

Erythema Nodosum Leprosum

TO THE EDITOR:

Dr. Fowler believes that the figures in my recent paper entitled "The treatment of erythema nodosum leprosum with B.663" show that "there is possible evidence that B.663 has an anti-inflammatory effect." This only goes to show how difficult it is to learn anything from a clinical trial even when controls are attempted.

I am delighted to learn that Dr. Fowler still believes that B.663 in any dosage has an anti-inflammatory effect and look forward to reading the unpublished evidence he refers to and also about its use in rheumatoid arthritis and the "collagen diseases" in general. However, as Dr. Fowler is the coordinator for clinical investigations into B.663, I do hope that he will persuade

further workers to attempt controlled trials and not rely too much on a small collection of case reports such as the paper by Williams *et al.*, which he quotes. ⁽¹⁾ He will then realize that my "rigidity" in dosage is perhaps not so blameworthy as he implies, and that variation in drug dosage has no place in a controlled trial and would indeed even further confuse the problem of analysis.

To turn to a more important matter, that of the place of sulfone therapy while a patient has ENL, I believe that my figures show that ENL does not stop significantly after the cessation of sulfone. Out of 13 cases still being treated with ACTH when sulfone was stopped, Cases A-5 and C-2 needed two months' further treatment and Cases A-1, A-2 and B-3 needed 3, 4 and 6 months respectively. Eight of the 13 cases

were still being given ACTH seven or more months after the cessation of sulfones. This does not convince me that there is a *post hoc-propter hoc* relationship between the two. Indeed of the only two cases not being treated by steroids when the sulfone was stopped, one relapsed temporarily a few months later.

Authors writing about ENL tend to overlook the fact that almost all cases ultimately get better even if sulfone is continued ⁽²⁾, and are often prepared to draw conclusions from coincidentals occurring near the time of remission. It was hoped that this paper would "go some way toward encouraging studies (into ENL) of an accurate and controlled nature."

—J. H. S. PETTIT

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¹WILLIAMS, T. W., MOTT, P. D., WERILAKE, P. T., BARBA RUBIO, J., ADLER, R. C., HILL, G. L. II, PEREZ SUAREZ, G. and KNIGHT, V. Leprosy research at the National Institutes of Health: Experience with B.663 in the treatment of leprosy. *Internat. J. Leprosy* **33** (1965) 767-775. (Part 2)

²PETTIT, J. H. S. and WATERS, M. F. R. The etiology of erythema nodosum leprosum. *Internat. J. Leprosy* **35** (1967) 1-10.