CORRESPONDENCE

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

Erythema Nodosum Leprosum

TO THE EDITOR:

After I read the reply to my letter by the Doctors Karat and Job in the Correspondence Section of the July-September 1967 issue of THE JOURNAL concerning their recent report entitled "Erythema Nodosum Leprosum in Borderline Leprosy," it became clear that these authors had not *read* the report published earlier by Dr. Samuel M. Peck and myself entitled "Borderline Leprosy." Their reply merits the following pertinent remarks:

1. Their paper was *received* for publication on 15 August 1966 while ours was *accepted* (not *submitted* as they stated) for publication on 5 October 1966 (as indicated in the report). Our report, however, was *received* for publication on 24 February 1966.

2. Being primarily a morphologist, I would be the first to favor histologic documentation of ENL. Histologic *confirmation* in our case, however, was not necessary, since the clinical features were typical and diagnostic of ENL. Clinically, there was flattening of all the skin lesions, improvement in neurologic findings, and a feeling of well-being. The first neurologic examination has been detailed in our paper. We purposely avoided detailing the neurologic improvement, since it was only mild, and the only thing to be gained was more space. It is unfortunate that we as morphologists often tend to lose respect for the clinical judgment of other physicians.

3. If the clinical features of our case had been *read* by these authors, they would have realized that the three separate attacks of ENL (episodes of exacerbation to these authors, since they apparently do not wish to accept the occurrence of ENL in our case) experienced by our patient subsided while she was being maintained on the same sulfone dosage *while steroid therapy had been discontinued for some time* (a minimum of four weeks before the first attack of ENL); hence, the reactional phases were not suppressed by steroid therapy. It was only during her initial reactional phase in the hospital that the steroid therapy was utilized for suppression of her reaction.

4. Contrary to the opinions of these authors, the use of the terms *type* and *group* does not represent interesting semantic points. The essential features of the classification presented at the Leprosy Congress at Madrid in 1953 were the two polar *types* and of two *groups*. The term *type* connotes clinically and biologically stereotyped features characterized by marked stability and mutual incompatibility. The term *group* connotes less stability and less certainty with respect to evolution. There is an unfortunate tendency on the part of many medical writers and speakers to impute a perjorative connotation to semantics; one often hears the usage "mere semantics." I cannot accept this view. The precise use of words is as important in science as in literature. It is our obligation to use vocabulary to reveal truth (insofar as we perceive it) rather than to obscure it. The distinction between *type* and *group* needs to be preserved so long as precise taxonomy of the variety of lesions in leprosy remains an issue.

5. These authors have failed to answer my queries recorded in the third paragraph of my letter as published in

the Correspondence Section of THE JOURNAL (July-September 1967 issue). I would greatly appreciate an answer to the question on how they can be sure that ENL was precipitated by DDS in their patient as well as other interesting points listed in that paragraph.

Knickerbocker Hospital
70 Convent Avenue
New York, N.Y. 10027
2 November 1967

—JOHN KWITTKEN