

Leprosy in Kigezi, Uganda Protectorate.

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THE Kigezi District of the Uganda Protectorate is only just beginning to emerge out of the mists of obscurity, in which 50 years ago nearly all Central Africa was shrouded ; and Africa has hidden her fairest jewel nearest her heart. For many who have widely travelled in the dark Continent, say that the country surrounding the Mufumbiro range is for grandeur and beauty unsurpassed.

The district lies, tucked away in the south-west corner of the Protectorate, where it borders on the Belgian Congo to the west, and ever since the arrival of the Medical Mission there in 1921, leprosy has been recognised as being a considerable item in the health picture of the country. The geographical distribution of leprosy in Uganda is peculiar, and in the absence of a detailed survey it seems that, while there is a heavy incidence around Mount Elgon, Buganda and Ankole are almost clear, until another area of incidence is found away west on the Congo border.

In the Kigezi district, by far the larger number of lepers are found in the Bufumbira county, around the foot of the massif of extinct volcanoes, which form the Mufumbiro range.

The native knowledge of the disease is surprisingly exact. "Ebibembe," as it is called, is classified into two distinct phases. The first of these is the initial appearance of the depigmented patches, and the second is when the edges of these patches begin to swell ; and they show in their diagnosis a clinical acumen which is quite remarkable. I have had cases brought to me as leprosy in the earliest stages, which I would have hesitated to accept as such, until a positive scraping from the nose revealed the bacillus lepræ, and proved these primitive diagnosticians correct.

It is difficult to give a true statement of their views on segregation. They both practice it and yet freely ignore it. There are a few leper colonies of their own making, and occasionally a village has a leper hut, where one poor unfortunate is separated from his people. And yet throughout the district, it is common to find lepers marrying untainted wives, and being allowed the freest intercourse with the rest of the community. This is the rule, and segregation the exception. The explanation of their contradictory attitude towards their lepers, I think, lies in the fact that

they do not believe in the infective nature of the disease. It is a fact that as we question our patients, we seldom can elicit a history of leprosy in the same family. In other words they do not look upon leprosy as a contagion, but as "an Act of God." Those who are isolated are probably put away because their condition is so repulsive as to become an offence to society.

The type of leprosy in Kigezi is of all varieties—anaesthetic, nodular and mixed. But Dr. Cochrane gave it as his opinion on his visit to the district, that the infectivity rate was abnormally high. This is borne out by a fact reported to me by one of the White Fathers, that in one village where six years ago there was one leper, there are now fifteen. Certainly some of the cases coming up for treatment are exceedingly severe.

Treatment was undertaken from the start following closely the guidance of Sir Leonard Rogers and Dr. Muir; and it has been of undoubted benefit. In one's absence from the field, no figures are available, but nodular cases in quite an advanced stage have been greatly improved—and the patients have shown by their perseverance in coming for treatment, that they were conscious of real benefit received. But when that has been said, there does remain a sense of disappointment in not getting the spectacular results obtained in India and elsewhere. We began to feel that the possible explanation was that, though the lepers were treated in an isolation ward, the surroundings of a general hospital did not give the chance of providing the general hygienic conditions (as necessary in treatment as the specific drugs) which would lead to more permanent benefit.

It was, further, impossible to extend our accommodation, and the whole problem of meeting the menace of leprosy in Kigezi demanded a wider and more ambitious plan. The following scheme was, therefore, worked out by Dr. Sharp, and it is on the eve of being put into operation.

On a large island, lying close in to the shore of Lake Bunyonyi, 6 miles from Kabale, there is to be established a leper colony. It will be staffed by two ladies, trained in administrative and leper work, and it will be visited regularly by a doctor on the staff of the C.M.S. Mission Hospital at Kabale. The lepers will be invited to come and make their homes there during the period of their treatment, and everything will be done to make their lives healthful and happy. In addition to extending a general invitation to all lepers, two classes will be specially sought for, namely,

the actively infectious cases, and the young children. A hospital is being erected to contain about 40 beds to deal with bed-ridden cases, and incidental diseases.

This scheme has been entrusted to the Mission as essentially a missionary enterprise, and the missionary side of the work should be its glory and crown. There must be few diseases where so long-drawn misery is more constantly present than in this. Its persistent gnawing pains, the devastating bouts of lepra fever, the wearisome length of its course, and its appalling ugliness all combine to make it the disease more shunned than any other by civilised humanity. To these sufferers the story of the Love of God in Christ comes as the dawning of a new day. I have never met any class of patient, who have been as receptive of the Gospel as the lepers; and it seems as though, just as it was when Jesus was here among men, He loves to stretch forth His Hand and touch them.

The acceptance of the Gospel, with its assurance of pardon, and the redeeming experience of the Life in Christ, means for the leper a mental state of such peace and joy, that all specific treatment is enhanced in value. And so the colony works for the healing of the whole man, as well for the body as the soul.

The scheme for dealing with leprosy as a whole will use this hospital and colony as the training school for the native medical assistants who, in growing numbers, are being sent out by Government and Mission to staff out-patient dispensaries. These will be able to come in for intensive courses of instruction in the best methods of treating leprosy, and on their return to the dispensaries they will be able to deal more adequately with those many cases who for one reason or another, are unable to come to the colony.

The Government of Uganda, the B.E.L.R.A. and supporters of the Mission at home have subscribed to erect the necessary buildings, and they are rapidly nearing completion. Further, the Government have undertaken to use their influence to persuade the lepers to come to the colony; and now the medical mission is on the point of starting this scheme to tackle the problem of arresting the progress of leprosy in this remote but populous corner of the British Empire.



GENERAL VIEW OF ISLAND AND LEPROSY SETTLEMENT ON LAKE BUNYONI,
UGANDA.



GROUP OF TYPICAL CASES AT KIGEZI, UGANDA.

