

len followed after 2 hr by exposure to sunlight for 15 min. She was unable to tolerate the treatment, and the treatment was changed to topical PUVASOL after 1 week. The 8-methoxypsoralen solution (0.75%) was applied topically, and she was advised to expose the lesion to sunlight for 2 min 1 hr after the topical application. The lesion was subsequently cleaned with soap and water.

The lesion showed mild repigmentation at the end of 1 month and significant repigmentation at the end of 3 months. Topical therapy was discontinued and pigmentation was seen to persist 3 months later. Unlike vitiligo where repigmentation is usually follicular, pigmentation was diffuse.

PUVA is an accepted mode of therapy in vitiligo and acts possibly by a) increasing the number of melanocytes, b) hypertrophy of melanocytes, c) increasing the arborization of dendrites, d) increasing the size of melanosomes, e) stimulating tyrosinase activity and promoting new tyrosinase formation, and f) enhanced migration of activated melanocytes from skin appendage (1). The last modality probably does not play

an important role in repigmentation of tuberculoid leprosy since the lesions show alopecia and are anhydrotic. This is also possibly the reason for the pigmentation being diffuse instead of follicular, as seen in vitiligo.

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A Family with Histoid Leprosy

TO THE EDITOR:

We recently saw a family in which eight members were suffering from histoid leprosy and two had borderline tuberculoid (BT) leprosy. The occurrence of leprosy in several members of a family is not uncommon, but involvement of many members with the same type of leprosy is not usual. Moreover in this family three generations of the same family were involved. This incited us to bring this family to the attention of our colleagues working in the field of leprosy who might encounter similar cases.

The index case, a 75-year-old male, was a known case of histoid leprosy registered with our clinic at Benghazi, Libya. He had 7 sons and 5 daughters; 1 son (37 years old) and 1 daughter (age 35) had histoid leprosy. They both came voluntarily to the clinic because of their skin lesions. The son's wife was also found to have histoid leprosy, hav-

ing been discovered on active clinical examination of the family contacts. A positive history of consanguinity was found between them, she being his first cousin's sister. The couple had 8 sons and 2 daughters; 2 sons aged 14 years and 9 years, respectively, were found to have histoid leprosy. On examination of the wife's other family contacts, one of her uncles (40 years old) was found to have histoid leprosy.

The daughter of the index case had 5 sons and 3 daughters; 1 son (age 14) had histoid leprosy, 2 daughters (18 and 10 years old, respectively) were found to have BT leprosy. The clinical findings were confirmed by histopathology.

The description of this family supports the view that heredity plays an important role in the transmission of leprosy. Occurrence of the same type of leprosy in many members of the same family leads one to

speculate that genetics is playing a significant role in the determination of the development of a particular type of leprosy in a person.

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Lupus and Lepros

TO THE EDITOR:

For many centuries skin tuberculosis has been termed lupus vulgaris. The great German pathologist Rudolf Virchow⁽⁶⁾ was intrigued by this name and established that it had appeared in the writings of the masters of the Salerno school of medicine, founded in the 10th century, and particularly in those of Roger of Salerno (ca. 1180). Nevertheless the origin of the term remained obscure.

It is generally assumed that the word *lupus* (Latin: a wolf) alludes to the tissue destruction characteristic of tuberculosis. In 1736, for example, Turner remarked that "... it is termed lupus, for that is, say some, of a ravenous nature, and like that fierce creature, not satisfy'd but with flesh"⁽⁵⁾. Paradoxically, though, lupus vulgaris is an extremely chronic affliction: the very slow progression of the destructive process is in strong contrast to the feeding habits of even the most indolent of wolves.

Could lupus, therefore, be a corruption of some other word used to describe a chronic and disfiguring skin disease? An intriguing possibility is that it originated from the same Greek word, *lepros*, from which leprosy was derived. This word originally denominated various skin diseases characterized by peeling and was used to translate the Hebrew word *Tsara'ath*. (Leprosy, as we now define it, was known by the Greeks as *Elephantiasis Graecorum*.) This, in turn, raises the possibility that the lesions termed *Tsara'ath* in the old Testament and Gospels included skin tuberculosis. At a time when tuberculosis was prevalent in cattle in Great Britain, many cases of lupus vulgaris were seen and over half were due to bovine tubercle bacilli⁽⁴⁾. There is ample evidence that cat-

tle farming was well established in ancient Israel, and it has been suggested that the "wen" of cattle (Leviticus 22:22) referred to tuberculosis⁽³⁾. (Pulmonary tuberculosis also afflicted the Israelites and was termed *Shachepheth*.) Thus, there is a strong likelihood that lupus vulgaris occurred in Israel before and during the time of Christ and that it was included in the conditions termed *Tsara'ath* and, subsequently, *lepros*. Hence the names for skin lesions due to *Mycobacterium leprae* and to *M. tuberculosis* could have a common etymological origin.

As *Tsara'ath* was amenable to healing by the laying on of hands (Luke 5:12-15), it has been suggested that the disease had a psychogenic rather than an organic cause⁽²⁾. On the other hand, it is noteworthy that scrofula, lupus vulgaris, and other nonpulmonary manifestations of tuberculosis were, for many centuries, considered curable by the touch of a reigning monarch, hence the collective epithet "King's Evil"^(1, 7). The belief that this gift was bestowed by Divine Grace, and Christ's particular directions to His followers that they should heal the victims of *Tsara'ath* (Matthew 10:8), established a further speculative link between Biblical "leprosy" and tuberculosis.

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