

REPORTS

Sudan.

The Report of the Sudan Medical Service for 1935 states :—

“ At the end of the year 2,698 lepers were in camps or settlements, and 1,512 were under observation and treatment. The distribution of leprosy in the Sudan is estimated as follows :—

PROVINCE	In Camps or Settlements		Under observation and treatment as hospital out-patients	Total under treatment	Under observation	Estimated No. of further cases	Estimated total No. of cases
	Segregated	Under treatment but not segregated					
Northern ...	—	—	52	52	—	—	52
Blue Nile ...	—	43	19	62	—	—	62
Kassala ...	—	26	—	26	—	—	26
Khartoum ...	—	—	34	34	—	—	34
Kordofan ...	—	—	419	419	42	1,500	1,961
Darfur ...	—	58	28	86	—	250	336
Port Sudan ...	—	—	1	1	—	—	1
White Nile ...	—	—	5	5	—	—	5
Upper Nile ...	—	—	3	3	—	100	103
Bahr-el-Ghazal ...	—	78	—	78	237	—	315
Mongalla ...	390	2,103	951	3,444	3,972	400	7,816
	390	2,308	1,512	4,210	4,251	2,250	10,711

New leper settlements have been opened at Roseires in Blue Nile Province and at Koggi in Mongalla Province, west of the Nile, near Juba. Attempts are now being made to deal with the disease in all districts.

The Nuba Mountains area requires further attention, but it has been impossible to do much during the last two years owing to the severe epidemic of cerebrospinal meningitis which has been raging

there. It is intended to open voluntary settlements near dispensaries in 1936.

It is hoped that the economic development in this region will rapidly lead to a higher standard of living, which should be of assistance in dealing with this disease.

The stage has been reached where further treatment with chaulmoogra derivatives is of no avail, in so far as this applies to cases prior to 1933-34.

It is particularly worthy of note that, whereas in 1932, 31% of lepers had been rendered quiescent, by 1935 the percentage is 78. A big proportion of early cases become arrested in any case, but is assisted to do so by treatment.

No form of treatment yet tried holds out much prospect for the advanced cutaneous and mixed cases. They have all undergone prolonged treatment, and the very few who have improved would have probably done so without interference. The most hopeful outlook for the majority of C3 cases who survive is the gloomy prospect of the maimed and disabled N2 stage.

Methylene blue has proved entirely dissappointing in the advanced cases, although possibly more effective than sodium gynocardate.

In spite of the great incidence of leprosy it is important to note (1) that less than 10% of cases are any danger to their neighbours as far as can be at present judged, in the absence of exhaustive and repeated laboratory examinations, (2) that treatment is effective and worth trying in a large percentage of active early cases over a period not exceeding four years, (3) that the settlements have removed the chief foci of infection in the district, and both centralized and simplified their control."

Southern Rhodesia.

The Report of Public Health for 1935 states:—

"The Government maintain two leprosy hospitals of practically equal size—one at Ngomahuru and one at Mtoko. In addition, Mnene Medical Mission, which is subsidized by the Government, has a leprosy section attached to its hospital. The leprosy hospitals are really large estates in which the patients' mode of life approximates as nearly as possible to their natural conditions. The leprosy laws are in force, but these hospitals, as far as is possible, resemble voluntary institutions. The success of the Government's policy is indicated by the fact that the number of lepers under treatment has increased in six years from 508 in 1929 to 1,359 last year. Further, a large proportion of patients now ask for admission. This does not mean that there are more cases in the Colony, but that more are seeking treatment.

In 1935 a complete reorganisation of the Mtoko Leper Settlement was undertaken. This included the building of 45 new huts for the accommodation of the leper patients, a house for the European orderly, the opening up of new roads throughout the leper settlement, the laying-on of water supplies to the leper compounds, the establishment of a creche for leper children, the creation of a kitchen garden for the purpose of supplying fresh vegetables to the leper patients, and various other measures for the benefit of the native patients accommodated there. In the coming year it is intended to complete the building of the native compounds.

At Ngomahuru many improvements were effected during the past year, the chief of which were the completion of the plans for a new water supply which will be drawn from the Tokwe River by means of a pumping station and which will ensure for Ngomahuru an ample supply for all its needs. At Ngomohuru iodised esters constitute the drug chiefly used, and the Medical Superintendent reports that the results of this treatment are very satisfactory.

Leprosy institutions are now looked upon as curative hospitals and not as prisons. A large number of "arrested" cases are discharged each year—117 from Ngomahuru and 202 from Mtoko in 1935. The return of these patients to their kraals has an excellent effect, and the number of patients who come voluntarily for treatment increases every year.

The Government are greatly indebted to the British Empire Leprosy Relief Association for the generous gifts they have made from time to time, especially towards the erection of the Leprosy hospital at Mtoko, and also for assistance in obtaining leprotic drugs, some of which are very expensive. The following table shows the working of the above-mentioned institutions during the year:—

Institution.	LEPERS TREATED DURING 1935.				
	On register 1/1/35	Admitted 1935	Discharged or died	On register 31/12/35	Total Cases Treated
Ngomahuru ...	532	137	154	515	669
Mtoko ...	536	106	230	412	642
Mnene Mission ...	42	6	6	42	48
	<hr/> 1,110	<hr/> 249	<hr/> 390	<hr/> 969	<hr/> 1,359

Queensland.

The Report of the Director-General, Health & Medical Services, June, 1935, states:—

The position as regards leprosy tends to remain *in statu quo*. From time to time, coloured persons who have been detected during some medical survey, are sent into the Lazaret.

The following table shows recent fluctuations in the numbers of inmates on Peel Island:—

WHITE INMATES.				COLOURED INMATES.			
1933.				1933.			
Remaining 1st January	...	31		Remaining 1st January	...	29	
Admitted	...	3		Admitted	...	9	
		<hr/> 34				<hr/> 38	
Discharged	...	4		Discharged	...	2	
Deaths	...	0		Deaths	...	4	
		<hr/> 4				<hr/> 6	
Total number,				Total number,			
December, 1933		30		December, 1933		32	
1934.				1934.			
Remaining 1st January	...	30		Remaining 1st January	...	32	
Admitted	...	3		Admitted	...	10	
		<hr/> 33				<hr/> 42	
Discharged	...	1		Discharged	...	4	
Deaths	...	5		Deaths	...	2	
		<hr/> 6				<hr/> 6	
Total number,				Total number,			
December, 1934		27		December, 1934		36	
<hr/>				<hr/>			
Grand total at Lazaret, 31st December, 1933	62	Grand total at Lazaret, 31st December, 1934	...	63	

Nyasaland Protectorate.

The Annual Report of the Medical & Sanitary Department states regarding leprosy :—

There are in this country 12 clinics all administered by Missions, at which lepers are treated either as in-patients or out-patients or both. All of them receive money grants from Government in proportion to the number of cases treated.

Arrangements in regard to staff, housing and maintenance of patients at the various clinics vary considerably. Some have a doctor in charge with a qualified nurse and native subordinates, the majority are in charge of a qualified nurse only. Housing varies from wattle and daub huts, to well-built red-brick structures. At some centres the lepers have been encouraged to grow their own food supplies, at others food is bought in bulk by the Mission concerned. One or two of the Missions have started schools for the lepers and though the majority of lepers may not be able to gain much knowledge from the instruction given, it is of great benefit to them to have their interest aroused and their minds distracted from their unfortunate physical condition.

The numbers under treatment at the Leper Centres, and the admissions, discharges and deaths are as follows :—

Name of Centre	Average No. of patients per quarter		Admissions		Discharges		Deaths	
	Male	Female	Male	Female	Male	Female	Male	Female
Bandawe ...	31.00	33.00	2	0	1	1	2	1
Domasi ...	15.00	10.50	6	10	13	7	7	1
Likomi ...	8.50	8.50	0	2	1	2	0	0
Likwenu ...	45.50	18.50	6	2	18	15	2	0
Livingstonia	4.00	3.00	1	0	1	0	0	1
Loudon ...	10.50	6.50	3	1	2	1	2	0
Malamulo ...	191.00	58.25	70	23	31	7	3	1
Malindi ...	20.50	10.75	11	4	5	3	2	2
Mkhoma ...	4.00	4.00	2	2	0	0	1	0
Mua ...	39.00	25.50	3	10	4	2	8	2
Mwami ...	23.75	15.50	7	4	2	0	1	0
Utale ...	70.50	27.00	34	10	8	7	11	0
			145	68	86	45	39	8

In addition to the cases maintained and treated by the Missions, 88 males and 18 female lepers were treated as out-patients by Government medical officers.

It is on the whole the more advanced and crippled type of case which enters a clinic as an in-patient, and dealing with these is a very disheartening procedure. In some districts however cases come for treatment in the early stages of the disease, and—for instance at Malamulo—considerable success has been attained with these.

The Public Health Ordinance enables Rules to be made for the segregation and compulsory treatment of lepers, but no rules actually have been made, for the reason that any form of compulsion largely defeats its own ends.

Even though the percentage of cures is low, the Mission clinics are doing a large amount of good, for they care for unfortunates who would otherwise be left in misery, and they lessen the risk of the passage of infection to the next generation.

The financial assistance afforded by Government to these leper treatment centres amounted to £900 during the year. The cost of drugs for the treatment of leprosy supplied to these institutions was approximately £30.

Sarawak.

In the Annual Report of the Health Department, 1935, mention is made of the Leper Camp at 13th Mile, Penrissen Road. The permanent staff of the Institution is comprised of a Superintendent, one Senior Sanitary Inspector, one Junior Sanitary Inspector, with a dresser or Junior Sanitary Inspector in attendance monthly for training. There were 462 persons as inmates as compared with 413 in 1934. The morale of the settlement has been good. All the leading religious denominations are represented by church and mosque. Games are encouraged and free movement in the camp precincts permitted. The planting of cereals, tobacco and fruit trees occupies a major interest; padi with the Dyaks and vegetables with the Chinese—both nationalities enjoy the benefits of a reserved area for the erection of sties for pig producing. Barter is considerable. Successive squads of able-bodied lepers, which are changed fortnightly, maintained the sanitation of the camp, and are employed as carpenters, tinsmiths, gardeners, cooks, etc. Such occupation, with its contingent remuneration, contributes materially towards brightening their lot.

The New Public Health Laws of Paraguay, 1936.

The following laws dealing with leprosy and tuberculosis are found in Chapter VII.

Article 30. The Minister of Public Health in exercise of the powers granted him by the present law will organise a campaign against the dissemination of and the ravages caused by tuberculosis and leprosy.

Article 31. Marriage between lepers and healthy persons is prohibited, and the circumstance of one of the contracting parties being leprosy is now incorporated in Article 9 of the Law of Civil Marriage, as one of the impediments.

Article 32. The right to make objection to the celebration of the marriage of lepers lies with the Ministry of Public Health or its delegates, and the procedure to be followed will be in accordance with the provisions of Chapter VI. of the said Law of Civil Marriage.

Decree Law No. 2001. Public Health.

Republic of Paraguay, Asuncion, June 15th, 1936.

J.W. LINDSAY.