

## Editor's Choice

Starting with this issue of *Leprosy Review* there will be a column from the Editor highlighting papers and articles of particular interest in the current issue. I hope it will stimulate interest and share my excitement for the papers we publish. I see this as an appetizer for the Journal, to whet your appetites for the real thing. It is not intended to be an overview, not every article can be mentioned and please don't take offence if your article isn't mentioned.

This number of *Leprosy Review* has a distinct theme of research on nerve damage in leprosy. From two centres in Nepal there are papers on new ways of measuring nerve impairment. In the first van Brakel *et al.* (pp 25–37) address the difficult problem of assessing impaired stereognosis (the capacity to recognize handheld objects by touch and feeling). You can test the importance of this function by putting your hand in your pocket right now, without stereognosis you will be unable to identify the objects in your pocket. This paper shows that there are no simple tests for this function but most patients unable to perceive a 2 gm monofilament will have loss of stereognosis. Soares *et al.* (pp 55–60) have tested a simple pinch meter made from a neonatal sphygmomanometer which can detect early motor loss at a time when there is no objective loss on VMT testing. Further testing will be needed to determine where this test can be most usefully deployed. The importance of treating nerve damage and of looking for new treatments is shown by the paper from Istanbul reporting that more than 70% of Turkish patients had eye, hand or foot disabilities. The meeting report from Karigiri (pp 50–54) stresses the need for specific objectives and strategies if control programmes are to be effective in the prevention of disabilities.

Thalidomide is the most controversial drug used in the treatment of leprosy and is unavailable in many countries although its use in severe ENL is supported by evidence from high quality randomized controlled trials. In the UK Thalidomide is prescribed on a named patient basis only and guidelines were recently produced for physicians using this drug. We have reprinted these guidelines from the *Postgraduate Medical Journal* (pp 61–66) and hope that readers will find them useful and also comment on their applicability to leprosy patients.

The importance of continuing to look for drug side-effects especially at a time when new drugs are being taken up for use in leprosy is illustrated by the paper from Karigiri (Vijaykumaran *et al.*, pp 10–15) describing definite leucopenia in two patients and a possible third case in three patients in a drug trial involving rifampicin and ofloxacin. This paper is published to highlight this possible problem and to warn other physicians to consider this possibility when patients present with unexplained fevers or infections.

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