and helpful citizen of this bright village nestling beneath the forest wall. Even to a visitor, who knows that he will shortly get into his car and speed away to Kuala Lumpur, a tour of the settlement is a saddening experience.

Although that is so, especially in the dormitory wards where old men and invalids unable to take care of themselves are placed, one sees happy sights as well. One is introduced to a bright-eyed boy in his teens, speaking excellent English, with the light of hope in his face. He has shown no symptoms for some time and will soon be discharged if all goes well. And there are other cases of a like nature.

If sufferers will only seek treatment as soon as the disease is discovered, before it has taken a strong grip of them, they have a real chance of recovery. And at the Sungei Buloh settlement they will be helped to fight their enemy with every possible weapon, physical, mental and moral. One can only conclude this article by saying that one has never seen the science of medicine in a more generous, humane and enlightened aspect than it presents in the new leprosy settlement of the Federated Malay States.

Treatment of Leprosy by Means of Alepol Tabloids.
A. Guthrie Badenoch & E. S. R. Alfred.

FOLLOWING a suggestion made in a letter from Dr. R. G. Cochrane to Dr. A. Neave Kingsbury, three groups of cases were chosen, as follows:—
A. On alepol tabloids alone.
B. On these tabloids in conjunction with intradermal injections of iodised esters.
C. On intradermal injections of iodised esters alone.

The course was to last six months. It was suggested that 20 to 50 cases should be selected for the experiment. Knowing how difficult it is to persuade Sungei Buloh patients to continue a course of treatment, we began with 20 cases in Group A and 16 in Group B. All these were, perforce, of CI N1 type. Previous experience of intradermal treatment had not been good, so we had to wait some weeks before we were able to form Group C, and bring B up to strength.

Burroughs Wellcome and Co. were asked for a further supply of tabloids and sent 1 × 500 on October 16th, 1931, and 2 × 500 on October 31st, 1931.
The Experiment.

The course lasted 17 weeks, including two weeks' rest from oral treatment (ninth and tenth weeks).

The dosage of Alepol tabloids was as follows:—

First week—One tabloid on Wednesday and one on Saturday (at 8 a.m.).

Second week—Two tabloids on Wednesday and Saturday (at 8 a.m. and 3 p.m.).

Third week onwards—Three tabloids on Wednesday and Saturday (2 at 8 a.m.) and one at 3 p.m.).

The morning dose was given on an empty stomach, the afternoon dose just before the evening meal.

The course was started without making use of sod. bicarb. as suggested. During the first week there were many complaints of nausea, and a draught of glucose and sod. bicarb. solution was then given with the dose. In spite of this a total of about ten dropped out at varying stages in the course, giving nausea and even vomiting as their reason for wishing to stop.

The intradermal injections (Groups B and C) were given weekly (every Wednesday) in doses up to 5 c.c. as a rule, one case receiving 10 c.c. at one dose.

The signs and symptoms of improvement (or the reverse) were taken to be:—

1. Subsidence, or disappearance of patches (extension of patches, appearance of new patches).
2. Decrease of numbness or nerve pain (increase or onset of ditto).
3. Decrease of stiffness and contractures (increase or onset of ditto).
4. Improvement in general health (deterioration of ditto).

The following table shows the results in the cases that completed the course. The observation was made one month after cessation of treatment.

<table>
<thead>
<tr>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
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<tbody>
<tr>
<td>Cases</td>
<td>Cases</td>
<td>Cases</td>
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<tr>
<td>Per cent.</td>
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<tr>
<td>Moderately improved . 1 7 5 25</td>
<td>1 10</td>
<td></td>
</tr>
<tr>
<td>Slightly improved . 7 47 10 50</td>
<td>9 90</td>
<td></td>
</tr>
<tr>
<td>No change . . 3 20 2 15 0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Worse . . . 4 27 3 15 0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total No. treated . 15 20 10</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>
Notes.
1. The 15 cases in Group A had received tabloids thus:
   - 13 × 15 weeks.
   - 1 × 14 weeks.
   - 1 × 13 weeks.
2. The 20 cases in Group B had treatment thus:
   (1) Tabloids:
   - 15 × 15 weeks.
   - 5 × 10—14 weeks.
   (2) Injections:
   - 12 × 10—13 injections.
   - 8 × 3—9 injections.
3. The 10 cases in Group C had 6—10 injections each.
4. Five cases of Group C were of type C2 and C3, the neural involvement varying. As stated, the remaining cases in the experiment were C1 N1.

Conclusions.
Group A.—1. Alepol tabloids were usually well borne and well received by patients.
   2. The impression gained was that selected cases might be given a much larger dose of Alepol tabloids. In view of the high proportion of worse cases, this treatment should not be pressed on the unwilling. Symptoms are probably a safer guide than signs in this connection.
Group B.—3. Alepol tabloids with intradermal esters appears to be a very useful treatment combination. The impression gained was that the local and general results were better here than in the other two groups, though the proportion of advanced cases in C Group must qualify this. Examination (in the course of the day’s work) subsequent to the experiment has strengthened the claims of “Group B.” It will be very interesting to know what other experimenters have found here—many of whom may have been able to match their cases more accurately and to continue the course for 6/12 months without failing in regularity.
Group C—4. In all cases the injected patches improved markedly (bearing out the conclusions of most workers elsewhere).
All Groups—5. We consider Alepol tabloids deserve a more extensive trial.