

## **REPLY—FIELD DIAGNOSIS OF EARLY LEPROSY**

Sir,

I have read Dr Kulkarni's comments carefully and I welcome the opportunity to reply.

I wholeheartedly agree with Dr Kulkarni that this is indeed a much neglected area in leprosy and it has thus been with some trepidation that I have attempted to tackle the subject of the field diagnosis of early leprosy.

In defence of the 'standard' diagnoses used in the case histories I would point out that the majority of the 79 field workers who completed the questionnaire agreed with the standard

responses in 17 out of the 20 cases. However, the majority need not be correct and Dr Kulkarni's reminder of the cardinal signs of leprosy is important. Yet he also from his comments seems willing to positively diagnose leprosy in the absence of any of the cardinal signs (Case 1). This raises the whole issue of the place of the cardinal signs in the diagnosis of early leprosy. It is often our least experienced leprosy staff who are left with these difficult decisions on diagnosis of early disease—attempting to get the right balance between missing true cases and overdiagnosis and overtreatment. This has also implications for the validity of regional comparisons of the prevalence of leprosy. Dr Kulkarni makes an interesting point about the factors which influence the decision, e.g. sex of the subject, history of contact, and the site of the lesion. This opens up areas for further operational research. I would be interested in hearing from anyone else who has used the 20 case histories.

W C S SMITH

*Department of Community Medicine  
Ninewells Hospital and Medical School  
Dundee, UK*