

Leprosy in the Southern Anglo-Egyptian Sudan.

In the southernmost parts of the Anglo-Egyptian Sudan the leper problem is as difficult and as urgent as it well can be.

To appreciate the difficulties one has to visualise an area more than three times the size of England, peopled by a large number of primitive pagan tribes speaking more than twenty different languages. There are no railways and only a few of the best motor roads can stand up to a really heavy tropical downpour.

The incidence of the disease in the Northern and Central areas of the Sudan is small, and there is no evidence to suggest that it is on the increase. As one travels southwards, however, the incidence is found to be much higher until, in the extreme South, in the Provinces bordering on Uganda and the Belgian Congo, the proportion of lepers to the rest of the population is, on a very conservative estimate, not less than ten per mile.

What is of much more serious import is the fact that the disease is increasing.

In one small area where six years ago I could only find four cases, there are to-day fourteen.

The proportion of young and of very early cases to the older and so-called "burnt-out cases" is further evidence of this. Among the chief causes contributing to this increase are the vagaries of the weather and the imprudence of the people themselves. The annual rainfall is so erratic and in many places so inadequate that there are frequent periods of local famine. It is during these months of diminished resistance when children are reduced to mere skeletons that leprosy lays its deadly hand on them.

These people are unconsciously crying out for a modern Joseph, one who will not only introduce some compulsory system of communal reserve granaries, which would tide them over the lean months, but one who will introduce new and more nutritious food-stuffs.

Until this is done the best efforts to eradicate leprosy are doomed to failure.

Seven years ago the people among whom I am working imagined that leprosy was caused by the great Python-like spirit that lives where the rainbow ends. I could not persuade any of them to point the extended fingers at the rainbow because they believed that if they did those fingers would drop off within a year or two from leprosy.

Until quite recently the leper among the primitive pagans of those areas was allowed to live the normal village life. It was

a common sight in those days to see one or more lepers sitting round the evening fire with the other members of the community, and sharing the common pipe or common beer pot. As the result of our anti-leprosy propaganda, however, he is no longer welcome in the village, for the people now know, what they did not know before, that the disease is contagious. This public opinion is our best ally in getting the lepers into treatment centres without having to exercise any compulsion.

The confidence of the people in medical work is already assured. No one can claim more credit for this than the District Commissioners themselves, no sick person ever appeals to them in vain.

But what has this to do with leprosy? It is possible now to begin an intensive campaign against leprosy, for the confidence of the native in medical treatment has been won.

All that we need, to ensure having ninety per cent. of the lepers in that particular area coming to a leper treatment centre, is:—

- (a) Good food.
- (b) Kindly treatment.
- (c) Some prospect of recovery.
- (d) Decent accommodation.

Given these, ninety per cent. of the lepers will come in of their own accord. Public opinion will drive the remaining ten per cent. Unfortunately, all this costs money.

My own experiment among the Moro lepers in the S. Sudan has been most encouraging, despite the fact that it was not given a fair chance. I seldom had more than fifty per cent. of any of the essential things required; even the drug was received so irregularly that there were frequent periods of interrupted treatment. I began in May, 1926 with fifty patients. There are now ninety-five undergoing treatment. Of the original fifty cases two died; five boys and one girl have been discharged after periods of treatment varying from nine to fifteen months; four more young adults are awaiting discharge, all apparent signs of the disease having cleared up in those ten cases. It is, of course, too soon to speak of them as being permanently cured. Of the others a few show no signs of improvement except in general health, but most of the other not-too-far-advanced cases are slowly but distinctly improving.

To emphasise the importance of good feeding and intensive treatment, may I describe the following cases.

A young adult, the much valued servant of a European, came to me with well-marked leprous patches of about six to eight months' duration. His master gave me *carte blanche* to feed the boy and give him every possible chance. This I did. He was a

most intelligent lad, and used to come to me for surreptitious injections over and above what the other patients received. After eight months of this intensive treatment and high feeding, he appeared to be cured. I saw him a year later and he was then well.

No one willing to devote his time to the prevention and cure of this disease should be hampered by lack of funds.

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