

Work Among Tanganyika's Lepers.

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THE part of East Africa where our work is carried on is in the Shambala, Bondei and Zigua districts which lie to the north and west of the port of Tanga, which is about 150 miles north of Dar-es-Salaam.

There was a small Government settlement built about six years ago, and about twenty patients were usually in residence. Their lot was very cheerless and lonely; except for the visits of the doctor or nurse, there was nothing to brighten their lives. Their very faces shewed their hopeless outlook on life.

The impetus to further development of the work was given by an African leper who begged to be allowed to build his own hut, promising at the same time that he would attend the dispensary for treatment regularly if he were not compelled to live at the settlement. The writer of this article, to whom the request was made, realised that this might be the means of getting in touch with many lepers, most of whom never shewed themselves for fear of compulsory segregation. It was decided to start an out-patient leper clinic. The African clergyman gave the scheme his full support. He not only gave out a notice in Church, but he also impressed on all his hearers that it was the duty of those suffering from leprosy to attend for treatment, this being the only way to check the spread of the disease. The clinic was to be held weekly.

Four patients came forward on the opening day; within

a few months the numbers had grown to nearly thirty, and in a year's time the numbers on the book exceeded a hundred. Several clinics have now been opened, each station having a "leper out-patients" day. Hundreds attend each week. We have also a leper settlement where infectious cases can be dealt with.

The African is able to recognise the disease in its very early stages, and is now willing to come forward and declare himself. Our teachers help us greatly in this work. As soon as a child is discovered to be suffering from leprosy the teacher will visit the child's home and explain to the relations how necessary it is to start treatment at once, impressing upon them all the fact that the disease is curable if taken in time. Having obtained the consent of his relatives he will see that the child attends regularly for treatment, and also carries out the directions given him by the doctor or nurse.

Many of our "dispensary boys" who are trained in our hospitals and dispensaries have had a good education. They can be taught a great deal about leprosy, and they can, and do, pass on the knowledge gained to their own people. In several cases, the disease has been definitely arrested, sometimes cured, owing to the treatment having been started early, and to the help and persuasion of these "young doctors," who are gradually replacing the native and witch doctors in this country, so over-run with superstition and witchcraft. The attitude of the native to the disease has changed greatly in recent years. Formerly a leper was an outcast, shunned by all during his life and at death being given no decent burial. The African leper has seen such wonderful cures through the intravenous and intramuscular injections of arsenic and bismuth preparations in cases of yaws, that he quite believes that his disease may also be cured through injections. This faith in the treatment changes their whole outlook, there is a look of hope in their faces, and often of joy and gratitude when they realise what is being done for them.

Our routine treatment is by injections of alepol and local applications of trichloroacetic acid in which the African has great faith. Great in his disappointment if this part of the treatment is not given.

The native in these parts of Africa is not a healthy subject, bilharzia, ankylostomiasis, dysentery, malaria, syphilis, yaws and other diseases are rampant. It is in the treatment of these cases that we may find the patient is also a leper.

The writer was once sent to visit a suspected case of small-pox. This turned out to be chicken-pox, but the most

important fact was that the patient was a very infectious leper. Here in Africa, we get to know the natives by frequent visits to their homes and villages. In no other way can we get to know and understand their methods of life and work. Much that is strange then becomes clear. The African in his turn learns to trust the European who soon becomes his friend, and to whom he will turn for advice. Instead of hiding and running away he will come forward and tell about his family life, his home, his illnesses and diseases.

So it is that we are gradually learning that if we want to rid East Africa of leprosy there must be no compulsory segregation. In the present state of affairs it would defeat its own aim. The African does want to stamp out leprosy, and will co-operate if we for our part try to adapt our methods so that they may not, more than necessary, run counter to all that the native holds dear.