

## A Central African Treatment Centre.

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Certainly the news of the possibility of a cure for leprosy has brought joy to innumerable hearts and homes in Central Africa. In Southern Nyasaland leprosy is viewed by the natives as a terrible scourge and a loathsome disease. Consequently sufferers from this disease are all the more anxious to receive treatment.

The work here at Malamulo, Cholo district, is quite recent, having been started but three years. At the beginning of this period it was with difficulty that we persuaded two lepers to come for treatment and to persist in it. However, before long others, having seen improvement in these two, requested treatment, until after a year we were treating thirty, but more than twice that number were waiting their turn for treatment when the Mission was able to provide for such.

At present we average ten applicants a week seeking admission to our leper colony. We are treating ninety now, eighty of whom are in-patients, and the others reside in the surrounding villages, and come in regularly for their injections. In all this time we have had four desertions, and they were all cases who were practically cured, as the last active lesions had disappeared months previously. There is no doubt that if facilities would permit we could have five hundred receiving treatment here within the next six months.

Until three months ago treatment consisted of subcutaneous injections of "Hydnocreol" in isolated doses of one c.c. each, numbering up to 10 c.c. When a patient showed reaction from these injections they were discontinued for a period until the reaction abated. In conjunction with this we also used potassium iodide in alternating periods of two weeks each. This was given up to ten grains per day for two weeks, and then, allowing two weeks rest, subsequently for two weeks again. This we found to be extremely efficacious and very important in the treatment. Locally, on all skin lesions we applied a thirty-three per cent. solution of Trichloroacetic Acid. At the present time we are using Alepol in periods of six weeks' intravenous injections of a three per cent. solution, in doses of one c.c. to five c.c., alternating with a similar period of subcutaneous injections of Alepol similar to the use of Hydnocreol.

In addition are the factors of symptomatic treatment, especially of open ulcers, nerve trunk lesions, and also the surgical removal of nodules, and hypertrophied skin lesions.

In solving the question of housing, we have endeavoured to satisfy two primary essentials, efficiency and economy. The result has been the construction of a group of leper huts which are quite temporary in character, but still sufficiently durable to last one occupant throughout his period of treatment. Then, when the hut is vacated, it is burned down and a new one erected on the former site at the cost of only a few shillings. This subsequent building of huts is done either by the patient or his friends. The huts, like all thatched buildings, are supported by a wooden structure. They have an inside floor space of seven feet by nine feet. This accommodates one patient. The floor is made of brick with a thin coat of cement, which will permit of thorough cleansing. Each patient supplies a grass mattress, three inches thick, and is given a sleeping mat and a blanket.

Another essential thing is to keep their minds occupied with other things while under treatment. With this end in view we request each patient to assist in the care of a common vegetable garden, for the benefit of the patients. We not only aim at raising the vegetables, but correct methods of agriculture are taught, and furthermore they are encouraged to add new vegetables and fruits to their dietary. Other lines of industry are also encouraged, among which are basketry and mat-making.

The in-patients are fed on an almost meat-free diet. This being a tropical country, we find that a low protein standard in the diet is best. Each patient receives a pound and a half of maize per day, one quarter pound of legumes, such as beans, peas or monkeynuts, a liberal supply of greens, and a pint of cow's milk. Meat is served two to four times per month.

As far as results are concerned, it is, of course, very difficult to say very much at the present time. There is no doubt that every patient receiving treatment is definitely benefited by it. Furthermore, the possibilities of a cure in recent cases are very great, and after a year's treatment would be very nearly a hundred per cent. Cases of long standing are naturally more difficult, and require more time. Up to the present time we have discharged 19 on parole, with instructions to return for subsequent examinations. These cases are cured as far as a bacteriological examination can determine. Only *time* will establish the certainty of the cure. Eight who have been discharged for a year or more have not shown any active new lesions.

On the whole, the results are very gratifying, and promise every likelihood of the permanent eradication of leprosy.

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