LETTERS TO THE EDITOR

The Editor,

POSTGRADUATE MEDICAL JOURNAL,
Fellowship of Postgraduate Medicine,
60 Portland Place, London, W.1

Sir,

I read Dr. Stephen Gold's article on lupus erythematosus in the November number of your journal with much interest, but was at a loss to understand the logic contained in the last paragraph relating to the treatment of the systemic form of the disease with A.C.T.H. and cortisone.

While admitting to a striking response after their administration in the treatment of this uniformly fatal condition, Dr. Gold concludes with the statement that general opinion, including presumably his own, on the use of these substances is unfavourable, for the reasons that their effect, though profound and dramatic at first, is not permanent, inasmuch as when these drugs are withdrawn the benefit is not maintained and the condition relapses, often in a more violent form than before. He does not state, however, what effect can be expected when the A.C.T.H. or cortisone is not withdrawn.

As it is the experience of several observers, as well as that of our own, that a satisfactory remission can be maintained by continuous treatment with these hormones in a significant proportion of cases, particularly when renal damage is minimal, it is a pity that Dr. Gold has left the readers of your journal with the impression that little is to be gained from their use. Would Dr. Gold maintain that the use of insulin in diabetes, of thyroid in myxoedema or of liver extract in pernicious anaemia, is to be regarded as unfavourable, for the reason that when these therapeutic substances are withdrawn these conditions will relapse and that, at best, they should be used only during acute phases of these diseases in the hope of a natural remission?

M. M. SUZMAN, M.D., M.R.C.P.

January 9, 1952

Johannesburg.

Sir,

As yet supplies of ACTH and cortisone have been so restricted in this country that it has not been possible for patients to be controlled and then kept on regular maintenance dosage, so, from first-hand experience, it is impossible for me to disagree with the first part of Dr. Suzman's last paragraph. My own experience has been limited to five cases that I have treated personally, but I am familiar with the results obtained by colleagues in London. Experience in seeing patients who have been rendered symptom-free during administration of these substances and

then relapsed violently when our supplies have become exhausted, has convinced me that, at the moment, their use is not beneficial and, by giving relations and patients alike a wonderful though temporary relief later to be rudely shattered by relapse, is not to be recommended.

It is still doubtful whether the long-term administration of these substances will be of permanent benefit. As yet, their therapeutic action is improperly understood, but it is probable that they work, in part at least, by blocking or depressing natural body reactions; it has been suggested that they suppress normal protective mechanisms and do not antagonize the causative agents of the disease (Järvinen, 1951). The amounts of cortisone or ACTH that are administered in order to produce symptomatic relief are in excess of those naturally secreted during health and are not comparable to simple replacement therapy (e.g. insulin in diabetes) as Dr. Suzman implies, and it is even possible that they may be exerting a pharmacological rather than a physiological effect. To compare their use in this disease with insulin or thyroid as has been suggested is fallacious, for in diabetes and myxoedema administration of the necessary substances will revert all body mechanisms to normal, as can be judged subjectively and objectively by means of laboratory tests. However, patients with systemic lupus erythematosus who have been clinically controlled by the administration of cortisone still reveal a persistence of γ -globulinaemia (which I believe to be a fundamental part of the disease) and L.E. cells, though certainly reduced in number, do not disappear. This may be due to a suppression of antibody formation which has been demonstrated to occur as a result of their administration. The symptoms of the illness are thus masked, but the cause has not been attacked; the use of analgesics in a patient suffering headache due to a cerebral tumour would be a better therapeutic comparison than those suggested by Dr. Suzman.

Information from two separate sources in the United States has suggested that the long-term outlook for these patients has in no way been altered by the advent of ACTH or cortisone and for myself I feel that therapeutically they are still a 'powerful and very dangerous form of aspirin,' more useful as a research tool than as a therapeutic weapon. As an example of their danger I may mention that of my own five patients, one (on ACTH) died of a suprarenal haemorrhage, whilst another died of tuberculous meningitis—both judged to be the result of treatment.

STEPHEN GOLD, M.R.C.P.

January 23, 1952.

London, W.1.

JÄRVINEN, K. A. J. (1951), *Brit. med. J.*, II, 1377.