## SUPPLIES OF THALIDOMIDE FOR USE IN LEPROSY

Sir,

It is our understanding that Chemie Grunenthal in Germany recently stopped production of thalidomide and handed over remaining stocks to WHO for distribution. However, in a letter dated 15.7.85, Dr Noordeen has explained that WHO cannot accept responsibility for distributing the limited stocks offered by Chemie Grunenthal, mainly due to concern that WHO would not be able to exercise sufficient control over the safe use of this drug, particularly in the light of the increasing use of thalidomide in several other conditions, where severe side-effects have been reported.

We fully recognize the hazard of teratogenicity which accompanies the use of this drug, but we wish to record that in our 7-year experience with thalidomide in the treatment of type 2 reactions in lepromatous leprosy, we have found it to be extremely valuable and well tolerated. Our strong impression is that for this purpose in leprosy, it is not in fact associated with an unacceptable incidence of toxic or side-effects, a point which has recently been made in the medical press.[1] If used

[1] Thalidomide in dermatology and leprosy, Editorial, *The Lancet*, June 22, 1985.

under strictly controlled conditions, essentially in a hospital or special centre and by authorized staff, we believe this drug offers exceptional benefit to the patient with ENL.

We are currently being asked to implement multiple drug therapy for all patients with leprosy, including multibacillary cases and a steady proportion of the latter, in virtually all parts of the world, develop ENL. It is our experience that thalidomide is superior to steroids for the management of such cases and we therefore write to ask what is happening with regard to the supply of this drug to those who have to treat leprosy patients with this type of reaction? Is the matter being discussed by national or voluntary agencies, with a view to a solution?

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