

REPORTS

THIRD ANNUAL REPORT (1934) OF THE NATIVE ADMINISTRATION **Leprosy Colony, Uzuakoli, Nigeria.**

Dr. James A. K. Brown, the doctor in charge, reports that there are now 550 inpatients, an increase of 114 during the year. Of these, 15 per cent. are partially or totally self-supporting, and the rest are paid in money or kind for work done in the colony. The following are some interesting abstracts:—

“ There are 10 uninfected children in the children's ward provided by the Nigerian Branch of the British Empire Leprosy Relief Association, and others will be admitted shortly. They are in charge of ‘ clean ’ nurses, and have been fed artificially on ‘ Cow & Gate,’ ‘ Trufood ’ and Nestle's Milk, until old enough to transfer to ordinary food.

“ The farming policy has again been modified. The land has been divided among the able-bodied dependent cases, and they have each been given a number of seed yams. The colony work has been restricted to the mornings, leaving the afternoons free for farming, resting or their own private pursuits. For the morning work they are paid subsistence money of sixpence weekly, with which to provide meat, fish, salt, oil, tobacco, etc. The weakly and the children are provided with yams on certain days, oil and meat, and given a little money with which to buy the other necessary foods. This introduction

of individual farming, with reduced subsistence money in place of communal farming, has only become possible as the colony has developed.

"The social, recreational and religious work in the colony has been provided for financially by the Methodist Missionary Society."

St. John's Leper Colony, Mandalay.

This institution has a pauper ward with 69, and a voluntary ward with 396 patients. There is also an orphanage with 36 healthy children of leprous parents. The patients are treated by up-to-date methods, and are taught various industries and encouraged to take plenty of exercise. Regarding out-patient work, the following quotation is of interest:—

"Lepers attending as out-patients are not many. The panic of the educated class and the callousness of the layman seem to be the two greatest obstacles that keep the patients from seeking advice until the symptoms are far advanced. Unless vigorous steps are taken to give effect in respect of propaganda, treatment and survey, it will be impossible to stamp out leprosy in the province. I have reason to believe that there are plenty of lepers in Mandalay."

REPORT OF DR. H. C. ARMSTRONG ON A LEPROSY SURVEY IN THE REGION ROUND THE SOUTHERN PORTION OF Lake Bosumtwi, S. Nigeria.

We make the following extracts from the report, which are of special interest:—

"The area covered was along the margin of the lake from Isase to Anhase, being from the West to the South-East shore, which is the portion of the lake in the Bekwai district.

"There is a general belief that the lepers received their disease as a punishment for transgression against the lake god. The patients themselves appear quite resigned to their fate. There are no attempts at segregation except in the old burnt-out cases with marked deformities. From the preventive aspect this is useless.

"The general sanitary condition of most of the villages is very poor, the lake being used as rubbish dump, water supply and latrine. Several have uncovered pit latrines at the edge of the lake; these pits are full of water and during the rainy season, owing to the seepage water from the surrounding hills, overflow and foul the land. A solution would be to have pit latrines properly covered dug at the back of the village on the high ground, with efficient contour drainage to carry away the surface water.

"The total population for the ten villages in the area is 2,651, and there were 84 cases discovered. This gives a combined rate per mille of the district of 31.69, which is abnormally high. The number of cases under the age of 25 years was 43, which is over 50 per cent. of the total cases for all age groups. A fair percentage of cases, when asked, admitted that either one or both parents had suffered from leprosy.

"If a settlement were established useful work could be carried out in preventive propaganda. With a small laboratory bacteriological examination could be carried out in all cases, and also apparently healthy contacts could be examined to exclude cases harbouring the bacillus without showing clinical signs."

ANNUAL REPORT OF **Work for Leper Patients in Japan, 1935.**

"The most important feature has been the wider spread of knowledge among the people about the disease itself, about the ways of prevention and the treatment of the disease, and about the condition of the several hospitals, government and private, in which at present several thousands of leper patients find comfortable homes and are being tenderly cared for.

"Another important feature of progress has been the increasing number of medical men in Japan who are industriously studying the subject of leprosy from the scientific point of view, by which much additional light is shed upon the nature and development of leprosy and the ways of preventing its spread, as well as upon the subject of the treatment of patients.

"Still another step in steady advance during the past year has been the increase of hospitalization facilities both at government and at private institutions. This feature of the subject, however, is lagging behind the known need of care for leper patients and even behind the amount of application for entrance made by patients.

"There is at present a greatly encouraging co-operation between leper patients desiring to be treated and cared for and the government medical authorities desiring to meet their needs and requests. This co-operation is a new thing in Japan. Until recently the efforts to get leper patients under care and treatment in government hospitals were only on the part of the government. The patients steered clear, as far as possible, of being detected and 'taken in.' It savoured to them too much of being consigned to prison with a life sentence. And while there are doubtless still thousands of leper patients among the non-hospitalized who have more or less of this feeling of dread of a hospital, their numbers are constantly and rapidly decreasing."

The inspection tour of Dr. Hayashi and the Educational Leprosy Conference held in November, 1933, are mentioned. Then the work in the various leprosaria throughout Japan is briefly described. The account of the Ai-sei-en (Love-Life Garden) is of special interest:—

"The growth of this institution has been phenomenal. It was not until March 27th, 1931, that the first patients, 80 in number, were transferred from the Zensei Byoin to the new plant at Nagashima. At the close of 1934 there were about 1,000 patients. One of the secrets of this very rapid growth in the number of patients is *the rule of voluntary admission* laid down at the start four years ago and strictly adhered to thus far. This was something untried in government leper hospitalization in Japan and has put an entirely new phase to the subject. Its initiation by the Ai-sei-en has not stopped there but has been followed by numbers of voluntary entrants in the prefectural leper hospitals. The adoption of and strict adherence to

this policy of admitting only voluntary applicants by all the government hospitals in Japan would doubtless have a two-fold result. It would keep out of the hospitals certain advanced and hopeless cases that would easily be detected by the police inspectors. But this would be far more than offset by the larger number of initial and hopeful cases that under the policy of compulsory entrance seek in various ways to elude detection by the inspectors. This, at least, has been the two-fold result of the Ai-sei-en under its policy of voluntary admission, and there is no good reason to expect that the result would be different in the other hospitals."

The report is written by A. Oltmans, Secretary for Japan of The American to Lepers.

REPORT OF DEPARTMENT OF LEPROSY OF **French West Africa** FOR 1932.

This report tells of the initiation of a wide and well considered plan of campaign against leprosy in the French provinces of W. Africa. A sum of five million francs has been budgeted for this work.

The scheme includes the following:—

"The formation (for each circle in principle) of special villages reserved for sufferers from leprosy, and constituting an annex of the dispensary of the chief town of the circle.

"The construction in each colony (Ivory Coast, High Volta, Senegal, Sudan) of a home intended to accommodate the impotent diseased, unable to fully meet their own needs.

"The construction in Bamako of the Central Institute of Leprosy, an institution to include a complete organisation for the scientific study of this affection and of its treatment, and offering accommodation for a large number of cases subject to this treatment.

"The prophylaxis of leprosy will not be carried out simultaneously on all the circles of the Ivory Coast. It will first be organised in a few circles, and subsequently extended to the whole of the colony.

"The circles where the prophylactic action is to be exercised from now onwards are: The Circle of Bassam, the Circle of the Lagunes and the Circle of Tagouanas in addition to the Circle of Bobo-Dioulasso and the Circle of Ouagadougou.

"The treatment of cases affected by leprosy is already in operation at the Bamako Laboratory, where the Doctor, Captain Gourvil, attends to nearly three hundred cases affected by leprosy inhabiting Bamako, or who have come from the neighbouring localities to receive treatment."

M. Trefouel, Chief of the Laboratory of Professor Fourneau, at the request of M. Marchoux, in the course of a series of manipulations carried out first by both himself and the Chief Medical Officer of the Leprosy Service, and completed by the latter, has initiated the practical manufacture of distilled ethylic esters of oil of chaulmoogra. The accurate technique of this manufacture has been drawn up by the Chief Medical Officer of the Leprosy Service in a

paper with a view to the manufacture of these esters at the Central Institute of Leprosy.

A survey has already been carried out in limited areas, and has shown 4,682 cases. If one estimates at 50,000 the number of leprosy existing in the Federation, it is gathered from the foregoing that the hunting out and the census of the cases affected by leprosy have only been "primed" during the year 1932.

After those of Great Britain the colonies and dependencies of France are next in importance. Apparently the disease of leprosy is of great importance as a problem in French West Africa, and it is good to see that it is being dealt with by the French Government by modern methods. We hope to see co-operation between these two countries in solving their mutual problem of leprosy.