Leprosy in the Rhodesias.

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THE total area of the territory named after Cecil Rhodes is 440,000 square miles, and is known as Rhodesia. The region south of the Zambesi is called Southern Rhodesia and that north of the river is Northern Rhodesia.

Prior to 1923 both areas were under the administration of the British South African Company, but in October, 1922, Southern Rhodesia voted in favour of responsible Government, and in September, 1923, it formally became a Dominion of the British Empire. Northern Rhodesia previously administered by the British South African Company, became a colony of the Empire in 1924.

Southern Rhodesia.

Covering an area of 150,344 square miles, and with a population of approximately 976,685 in 1926, it has many problems to deal with, and not the least of these is the question of leprosy. The Southern Rhodesian Government has done a great deal for leprosy during the past half-a-dozen years. In 1926, a special leprosy officer was appointed and took charge of the Government Leprosy Settlement at Ngomahuru. This settlement forms the chief hospital for the colony, and has accommodation for some four hundred patients. The colony is arranged in villages and the inmates are separated according to whether they are married or single, or whether they are natives of Rhodesia or come from elsewhere. In addition to this there is a central administration block with a laboratory, dispensary, office and operating theatre attached. Ngomahuru is well situated and well organised and in the report the Secretary furnished to the Government it was suggested that this should be developed into a central training centre for the country. In every country where leprosy is endemic there should be, if possible, one or more institutions where medical men, and others, should be able to go for courses of training; for much of the success of treatment and of preventive measures depends on the keenness and knowledge of the District Medical Officers and their subordinate staffs. In passing I should like to say that those who are situated in Northern Rhodesia or Nyasaland should if they have an opportunity on their way south, visit Ngomahuru. In view of the possibility of further development of Ngomahuru into a training centre the Association recently granted £550 towards a water supply.

In addition to the work at Ngomahuru there are two other settlements in Southern Rhodesia. One at Mtoko, some 200 miles north-east of Salisbury on the main Blantyre-Salisbury Road. Owing to its proximity to Portuguese territory one would assume that leprosy was common in this area but until surveys are completed it is impossible to estimate the incidence. The Mtoko settlement is run on entirely voluntary lines whereas many of the cases at Ngomahuru have come in under the Leprosy Repression Ordinance. On his visit the Secretary was pleasantly surprised to find quite a large number of early cases ; in fact, in this settlement, although not so efficiently organised as the one at Ngomahuru, there were a proportionately greater number of early cases. This suggests that where voluntary methods are in force the early cases will come fairly willingly for treatment. The patients in this settlement live in the ordinary native huts and there is a trained native assistant in charge to give the injections and to attend to their needs. Recently, however, a British medical officer has been appointed to Mtoko, and the leprosy settlement will be under his charge. The present number in this settlement is about 260.

In addition to these two Government Leprosy Settlements there is one at Mnene which is organised and managed by the Swedish Mission. They have some 70 cases under their charge. The patients are housed in native huts and are given ground to cultivate.

Leprosy seems to be fairly generally distributed throughout Southern Rhodesia, although the incidence of the disease is not so high as in parts of Central Africa. From a recent survey of a limited area it is felt that leprosy is an important problem and should be effectively dealt with.

As a result of the Secretary's visit in the summer of 1930, certain recommendations were made regarding anti-leprosy measures. The first point which should constantly be remembered is that each country has to view the leprosy problem from its own angle. As far as Southern Rhodesia is concerned it was felt that the main points to keep in mind were :—

(1) Survey.

(2) Treatment of early cases and the isolation, as far as possible, of the " open " cases.

(3) Training of medical officers and others in the diagnosis and treatment of leprosy. This might also extend to native dispensers.

If measures of compulsion are contemplated it was suggested that the situation should be carefully reviewed,

lest any measures which are taken should act as a deterrent and frustrate their object. If any action results in the early cases hiding themselves, then it is unsound. Under certain circumstances, compulsion is a measure which may be useful, but it should be likened to a policeman's baton, remain hidden and only brought out in cases of emergency.

With regard to the first point, the question of a survey, this has been done to a limited extent. Dr. Moiser reported the results of a limited survey in LEPROSY REVIEW, Vol. II, No. 2, p. 52. It should be kept in mind that in preparing a survey of any definite area the chief aim is to examine as large a proportion of the population as possible without exciting suspicion. On account of the conditions prevailing in Southern Rhodesia, it was suggested by the Secretary in his report that it would be an impossibility to send all cases of leprosy to Ngomahuru, and that after surveys of chosen districts had been completed, it might be a useful experiment to endeavour to organise local dispensaries for the treatment of leprosy. It was pointed out that conditions at present were detrimental to out-patient work generally, and that as yet the natives have gained little confidence regarding general medical treatment. It was suggested however, that preliminary surveys should be carried out in a few districts, and after the discovery of an endemic focus some sort of organised dispensary work might be started. The scheme then which has been outlined for Southern Rhodesia is as follows :—

(1) Ngomahuru. Headquarters of the Leprosy Specialist, and training centre for doctors and dispensers, also centre for investigation and survey.

(2) A few small leprosy settlements in highly endemic foci, where infective cases from the surrounding districts would be treated. These would be under the periodic supervision of the Leprosy Specialist, who would advise, and in cases of special difficulty, would transfer patients to his own settlement.

(3) The gradual development of centres in suitable positions where native dispensers would be placed in charge, and to which cases from surrounding villages could come as out-patients.

The question will naturally be asked, what place is there for compulsion in the above scheme? It was recommended that the Leprosy Repression Ordinance should not be withdrawn. It is a useful ordinance so long as a certain amount of latitude is allowed, and the present system of encouraging cases voluntarily to present themselves for

treatment is continued. Cases in towns, and those who refused to undergo treatment, although urged by the medical officer to do so, might be compelled under the terms of the ordinance to submit to treatment. Compulsory powers should only be used in cases of emergency. If such latitude as indicated were allowed, and a scheme developed on the lines suggested above, as the benefits of the new treatment are realised, more and more cases will come forward for treatment.

Northern Rhodesia.

Unfortunately, owing to delay caused by illness, the Secretary was unable on his tour to do more than visit the capital of Northern Rhodesia, and meet the chief Government Medical Officers, and discuss the general leprosy position in the colony. It is known that certain areas of this territory, *e.g.*, Barotseland, are centres of very high incidence of leprosy. If, as there appears to be (*see* LEPROSY REVIEW, Vol. II, No. 4), about 1 per cent. of the population around Livingstone either suffering from leprosy or its effects, the per centage in Barotseland must be staggering. It is evident that some sort of survey should be organised in the various districts of Barotseland. This seems to be urgent, for no effective scheme for the combating of this measure can be contemplated without such a survey.

The British Empire Leprosy Relief Association has sent over £2,100 to the various stations in Northern and Southern Rhodesia, and supplies missionaries and others in this, as well as other countries in the British Empire with drugs and literature.