

B.663 and Erythema Nodosum Leprosum

TO THE EDITOR:

I would like to consider a few points in Dr. Browne's letter. He does not tell us why he dislikes the word "controlled." The trial was certainly not under double-blind control—perhaps he would tell us how to arrange this in a drug whose high dosage pigments the skin. The following paragraphs refer to paragraphs in his letter.

(1 and 2) I believe that even a "guarded and tentative suggestion" should be logical. I do not think that the pilot trial which he mentions went on long enough. He says "some of the patients" were treated for 12 months. If my memory serves, more were treated for six months. I am not persuaded by the logic of an assumption drawn from two groups with differing lengths of treatment.

(3) Browne says his early report was concerned with the prevention of ENL. Such

success would not necessarily prove that the drug used was anti-inflammatory, but, as this claim was made, albeit tentatively, it seemed to me that the reasonable extension of this work was to use B.663 in the treatment of ENL.

(4) It is indeed unfortunate that my patient did not like to be turned red. I do not believe that I said 100 mgm. produced this effect. I am well aware that low dosage of B.663 produces satisfactory bacteriologic improvement in lepromatous leprosy.

(5) If Browne tries to reconcile two dissimilar statements he will necessarily meet with difficulties. My statement on page 12 was concerned with five cases, and that on page 15 with 15 cases. I have already pointed out in my reply to Dr. Fowler's letter that out of 13 cases receiving steroids when B.663 was started, eight still needed such hormones seven or more months later.

Maybe I am wrong in my use of the word "anti-inflammatory," but to my mind drugs like ACTH and prednisolone are anti-inflammatory. I have seen no comparable effect following the use of B.663 at a dose of 100 mgm. daily.

(6) As to the use of higher doses, I must emphasize that when a trial is started there is no place for variation in dosage. The authorities that Browne cites did not, to the best of my remembrance, even attempt a controlled study. So I do not understand how Browne can "state with assurance" that higher dosage would be successful. I am frightened by this reliance on uncontrolled investigations and can only reiterate that I hope my paper will stimulate a more scientific approach to a disease in which, in Browne's own words, patients suffer from "recurrent crops" of lesions and where there is a tendency to "subside spontaneously."

(7) On the problem of ENL and sulfones, I will say no more until experienced leprologists read the paper by Waters and myself⁽²⁾, which bases our conclusions on a larger and more representative series.

As to the rest of Browne's letter, I am afraid that I do not always follow the reasoning. Earlier he stated that he would not expect a majority of patients to improve on "inadequate amounts," i.e., 100 mgm. of B.663, but later he stated that in cases comparable to those in my paper, 100 mgm. was sufficient in some patients. I look forward to hearing more of the hitherto unpublished work of Dr. Imkamp and particularly I will be interested to learn of his methods of control.

I must perhaps make it clear that in my experience, using the dosage described, B.663 does not work convincingly. In my reply to Dr. Fowler's letter I asked for evi-

dence of the anti-inflammatory effect of B.663 in other diseases. In a personal communication Dr. Fowler stated that he has tried to get other people interested in this project without much success. Perhaps this impiles that others, like myself, are not impressed by the claims that B.663 has an anti-inflammatory effect.

Browne fears that a potentially valuable drug may fail to be investigated because of my paper. I feel that he may be safely reassured on this matter; I have personally written papers claiming success for B.663 in low doses against lepromatous leprosy⁽⁴⁾, against sulfone-resistant *M. leprae* infections⁽¹⁾, and against *M. ulcerans* infection⁽³⁾. I do not believe that my work will cause the drug to fall into disrepute.

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