Leprosy in Ukuguru District, Tanganyika

C. A. WALLACE.

LEPROSY has been endemic in this district for many years, and the general concensus of opinion is that it is rapidly increasing.

The people here live on the border line of starvation. In a good year, they have a sufficient quantity to live on but suffer from the quality of the food which consists mainly of husked and ground Indian corn and millet. They use very little fat and vegetables, and get practically no proteins in their diet. In a bad year, they suffer in addition from lack of quantity. In many parts water is scarce or only obtainable from long distances thus making hygiene a difficult matter. No cattle can live in these areas on account of the glossina (tsetse fly), so milk and butter are only obtained at prices beyond the means of the African. The result of all this is that the ordinary person is undernourished and presents an ideal habitat for any disease that may be prevalent. Chronic malaria, syphilis, gastro-intestinal diseases and internal parasites (especially hookworm) are universal. So here we have everything favourable to the spread of leprosy—poor physique, a bad diet, debilitating diseases, bad hygiene and overcrowding. Above all, there is free and unrestricted movement of highly-infected cases of leprosy. They live and eat with their families who have no fear of them.

The official figure for Tanganyika (2·8 per mille) is greatly exceeded in this district. Judging by the number of cases whose gross lesions are obvious at a glance, I would say that there are at least 25 per mille. Closer clinical and, of course, microscopical examination, would reveal an even worse state of affairs.

Nodular and skin cases (papillary interfollicular and subfollicular, but especially the first), predominate. Nerve cases seem to be comparatively rare. The cases under treatment may be classified :—

N_1	...	...	...	...	13	per cent.
C_1	...	...	...	...	20	,,
C_2	...	...	...	...	22	,,
C_3	...	...	...	...	45	,,

Chiefly on account of ignorance, treatment is not sought early and so the course of treatment is of necessity

rather prolonged. As ours are the only treatment centres in the district, patients have to travel long distances for injections. They dare not delay over their return home, because it is only by exercising great diligence in their field work during six months that the year's food supply (scanty as it is) may be assured, so treatment for concurrent diseases has to be neglected.

The remedy for this state of affairs lies in :—

(*a*) Propaganda—the fear of the disease must be instilled into the people by lectures and cinema films. The people in many parts know nothing about the disease, its cause and treatment or about treatment centres. Some of my patients still firmly believe that witchcraft is the sole cause of their troubles. They see no reason why they should not use the utensils and clothing of healthy people or foul their wells. A mobile cinema and lectures would enlighten them, and by going to the root of the trouble, lessen the work of treatment.

(*b*) The provision of more camps for those who would stay in them would enable better treatment to be given in a shorter time under skilled supervision. If these patients are tided over the infectious stages of their disease in isolation there would be a great fall in the number of new cases. Treatment would be continuous and helpful advice and sympathy given. Their outlook would be more encouraging and their response to treatment would be better.

(*c*) There are many who will not, or cannot come into a camp or who are non-infectious, and their cases must be met by treatment centres. Out-patient treatment is not an ideal one for leprosy, but something must be done for these cases. Such centres would serve not only for injections, but they would be centres for leprosy propaganda. Foolish ideas could be combated and fears quietened.

During the year there has been a large increase in the number of new cases, but there has also been a decrease of the old ones. Patients stay away from treatment for the following reasons :—

1. Economic—they cannot spare the time as they have field and other work to perform.
2. The distance from their homes to the centres is so great that it is a tiring job going for injections.
3. Slight improvement in symptoms give them the impression that they are as good as cured.
4. Pain—we use hydnocreol and the injection of the

necessary bulk causes pain or, at least, considerable discomfort.

5. Laziness and indifference.

It is our duty to combat these excuses, even though to us they seem trivial compared to the disease. We should provide more :—

(*a*) Treatment camps where infectious cases can be treated under supervision.

(*b*) Treatment centres for those who can't, won't or needn't enter the camps.

With those ideals in view, I would suggest :

1. The developing of Msowera (now used exclusively for deformed " burnt-out " cases) for both " burnt-out " and infectious cases.

2. Opening a camp at Chahudya for infectious cases.

3. The opening of treatment centres at Makuyu, Tunguri, Chebedya, Mulali and Kongwa.

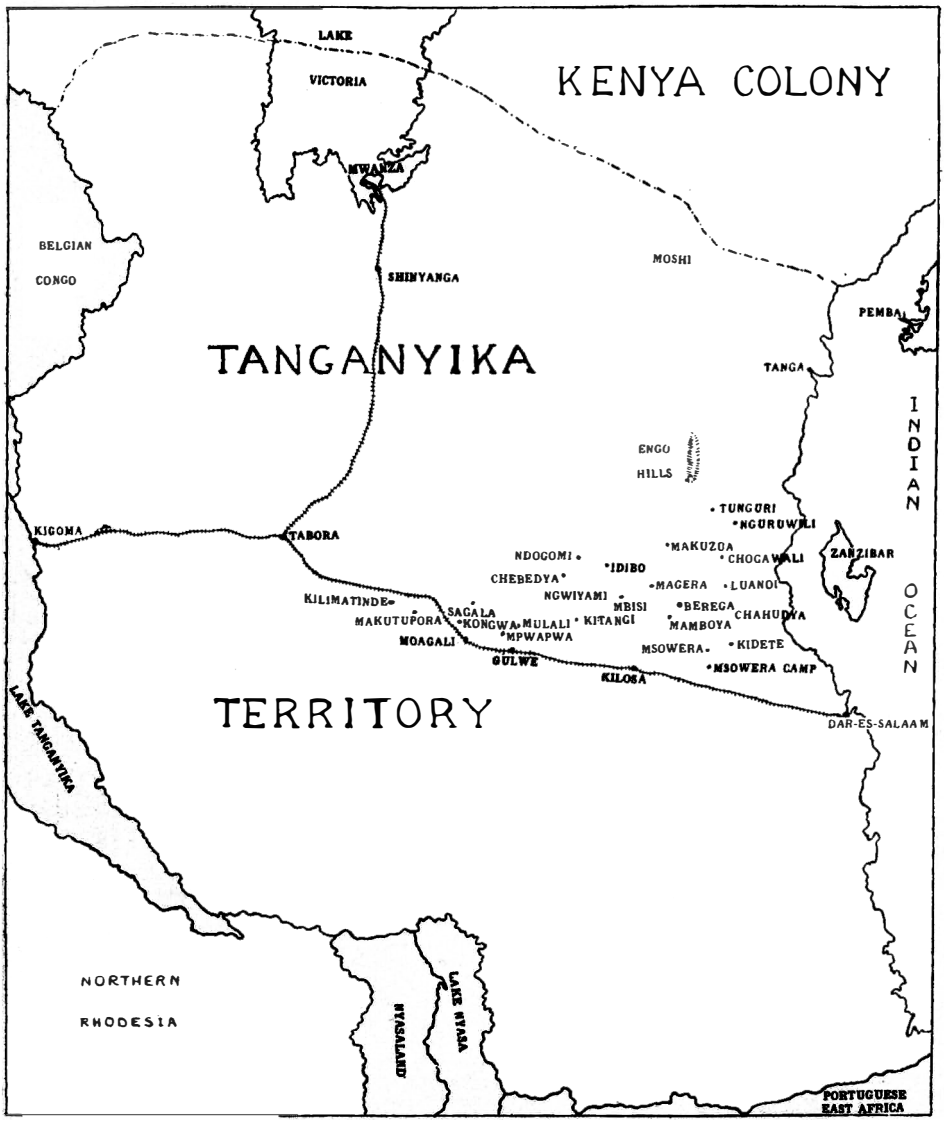
Even then only a small area will be thus covered, the vast northern and central areas remaining untouched. Sooner or later these areas will have to be provided with camps and centres of their own. In the central area, the leprosy incidence is certainly lower than in the Ukuguru district, but I believe in the northern area there is no difference.

Treatment centres have recently been established at Mamboyo and Idibo. At Berega, the centre has been moved further away from the village and now consists of treatment and preparation rooms. The Mamboyo centre consists of treatment and preparation rooms under one roof and separate huts where patients from a distance may stay for a short time. The Idibo centre consists of treatment and preparation rooms.

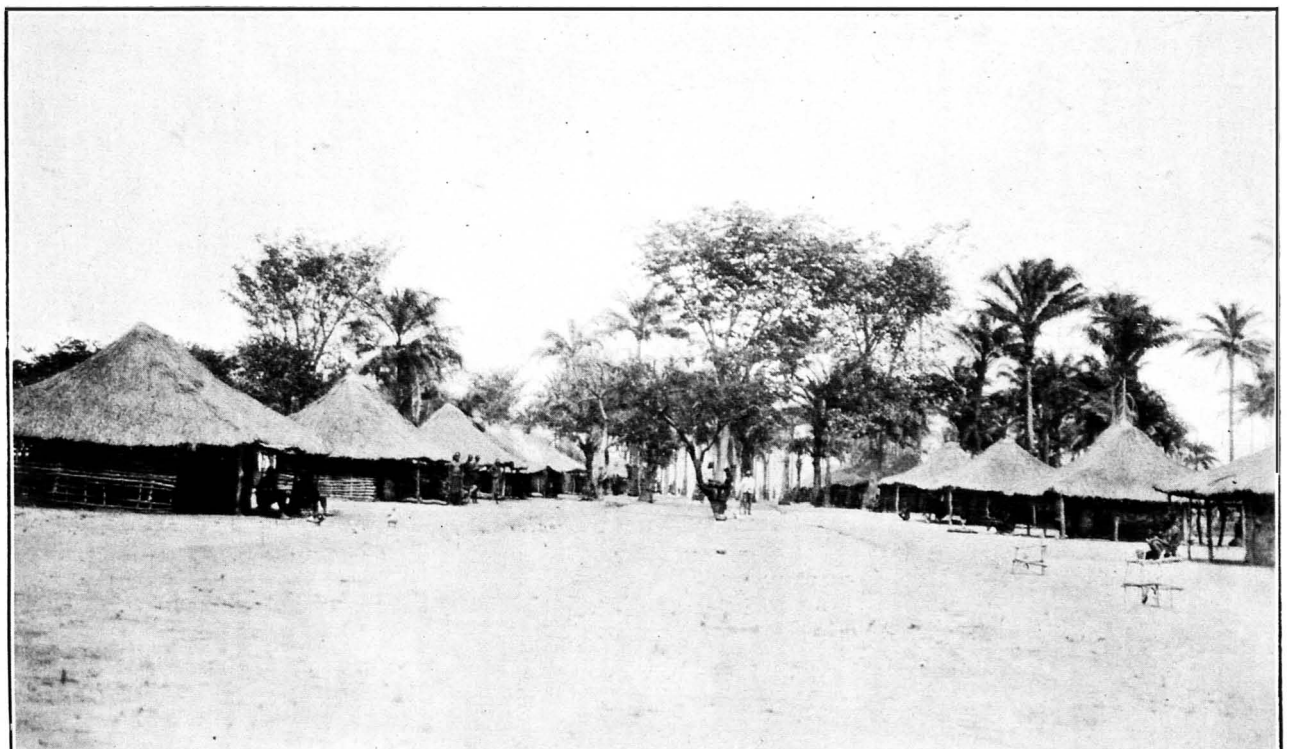
The result of treatment has been satisfactory and encouraging. The chief specific treatment was trichloracetic acid and hydnocreol. Pot. iod. is given in selected cases under control.

MSOWERA CAMP.

There have been two deaths among adults and two children, bringing the number of inmates down to 15. Recently, there has been one admittance and the number now stands at 16. The camp is visited fortnightly. The patients are as healthy as they can be and seem content and cheerful.



SKETCH MAP SHEWING STATIONS WHERE LEPROSY WORK IS BEING CARRIED ON BY THE CHURCH MISSIONARY SOCIETY IN CENTRAL TANGANYIKA.



BIBANGA, BELGIAN CONGO. A STREET IN THE CAMP.