

Editorial

The visit of the Medical Secretary to three of the Colonies of British West Africa has resulted in the writing of reports on each of these. A desire has been expressed on the part of several of our readers for copies of these reports, and we have therefore embodied them in a special West African number of the Review.

The leprosy problem is many-sided. The disease itself is one, and we have no reason to believe that there are varying strains of the lepra bacillus; but the manifestations of the disease are manifold, and the predisposing causes, which fertilise the soil of the human body for the growth of the germ, or which hamper or destroy resistance to its growth, are innumerable. Also there are economic, educational, sociological and other factors which have an important bearing on the leprosy problem. All of these have to be studied if this difficult disease is to be understood and in the end effectively controlled. And it is not sufficient to study them in one country or among one race alone, for they vary in every land and in every province, among every tribe and people.

The reader of the reports which make up this number of the Review will find ample confirmation of the above statement. And yet there are certain general principles which should be kept in mind wherever anti-leprosy work is attempted. These may be summarised as follows:—

While treatment is of great value in a campaign against leprosy, the chief reliance must be laid upon prevention. Generally speaking, leprosy is easy to prevent but difficult to cure. There are many cases in which the disease is abortive. There are many others, comprising at least 50 per cent., in which under favourable general conditions complete recovery could be confidently looked for with the aid of efficient and continuous treatment. But treatment alone, while beneficial for individuals, is of limited value in the control of the disease in a community. A single unisolated highly infectious case, even if under regular and efficient treatment, may spread the disease to many contacts.

But one of the most important functions of treatment is as an aid to the prevention and control of the disease in the community. Without winning the confidence and willing

co-operation of the patient and his relatives little can be done in this direction; and it is treatment above all things that wins this confidence.

To the up-to-date public health worker who first visits a tropical village, little of practical value towards the prevention of disease may be apparent. But a careful study of tribal customs and taboos soon shows that it is most unjust and unwise to despise the ancient lore of primitive people, which at its roots is often very sound. Their observations are wonderfully accurate, though the conclusions drawn from these observations may be fallacious and needing of correction, as is shown in Section 3 of the Sierra Leone Report. There is undoubtedly among primitive peoples all over the world a peculiar dread of leprosy, recognition of the fact that it is spread by contact, and an attempt (often more or less futile it is true) to prevent this spread by means of isolation. These ideas and customs embody a tremendous latent force which the wise sanitarian will seek to understand and utilise in his preventive and public health campaign.

It has been clearly demonstrated in many countries that compulsory segregation is a two-edged weapon. When applied from without the community, it may gather in a certain number of conspicuous cases, but at the same time it drives to concealment many other infectious lepers who continue to spread disease—the more so because of the surreptitious mode of life to which they are driven.

On the other hand compulsion exercised by local public opinion, or by some local secular or religious magnate whose word is accepted as law, is a powerful force in bringing about effective isolation. There is little doubt that the action of the Church in England in the Middle Ages must have had a strong influence in stamping out leprosy. This was embodied in a funeral service, explicitly marking the leper down as dead to the whole community and forbidding him to come into direct or indirect contact with healthy people and especially with children. Here isolation was carried out by the community itself, lead by the local representative of the church.

In West Africa in many places the paramount chief has sufficient power to carry out effective segregation of lepers, and in some chiefdoms he is not only willing but anxious to exercise this power. But, whether it be chief or the medicine

man or the priest, it is the local and not an outside authority that is likely to prove successful in exercising compulsion.

Another important matter is one that we referred to in the editorial of the last issue of this journal. It is so clearly exemplified in the contrast between the most and the least efficient of the leper institutions in West Africa, that we refer to it again. Patients must be taught to realise that they are the beneficiaries and not the benefactors, otherwise there is no discipline and little good can be done.

We have already referred to the latent power embodied in the ideas and customs of primitive tribes and peoples. A vast amount of help may also be had from those who may be trained to undertake anti-leprosy work in their own villages. Young men and women suffering from comparatively mild forms of leprosy may during their few years sojourn in a leper settlement be trained in the treatment and prevention of leprosy, as well as in general public health measures. When on recovery they return to their homes their knowledge may prove invaluable in the campaign against leprosy and other diseases.

Also the school teacher often holds a strategic position in a poorly educated community. If he has been given a practical training in the nature of leprosy and how it may be controlled, he is in a position to pass on his knowledge to both pupils and parents of pupils.

It is now generally agreed that whatever steps are taken, the most important must centre round the child. Various methods of child-welfare enabling the infant to be separated from the infectious parent at birth have been discussed in the reports.

Another important matter touched on, and one that has created considerable interest among public health workers, is the utilisation of the leprosy campaign for the promotion of general public health work. In other words leprosy may be considered as a key disease. Fear is one of the most powerful of instinctive impulses; and if this impulse can be hitched to other health problems, even leprosy may be acknowledged in the end as a not unmixed evil or even as a blessing in disguise.