The closeness of contact. There is abundant evidence to show that while leprosy may be transmitted by occasional and casual proximity it is much more frequently associated with a house, room, and, most of all, a bed infection. The joint family system in India, the common, family box bed in colder regions, sexual and sartorial promiscuousness, and the close contact of the child with its mother in the earlier years are all important factors in the spread of infection.

The length of contact. The longer the contact the more are the chances of transmission taking place.

The infectiousness of the patient. This is very important, and is a factor that has not been sufficiently considered. It is in the nodular skin type (B2 and B8) that the danger really lies.

The state of health and natural resistance of the person who comes in contact. There is reason to believe that the healthy human body is not as a rule subject to leprous infection, and that when the disease occurs it is due to lowering of resistance plus infection.

We are indebted to the Controller of H.M. Stationery Office for permission to reprint this article—Editor.

A Medical Survey in Southern Rhodesia.

B. MOISER.

The primary object of the survey recently conducted in Chibi Province was to ascertain the number of cases of leprosy in that area, but the opportunity was also taken to examine the natives for other diseases, particularly venereal.

The most thickly populated parts were chosen for the purpose, examination shelters erected at convenient points, and the natives warned to present themselves on certain dates.

These shelters were made of bush poles and grass, with a grass roof over a part. Each was of about 30-ft. by 15-ft., divided into two parts, in one of which the people stripped, and then walked into the second part, carrying their clothes, where they were examined, and departed to have any medicine or dressings that were prescribed, given to them by the native dresser, stationed in another small shelter. Separate shelters were erected for men and women, the latter bringing their children with them.

The party consisted of the Medical Superintendent of the Leprosy Settlement, his wife, who looked after the catering.
two European nursing sisters, the Assistant Native Commissioner of the district, who knew the natives and their language well, and who acted as clerk, one native female nurse, one native dresser or orderly, and some five or six native messengers. The party travelled by car, whilst a lorry conveyed the tents and baggage from camp to camp.

The survey lasted about three weeks, during which 6,814 natives were examined, the greatest number in one day being 944. Cripples were brought in on sleighs, and the local chiefs attended to give any help. The scene was one of much chatter and banter amongst the natives, howling of babies, &c., but it was essentially one of order. It was surprising to see the long, patient, well-behaved queues of men and women, and the look of interest and anticipation in their faces. They evidently expected some sort of treatment, and we were told later of their disappointment at not receiving injections of some sort with a needle. They were however, quite pleased with a dose of salts or a pill, or a dressing or ointment. The children considered that a sweet or two was the best medicine of all!

Sweets and medical surveys go well together!

The result of the survey is as follows:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cases</th>
<th>Rate per Thousand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leprosy</td>
<td>35</td>
<td>5.1</td>
</tr>
<tr>
<td>Syphilis</td>
<td>96</td>
<td>14.0</td>
</tr>
<tr>
<td>Gonorrhoea</td>
<td>21</td>
<td>3.0</td>
</tr>
<tr>
<td>Yaws</td>
<td>15</td>
<td>2.2</td>
</tr>
</tbody>
</table>

Of the thirty-five cases of leprosy seen, twenty-seven were early, five advanced, and three burnt out. To these should be added the twenty-two cases who already have been admitted to the settlement, giving a case incidence of 8.0 per thousand for the district, which, I think, is somewhere about the real figure. This figure is a very high one, but it is obvious that it represents the minimum.

It would be rash to apply this figure to the whole population of Southern Rhodesia, but it certainly looks as though there are not less than 6,000 or 7,000 cases in the Colony, of whom some 2,000 should be segregated in institutions as being infectious, whilst the others should be treated in clinics under the various Medical Officers, with trained native orderlies.

A surprising feature of the survey was the discovery of the early cases of leprosy, most of whom were quite unaware of the nature of their malady. I am quite sure that there will be no difficulty in persuading these cases to come voluntarily for treatment, and that it will not be necessary to apply the provisions of the Leprosy Suppression Ordinance,
a most useful piece of legislation, but one which it is pro-
posed to keep as much as possible in the background. It is,
of course, well recognised nowadays that the system of
voluntary segregation is the only one likely to achieve
success. Discharged patients from the settlement are
the best propaganda, and they are already effecting a
good deal. More remains to be done to make the settlements
attractive, and this, too, is being accomplished.

As regards syphilis, although ninety-six cases were
clinically diagnosed, there is very little evidence indeed of
the disease in adults. Almost all the cases seen were merely
small mucous condylomata near the orifices of the body in
children. The commonly expressed idea that the natives are
"rotten" with syphilis is entirely fallacious, whatever may
be the results of serological tests.

Gonorrhoea is practically non-existent in the country
districts.

Skin diseases. An itchy papulo-pustular condition is
very prevalent in the northern part of the district. I believe
this condition to be common all over Africa, but, fortunately,
it is easily cured with an antiseptic and sulphur ointment.
Scabies is responsible in some cases. The absence of large
sloughing ulcers and abscesses was a pleasant surprise.

Eye diseases are far too common. Corneal ulcers, opaci-
ties and hypopyon cause much disability. The same history
is elicited in every case, namely, that it began in childhood.
Thorns are the cause of the trouble, and more attention
should be paid to the eyes of children.

Malaria. There was no evidence of heavy infection.
Enlarged spleens in children are quite rare.

Filaria. One case only of elephantiasis (of the leg) was
seen, whilst a case of scrotal infection has been seen at the
Settlement. One case of "Calabar Swelling" (Loa loa)
presented himself. There was no evidence of Guinea Worm
(Medinensis).

Dentition. The very large amount of dental caries was
remarkable. It was quite exceptional to see a perfect set of
teeth. The natives are meat eaters.

Epilepsy occurs occasionally, and is well known to the
natives. Two cases of Actinomycosis of the jaw were
observed. Inguinal hernia is rare, and umbilical, though
quite common, causes no inconvenience.

Circumcision is not usually practised. About twenty
cases of phimosis occurred.

The cost of the survey was, I believe, about £150, and
was money well spent. It is hoped to carry out further surveys
QUEUE OF WOMEN WAITING FOR EXAMINATION.
(Chibi Medical Survey.)

MEN ASSEMBLED DURING CHIBI MEDICAL SURVEY.
GOMOHURU LEPROSY SETTLEMENT, S. RHODESIA.
HOSPITAL AND MALE PATIENTS.

A CROWD WAITING TO BE EXAMINED.
(CMHI MEDICAL SURVEY.)
in other parts of the country later, when the experience gained from this, the first survey, will be of great assistance. There will be no need to endeavour to conceal the fact that we are looking for cases of leprosy, as we did on this occasion. The opportunity will be taken to talk freely on the subject, and to induce them all to come to the Leprosarium of their own free will, with very good prospects of returning to their homes in a couple of years, and in many cases much less, with the disease permanently arrested.