

Treatment at Ngomahuru Leprosy Hospital

CONCLUSIONS AFTER FOUR YEARS WORK.

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THE excellent results of modern treatment have caused me considerable astonishment.

Whereas years ago results could only be said to be nil, at the present time I am tempted to say that all early cases are curable, and many old-standing cases also.

My work here began in April, 1929, when alepol was the routine treatment, in doses of 1 to 10 c.c. of 6% solution intramuscularly twice weekly.

It cannot be denied that some remarkable "cures" (the word is used guardedly), were effected with this drug, and it is not despised at the present time, but it has certain drawbacks. Some cases do not show any improvement under it, injections are painful, and it is very liable to cause swelling, induration, and abscesses.

To be efficient, it must be given in large doses, the 6% being the best strength, but not higher than this. Given in the more usual 3% solution, it seems to have little or no effect.

Plain esters (Bayer's Antileprol) was the next drug put under trial, and there is no doubt that it is better than alepol. It cannot be given in large doses, not more than 2 c.c., for it causes swelling and induration, but abscesses very rarely follow. The actual injection is not painful.

For a considerable time it was alternated with alepol, chiefly because of the supply being insufficient (it is very expensive), and results were very good indeed, some cases showing more marked improvement with the mixture, than with either alone. In such a chronic disease as leprosy, improvement is at all times slow, so that many months must pass before conclusions can be arrived at.

Then, iodised esters came on the scene, and were at once noticed to be painless, and free from after effects, such as swelling, induration and abscesses. They can be given in larger doses, 5 c.c. being our present maximum. The patients much prefer iodised esters to any other treatment, and so far results are most promising. All early cases react well to this treatment, and there seem to be no objections to iodised esters at all, except its price.

I hope that the Government chemist at Salisbury will be able to prepare iodised esters at a much lower cost than

we are now paying to outside chemists. There appear to be no difficulties in its preparation, the apparatus is quite simple. I prepared a little here on the spot, but lack of facilities prevented a continuance. I suggest that the ingredients be imported in bulk, and the preparation made in the well-equipped laboratories at Salisbury.

At present half the patients are being treated with plain esters and the other half with iodised esters. It is too soon yet to compare results, though it is quite plain that antileprol causes many absentees from work, whereas patients on iodised esters rarely, if ever, complain of soreness, and turn out to work regularly. It is said that iodised esters will not keep when once the bottle has been opened. This has not proved to be the case here. Bottles have been opened repeatedly till finished, without any apparent change in the preparation, and without any ill effects to the patient.

My own preference at present is for iodised esters as the best routine treatment for all cases of leprosy. It appears to be the most efficient preparation, and it is certainly the best borne by the patients.

Weekly application of trichloroacetic acid to cutaneous lesions, such as infiltrations, nodules and raised maculae is held in high esteem here. Applications are continued until the lesions have been cauterised out of existence, and it is wonderful how desirous patients are of this treatment. It is applied in strength of 1 in 1, down to 1 in 3 of water.

Patients much prefer the strongest solution, and seem quite willing to put up with the raw surfaces which result. Chaulmoogra oil is applied to such raw surfaces, and is thus brought into direct contact with the mycobacteria.

I would like to lay stress on the regular (4 times a year) examination of all patients with the microscope. Without this, it is impossible to gauge the condition of the patient, and to know when he is fit for discharge. The rule here is that patients are not discharged till they have shown continuously negative results for two years, from smears taken from various parts of the body, including enlarged gland puncture. Over 260 patients have been discharged to their homes in the four years.

The following-up of these discharged cases should be much more vigorously pursued. Native Commissioners are informed of all discharged cases, and the simplest plan would appear to be the collection of these cases in their respective headquarters twice a year for inspection by the Medical Superintendent of the Leprosy Hospital.

NGOMAHURU LEPROSY HOSPITAL.



Front of Hospital.



Medical Superintendent's House.



A Panoramic View of the Island Colony in Lake Bunyonyi.