In reaction cases in leprosy we previously used intravenous potassium antimony tartrate in a dose of 2 ml. of a 2% solution, in conjunction with 10 ml. of 10% calcium gluconate solution. The course consisted of 6 injections usually and 1 injection of calcium gluconate was given on alternate days. We have also used intravenous mercuric chromate, 2 ml. of a 1% solution. Neither of these two therapies gave good results in some cases, and in such cases the reaction could not be arrested. There is also the trouble that if a single drop of potassium antimony tartrate solution escapes into the subcutaneous tissues there is severe pain and swelling. In those cases where the intravenous injections were ineffective, we tried oral capsules of Chloromycetin and the results were good. We then continued with Chloromycetin alone, and the reaction ceased within a few days. Here follow case reports of our experience with Chloromycetin.

Case No. 1. Lachi Debi, F., 25 years. An L1 case, with smears from ears 2+. On 15.11.59 she was admitted to the ward with a temperature of 102°F. (39.9°C.), also pain the whole body, headache and slight cough. This was all due to lepra reaction. We gave an injection I.V. of 2 ml. PAT, with 10 ml. of 10% calcium gluconate 5%. On 16.11.59 the temperature was 102°F. (38.4°C.), and calcium gluconate I.V. was given. On 17.11.59 the temperature was 103°F. (39.4°C.), and on 18.11.59 the temperature was 104°F. (40°C.). On 19.11.59 the temperature was 102°F. (38.9°C.). On 20.11.59 the temperature was 101°F. (38.3°C.). On 21.11.59 the temperature was 100°F. (37.8°C.). On 22.11.59 the temperature was 99°F. (37.2°C.). On 23.11.59 the temperature was 98°F. (36.7°C.). On 24.11.59 the temperature was 96°F. (36°C.), and body pain and headache had gone. We kept on the Chloromycetin for 2 more days, the reaction ceased and the general condition of the patient improved.

Case No. 2. Thakur, M., 19 years. An L2 case, with bacteriological index 1+ to 2+. On 13.11.59 she was admitted to the ward with a temperature of 100°F. (37.8°C.), pain in the joints, and crops of new patches appearing. PAT and calcium gluconate I.V. on 17.11.59 when her temperature was 103°F. (39.4°C.). On 18.11.59 her temperature was 103.8°F. (39.8°C.). On 21.11.59 she was given PAT and calcium gluconate I.V. once more with no effect. Chloromycetin was given 1 capsule twice daily from 23.11.59 and on the next day, 24th, her temperature descended to 96°F. (36.6°C.). She had no more joint pain. Chloromycetin was continued for 3 days.

Case No. 3. Daud Munna, male, aged 32 years. An La case with bacteriological index 3+ to 4+. He was admitted on 28.11.59 with a temperature of 101°F. (38°C.), headache, joint pains and new nodules. Chloromycetin was given, 1 capsule twice daily. On 29.11.59 his temperature was 99°F. (37.2°C.), and on 30.11.59 it was 97.4°F. (36.3°C.). Joint pain and headache disappeared and the reaction subsided. We continued Chloromycetin until 2.12.59.

Case No. 4. Robi Rams, male, aged 45 years, an La case, with bacteriological index 2+ to 4+. He was admitted on 15.6.60 with a temperature of 101.6°F. (38.7°C.), headache, body pain, and new nodules. He was given PAT and calcium gluconate I.V., but the reaction did not yield, and the temperature kept at 101°F. (38.3°C. to 39.4°C.). Chloromycetin was given 1 capsule twice daily, and the next day the temperature fell to 98°F. (36.7°C.).
and on 1.7.60 to 97.8°F (36.6°C). He had headache, bodyache and joint pains, and was given PAT and calcium gluconate injections, but nodules, headache, and body ache appeared and a state of lepra reaction supervened. On 13.7.60 he was warded with swollen face and ankles and his temperature was 100.4°F (38.0°C), the next day 98°F (36.9°C), and then normal, and the reaction and its symptoms and signs disappeared. A culture of his lesion was taken, and the bacterial index rose to 3 + , and the temperature was 100°F (37.8°C). The relapse occurred when Chloromycetin was given, 1 capsule twice daily for 5 days.

Case No. 5. Same as Case No. 4, except, aged 30 years. On 28.10.60, when new nodules appeared, and the temperature rose to 100°F (37.8°C). We gave Chloromycetin, 1 capsule twice daily for 6 days, and the swelling subsided and the reaction ceased.

Case No. 6. Same as Case No. 5, except, aged 30 years, a borderline case (B). On 15.10.60 his temperature was 102.4°F (39.1°C). When Chloromycetin was given, 1 capsule twice daily for 7 days, the reaction ceased. His eye condition improved.

Case No. 7. Female, aged 30 years, with bacterial index 1 to 4. He was warded with widespread body, ears and tonsil reaction, and gave PAT and calcium gluconate reactions, new formations, and both Chloromycetin 1 capsule twice daily for 6 days. The temperature became normal and the reaction subsided, but the ulcers were slow to heal.

Case No. 8. Same as Case No. 6, except, aged 30 years, a borderline case (B). On 10.10.60, his temperature was 100°F (37.8°C), with a pancytopenia. We gave Chloromycetin, 1 capsule twice daily for 6 days, and the temperature became normal in 4 days. The reaction had subsided in 9 days, but the ulcers remained thickened and painful. The throat ulcers healed.

Case No. 9. Same as Case No. 8, except, aged 30 years, with joint pains. He had a reaction without fever and pain, but swelling of his legs, headache, body and joint pains. We gave Chloromycetin capsules 1 capsule twice daily for 9 days. The patches and the swelling subsided completely.

Case No. 10. Same as Case No. 9, except, aged 30 years, a borderline case (B). On 12.10.60, his temperature was 100°F (37.8°C). We gave Chloromycetin, 1 capsule twice daily for 7 days, and kept up for 6 days. The patches and the swelling subsided completely.

Case No. 11. Same as Case No. 10, except, aged 25 years, a male, with bacterial index 1 to 4. On 18.10.60 he had a temperature of 98°F (37.2°C) with headache, and pain over the whole body and was warded and given Chloromycetin 1 capsule twice daily for 7 days, and kept up for 7 days. The temperature became normal in 5 days. In 7 days the reaction ceased. His eye condition improved.

Case No. 12. Same as Case No. 11, except, aged 32 years. On 21.11.60 his temperature was 100°F (37.8°C), ulcers appeared on his face and ear lobes, swelling of his face, hands, body and joints. We gave Chloromycetin 1 capsule twice daily for 7 days, and in 7 days his temperature was normal, and the reaction had subsided completely.

Case No. 13. Same as Case No. 12, except, aged 20 years, a male, with bacterial index 1 to 4. On 23.11.60 he had a temperature of 100°F (37.8°C). New nodules appeared, he had chills, his face and thickened ulnar nerves, hands, and body and joint pains. We gave Chloromycetin 1 capsule twice daily for 7 days and the reaction and symptoms subsided completely.

Case No. 14. Same as Case No. 13, except, aged 20 years, a male, with bacterial index 1 to 4. On 25.11.60 he had a temperature of 102°F (38.9°C). New nodules appeared, he had chills, thickened ulnar nerves, hands, and body and joint pains. We gave Chloromycetin 1 capsule twice daily for 7 days, the reaction and symptoms subsided and the temperature became normal in 5 days. In 7 days the reaction ceased. His eye condition improved.
Case No. 15. Khanum, male, aged 32 years, an L. case, with bacterial index 3+ wounds, lymph nodes, body pain, and conjunctivitis. On 19.11.60 his temperature was 99.6 °F. (37.6 °C.). We gave Chloromycetin I capsule twice daily for 6 days. The reaction ceased and the eye condition improved.

Case No. 16. Jon GBIR, male, aged 35 years, a T. case. He had double conjunctivitis and corneal ulcer and we gave sulphathiazole, and penicillin injection, with a daily eye lotion of normal saline, and the application of penicillin eye ointment. Protargol 5% also was tried, but his condition did not improve. Then we gave Chloromycetin I capsule twice daily for 5 days and his eyes improved.

Case No. 17. Geera, male, aged 35 years, an L3 case who also had cavitory pulmonary tuberculosis. He had fever, nodules, joint pains and swellings, and a corneal ulcer. We gave Chloromycetin I capsule twice daily for 6 days, and the fever and reaction ceased, nodules and joint pains and swelling diminished, and eye condition improved.

Conclusions

We found that Chloromycetin acts upon all types of leprosy reactions. It has a definite beneficial effect on nerve pares, thickening of nerves, eye conditions, and ulcers, when these form a part of lepra reactions. Chloromycetin seems to us to be quicker and more effective than injections of potassium antimony tartrate or mercuriochrome, and its mode of administration is easy (1 capsule of 250 mg. given by mouth twice daily for 6 days, more or less).

Acknowledgement

I wish to thank Rev. G. Fossland, Supt. of Santipura Leprosy Hospital, Miss B. A. Jorgensen, Miss Lucile Fricson, and hospital staff who were very helpful to me.