

Some Facts about Leprosy in the Katanga, Belgian Congo.

E. R. KELLERSBERGER,

ON January 9th, 1931, there was opened at Bibanga, one of the first organised leprosy colonies in the Belgian Congo, and so far as is known, the first real colony in the Katanga. This is the vast and rich province in the south-east of the Congo, bounded on the south and east by Rhodesia and Tanganyika. Bibanga lies in the high and comparatively healthy Lomami District, in the north-west corner of this province, in the midst of a rich agricultural and pastoral region.

As in other countries, so in this country, a sufferer from leprosy is branded for life, and is a social outcast, though not in as full a sense as in more civilised countries, where definite laws are in force. Up to the time of writing, practically nothing has been done for leprosy in the Congo, though a beginning is being made now, and it appears that the work is being done mostly by the Protestant Missionary Societies and their medical services. No one knows how many cases there are in the colony—possibly thousands. The recent statement made by Dr. Schwetz, of the Government service, that in this section of the Katanga there were practically no cases, is far from true. The sufferer is, more or less, ostracised when leprosy is manifest, yet, in the earlier cases, the disease is very often unrecognised or hidden, and there is a free mixing with the non-infected population and this constitutes a real menace.

Ever since the founding of this medical post of the A.P.C.M. (American Presbyterian Congo Mission) in 1918, patients have come here sporadically, but never received much encouragement. In September, 1930, on return from furlough in America, the news spread that there was hope for those suffering from leprosy, and they began to crowd into our dispensary here. By December, the Belgian Administration gave permission to open a camp. All preliminary clearing and the construction of the first 40 temporary houses of mud, stick, and grass, was done by the territorial agent, and the chiefs of the surrounding tribes. Since the opening of the camp, the Government of the local district has contributed over 6,000 francs from the "caisses des chefferies," but on account of the general depression this has been discontinued this year, and no further definite support promised. However, some anti-leprotic drugs are being furnished by the district and

provincial services. All houses since built have been erected by the inmates themselves. On account of the good soil, the camp has become essentially an agricultural colony, and largely self-supporting as regards food. Out of 208 inmates, only 30 receive at present a small weekly ration (1.50 francs) and a small amount of salt. Almost from the beginning, the cases were limited to this district, with an approximate area of 80,000 square miles, and an estimated population of 500,000 people. Rules of entry have been strict, though no fees are required. The camp is kept clean by the patients themselves as well as the roads leading to it; a definite organisation headed by the graduate nurse and a self-chosen council of eight men keeps good order. The colony is three miles from Bibanga, or five minutes by a good auto road; isolated, and yet very accessible. With almost 500 cases registered at the Bibanga Dispensary, and 216 so far accepted at the colony, it seems safe to say that in this district there are more than a thousand sufferers. This is a rough estimate.

Most of the support for this work has come from the American Mission to Lepers, New York City; other help from private individuals and also from the Colonial Government, the Comité Spécial du Katanga, and the British Empire Leprosy Relief Association.*

An attempt has been made to classify the cases according to the report of the Leonard Wood Memorial Conference in Manila, P.I. This is the acknowledged revised classification adopted the world over. Of 217 cases, 149 cases were grouped as cutaneous, 24 as neural, and 44 as mixed cases. These have again been sub-divided into cutaneous, C₁—40 cases; cutaneous, C₂—73 cases; cutaneous, C₃—32 cases. The mixed and neural types were more difficult to group. Many of the last two mentioned groups showed enlarged ulnar nerves, and a number had loss of toes and fingers, and other deformities.

Treatment up to now has been almost entirely by mouth, using the hydnocarpus anthelmintica oil supplied from the Siam Medicinal Works, Bangkok, through the courtesy of the American Mission to Lepers. We began with two cubic centimeters a day, and increased as tolerated. Recently intramuscular injections of alepol, graumannyl and anti-leprol have been given twice a week, ranging from two to five c.cm. a dose. In the near future, we are going to use the intradermal method with moogrol plus 4 p.c. creosote furnished by the British Empire Leprosy Relief Association.

*B.E.L.R.A. has furnished drugs for the treatment of Leprosy but does not give grants to stations outside the Empire.

It appears that the intradermal method is especially useful in early cases with only a few skin lesions. Treatment by mouth is better borne and liked, also more economic. Some patients who have been here over a year have shown remarkable changes; in some cases, all the lesions have faded, and there has been a large gain of weight, and a general improvement that is accompanied by a new mental and spiritual outlook also.

Concurrent diseases especially have been dealt with. Here it has been trypanosomiasis, ankylostomiasis, schistosomiasis, ascariasis, malaria, itch, and sometimes venereal diseases, etc. This phase of the work is very important. Each house has a simple toilet, and the village is a model one as regards cleanliness, and there are very few mosquitoes. Efforts are being made to separate children, especially the older ones. So far, all the structures are temporary, and as yet there are many in the colony who are not suffering from leprosy. Precautions are imposed, and later it is hoped to isolate the children as far as possible. At present, as well as the 211 cases in the colony, there are 111 additional inmates as follows: 52 non-leprous wives with their affected husbands, and 4 non-leprous husbands with their wives. There are 37 girls and 18 boys untainted in these leprous families. Total population, 322 persons.

Most of the work of this colony lies in the future, and it is hoped that in a few years it will be on its feet, well equipped, a blessing to hundreds of the world's outcasts.