

## REPORTS

### Egypt.

Abstract from Report of Medical Department for 1934 :—

Leprosy is considered to be one of the oldest endemic diseases in Egypt. Measures for combating this disease on modern lines were started in 1929. At present no definite information exists as to its incidence throughout the country, a systematic general survey not as yet having been carried out. It is hoped, however, that this will be possible when the projected leper colony at Abu Zaabal has been completed.

Existing statistics of leprosy show that there are about 6,000 cases of leprosy in Egypt (Rogers), but this estimate cannot be altogether relied upon. Comparison between the old and recent statistics of the disease in other countries in which leprosy is also endemic would lead us to estimate the number of lepers in Egypt at approximately 10,000 cases, i.e., 7 per 10,000 of the population.

As leprosy is a chronic disease of low virulence the recorded death-rate from leprosy usually does not exceed the general death-rate in countries where it is prevalent. The measures at present taken against leprosy in Egypt consist chiefly in the treatment of lepers in special out-patient clinics. Five of these clinics were opened during the years 1929-1933. Four of them were instituted in the provinces of Sharkia, Gharbia, Minya and Girga each in the capital town of the province, but, attached to each clinic are several sub-clinics at various distances around the clinic which are served by specially designed motor ambulances. The fifth unit is in Cairo and was the first to be opened for the treatment of leprosy in this connection. To this out-patient clinic is attached a hospital of 50 beds which has recently been reserved for the isolation of female lepers. A colony intended for the isolation of all cases of leprosy, both male and female, has recently been started at Abu Zaabal, some 30 kilometres to the north of Cairo in a healthy situation in the desert far from human habitations where ample land is available for the future extension of the colony. Accommodation for 100 patients already exists and plans have been prepared for future extension as funds permit.

Below are quoted statistics of the four provincial units with their sub-clinics together with those of the two permanent institutions in Cairo and Abu Zaabal for the last five years. It is to be observed in connection with these statistics that they represent the incidence of leprosy only

in the localities in which these clinics are situated and cannot be taken as representing the total incidence of leprosy in Egypt:—

Number of patients examined	...	...	5,805
Number found negative	...	...	3,346
Number found positive	...	...	2,459

these are detailed as follows:—

Males	...	...	...	...	2,043
Females	...	...	...	...	416
Married	...	...	...	...	1,147
Single	...	...	...	...	1,312
Egyptians	...	...	...	...	2,454
Foreigners	...	...	...	...	5
Mohammedans	...	...	...	...	2,004
Copts	...	...	...	...	455

On enquiry:—

1,272	denied exposure to infection.
1,187	confessed contracting the disease from others.
653	stated that their illness was hereditary.
534	illness acquired from a non-family source.

On examining patients for the type of the disease the following were found:

273	...	...	...	...	skin.
916	...	...	...	...	nervous.
1,270	...	...	...	...	mixed.

During the year, two leprosy sub-clinics were inaugurated in connection with Tanta leprosy clinic; one in Mehalla-El-Kobra (January 7, 1933), and the other in Kafr-El-Zayat (February 6, 1933). Two leprosy sub-clinics were also inaugurated in connection with Minya leprosy clinic, one in Samallout (March 4, 1933) and the other in Abu Korkas (March 9, 1933).

These sub-clinics constitute a further expansion of the original scheme of automobile leprosy units which was brought into active operation in July 1933. This scheme has been financed entirely from economies in the existing organisation and has entailed no extra expense. These travelling leprosy units carried on their work throughout the year with great satisfaction both to patients and to the Section. It is proposed to increase the radius of action of each automobile up to 50 kilometres in order to meet the needs of leper patients in the more distant villages.

Although the permanent scheme for the provision of water and electric light has not yet been completed, the Leper Colony at Abu-Zaabal was opened to receive patients on June 3, 1933, and, at the end of the year, 81 lepers were undergoing treatment there.

The colony has been provisionally reserved for the

accommodation of male lepers only, female lepers being accommodated in Cairo leprosy hospital.

It is the intention of the Section ultimately to use this colony as a centre for the treatment of infectious cases only, who, on becoming negative will be discharged and returned to their homes for out-patient treatment in the local sub-clinics.

During the year, leprosy was, by Ministerial decree, placed in Schedule 1 of Infectious Diseases, a measure which will enable the Department to isolate such cases as are actively infectious.

In this branch too, the number of patients attending its units during the current year amounted to 1,639, being an increase of 352, (27%), over those of the previous year.

One medical officer from the leprosy branch was sent to Europe on practical mission for one year for the study of Tropical Diseases.

### **Strait Settlements.**

The following is abstracted from the Annual Report of the Medical Department for 1934.

"The problem of how best to meet the pressing need for increased accommodation for lepers is engaging the earnest attention of the Government. Since modern treatment was introduced, lepers have sought refuge in the existing leprosaria in increasing numbers and the large number of applicants now seeking admission and treatment is proving a source of embarrassment to the administration charged with the task of accommodating them. If all cases admitted were in an early curable stage of the disease the possibility of early cure would to some extent mitigate the difficulty. But this is far from being the case and an ever increasing residue of advanced incurable cases is gradually accumulating. Of 234 lepers admitted to Pulau Jerejak Settlement in 1934 only 36 were found to be in the early stages of the disease, 50 were moderately advanced and 148 were advanced.

"The problem in Malaya differs in one important respect from that in most other countries. The vast majority of cases occur in Chinese, many of whom are immigrants who probably bring the disease into the country with them. Owing to the long incubation period, extending over many years, these immigrants may show no signs of the disease on arrival although infected in China some time previously. The disease in such cases only manifests itself some years after the sufferers have settled in Malaya. Efforts are now being made to examine all Chinese and Indian immigrants for signs of early leprosy and a certain number have been detected, rejected and returned to their country under the powers conferred by Section 56 (2) of the Quarantine and Prevention of Disease Ordinance. Even so a certain number of infected cases will gain admission and show signs later.

"Extensions to the Pulau Jerejak Settlement which now has 850 beds are being made in 1935 and the question of further expansion

to meet the requirements of the next five years is being considered in its relation to Malaya as a whole.

"It is pleasing to recall that the incidence of leprosy amongst Malays is remarkably low and the number of Malays who require segregation forms a very small proportion of the leper population. Of the 968 patients at Pulau Jerejak Settlement at the end of the year, only 29 were Malays. It is also noteworthy that leprosy occurring amongst Indians in Malaya is of a comparatively mild type and it is found that Indians respond more readily and with happier results to treatment than other races. There were 122 Indians out of the 968 inmates at the end of the year.

"It will, then, be realised that the problem presented is one which concerns chiefly the Chinese who account for 799 of the total 968 inmates at Pulau Jerejak Settlement; and this proportion probably represents reasonably accurately the relative distribution amongst races in Malaya. The nucleus of the problem is the previously infected, but not yet actively leprosy, Chinese immigrant.

"Four hundred and twenty-two cases of leprosy were admitted to Government institutions during the year, most of them to leper settlements at Pulau Jerejak, Singapore and Penang. The number so admitted in 1933 was 489. The number of patients admitted to Pulau Jerejak Settlement has been steadily increasing in recent years from 180 in 1931 to 234 in 1934, due mainly to the increasing popularity of the institution and the reputation it has gained since the introduction of modern and expert treatment. An encouraging feature of the admissions last year was the higher ratio of early and moderately advanced cases received for treatment. A comparison with the cases admitted in the previous three years emphasises the improvement in the past year :—

			Early	Moderately Advanced	Advanced.
1931	...	...	—	2	147
1932	...	...	—	3	191
1933	...	...	12	21	165
1934	...	...	36	50	148

"It will be seen that notwithstanding the improvement in the type of case admitted there is still a marked preponderance of advanced cases for whom treatment can be of little avail and who will in future years swell the residue of helpless and crippled inmates."

### **Federated Malay States.**

The following is abstracted from the 1934 Report of the Federal Leper Settlement at Sungei Buloh, near Kuala Lumpur.

"There were 1,104 patients at the beginning of the year as compared with 1,082 for 1933. This number had grown to 1,320 at the end of the year. The total number of those treated in the settlement during the year amounted to 1,695.

"It is gratifying to record that 163 patients have been discharged bacteriologically negative and free from any signs of active external lesions. While this figure represents a very satisfactory result of the intensive treatment carried out at Sungei Buloh, there are one or two important points that invite consideration. The first is that the

discharged patients were, when admitted, suffering from a mild or early form of the disease. The second is that the number of mild cases now admitted bears a smaller relation to the total admissions than formerly. There is therefore a steadily increasing yearly residue of permanent inmates which will swell, in future years, the numbers of advanced incurable cases. Furthermore, the percentage of discharges calculated on the total number resident may be expected to diminish as the residue increases from year to year. It is noteworthy that the percentage of Indians released during the year is very much higher than of Chinese. It appears that leprosy occurring in Indians in Malaya is of a comparatively mild type, and it is found that Indians respond more readily and with happier results to treatment. This find is all the more remarkable when it is recalled that a survey of the population of Madras carried out in 1930 showed that 0.85 per cent of the population showed signs of leprosy.

"There has been a remarkable fall in the death-rate in the settlement during the past four years. The death-rate was 70 per mille in 1931 and has steadily declined to 30 per mille in 1934. It is anticipated that with the increasing number of admissions of comparatively able-bodied patients the death-rate during the next few years will decline still further.

"There were seven births in the settlements during 1934 with no deaths. This is in marked contrast with the six deaths amongst the seven infants born in 1933.

"Treatment.—The routine treatment of leprosy has now been placed on a more satisfactory basis than formerly. The great majority of patients receive treatment with intramuscular or subcutaneous injections of ethyl esters of hydnocarpus wightiana oil. A total of 1,289 cases were so treated during the year. A total of 44,452 intramuscular injections were given compared with 24,374 injections in 1933. In addition 8,740 affected areas of skin were treated with intradermal injections. Care has been taken to ensure as great a measure of accuracy as possible in the assessment of results of treatment. The assessment has been based on:

- (a) a scrutiny of each patient's clinical records and response to treatment during the year.
- (b) a final examination of the patient's condition at the time of assessment; and
- (c) the patient's own statement.

Of 1,104 cases treated through the year there were:

Improved	...	...	871 cases or 79 per cent.
Stationary	...	...	145 " 13 " "
Worse	...	...	88 " 9 " "

"In the early part of 1934 it was felt that although treatment with esters was the most satisfactory treatment that could be offered at Sungei Buloh, the results from this line of treatment could not be regarded as altogether satisfactory. During the year efforts were made to improve the routine treatment. Ninety cases were selected who had either become worse on treatment with esters or had for some reason found it unsuitable. They were again given esters after being specially examined before each injection. The dose was varied at each injection to suit the varying condition of the patient, the guiding principle being a drastic reduction in the dosage on the appearance of

any sign of temporary instability of health. It was found that very few of these cases were really stationary. There was clinical evidence of a constant minor ebb and flow of leprotic activity. In 15 of the cases treated it was deemed advisable to alternate the injections of esters with intravenous injections of fluorescein. At the end of the year 75 per cent. of these ninety cases, which had previously become worse on esters, had definitely improved and 25 per cent. remained stationary or were worse. This experiment is regarded as of great importance since it shows that the benefit to be derived from treatment with esters depends to a great extent on close individual examination of each patient and continuous and accurate attention to the dosage. It also throws doubt on the efficacy of mass treatment and indicates that such treatment may in certain circumstances prove actually harmful.

"A further attempt to improve the quality of the treatment with esters was made by instituting an 'interval' treatment with fluorescein or phthalic acid between routine courses of esters. Three hundred and ten cases were so treated and of these 84.4 per cent. showed improvement and 15.6 per cent. remained stationary or were worse. Other forms of treatment given to suitable cases were Tai Foong Chee which was taken by mouth by a number of decrepit and senile cases for whom active treatment was considered inadvisable. This is an old established remedy in which many Chinese sufferers have faith. Chaulmoogra oil has been given in capsules by mouth as supplementary treatment to about 20 cases. Solganal-B. Oleosum, a gold preparation in oil, was given to sixteen patients with leprotic ophthalmic lesions with encouraging results.

"General. The morale of the settlement has been good throughout the year and the patients have amused themselves with the usual games, entertainments and social activities. It is found however that the treatment forms one of the chief subjects of interest amongst the patients and overshadows the other attractions provided to occupy their over-abundant leisure."

### North Rhodesia. FROM THE MEDICAL REPORT FOR 1934:—

"One hundred and sixty-nine cases were notified during the year, and it will be seen from the following table of notifications that the Balovale district is still the most infected area.

	Cases.
Nkana ... ..	1
Broken Hill ... ..	2
Balovale ... ..	82
Choma ... ..	6
Fort Jameson ... ..	26
Fort Rosebery ... ..	12
Livingstone ... ..	11
Lusaka ... ..	12
Mazabuka ... ..	10
Mongu ... ..	7

"It is impossible to state with any degree of accuracy the number of lepers in the Territory, but they amount to several thousands."

**Dichpalli.** NIZAM'S DOMINIONS, INDIA.

The following is quoted from the Annual Report of the leper colony for 1934, where 782 patients were treated as against 732 in the preceding year :—

"190 patients were discharged, 130 left the Home without permission, and 552 were refused admission—some for want of accommodation and the majority because they were not suitable for treatment.

"The number of children under treatment was never so great as during this year, as the Dichpalli authorities never refuse admission to boys and girls.

"One very distinctive feature of the year was the never-ending pressure of application for admission. The resources in accommodation and maintenance were taxed to the utmost; 732 lepers had for some time during the year been under treatment as in-patients. The daily average attendance at the hospital was 425. In addition to this, the Dichpalli authorities had refused, sometimes most reluctantly, no fewer than 573 applicants for admission.

"Most of the Local Fund Committees of the districts have agreed to give an annual grant-in-aid to the hospital.

"It is very gratifying to note that during the year no fewer than 166 passed the exacting medical tests and went out on parole free from infection and symptoms of active disease. While there could be no certainty as to what proportion of them will remain so, the presumption is that the majority of them will not see further disturbing indications of the disease."

**Burma.**

Abstracted from the Public Health Administration report for 1934 :—

"No new leprosy survey was carried out during the year, as it was considered better policy to consolidate the work in the Minbu and Meiktila districts which had been already surveyed. A special officer was stationed in each district for this purpose. The colony which had been opened in Minbu in December 1933 progressed on satisfactory lines, and at the end of the year 34 lepers were residing in it. Its initial expenses were defrayed by a grant of Rs. 500 from the Burma Branch of the British Empire Leprosy Relief Association, Rs. 350 from the District Council, Rs. 100 from the Municipality and Rs. 50 from the Deputy Commissioner's Local Fund. There is a demand for increased accommodation in the colony, and its year's work can certainly be regarded as satisfactory. There are two classes of patients in the colony, private and public. The private patients are given only free treatment and make their own arrangements for food. The expenditure on the public patients is met entirely from the special leprosy fund. The clinics in the towns of Sagu, Pwinbyu, Salin and Sinbyugyun in this district did not meet with the same success. The distances that people had to travel to get to the clinic made it difficult to increase the numbers.

"In Meiktila district there were clinics in Meiktila itself, in Mahlaing, Wundwin and Thazi, and the Special Leprosy Officer's

energetic work resulted in satisfactory attendances. The leprosy problem in this district is a very serious one. The figure given in the 1931 census for lepers in this area is 1.31 per 1,000, but a survey of 19,249 people showed that the true incidence is 16.57 per 1,000. If this survey ratio is taken as representative of the whole district, which has a population of 309,999, it means that there are over 5,000 lepers in Meiktila district alone. The need for a leper colony is very great and for that reason a local committee consisting of the leading persons in the district was formed in September 1934 to raise funds and to establish a colony. It is disappointing to record that up to now the difficulties of securing a site have not been solved. Suitable sites are available near Meiktila, but the prejudice organised or otherwise, of the local villagers, against the establishment of a leper colony near them has held matters up. The Burma Branch of the British Empire Leprosy Relief Association is ready to help the colony with a grant and in fact has already handed over some money for the sinking of a well.

"In Monywa, the excellent record of the leper colony, which was established there in 1927, has been maintained and at the end of the year there were 60 resident patients. In Kengtung in the Southern Shan States, a colony is run by a Roman Catholic Mission; at the end of the year 82 patients were living in it."