

The Leprosy Colony, Uzuakoli, South Nigeria.

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First Annual Report. March 31st, 1933.

ALTHOUGH this is conveniently headed the first annual report, the period covered is a matter of eight months, the first cases being admitted during the early part of August, 1932. Much of the work done has therefore been preliminary, and to some extent, experi-

mental. It is to the credit of those who supervised the construction of the permanent buildings that it was possible to begin the actual work of the colony at so early a date.

At first, cases were allowed to enter without discrimination, to ascertain what response the opening of the colony would receive. There was little doubt about that, however, for in three weeks 200 patients had taken up residence in a temporary camp, making their own shelters with the materials at hand. Further admissions then ceased, to allow time for consolidation, and to consider the most satisfactory method of regulating future admissions. Meantime, those who were sufficiently able-bodied were utilised to clear the bush and to begin the building of separate townships for men and women.

Of those already in residence, by far the greater number came from the immediate vicinity and belonged to the Bende division. With but very few exceptions they were advanced cases, who could hope for little more improvement than the amelioration of their immediate condition. Ultimately it was arranged that new admissions should be mainly by the recommendation of the various divisional officers, the number of cases from each division to bear some proportion to the financial contribution, early cases, as far as possible, being recommended.

The numbers of patients admitted to March 31st, 1933, was as follows :—

		<i>Deaths.</i>	<i>Left or Dismissed.</i>	<i>Total in Residence.</i>
Bende Division	140	5	4	131
Okigwe Division	156	4	4	148
Owerri Division	57	—	—	57
Aba Division	12	—	—	12
Ahoda Division	34	—	8	26
Others	16	—	1	15
<i>Totals</i>	<u>415</u>	<u>9</u>	<u>17</u>	<u>389</u>

These have been classified as follows :—

	<i>Men.</i>	<i>Women.</i>	<i>Children.</i>	<i>Total.</i>
Early cases	28	15	19	62
Advanced but able-bodied	131	39	29	199
Advanced and disabled	90	21	17	128
<i>Totals</i>	<u>249</u>	<u>75</u>	<u>65</u>	<u>389</u>

The totals include all the cases sent by the divisional officers and, in addition, those admitted in the first few weeks without any recommendation, and 40 were sent from the unofficial camp in Port Harcourt. In further explanation of the proportionately high figure for the Bende cases in residence, it should be noted that the majority of the children are from the Bende division, whilst a large number of the adults maintain themselves.

There are an additional 98 out-patients who attend from the towns adjacent to the colony once each week for treatment. Of these 56 are men and 42 women.

The principle of the treatment administered has been to eradicate all co-existent disease in each patient, as for example, yaws, malaria, scabies, ankylostomiasis, to build up the patients' natural resistances to overcome the leprosy infection, and to give weekly injections of hydnocarpus oil and its derivatives, carefully controlling the strengths of such injections by observing the temperature reaction. The temperatures of all the patients are taken morning and evening, by a number of patients trained to do so. All the children are given cod liver oil twice each day. Those unable to take injections are given whatever medicines are thought will improve or alleviate their symptoms. Certain of the patients are being trained as nurses, to do the dressings and to assist in the giving of the injections.

Those able to work are given one shilling each week towards their sustenance. Those too weak to work are provided with food. A number of the patients are independent of the colony for such assistance and work on two days only every week, this being their contribution to the upkeep of the colony. The greater the proportion of such cases the greater the number of admissions possible. The work done by the inmates has been the building of two townships, one for men, one for women, road-making, and farming. With reference to the latter, 35,000 seed yams have been planted, about five acres of cassava, a quantity of native beans and other vegetables, and 2,000 palm fruit supplied by the farm at Umudike. At present a piece of ground is being cleared preparatory to planting a number of citrous fruit trees.

The organisation of the colony is carried on, as far as possible, through the medium of a "chief" assisted by four "headmen," elected by the patients. These settle the majority of such disputes as there are, all who are dissatisfied having the right of appeal. So far this system has

worked satisfactorily. A number of patients trained as "police" assist in maintaining discipline.

To assist the sufferers to forget their sickness and to counter the morbid introspection that is so naturally an accompaniment of the disease, a number of social activities have been introduced, the expense of these being borne by the missionary society through the medium of specially contributed gifts. At Christmas each inmate received a present of clothing, and certain extra food. Sports were held amid considerable enthusiasm and prizes distributed. School is held each morning for the children, the most educated inmates serving as teachers. Two nights each week all adults attend school too, in order to learn to read. A band is being trained and assists in various ways in the life of the colony.

In presenting this report I wish to express appreciation of the interest accorded the development of the colony. Thanks are due to the Executive Committee of the Nigerian Branch of the British Empire Leprosy Relief Association, for a grant of £300 towards the building of a home for the uninfected children of leprous parents, and certain essential laboratory equipment.

It is too early yet to speak of anyone ready for discharge, with perhaps the exception of one particularly early case. The majority of the early cases and the advanced but able-bodied are showing some improvement. It is convenient, therefore, here to emphasise the importance of securing early cases for treatment. There is, of course, an administrative problem associated with leprosy, involving the plight of those who are disowned by their relatives and an offence to their neighbours. The settlement could be filled many times over with such as these. Such cases come to stay. On the other hand, the early cases are those who will go out again with their disease arrested. Early cases will not, however, apply for admission into a settlement that they know contains a large number of those who are disabled and deformed. In actual practice, with only little accommodation available in proportion to the extent of the disease, some kind of compromise is inevitable; but it is well to remember that the cases that are discharged are the colony's best advertisement to inducing others to present themselves while their condition is still hopeful.