

The Anti-Leprosy Campaign in Nigeria.

By T. F. G. MAYER, M.R.C.S., L.R.C.P.

I.—General Conditions.

Nigeria is a country just about three times the size of England, Scotland and Ireland. The population numbers nineteen million and is unevenly distributed; the distribution ranging from eighteen to over three hundred to the square mile.

Nigeria contains the largest town in all Africa. The people are divided into numberless tribes speaking many different languages with differing manners and customs, religions, diet and so on.

The climate of Nigeria in the North is hot and dry with a short rainy season, a brief harvest season and a long period of drought. It is liable to famine if consecutive rainy seasons fail.

The southern part has a long rainy season, a long farming season, with a greater variety of crops and a short dry season.

One large portion of Nigeria must be mentioned as containing peculiar conditions—the Niger delta. This vast area is about the size of Southern England. It is composed of islands of mud on which nothing grows except the mangroove tree. The people go about from place to place in canoes and practically live on fish and what other food they can exchange for fish. This country is a veritable maze. It has not yet all been explored or mapped.

Politically, Nigeria is divided into the Northern and Southern Provinces, each division being subdivided again unequally into eleven Provinces each.

Decentralisation—except as regards medical work—has separated these Provinces into separate units, connected together through a Secretariat for the Northern Provinces, another for the Southern Provinces and a General Secretariat uniting both.

A consideration of this Political organisation has a bearing on the campaign against leprosy. The country is ruled chiefly through Native Administrations the aim being to help Native Chiefs to set their own house in order, to enable them to govern, to develop their own country and to manage their own finances under the help, advice and control of the Resident of each Province.

II.—The Distribution of Leprosy in Nigeria.

Leprosy is by no means evenly distributed over the country or even amongst its people. A large area occupied by the Yoruba people

is almost exempt while there is no doubt that certain areas are heavily infected including the two most populous Provinces in the Country.

The reasons for this peculiar distribution are suspected but have not yet been worked out. Ancient customs, attitude to the disease, habits, diet and prevalent disease all have their bearing on the problem.

The number of lepers in Nigeria is not known. The usual figure—which is of the nature of a guess—is given as 90,000, but at the very lowest estimate there cannot be fewer than 66,000 and might be five or six times this number.

Many of these lepers are scattered in districts that have only recently been opened up, but motor roads, railways and shipping are every year allowing more and more people to move about further and further from their homes and to mix more freely with one another.

From the foregoing it will be gathered that the problem of relief is no light or easy one to solve and so far, all that can be said is that a beginning has been made.

III.—The Methods Adopted are the Following :—

A memorandum on the methods adopted by Rogers and Muir in India has been printed by the Nigerian Government under the title “Leprosy Relief Work” and has been circulated to all medical men, to the heads of all Missionary bodies and to the Senior Political Officers.

This brochure has been supplemented by other literature supplied by The British Leprosy Empire Relief Association chiefly by “Leprosy Notes” of which fifty copies are distributed to those known actually to be treating lepers.

It is hoped—and indeed the hopes are being realised—that by this means more or less uniform methods of dealing with the disease have been established throughout the country, that Political and other officers may be able to spread the knowledge of the latest ideas and methods among the people under their control chiefly through the agency of the Native Administrations.

A large supply of the special drugs used in leprosy has been obtained through the generosity of the Nigerian Government and these are being issued on demand at cost price to the Native Administrations asking for them.

Hydnocarpus oil has been obtained in bulk from India and is bottled locally by a Soda Water Factory at a nominal charge. It is hoped that, from this oil, Sodium Hydnocarpate may be manufactured locally by the highly trained chemists of a local soap factory. Experiments, with this end in view, are in progress, which, if successful, will mean that these two most important drugs will be obtainable at about one-tenth of the usual cost.

It is intended, in the first instance, to select, as far as possible for treatment, the early cases, those coming from the district round, to out-patient clinics, and in those instances where they come from far land is being provided on which they can build and farm.

A great effort is being made to engender a spirit of self-help and support and to keep those who come for treatment busy and to prevent them as far as possible from degenerating into mendicancy.

IV.—Difficulties.

The chief difficulty is the shortage of medical men, especially in the Government service. This shortage is inexplicable, for the Service is a magnificent one, it is well paid, the chances of promotion are good, the health of the colony has improved out of all recognition and it is only a fortnight distant from England; but the difficulty remains nevertheless and is being overcome chiefly through the enthusiasm of missionaries, both medical and lay, to take up the work. The work is usually started with one case and gradually grows by the momentum of its own results at an ever increasing speed.

Unfortunately certain highly infected areas are closed to missionary effort but means of dealing with these are under consideration.

Under a scheme of decentralisation, it is necessary to devise a separate scheme of relief for each Province and owing to the isolation of certain tribes in a Province—due to different religion, habits, customs and so on—it is often even necessary to sub-divide the system of relief again to meet these various requirements. As will be seen immediately this system has its advantages as well as its disadvantages.

It may be said generally that the people are most averse to being moved from one locality to another. This obtains especially in localities that have been more recently opened up.

Perhaps the greatest difficulty of all is the question of the children. Most natives do not wish to entrust their children to any one else. This is not to be wondered at for they do not consider that they will be properly looked after by foster-parents and they are often afraid of losing sight of them altogether.

V.—Various conditions that Help on the Work.

Chief among these must be placed the enthusiasm of the Native Administrations. This is not to be wondered at when Government suddenly announces its intention to deal with a disease which has from time immemorial always been regarded, universally, as hopeless.

The prospect of relief is welcomed and the attitude of a Native Administration to a Government disinterested enough to introduce these facilities can be understood. At first there is a feeling of incredulity

which develops more and more into gratitude. It cannot be regarded by them but as a magnificent and disinterested gesture of good-will.

The Native Administrations are generally both able and willing to pay for the drugs supplied to those taking up the work in their respective areas and this is a very great help to the local branch of this Association, for it means that the stock of drugs can be continually replenished without coming down on Government for any more funds for the purpose.

Missionary bodies throughout Nigeria are keenly alive to the opportunities for doing good that are being placed in their hands. Many begin the work tentatively and find that it grows up naturally. Needless to say their help is invaluable, and, as regards the care of native children, they perhaps are better able to organise and develop this side of the work than public and Government bodies.

Last but not least one must mention the Government Medical Department. This magnificent Service is already overburdened with work involving the treatment of not only a large number of cases of a countless variety of diseases, of the care of Government officials—European and Native—including Native clerks, soldiers, police, prisoners, and so on, but also with a large amount of the necessary clerical work.

Individual Medical Officers take up the work because of its inherent interest and besides this there are in certain places Government Leper Hospitals under the charge of the Station Medical Officer. This side of the work is also increasing in importance every day.

V1.—The Work hitherto Accomplished.

The Medical men in Nigeria—as a whole—are as up-to-date in their knowledge of leprosy and how to deal with it as those in any other part of the world. The distribution of leprosy in Nigeria is known more accurately than the distribution of any other tropical disease.

There is an endless supply of the necessary special drugs for the treatment of leprosy.

Centres where lepers are under treatment according to modern methods are springing up all over the country as individual medical men and others take up the work. Already 2,600 lepers are under regular treatment and the number grows daily.

The Medical Department, the Political Officers, the Missions and the Native Administrations are all equally enthusiastic that the work shall go forward and are all working together harmoniously to the common end.

VII.—The Outlook.

Enough has been said to show that the work is proceeding along sound business lines. It is bound to grow with ever increasing speed. The great difficulty will be to stop rushes for treatment to certain places and this can only be overcome by the establishment of treatment centres in as many places as possible.
