

*Dr. Basil Nicholson*, Senior Leprosy Officer, Western Region, Nigeria, writes from Ossiomo, Benin Province, as follows:

“Dr. R. G. Cochrane refers on page 211 of his new work ‘Leprosy in Theory and Practice’ to a condition noted by Dr. S. G. Browne in the Belgian Congo, in which numerous hyperpigmented macules were seen on the skin of patients who were receiving DDS treatment.

In Western Nigeria in the past two or three years we have seen a number of cases which correspond almost exactly to his description, and to the colour photograph shown on page 212. We call them *blue-black macules*, as they resemble stains with blue-black ink. They are flat, inert, and extremely persistent.

However, the cases which we have seen almost all have been in persons who have not been taking sulphones, but have come to us after the appearance of these macules, in the belief that they may be caused by leprosy. Dr. S. J. Healy, Area Superintendent of Ossiomo Settlement, has observed that in all such cases seen by him the patient has been in the habit of taking one of the proprietary brands of chocolate laxative which are sold widely in this area. A standard textbook of dermatology (Sequeira's, 6th Edition) describes phenolphthalein eruptions as erythematous, with a violet tint as a rule, and there may be brownish discolouration. This textbook shows a colour illustration which, allowing for the difference in skin pigment, is very similar to the colour photograph on page 212 of Dr. Cochrane's book.

We have observed many thousands of patients on sulphone treatment. I can only remember one or two who developed such macules while on treatment with DDS and in those cases there was some evidence that they had also been taking the laxatives. As this condition is by no means rare in the general community, in persons who have never taken any sulphone, I should be most reluctant to accept it as a newly discovered complication of DDS treatment.”