## CORRESPONDENCE

This department is provided for the publication of informal communications which are of interest because they are informative or stimulating, and for the discussion of controversial matters.

## STREPTOMYCIN IN ERYTHEMA INDURATUM LEPROSUM

TO THE EDITOR:

In my article on erythema induratum leprosum (The Journal 25 (1957) 313-322), which condition in certain respects may be regarded as arising from chronic, recurrent erythema nodosum leprosum, it was indicated that treatment was unsatisfactory but that streptomycin had given the best results during a four-month period of observation. It has been asked what has been the further experience with that drug.

Streptomycin was used under experimental conditions until the work had to be turned over to others because of my appointment to a position which prevented my further participation. However, I noticed that streptomycin was in demand for about a year after that, presumably for the treatment of such cases, after which the demand was discontinued. This is one of the major mysteries of treating leprosy cases: a line of treatment that is useful somehow gradually or suddenly loses its potency, or it works in one leprosarium and not in another one.

I have tried using both streptomycin and cortisone preparations together with the idea if the reactive condition could be suppressed for a time there might be enough curative effect from the drug during that period so that the condition would not relapse after withdrawing the corticosteroid. The results were very good in the beginning, but somehow both the patients and physicians lose their interest after it is noted that any improvement due to the cortisone stops when the drug is stopped. After an encouraging period, the streptomycin is no longer effective in controlling the reactions. The stark fact is that there is no effective line of treatment that will cut short persistent, recurrent reactions of this nature.

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