Lepr Rev (2000) **71,** 122

Editor's Choice

This issue is bulging with interesting articles, so sit tight for a good read. The first article from the Girdhar team in Agra, India (p 144) reports on relapse rates in multibacillary patients treated with MDT either to smear negativity or for a fixed duration. Although this is not a randomized controlled trial, it has valuable data. The key finding is that if a patient has a BI ≥ 4 at the start of treatment, they are four time more likely to relapse when treated with fixed duration therapy rather than until smear negativity. I'm sure this paper will provoke considerable discussion, since it has implications for patients, clinicians and planners. It again highlights the importance of identifying patients with a high bacterial load at the start of treatment. With the abandonment of smear taking this is going to be difficult to achieve.

There is more interesting data from the Bangladesh group who have reported (p 154) on the outcome of patients who had acute nerve function impairment. One-third of nerves did not improve and 12% deteriorated despite steroid treatment. This again highlights the need for developing new treatment beyond steroids for acute nerve damage. The authors also very honestly report on the 30% of patients in their study who should have received steroid treatment but did not. Of these patients, 62% had spontaneous recovery of sensory function but only 33% had spontaneous recovery of motor function. This is a fascinating finding and should make us aware that improvements we ascribe to steroid treatment may occur anyway. It should also raise awareness that the risk/benefit ratio for treating patients with steroids may be weighted more towards risk than has previously been recognized.

Sensory testing is revisited. David Warndorff has contributed a useful description of how to do sensory testing properly in Your Questions Answered (p 219). The effect of age in sensory testing has not previously been considered. Age not only wearies, it also makes your feet less sensitive; Mitchell and Mitchell (p 169) have shown that the threshold for sensory testing in the foot increases with age. So don't be too keen to ascribe foot anaesthesia to leprosy in elderly patients.

It is a pleasure to have another review on women and leprosy. This was the other award-winning essay in last year's Lepra essay competition for medical students and looks at the problem for women with leprosy from a social and anthropological perspective. After this article you may like to turn to the article on scholarship projects in Turkey. This is heartening for it shows that female children of leprosy patients have particularly benefited from opportunities to extend their education.

We also have two papers on the trials of *Mycobacterium w* vaccine. These report in considerable detail the impact of the vaccine. Whilst the vaccine clearly speeds bacteriological clearance, there is a price to pay for this. Again, patients with an initial high BI are at significantly increased risk of having type 1 reactions and this has to balanced against the benefit of bacterial clearance.

Many people will have seen the Wellcome Trust CD-ROMs on leprosy and other tropical diseases. It is important that these new teaching materials should be evaluated and I hope that as many people as possible will apply for and complete the questionnaire about the CD-ROM.

DIANA N. J. LOCKWOOD

0305-7518/00/071122+01