

COMMENT: VALUE OF THERMAL SENSIBILITY TESTING IN LEPROSY DIAGNOSIS IN THE FIELD—FIELD TRIAL OF A POCKET DEVICE

Sir,

We have the following comments to make on the above paper by H Srinivasan & B Stumpe (*Lepr Rev*, 1989; **60**: 317–26). Since no 'blind' was included in the study the results obtained do not have as great a credence as they might otherwise.

The trial was carried out as a multicentric one which implies, for example, that a common protocol, standardized definitions and procedures for examination were used. It is therefore surprising that the article does not explain why data from one of the six participating centres with 59 subjects could not be used.

Out of the original 319 persons included for analysis only 204 (63.9%) were examined for all sensory modalities and analysis. This means that data on more than one-third was left out, perhaps resulting in selection bias and therefore effecting the validity of the outcome. Even the original number of 319 persons proposed for the study appears to be too small to draw firm conclusions.

Because results from the individual centres are not presented in the same way it is difficult to make comparisons.

Under field conditions the groups who are difficult to diagnose are the suspect cases and those with indeterminate leprosy. Analysis of various sensory modalities individually and in combination with reference to these groups would have given more useful information of the practical application of the device and its extent.

It is a well known fact that interobserver and intraobserver variations do occur in eliciting sensory deficit in the skin on the same lesions and in the same patient. No mention is made whether these variations have been tested for and if so, the extent of variation.

We feel it to be desirable for further trials to be carried out with the proposed thermal sensibility tester in support of the conclusions drawn. We would welcome a response on the above comments from the authors.

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