

Report of the Hon. Medical Secretary.

At the Annual Meeting of the General Committee of the Association, on February the 24th, 1928, Sir Leonard Rogers presented the following Report :—

The past year, the fourth of the active work of our Association, has been one of remarkable progress in several directions. In the first place it has witnessed the interesting tour of our Secretary, Mr. Oldrieve, from Cairo to the Cape, through the whole of British East and South Africa, which completes his visits of the last three years to nearly all the leprosy ridden portions of our Empire, except Oceania. As the result, we are now in touch with 62 medical men and women, many of them missionaries, who are actively engaged in treating some of the 158,000 lepers in our African possessions, and during last year we gave grants for hutting accommodation for leper patients and other buildings to twenty-five centres, including eight out-stations in Uganda. We have also distributed over 100,000 doses of our improved preparation, Alepol, of which I shall speak presently, and expect to send out over a quarter of a million doses this year, and to have several thousand lepers under treatment in tropical Africa, for one missionary, Dr. Macdonald, in Nigeria, already has 840 cases under treatment, and Dr. Wiggins, in Uganda, expects to have at least as many before long. Whole time medical men have been trained in Calcutta by Dr. Muir for Nigeria and the Gold Coast, and two more will be sent shortly, all of whom are being financed by the Provincial Governments with the approval of the Colonial Office, with whom we are working closely, and who are represented on our Executive and General Committees.

In India some sixty medical men are being trained each year under Dr. Muir in the Calcutta School of Tropical Medicine, and many clinics and dispensaries are being opened by them all over India with the help of our flourishing Indian branch. Recent surveys by Dr. Muir's assistants in the worst affected districts of Bengal and Bihar, has revealed the presence of one to three or four early cases of leprosy for each advanced one returned in the census, and several dispensaries opened there by the local authorities have each attracted 200 to 500 early cases for treatment within a few months. This will result in many early cases being cleared up and prevented from going on to the later infective stages, and is thus striking at the root of the problem, as it must lead in a decade or two to a material reduction in the lepers in this important centre, from which Calcutta and many other towns and pilgrim places derive many of their cases.

The Advantages of Dispensary Treatment over Segregation.—In New South Wales compulsory segregation costs £200 per leper per annum, or enough to supply drugs for treating 1,600 cases in dispensaries, and even in India 60 out-patients could be treated for the cost of maintaining one advanced case in an asylum. A decade ago only segregation was available, but, in addition to being infinitely more expensive than our present dispensary system, it inevitably resulted in the poor lepers hiding themselves until too advanced to profit much by treatment, and in their infecting others before they were discovered and isolated, so it may possibly do more harm than good now an effective treatment for early cases is available. Where compulsory segregation is already in force we do not advise its immediate abolition, but that all newly discovered lepers should be examined by a small board of expert medical men, with power to permit early uninfected cases to be treated as out-patients at dispensaries instead of being segregated, so as to attract for treatment the early amenable cases. This plan is being adopted in some of our colonies with great advantage, and in proportion to the success of such early treatment the necessity for segregation will be reduced until it reaches the vanishing point with great saving in cost, and the eventual disappearance of this middle-age reproach to humane medical science of to-day.

In the West Indies favourable treatment results are being obtained in the Leper Settlements of Trinidad and British Guiana, and last year no less than 51 were discharged from the latter institution, and, still more important, Dr. Rose reports that early cases are now coming forward voluntarily for admission, which will ensure still better results in the near future. The well organised Fiji Leper Settlement of Makogai admits cases from other of our Oceanic islands, and Dr. Neff has just reported to me that with sodium gynocardate, a preparation on much the same lines as Alepol, "At least 70 per cent. have improved greatly and many of them I think may well go on to discharge." He adds that the Indian patients "so notice their improvement that to miss a treatment is a disaster, and they continually request me to increase their injections." Even in Africa many patients have recently asked for two injections a week in place of one.

Results of Treatment.—An important discussion at the Royal Society of Medicine last year revealed that the most experienced leprologists in the world, Drs. Wade and Lara in the Philippines, and Dr. E. Muir in Calcutta, are agreed that nearly every early case of leprosy is now curable, and the former also state that 15 to 20 per cent. of advanced cases, with an average duration of the disease of eight years on admission, recover, and that 1,000 lepers have been paroled in the last few years. We are still greatly in need of a more

effective treatment of advanced cases, but the recent work of Dr. Muir in Calcutta on the use of iodides, rendered safe by the injection of antimony salts to control the severe reactions, appears likely to prove an important step in the right direction.

A Cheap Painless Remedy.—I am also very glad to be able to report that the active, painless and cheap preparation, made for me by Dr. H. A. Henry, from Hydnocarpus oil on the lines of my original sodium hydnocarpate, has been put on the market by Burroughs, Wellcome and Co., under the name of "Alepol" at a rate which allows of full bi-weekly doses being given for a year at a cost of a little under half-a-crown a case for a whole year's treatment, or one-twentieth the cost of the ethyl esters until recently in most general use. This advance has come at a most opportune time, because we could not have supplied the former expensive preparation in the quantities now required for the newly opened up work in Africa, and we shall need increased funds in the future to permit of the rapid extension of that work.

The *Hydnocarpus wightiana* seed we distributed in 1926 has resulted in several thousand plants being grown in our various tropical colonies, and we have sent out more last year, together with that of *H. anthelmintica* from Siam, so in a few years time local supplies should be available in a number of centres.

We have continued to distribute reprints of abstracts of recent literature on leprosy far beyond our own Empire, and this year we propose to issue LEPROSY NOTES containing useful information gleaned from all parts of the world.

Lastly, I wish to draw attention once more to my suggestion for reducing leprosy rapidly in any advanced country by examining the households of all lepers every six months for five years, which should enable 80 per cent. of infections to be detected and cleared up in the early stages, so that in ten years a theoretical reduction to 4 per cent. of the original numbers should be possible. This simple plan is being adopted in several countries, but will not at present be feasible in backward tropical areas.

In conclusion I wish to emphasize the fact that the present favourable position is due to the patient investigations during the last twelve years of a number of British and American workers in Calcutta, Honolulu, and the Philippines.

I think I have said enough to show that our Association is now in the position to go full steam ahead with its great task of reducing leprosy in our Empire, given a steady increase in the funds entrusted to us for this purpose. Our Edinburgh and Glasgow Branches have given us most valuable financial support in the past year.

We hope to start similar branches in other of our great cities this year, and I feel sure we shall not appeal in vain for the funds to enable the many willing workers in Africa to treat their lepers, one of whom recently reported that without such help it would take four years to admit his waiting list.
