FIELD DIAGNOSIS OF EARLY LEPROSY

Sir,

I would like to comment on Dr Smith's paper (*Lepr Rev*, 1987; **58:** 141–8) which describes the use of a questionnaire of 20 case histories. The diagnosis of leprosy is based on the presence of at least one of the three cardinal signs of anaesthesia, thickening of peripheral nerves at the sites of prediliction and the finding of acid-fast bacilli. The 20 cases reported give no details of skin-smear results and diagnoses are made in the absence of any of the cardinal signs, e.g. case history 3 and 18. I note also that the location of the hypopigmented patches influences the diagnosis in two similar cases, when lesions are on the face (case 1) the response is 'suspect' while when on the buttocks (case 18) 'affected' is comparatively prefered.

I disagree with the diagnosis in case 1, since there is a history of contact with an infectious case 'affected' would be the possible correct diagnosis. I also question the diagnoses in cases 1, 8 and 12 where the sex of the child seems to influence the decision and I would disagree with the diagnosis in cases 13 and 19 which I find confusing.

However, despite my cautionary comments I do appreciate the attention that this paper gives to this much neglected area of leprosy.

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