

## Leprosy Work in South Africa.

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### A VISIT TO EMJANYANA.

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Last December, thanks to an invitation kindly extended to me by the Secretary for Public Health, I had the opportunity of spending two most interesting days at the great Government Leper Institution, Emjanyana, Transkei, S. Africa. Mr. J. A. Macdonald, the Superintendent, besides himself shewing me the leading features of the work, gave me abundant opportunity of studying for myself how the Institution is conducted, and of learning from the patients what they thought of the conditions under which they are living.

The present system of management has been evolved within the last few years. Step by step, as opportunity offered and experience suggested, the old semi-prison system has been abandoned and a system of management established which approximates, as nearly as the circumstances allow, to the old Native system of village life. The patients select headmen from among themselves, and these administer the affairs of the community, trying cases in public in the old native way, being responsible for the equitable distribution of the rations, and seeing that the rules of the institution are obeyed. The patients have gardens to cultivate; they own property; they work for wages; they buy and sell; they remit money to their homes; they have Post Office Savings-bank accounts and may have quite a good amount to their credit when the day comes for them to be discharged cured. It is interesting to observe the variety of employments the patients follow. There are patient nurses in the wards for bed-ridden cases, assisting the professional European and native nurses, and their are patient police, assisting the regular guards. (The regular guards, I may remark in passing, are all natives. There are now no European guards.) Patients do all the making and mending and laundering of clothing, dividing up of rations and cleaning of premises. Those who are able to get their own food to cook and meal to bake their own bread. There are schools for the children, and Wesleyan and Anglican churches. I was surprised to learn that about half of the patients are Christian. On enquiring the reason for so large a proportion, I was told: "There are not so many when they arrive; they become Christian here."

Enquiring further into this, I learned that during the period spent at the Institution many of these new converts learned to read, and when they returned to their homes some became local preachers. It struck me as very remarkable that such an institution should in this way become a source of light and leading to the whole country from which the patients come. The Bantu Presbyterian Church is also planning to establish a church in the Institution. The Superintendent welcomes the co-operation of the church. The Christians, he says, are a source of strength to the community.

Heathen patients are permitted, if they choose to use part of their rations for the purpose, to make beer and entertain each other. As the quantity is necessarily limited and the time restricted to one afternoon a week, the effects are seldom harmful. It is a logical application of the principle that people who are, from no fault of their own, removed from their homes, should be restricted as little as possible in the enjoyment of the amenities of their home life.

A more difficult matter still is the wise regulation of the social intercourse which is permitted between the male and the female sections of the Institution. These are situated at the opposite end of the Institution, the village of staff houses, store, post office, etc., lying between them. Visiting is freely allowed, except for individuals who may have misconducted themselves and by sentence of the headman have been restricted to their own quarters.

There is an air of cheerfulness and contentment at Emjanyana that surprised me to witness. The helpless people are well cared for; those who have strength are busy at their various occupations; there are concerts and cinema shows. Best of all there is confident expectation that in time, some in three or four years, others in a longer time, their disease will be arrested or cured, and they will be sent home to their friends. The new medical treatment for the disease is willingly accepted by the patients, who believe in it strongly. In proof of this is the fact that the patients some little time ago, entirely on their own initiative, convened a general meeting and discussed what they could do to influence other sufferers from leprosy to come to the Institution. Certain proposals were agreed to and submitted to the Superintendent.

Each year a large number of patients are discharged with the disease cured or arrested. In 1927 there were 100. These persons are the best witnesses of the success of the treatment. To their persuasions is attributed the fact that people with leprosy are now beginning to come of their own accord to Emjanyana, asking to be admitted. I heard of one man who, fearing that he had leprosy, went to the Institution and after careful examination

by the doctor there was made happy by the assurance that the trouble he had was not leprosy, and that he could return home with an easy mind. I thought that man acted very sensibly in going where he could get the best opinion.

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