

ADRENOCORTICAL HORMONES IN PRACTICAL CONDITIONS

TO THE EDITOR:

In reply to your inquiry about the patients who were treated by us with ACTH (THE JOURNAL **19** (1951) 137-145), they all relapsed within short periods after the drug was discontinued. The iridocyclitis which was present in one of them, however, remained quiescent for about three months. After that the symptoms returned, but my colleagues at the leprosarium have been able to control them pretty well by instillations of a dilute solution of cortisone (i.e., the commercial solution of Cortone containing 25 mgm. per cc., diluted with 3 parts of saline). As for the Koff method of treatment which you mention, Dr. Nieves Berti and I have five cases that have responded extremely well to it, and the benefit appears to last more than a week after each injection, longer than was indicated by Koff. The method consists, as you know, of the subconjunctival injection of about 8.3 mg. of cortisone under the conjunctiva after local anesthesia (J. American Med. Assoc. **144** (1950) 1259).

There is no question in the minds of my ophthalmic friends that cortisone is revolutionizing the treatment of the acute "allergic" diseases of the eyes, and the difficulties which accompany Hansen's disease—the *acute* difficulties, that is—appear to be no exception. There is a very good review of this subject, by R. W. Smith, and E. H. Steffensen, in the *New England Journal of Medicine* (**245** (1951) Nos. 25 and 26, Dec. 20 and 27).

One more point: There have been numerous reports which indicate that in infections, and particularly in tuberculosis, although these hormones mask the symptoms, they enhance the virulence. A note of caution on this point which I wanted to add to our article reached the Publication Office too late to be included. I think one would have to be careful about administering these drugs to patients with leprosy over prolonged periods.

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