

Work in the Gold Coast.

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THE Gold Coast lies on the Gulf of Guinea, and comprises the Gold Coast Colony in the South, Ashanti in the centre, and the Northern Territories. The area is 92,000 square miles, a little larger than Great Britain; the population is 2,300,000. A strip of Togoland held under mandate lies along the Eastern border.

The southern part of the colony consists of a dense forest belt. In this part of the colony, cocoa is grown in large quantities, and gold, diamonds and manganese are being produced; the country is being rapidly opened up by railways and roads, schools are numerous, and the natives are fast coming under the influence of civilisation.

Towards the north, however, the forest gradually becomes replaced by more open country covered with scrub, and trees are few and far between. This part of the country has not yet been developed, roads are comparatively few, and the people are still exceedingly primitive.

The Medical Service is maintained entirely by the Government. There has always been difficulty in getting Medical Officers, the majority of whom are Europeans. The tour of service is eighteen months on the Coast, followed by home furlough; therefore changes are taking place in all medical stations continually. There are no Assistant or Sub-Assistant Surgeons as in the East, though natives are trained as dispensers and nurses. Some of the Missions are carrying out medical work. The Roman Catholic Mission is doing infant welfare work in Togoland, and commencing leprosy work in the Northern territories.

Transport is by means of the railway and motor lorries during the dry season, from November till March, and the greater part of the colony can then be covered in this way. During the wet season transport may still be carried out in this way in the southern part of the colony, where the roads are of a more permanent nature; in the north, however, motor transport is then practically brought to a standstill, and everything has to be carried by natives. Horse and bullock carts, as a means of transport, are unknown owing to the ravages of the tsetse fly.

Although there are several large tribes in the Gold Coast, the most numerous and important of which are those belonging to the Akan group such as the Fantis and Ashantis, the

recent rapid development of the country has caused an intermingling of the people. As a result, it is common to hear three or four languages in every village, and in the extreme north several different dialects may be spoken in a relatively small area. An interpreter has therefore to be used, and, when trekking to any great extent, two or even three interpreters may have to be employed at one time.

The attitude of the natives themselves to leprosy is of interest. In many parts there appears to be indifference to the disease, and lepers eat, sleep, and live with others. The disease is considered to be the result of some malign supernatural influence used by an enemy. In other parts there is a little evidence to show that some method of segregation is employed. In the Northern Territories more precautions seem to be taken at the burial of a leper to guard against infection than during his life time. Lepers are rarely cast out of their homes, as is the case sometimes in the East.

Leprosy treatment has been carried out by several Medical Officers at times since the war. Dr. Helen Hendry first started a settlement in Yendi in central Togoland in 1925, and collected over fifty cases. Difficulties encountered were, however, great, owing to the very primitive state of the neighbouring natives.

Dr. Cooke, in 1926, commenced a settlement at Ho, in Southern Togoland, where the natives are more civilised. This is at present the most up-to-date settlement in the Colony, and contains over four hundred lepers.

A third settlement is at Accra, the capital.

It was decided by the Gold Coast Government in 1927, acting on the advice of the British Empire Leprosy Relief Association, to appoint a full-time Medical Officer to deal with the problem of leprosy, and during the last two years leprosy work has been proceeding along several lines, the chief of which are as follows :—

Propaganda Work.

This has been carried out among all Medical Officers, in regard to the "Diagnosis, Treatment, and Prevention of Leprosy," particular stress being laid on the importance of opening leper out-patient clinics, on certain specified days each week, for lepers near their stations. This has resulted in the opening of eight out-patient clinics for lepers.

Propaganda work among the population as a whole has been rather a problem, owing to the fact that the majority of the natives are illiterate. A commencement has, however, been made in larger schools.

A Leprosy Survey.

Owing to the size of the colony and the shortage of Medical Officers, this is at present only attempted in certain areas. The work is being carried out by a Medical Officer with a Travelling Dispensary, halts being made at pre-arranged places, where the natives have been notified of the intended visit. All sick persons are seen and treated. In this way the confidence of the people is gained, including the lepers. This has been found necessary, as if lepers alone are asked for, suspicions are aroused, and they hide themselves. Lepers that come forward are examined, the results being charted up. Their homes are also inspected for further cases among their relatives. Propaganda is carried out among the local Chiefs and Headmen, on the necessity of early treatment and the importance of voluntary segregation.

Treatment is given to all lepers presenting themselves, and it is interesting each day to notice the increase in the numbers of lepers coming forward.

After the departure of the Travelling Dispensary, these cases are treated as far as possible by the nearest Medical Officer.

Work in the Leper Settlements.

It is a recognised fact that it is essential in the treatment of leprosy to keep the patients occupied and happy, and as far as possible self-supporting. Leper settlements in the Gold Coast are still in their infancy, and an endeavour is being made to commence on these lines. At Ho, carpentry, masonry, wood carving, spinning and farming are being carried out, as well as the general work of the settlement, and it is hoped that similar plans in the other settlements will be carried out shortly.

Laboratory Investigations.

Concomitant infections play a prominent part in devitalising the leper, and lowering the resistance. Investigations of each patient have now been commenced in the settlements, and the lepers of the Accra settlement have been examined. Blood films are taken, the Wasserman reaction performed, the stools and nasal smears examined in each case, the results being charted up on the case cards. Treatment is then carried out on any concomitant infections that are found, and some idea is gained of the common protozoal and helminthic infections to expect. The Wasserman reaction gives an indication of the combined Yaws-syphilis rate. Moss has

shown that quite a number of these positive cases become negative, after as little as 1·8 grams of N.A.B. ; if, however, the patient is suffering from syphilis a negative reaction after such a short course is unlikely. This method of differentiation between yaws and syphilis is being tried.

As leprosy work in the colony is as yet in its infancy, it is too early to make definite statements in regard to the disease, though some interesting observations are arising in the course of this work. The anæsthetic type of the disease appears to be the predominant type throughout the colony ; over 80 per cent. of the known cases are of the early or late anæsthetic type. (A¹ and A² Muir's classification.)

Many of the patients appear to pass directly from the early to the late anæsthetic stage, without developing nodules or skin induration at all. Yaws is extremely prevalent, and in certain districts where foot yaws (clavus) is common the initial lesion appears frequently on the foot. Craw-craw is very prevalent in the Northern Territories, and is probably responsible for providing an avenue of infection in many cases. A very common site of the initial lesion in women appears to be the face. Certain cases appear to remain in the early anæsthetic stage with well-marked anæsthetic patches the greater part of their lives.

Putrescent fish is eaten universally, and the diet is badly balanced. Shortages of food occur occasionally in parts of the Northern Territories, where the population is dense, and the local rainfall variable. These factors, together with the migration to and fro during these times of want to neighbouring districts, probably tend to make the leprosy incidence higher than in the southern part of the colony. Statistics so far to hand seem to indicate the leprosy incidence to be over 7 per mille, in the Gold Coast.

Treatment.

This consists in the majority of cases of the injection of alepol, the external application of trichloroacetic acid, and, when after care is possible, the use of potassium iodide. The latter has proved a difficulty with out-patients living at a distance from the Medical Officer.

Most observers in the colony who have undertaken the treatment are of the opinion that improvement occurs in the majority of cases, especially in earlier cases. Although the number discharged as bacteriologically negative is small, six at Ho, and two at Accra, nevertheless, many cases have been greatly improved and rendered non-infectious. There appears to be little doubt, however, that treatment does have an effect in

many cases in arresting the course of the disease and of rendering the chances of further complications more remote.

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