CONCLUSIONS

Leprosy appears most commonly among the poorer classes with poor sanitary conditions. They usually have lived in close contact with their leper relatives or friends, the quality of their food is poor, and thus with a lowered resistance and probably some unknown element (x-factor) the spread of the disease is furthered. Neural and cutaneous types are about equal, the condition being arrested in 80 per cent. Anesthesia is present in all, and falling eyebrows is the next most common symptom. Neuritis, rheumatism and lepra reaction are the commonest complications. In treatment, 40 per cent complained of oil in the lungs during injections. Results of treatment are encouraging.

A CASE OF NEURITIS OF THE LATERAL FEMORAL NERVE

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In the April, 1934, issue of Leprosy in India there appeared an article by Sittig, of Prague, descriptive of a condition designated neuritis of the lateral femoral nerve, also called in Germany Bernhardt's disease. This article was accompanied by an editorial comment to the effect that several cases of that condition had been encountered (in Calcutta) in connection with leprosy diagnostic work and that though they had not been diagnosed as leprosy they had nevertheless caused some puzzlement. The article gave what is probably the explanation of a case which the present writer had seen from time to time for a considerable period, and which had caused him and his clinical colleagues some difficulty. It is offered as an example of a fairly closely observed case occurring in a person who should be able to observe and recount with some accuracy at least the main features of the course of events.

1 Sittig, O. Neuritis of the lateral femoral nerve. Medical Press and Circular (1933) Supplement No. 3, Neurology in General Practice; reprinted in Leprosy in India & (1934) 80; reprinted in condensed form in this issue of the Journal.
The existence of an area of hypoesthesia with paresthesia in a patient is usually considered very suspicious of leprosy, especially in one who has been or might have been exposed to the disease. In fact, so important is anesthesia (or hypoesthesia) in leprosy that such evidence would in all probability lead many physicians to make that diagnosis positively. Until recently the writer was not aware of any other condition that might give such symptoms and that should, consequently, be borne in mind in leprosy diagnosis, and the same is true of at least some of his colleagues.

CASE REPORT

The patient was a middle-aged man who had been in a rather run-down condition for some time. Having actual connection with leprosy work he was undoubtedly quick to notice in himself anything that might be considered evidence of that disease, but that he was not unduly apprehensive on that score is indicated by the fact that some months elapsed before he sought advice after the appearance of the first symptom. This was a paresthesia occurring on the anterior surface of the right thigh. The patient could not tell whether it had developed gradually or rapidly before he really noticed it, though he suspected that it came on in a fairly short time. Only a few weeks previously he had had an acute lumbar myositis for a few days, following which several chronically diseased teeth were extracted. Further, some three months after the onset of the neuritis he had an attack of acute pleuritis which, however, was of limited extent and lasted but a few days. He then took active measures to improve his general condition and thereafter continued in good health, at least as long as he was under the writer’s observation.

The paresthesia when first consciously noticed was a strong sensation described as a peculiar feeling of “coolness,” as if menthol had diffused through the clothing; but the patient had carried no menthol and the affected area only began at about the level of the lower end of the trousers pocket. From time to time he found himself rubbing the area through the clothing, thus relieving somewhat a slight tingling feeling of irritation. However, the condition was not particularly obtrusive, and on the whole little thought was given it.

Beginning a month or two after the commencement of this condition the patient had occasion to be much on his feet for more than a month, and the area in question soon began to ache daily. This began somewhat sooner each day and was intensified from day to day until at its maximum it was a distressing heavy, burning ache, rather a bruised feeling that amounted to real pain. Very shortly a similar condition of less degree developed in the same area of the left thigh, at first with something of the menthol sensation and then the dull, painful heaviness. The inclination to rub the parts vigorously was strong, but there was little impulse to scratch. The discomfort would be relieved to a considerable degree by resting, especially if the feet were elevated,
and it would subside very considerably over night. The areas affected were some-
what hyperesthetic to touch, sometimes with a little tingling, but as no effort
was made to test the area in any way the patient can give no details of this.
At this time, it seems, he deliberately avoided giving the condition serious
thought, for though he evidently had the possibility of a leprous neuritis in
mind he realized that if it were that infection there was nothing special that
could be done about it at so early a stage.

Returning to his normal, more sedentary occupation, the local condition
improved. However, his general health led him to take a few days holiday, and
then for the first time he tested, though crudely, for scrutiny of sensation. This
test he discontinued abruptly on finding that light touch could not be detected
over an area of some size, and shortly afterward he sought advice. Before he
could do this, however, he had a ten-day period of low grade fever, at the out-
set of which there was for a few days a somewhat sensitive swelling of the
axillary lymph nodes that caused considerable discomfort, and it was shortly
after this that the attack of acute pleuritis occurred.

Consultations with senior clinicians at Culion and Cebu were arranged dur-
ing the next two months. During this period there was no development of note;
the hypoesthesia remained and the paresthesia to a slight extent, most noticeable
at the inner margin of the area on the right thigh as a dull discomfort, ap-
parently difficult to characterize but described as a feeling of warmth, usually
with some pricking, and some hypoesthesia to touch, bringing to mind the
advancing margin of a neural macule. As outlined by the patient the area
on the right thigh was mostly on the anterior surface, extending backward as
described by Sittig, but also extending to the left of the midline for about
three inches. The upper end was nearly eight inches below the anterior super-
ior spine of the ilium, the lower end just above the knee. There was no visible
abnormality. Repeated examinations to determine sensory change revealed
within the affected zones several relatively small irregular areas—some on the left
but mostly on the right—that were insensitive to superficial, light touch and
also showed some disturbance of temperature perception, but no loss of sensitiv-
ity to pain. The histamine test, which is not expected to be diagnostic but
is often helpful, was applied repeatedly. The flare was found to be abolished
over the insensitive areas; a prick made just outside such an area would some-
times show the typical abrupt interference at the edge, but in other instances
the demarcation was not clear-cut. Bacteriological means were not made be-
cause of the absence of any visible change.

Diagnosis.—Unaware as we were of any other condition that might produce
just such a condition, some of us were inclined to make a tentative diagnosis of
incipient leprosy. However, chiefly because the absence of real anesthesia (pin-
prick) did not coincide with experience with incipient cases in his clinic, Dr.
Rodriguez, of Cebu, came to the conclusion that the condition was not leprosy.
This negative opinion was accepted, for it was agreed that even if it were
leprosy there was nothing special to be done in the way of treatment, since
experience with chaulmoogra treatment at such a stage did not justify advising
it. In the year and more that the patient was under observation after that there were no developments to cause disturbance. The affected area did not increase nor did the symptoms otherwise become aggravated though on the other hand they did not clear up completely, the hypoaesthesia and to some extent the marginal paresthesia persisting.

Discussion.—In its main features this condition agrees entirely with that of neuritis of the lateral femoral nerve as described by Sittig. The points of resemblance are notably the earlier sensation of coolness; the relation of the painfully aggravated state to standing and walking; the secondary importance of disturbance of sensory perception, at least as compared with leprous neuritis, which would doubtless have produced anesthesia to pain; the distribution of the disturbed area, except for the apparently unusual extension inward from the midline of the thigh, which may merely signify an abnormality of distribution of the nerve; and the absence of surface changes and of extension of the area once it became definitely established. Furthermore, the events at about the time of onset, which indicated a state of low-grade infection of some kind, are in agreement with the ideas of the etiology of the neuritis. Therefore, though it was impossible to give the patient an absolutely positive clearance in the matter, leprosy being notoriously irregular and frequently slow in its development, it seems in the highest degree probable that the condition was actually due to lateral femoral neuritis.