eye on his patients. He illustrated his book with a drawing by A. Delfos, who was probably

G. G. SCHILLINGII  
DE  
LEPRA  
COMMENTATIONES.

RECENSUIT

J. D. HAHN.



LUGDUNI BATAVORUM,  
APUD SAM. ET JOAN. LUCHTMANS,  
TRAJECTI AD RHENUM,  
APUD ABR. VAN PADDENBURG,  
MDCCLXXVIII.

THE FIGURE. Copper etching from title page of "De Lepra Commentationes."

inspired by, if indeed he did not copy, the India ink aquarelles commissioned by Cleyers in China.

Schilling writes: "Leprosy is easy to recognize and differentiate from other diseases." He points out two absolute characteristics: changes in the color of the skin and anesthetic spots at the sites of the lesions. For proper diagnosis the patient must be carefully examined "*de capite usque ad colcem*" (from head to heels). He cites the description of symptomatology given by Leviticus (XIII), Aecius, and Avicenna, as well as authors of his century.

He had no doubt that leprosy had been imported to Central America from Africa. "Climatic conditions, eating habits, but above all poor conditions of hygiene, are major contributing factors in the pathogenesis, but a 'virus' is definitely involved in

the '*Aetologia Leprae*' and in the transmission of the disease," wrote Schilling 100 years before the discovery of the leprosy bacillus.

While even in 1862 some schools advocated that leprosy was a hereditary disease, Schilling pointed out that healthy children were born from parents with leprosy. Factors involved in the transmission of the disease were discussed in detail, quoting the opinion of authorities from antiquity up to the 18th century.

He was concerned with prognostics and concluded that leprosy did not kill, and that individual strength, resistance, and fluctuations in the gravity of the disease made the prognosis a most difficult task. A critical survey of ancient and current therapeutic measures was followed by a description of the therapeutic effect of plants found in Surinam, with accurate illustrations of the parts of plants which contained active antileprotic ingredients. Considering that chaulmoogra oil was still being used a few decades ago, Schilling cannot be accused of outdated practices.

Touching indeed is his epilogue to the people of Surinam. Back in his own country, he extends greetings to the people of the colony, invokes the good Lord to liberate it from the plague and allow the burghers to live in prosperity. The epilogue is a dedication of the volume to the citizens of the colony.

Schilling certainly loved his patients, was a dedicated professional, and once departed from the colony continued to serve the people of Surinam with his pen and his devotion to the art of healing.

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**Acknowledgment.** An original volume of "De Lepra" by G. G. Schilling was a gift by O. K. Skinsnes to this author as a sign of lasting friendship. The volume is now exhibited in the museum of the Hansen Institute of the Deutsches Aussätzigen Hilfswerkin, Würzburg, Germany.

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## Photoactivated 8-Methoxypsoralen in Repigmentation of Tuberculoid Leprosy

### TO THE EDITOR:

Hypopigmentation at an over-exposed site due to tuberculoid leprosy can be cosmetically disfiguring. We wish to report a case which repigmented satisfactorily following treatment with photoactivated 8-methoxypsoralen.

A 15-year-old girl diagnosed as having a lesion of tuberculoid leprosy on the left side of her face for 2 years was treated with 100 mg of dapsone daily for 3 years. Because the hypopigmented lesion (Fig. 1) failed to

repigment, she was treated with 20 mg of 8-methoxypsoralen at 8 A.M. followed by exposure to sunlight between 10 A.M. and 10:15 A.M. daily for 6 months. The lesion showed significant repigmentation, and the borders of the lesion were less well-defined after treatment (Fig. 2).

The exact cause of hypopigmentation in leprosy remains unknown. The utilization of DOPA by *Mycobacterium leprae* leading to hypopigmentation (7) has been contradicted by others (1, 3). Correlation has been

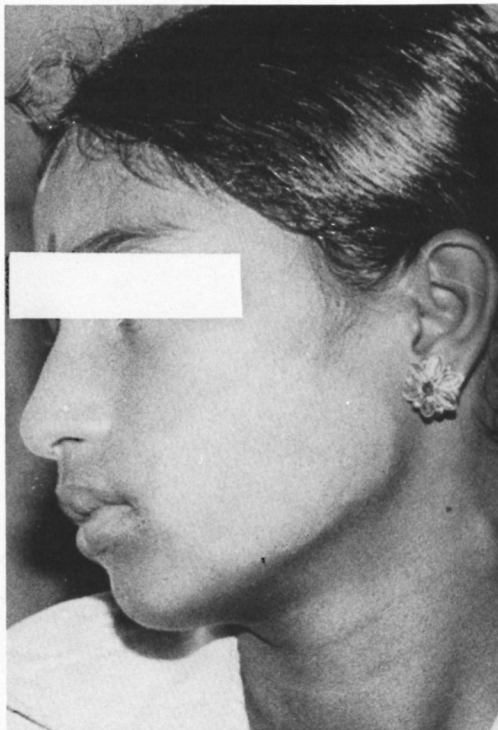


FIG. 1. Hypopigmented lesion of tuberculoid leprosy with well-defined margins.



FIG. 2. Same hypopigmented lesion showing early repigmentation; margins of lesion are ill-defined.