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Editor's Choice

This issue opens with two complementary studies by medical students looking at sensory of the foot and the development of plantar ulcers. Mitchell tested healthy skin adjacent to ulcers to determine the level of protective sensation. In this small study, being able to perceive the 10 g monofilament protected against the development of ulceration whereas perception of a 30 g monofilament did not give protection. Feenstra *et al.* tested a larger Ethiopian group all of whom were unable to detect the 10 g monofilament. In this group, the 10 g monofilament was the most sensitive test, but only 43% of feet with this level of sensory loss developed ulcers. Other tests such as vibrometry or examination of functional anatomy were not more sensitive. The encouraging implication of this finding is that patients can protect their feet and stop ulceration. We shall soon be reporting the findings of the self care groups in Ethiopia, this being one social intervention aimed at reducing ulceration.

Meima *et al.* report on the dynamics of impairment. They have used the Eye-Hand-Foot scores to track the disability level of a cohort of patients. Being impaired at entry was the most important predictor of future impairment. In this cohort of the MB patients 56% had impairments at the start of their treatment and 43% improved or recovered whilst 13% worsened and 21% of those without impairments worsened at release from treatment. The post treatment follow-up was only 24–48 months but this and the succeeding years may be critically important, patients may still experience late reactions and they may deteriorate with secondary impairments (ulcers and tissue loss). Planning and funding services for these treated patients is a major challenge now.

Margaret Hogeweg, in her editorial on blindness in leprosy, highlights the importance of cataract and the importance of ensuring that patients are screened and referred for cataract surgery. There should be no barriers for ex-leprosy patients to receiving surgery.

After the special issue on the Leprosy Elimination campaigns [*Lepr Rev* **70**(4) Dec 1999], it is good to have some follow-up. One worry about the LECS was that the treatment completion rates would be low as the campaign enthusiasm waned. Fortunately this has not happened in Nigeria where the completion rates have been 96%, an astounding result anywhere. Defaulters remain a problem in Mozambique, as detailed by Griffiths and Ready, where the leprosy control programme is being rebuilt after the unrest. In 1993, 60% patients were defaulting, although this has now fallen to 23% defaulters tend to default early. Thus early defaulters should be focussed on rather than hoping that they will return later.

The *M. leprae* genome has now been published and to celebrate this we shall be devoting the December 2001 issue to exploring the genome and looking at the possibilities this offers to leprosy research and control.

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