

'SAVE OUR SOLES', J W BRANDSMA AND J G ANDERSEN

Sir,

In this most instructive article published in *Leprosy Review* (1983; **54**, 248–52) the authors, among others, advised that fingers can also be used for scraping the soles of the feet. This advice could be dangerous, especially when the hands are anaesthetic—and this is likely in patients with anaesthetic feet. The thickened sole can be very rough, cracked and sometimes have projecting scales that cut like a sharp blade. I once saw a surgeon cut his hand sufficiently to cause it to bleed on such a thickened sole.

I would, therefore, discourage the use of the bare fingers for scraping thickened soles. It is possible to save your soles and lose your fingers!

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Errata in *Leprosy Review* Volume 55, Number 1, March 1984

We apologise for the following errors in this issue:

1 In '*The occurrence of leprosy in an eight-member family—a case report*' by Sarojini Peringali Aredath, the opening paragraphs (p. 47) should read as follows:

Case reports

1 *AL card no. SJO 7346, a female child born in 1974, hailing from Ambo, Shoa Region, was brought to ALERT hospital on 21 August 1981 with multiple shiny nodules all over the face, ears, limbs and buttocks of 2 years' duration. The lesions increased 4 months before admission. The trunk was free of lesions.*

There was no thickening of nerves or anaesthesia. A diagnosis of lepromatous leprosy of the histoid type was made. Skin smears revealed a Bacteriological Index (BI) of 4·8 and a Morphological Index (MI) of 7·8. The child was admitted and a course of rifampicin 300 mg daily for 3 weeks and dapsone (DDS) 100 mg daily was given.

2 *The father accompanying the child was examined and found to have no clinical evidence of leprosy. He was unaware of any other cases of leprosy in the family or in his neighbourhood. His present wife, who is the mother of all the children in this report, was his third. He had had children by his first and second marriages, but no medical details were available. The child described above was the third child of the third wife and he was asked to bring the others for examination, together with the wife. On a subsequent attendance, he himself was re-examined and again found to be free of clinical signs, but to have a positive smear for acid-fast bacilli (AFB) at one site, namely the forehead, where the BI was 2+; it was negative at other routine sites. This positive finding was checked carefully and confirmed, and in view of the circumstances, he was treated with DDS 100 mg daily.*

2 "*“Neural histoid.” Histoid leproma in peripheral nerve: a case report*", by K. Ramanujam, S. Arunthathi, C J G Chacko & Mary Jacob, pages 63–68, Figure 1 should have carried the symbols M=months and W=weeks, and the original magnification for Figures 4 and 5 should have been recorded as $\times 400$.

Editor.