

## Editorial

We publish an account of the Uzuakoli Leper Settlement which should be read with care by all who are interested in the control of leprosy and especially by those in charge of leper settlements. We have visited many such institutions, some larger and many smaller, but in none have we met with greater efficiency or a better understanding between patients and staff. In the October 1936 number of the *Review* we mentioned that the annual expense of this settlement including the staff as it was then was about £2,600. This was on a basis of 850 patients. The number has now increased to 1,000, but we understand that grants have not increased in proportion. An honorary worker is at present in charge of the uninfected children and attends to other nursing appointments and a Toc H worker looks after the industrial and agricultural side of the work. One may ask how it is possible to manage so efficiently so large an institution with so small a staff and expenditure and even to launch out into new activities such as are mentioned under *future policy*. The main answer lies in the genius of the man and his wife who planned and founded the colony. They worked on the voluntary principle, they understood the African—his strong and weak points—and how to get him to co-operate. Without willing co-operation neither treatment nor control of leprosy are possible. By way of contrast readers should compare *Beautiful Isle of Lost Hope* (page 191) where compulsory segregation holds sway.

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The article on *Leprosy Folk-lore in South Nigeria* by the founder of Uzuakoli Leper Settlement is of interest and distinct value. If co-operation is to be enlisted it must be by mixing with the people, knowing their language, winning their confidence, understanding their point of view, and then while correcting errors making use of what is valuable in native folk-lore. Many of our readers are in touch with primitive life in other countries and we shall welcome contributions towards the general knowledge of leprosy folk-lore.

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Probably the most difficult problem to solve in connection

with leprosy is that of child infection. Practice with regard to allowing marriage and disposing of children born of leper parents varies in different countries. In India, where the majority of leprosy institutions belong to, or are subsidised by the Mission to Lepers, the sexes are segregated from each other, and with one exception married quarters are not allowed. Children who accompany parents on admission, or are born in the institutions, are placed in special homes where they are brought up until able to earn their own livelihood. In the recently formed leper settlements in Nigeria a different plan has been followed. The dividing of family life has not been found practicable among these primitive people. But the problem arises as to what to do with the children born to leprous parents. The obvious method is to segregate children at birth and bring them up by hand. This has been done successfully under excellent European supervision and training. Any objection first shown by the parents to parting with their offspring soon disappeared when the children were found to flourish. An account of the methods used is given by Mrs. Russell on page 184.

But the bringing up of children in this way is costly, and the expenditure is altogether out of proportion to its final results. For the children have to be sent back to their parents' healthy relations as they grow up, and this is often followed by tragic results as is shown by the letter from Dr. Davey appearing in our *correspondence* pages. The arguments in this letter are thoroughly logical. The most effective means of controlling leprosy is to prevent children coming in contact with infection. But in the villages outside the settlement the number of highly infectious cases is still very large, and in these same villages there are innumerable young children in close contact with these infectious cases. With limited financial resources how can the children best be saved? Obviously by admitting as many as possible of the highly infectious cases to the settlement.

On page 188 the system employed in the Bunyonyi Leper Island is described in detail, and on page 191 the method used at Garkida in N. Nigeria.

We will welcome further correspondence on this subject which is a very difficult and complex one. The best methods must necessarily vary in different countries, and by pooling varied experiences our readers may help each other.