Leprosy in Ceylon.

C. SIVASITHAMPARAM.

EYLON is an island in the Indian Ocean, situated to the south-east of India, 25,332 square miles in extent, with a population, according to the last census, of 4,497,700, exclusive of military and shipping. The great bulk of the population is Sinhalese, and the others in the order of numbers are Tamils, Muslims, Burghers and

Malays. The climate is tropical, and fairly healthy.

The measures adopted by the Ceylon Government to check the spread of leprosy are governed by Ordinance, which gives the necessary legal power for compulsory segregation of lepers in an asylum, after being examined by a Board consisting of two Medical Officers, and on obtaining the pleasure of His Excellency the Governor; or the granting of home-isolation, provided the conditions required by the Ordinance are fulfilled. Government has also the power to repatriate Indian leper immigrants, through the Controller of Indian Immigrant Labour, as soon as the relatives who can take charge of them are traced in India.

Leprosy is endemic in Ceylon, and it has been known for over 250 years, the asylum at Hendala having been established in 1708, during the Dutch Period. It is not possible to give an accurate estimate of the number of lepers in the Island, on account of the absence of a proper census, which is difficult to obtain owing to the general tendency of the lepers to conceal themselves, due mainly to compulsory segregation in an asylum, and to the possible social degradation of the whole family. There are at present about 1,000 known lepers, but an estimate of about 3,000 for Ceylon would not be far wrong.

The Distribution of Leprosy in Ceylon.

Ceylon is divided geographically into nine Provinces, five border the sea, and are called the Maritime Provinces, and the remaining four form the Kandyan Provinces. Leprosy is most prevalent in the Maritime Provinces. The conditions prevailing in these Maritime Provinces for the spread of leprosy are at present unknown.

Leper Asylums.

There are two leper asylums in Ceylon for the segregation and treatment of the disease, maintained at the expense of the Ceylon Government.

1. The Hendala Leper Asylum is about six miles from Colombo, and is situated on a block of land, 26 acres in

extent, near the mouth of Kelani River. It is built in the form of a hospital with large wards, the males being separated from the females. Husbands live apart from their wives, and marriage between lepers is not allowed. Each block has an infirmary where very advanced cases and intercurrent acute illnesses are treated. At present it has accommodation for 406 males and 102 females. The patients are given all facilities for occupations, such as flower and vegetable gardening, carpentry, tailoring, shoe-making and pottery. Indoor and outdoor games are provided. Removal to a more spacious site and the building of an up-to-date leper settlement is under consideration.

2. The Mantivu Asylum is on the Eastern coast. It has recently been built on the latest plan, with isolated two-roomed cottages, each accommodating three or four patients. Sufficient ground is available for purposes of cultivation.

Staff.

A full medical staff is provided at each asylum, and the nursing is carried out by Religious Sisters of the Franciscan Order.

One thousand and thirty-five cases were treated at both asylums during the year 1929, of whom 881 were Ceylonese, 152 Indian immigrants, and two Europeans.

Treatment.

Various methods of treating leprosy have been tried in the two institutions in Ceylon, but the only treatment carried on at present is the injection of E.C.C.O., which is a mixture of the Ethyl Ester of Hydnocarpus Oil with Creosote and Camphor in oil.

The E.C.C.O. is given by the method of subcutaneous infiltration to the Deltroid and Gluteal regions or the outer side of the thighs, twice a week, commencing with $\frac{1}{2}$ c.c., and going up to 5 c.c., increasing by $\frac{1}{2}$ c.c. each time.

Of nearly 750 patients in the two institutions in Ceylon, 554 (432 males and 122 females) have availed themselves of the injection treatment during the year 1929. There has been an increase of over 200 taking treatment as compared with the figures of the previous year. The treatment is not compulsory. It is impossible to get startling results in institutions like these, where most of the patients are admitted after the disease has progressed for several years. Even in these cases the drug is doing some good in arresting the further progress of the disease The early cases show very encouraging results.

Number discharged from the Asylums.

Patients who have shown improvement after a course of injection treatment are bacteriologically examined three times, at intervals of one month. Those found free from Bacillus Lepræ on three successive examinations are discharged on parole on condition that they report themselves every three months to the nearest Medical Officer.

Of the patients discharged during the year three have returned to the asylum with fresh outbreak of ulcers.