

## DOES LOSS OF NERVE FUNCTION EQUAL PURE NEURITIC LEPROSY?

Sir,

When your patient is carried into the clinic semiconscious on a stretcher and you can not feel his pulse, you know *he* is in trouble: cholera? septicaemia? a haemorrhage? . . . When your patient strides into the clinic greeting you heartily, and you can not feel his pulse, you know *you* are in

trouble! Unable to feel pulses, I substituted for a while by auscultation of the heart and measuring blood pressure (one obtains much the same information with more effort). When I was unable to detect thickened nerves by palpation, I was worried. For a few days I paid close attention to my hands as I carried out daily work. I realized that everything I touched felt the same: smooth/rough, hard/soft, hot/cold, sharp/blunt. One day I spilled near-boiling water onto my own fingers and felt nothing in my burnt hand, only alarm in my mind. I had not only lost sensory discrimination but also protective sensation. This was serious, so I shared the discovery with a colleague. My attention was then drawn to the fact that my feet also had become numb.

Had I presented at an average rural clinic in this part of the world with my 'glove and stocking anaesthesia', and a history of many years' occupational exposure to leprosy, it is likely that the local Leprosy Supervisor would have labelled me as 'pure neuritic leprosy'. I would have been condemned to 24 months of MB-MDT. Being a foreigner, I went, not to the nearest clinic, but instead to the physician at our district's general hospital. After a thorough physical examination and numerous tests (including a skin smear) he was able to reassure me that it was an isolated sensory neuropathy almost certainly attributable to a medicine I had taken for unrelated reasons.\*

I was lucky that in my case the neuropathy was a reversible condition. Now that it is partly recovered, I have been forcefully reminded that different modalities of sensation can be lost and regained at different rates. Long after acquiring the ability to feel 'light touch', I am still unable to distinguish between heat and cold. I still do not know if something is sharp enough to cut my skin.

I was lucky: I already knew how to prevent injuries to my hands and feet. I was lucky too that I escaped from being registered as a leprosy patient. I have been spared the necessity of attending a leprosy clinic monthly for 2 years and the risk of side-effects from antileprosy drugs (which would not have helped my condition).

This letter is submitted in the hope that it will remind field workers to be very cautious about diagnosing anyone as 'pure neuritic leprosy' simply on the basis of loss of nerve function. It happens often in this country, probably elsewhere. The standard question for 'drug history' at a leprosy clinic (Did you ever take antileprosy medicine before?) is inadequate. We need to ask, 'Did you take any medicine for any reason?'. The standard testing for sensation in a leprosy clinic is often confined to light touch (by feather or ballpen or filament). If this is normal, we need to remember that a patient may still have impairment in other modalities of sensation. This is relevant not only at the time of diagnosis but also in deciding whether a patient has 'recovered' from an attack of neuritis.

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