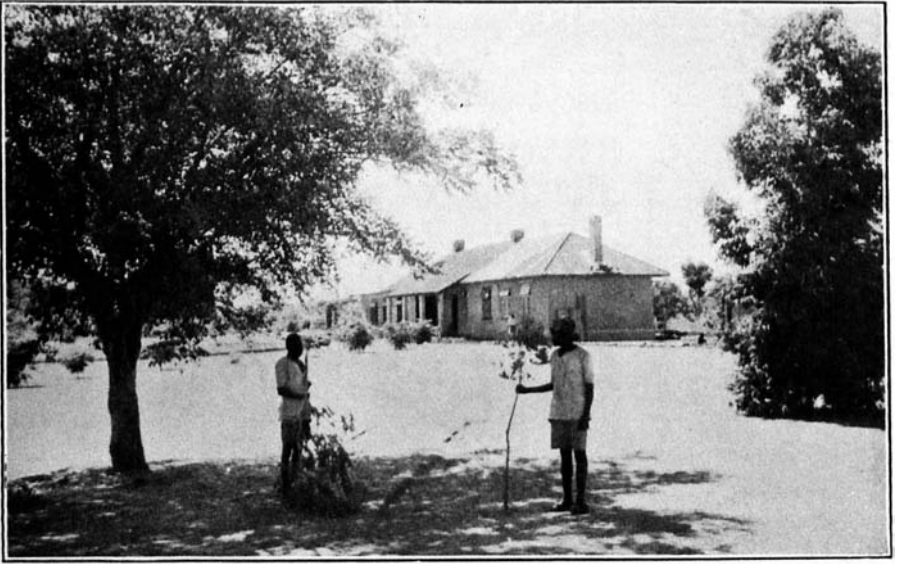


Solganol in the Treatment of Leprosy.

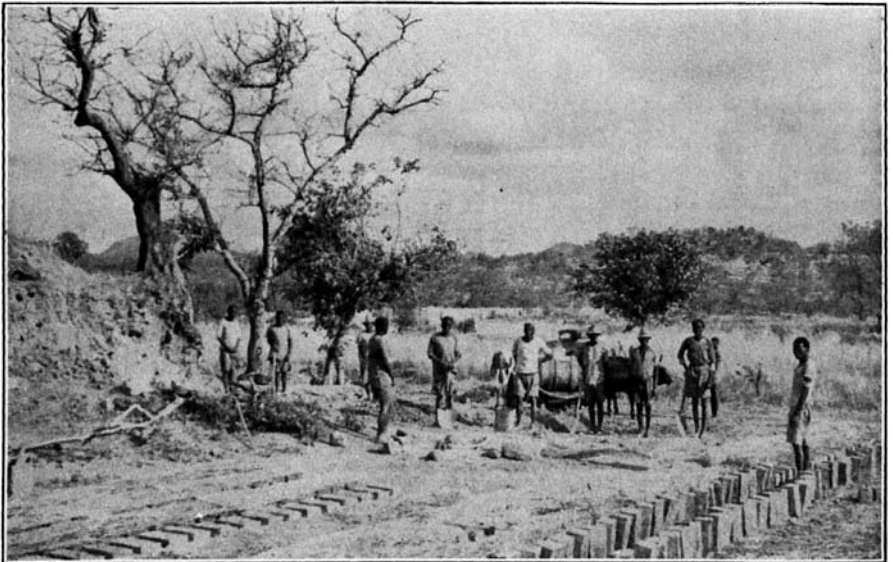
E. S. R. ALFRED.

A SUPPLY of Solganol and Solganol B, both gold preparations, manufactured by Messrs. Schering-Kahlbaum A.G., Berlin, were sent to us through Dr. R. G. Cochrane and Dr. A. N. Kingsbury, for trial at the Federal Leprosy Settlement, Sungei Buloh.

The preparations are dissolved in the solvent (normal saline for the first dose and distilled water for the others) provided by the manufacturers, and the solution injected, Solganol intravenously and Solganol B intramuscularly. The course comprised 15 doses given at intervals of a week. The dosage was as recommended by the maker, *viz.* :—



NGOMAHURU LEPROSY SETTLEMENT, S. RHODESIA.
Patients Sweeping the Hospital Compound.

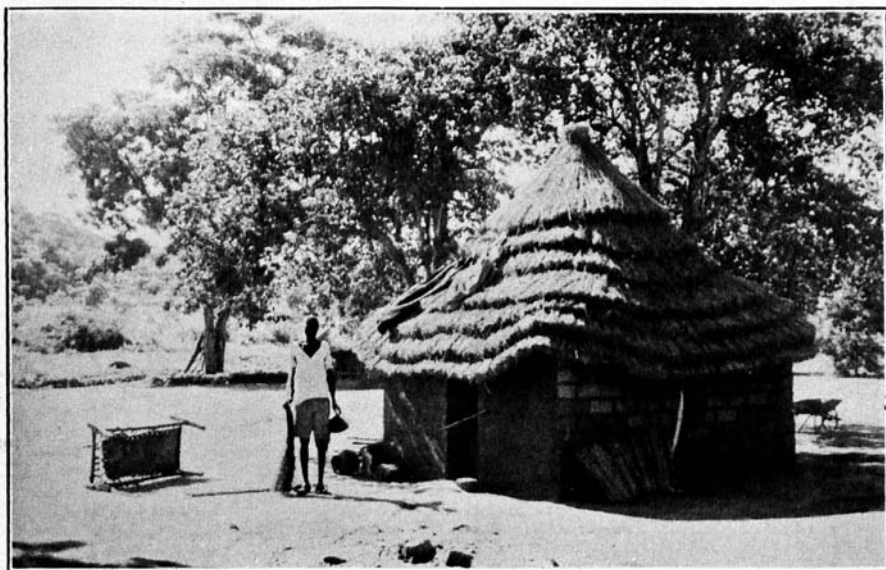


NGOMAHURU LEPROSY SETTLEMENT, S. RHODESIA.
Brick Making by Patients.



BEFORE AND AFTER APPLICATION OF TRICHLORACETIC ACID.

(Boy Gwawiya mentioned in Dr. Moiser's Article.)



NGOMAHURU LEPROSY SETTLEMENT, S. RHODESIA.

A Village Headman.

Also shows a wood and hide bed made locally by the gang of carpenters. Each patient is supplied with a bed.

	Gramme.		Gramme.
1st day	0.1	57th day	0.1
8th	0.1	64th	0.25
15th	0.1	71st	0.25
22nd	0.025	78th	0.25
29th	0.05	85th	0.5
36th	0.05	92nd	0.5
43rd	0.1	99th	0.5
50th	0.1		

The cases selected were chiefly for leprous lesions of the eye, *viz.*, iritis, corneal ulceration, phthisis oculi, etc.

The attached Table gives full details as to the type of cases, number of injections given and the amount of the drug administered and the results of the treatment.

Ten cases completed the treatment. Of the remaining five, one had repeated attacks of acute conjunctivitis, and had his treatment interrupted on this account. He eventually refused any more injections after the eleventh dose. One had increasing numbness of the lower limbs and stopped after the fourth dose. Three others stopped treatment on account of pain at the site of injections and without reason. These last four are not shown in the Table. In view of the results of Solganol treatment recently published by Dr. E. Muir,* it is of some interest to note that both the Tamil cases treated showed no improvement.

Conclusions.

1.—With the precaution of a desensitising dose in cases known to “react” readily, Solganol treatment was not found to be dangerous.

2.—So far as the eye condition is concerned, the results shown in the Table may be summarised thus: improved six, no change four, worse one.

3.—It is possible that the results are better in patients of Chinese race than in those by Indian race.

4.—The cases having been carefully chosen, there were no “reactions” or deaths as a result of treatment. This compares favourably with the results published as quoted above.

I have to thank Dr. A. G. Badenoch, Medical Superintendent, Sungei Buloh Settlements, for permission to use these cases and Dr. R. D. Fitzgerald, Acting Adviser, Medical and Health Services, Malay States, for permission to publish this report.

*Muir, E., *Leprosy in India*. Vol. IV, No. 1, January, 1932, p. 7. It should be noted that this publication was received when the above experiment was almost completed.

TABLE SHOWING RESULTS OF TREATMENT.

<i>Serial No.</i>	<i>Names of cases.</i>	<i>Sex and Age.</i>	<i>Type CN</i>	<i>No of injections and period of treatment in months.</i>	<i>Dosage range in grammes.</i>	<i>Total Dosage in grammes.</i>	<i>Original condition.</i>	<i>Results and Remarks.</i>
1	Leong Kun	M C 37	C2 N1	15-3	0.01-0.5	2.705	Chronic conjunctivitis with much pain.	Vision better. Conjunctivitis improved; generally slightly worse.
2	Chong Man	M C 59	C1 N3	15-3½	0.01-0.5	2.705	Paralysis right side of face. Corneal opacity, ectropion, iritis and scleritis.	No improvement. Symptoms just the same.
3	Muthusamy	M T 35	C1 N3	15-3	0.01-0.5	2.705	Chronic conjunctivitis with photophobia, pterygium and iridocyclitis on left side. Slight ectropion on right side.	No improvement. Now has general pain.
4	Ng Heng	M C 38	C1 N2	15-3	0.01-0.5	2.705	Chronic conjunctivitis with ectropion left side.	Vision now better. Less lachrymation.
5	Liew Wan	M C 67	C1 N1	11-3	0.01-0.25	0.995	Ectropion left side. Corneal opacity, iritis and pterygium.	Interrupted treatment on account of severe conjunctivitis.
6	Seet Cheng Swi	M C 20	C3 N1	15-4	0.01-0.5	2.705	Much lachrymation from chronic conjunctivitis.	Disappearance of lachrymation. Slight improvement.
7	Pan Choi	M C 36	C2 N1	15-3	0.01-0.5	2.705	Ectropion both sides. Chronic conjunctivitis.	Just the same.
8	Kalinakam	M T 30	C1 N2	15-3½	0.01-0.5	2.705	Chronic conjunctivitis with blephritis.	No improvement. Lachrymation as bad as ever.
9	Cheong Choon	M C 40	C1 N2	15-3½	0.01-0.5	2.705	Chronic conjunctivitis particularly on left side. Marked irido-cyclitis with pterygium on left side.	Cessation of pain in eyes, but now has numbness of hands.
10	Yap Fah	M C 46	N2	15-3½	0.01-0.5	2.705	Chronic conjunctivitis with much pain. Ectropion on both sides. Photophobia and stenosis of the lachrymal ducts.	Slight improvement. Less lachrymation.
11	Aminah binti Mangoon	F. Jav. 30	C1 N2	15-3½	0.01-0.5	2.705	Chronic conjunctivitis with much lachrymation. Slight ectropion, left side. Much pain in both eyes.	Improvement. Disappearance of lachrymation. General condition better.