

Leprosy in Southern Rhodesia

Report of Ngomahuru Leprosy Hospital for 1937.

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There are now 4 institutions in Southern Rhodesia, where lepers are segregated and treated, namely:—Ngomahuru, near Fort Victoria, Mtemwa near Mtoko, Mnene Mission near Belingwe, and Mount Selinda Mission, near the Eastern border.

The following table gives the numbers treated, and results:—

	On Register 1/1/37	Admitted	Discharged or Died	On Register 31/12/37	Total Cases Treated
Ngomahuru ...	407 (515)	179 (85)	128 (196)	458 (407)	586 (600)
Mtemwa ...	283 (326)	141 (341)	140 (384)	284 (283)	424 (667)
Mnene Mission ...	38 (42)	10 (6)	8 (10)	40 (38)	48 (48)
Mt. Selinda Mission	5 (not available)	3 —	1 —	7 —	8 —
	733 (833)	333 (432)	277 (590)	789 (728)	1066 (1315)

Figures in brackets are for 1936, for comparison.

At Mnene, the patients have been moved to a new site, some distance from the General Hospital, with very satisfactory results. At Mount Selinda, a small compound has been erected in an isolated position, and treatment carried out under supervision of the nursing sister, who paid a visit to Ngomahuru in order to become acquainted with the methods.

The following specific preparations have been in use: Moogrol (B.W. & Co.), Alepol, Bayer's Jantol and Jantol Forte, the last of which contains 10% of Iodine. Of these, Moogrol has been used to the largest extent, and has given very good results.

Messrs. Bayer Pharma Ltd. have supplied their newest preparations free of charge to Ngomahuru, and continue to do so. In return, they receive reports of results, which have been most satisfactory. Jantol Forte has now been taken out of the market, but sufficient has been supplied to carry on treatment of one Dutch woman, an N1 C2 case, who is making remarkable progress with intramuscular injections.

Some leprologists assert that no form of specific treatment is of any use, and that general hygiene alone produces as good results, but this has certainly not been borne

out in Southern Rhodesia. At Ngomahuru every case who was not receiving specific treatment became steadily worse, and has shown improvement from the time that treatment with Moogrol was begun. There are now no longer any of these "controls" left. This experience proves, to my mind, that treatment with derivatives of the Chaulmoogric series is of great benefit. General hygiene is also of much importance, good food, including fresh vegetables and milk, regular exercises, and recreation are all given attention.

Leprosy is regarded by some as a "deficiency disease," with this in view, Bayer's have brought out a new preparation "Betaxin," a biologically standardised Vitamin B1, a large quantity of which they have lately supplied to me free of charge, but it is yet too early to report on results.

The results of treatment with Moogrol at Ngomahuru is shown by the following record total of 581 patients who received regular treatment:—

- 98 became arrested and were discharged.
- 363 improved, some considerably.
- 53 stationary.
- 42 became worse.
- 25 died.

The number of patients who seek admission voluntarily continues to increase, but we are still dependent upon the activities of the Native Commissioners for the majority of patients. The Native Commissioner of Wankie must be particularly mentioned. He has sent 32 cases during the year, and hopes to be in a position shortly to assert that he has not a single leper left in his district. I wish to afford praise for this noteworthy attitude. If this system is actively carried out in all districts, this country will soon be free of leprosy, provided that immigrants can also be controlled, a matter of great importance.

The great majority of patients come from native reserves, very few from the industrial centres, mines, railways, etc., so that one must look at the habits of the natives in the reserves to ascertain the cause of spread of leprosy. One very important factor has come to light, namely, beer drinks. Beer drinks are a national institution in this part of the world. They take place very frequently. They do not only afford means of close contact, but lepers almost always drink from the same vessels as the general community. It is rare to elicit a history that lepers are treated in any other manner than that of communal guests.

I am definitely of opinion that beer drinks are the main factor in the spread of leprosy in this country, and steps should be taken to bring this matter to the notice of the natives in the reserves. I believe that every infectious leper is known to the community, and if these people were refused admission to the beer drinking parties, we should have at once put a stop to the main spread of infection. Lepers must be told by their Chiefs that they must go to a leprosy hospital, where they will in all probability be cured and allowed to return to their homes in due course. Beer drinks are not prohibited at the leprosy hospitals, but they are controlled.

During the year two applications were received for admission to Ngomahuru of European patients from other countries, and it was with the greatest regret that these had to be refused on account of lack of accommodation.

Now, Southern Rhodesia enjoys a very fine climate, and leprosy is a mild disease here, as compared with many other countries. These facts indicate that Ngomahuru is a most suitable place in which to establish a "British Empire Leprosarium."

The proposal is as follows:—Immigration law against admission of lepers to be altered to allow of European patients being admitted to Ngomahuru; the Government of Southern Rhodesia to build a few detached houses, patients, or responsible Governments, to pay rent, and small fees to Treasury for treatment; patients to be brought by air, and to be landed within the grounds, to overcome the difficulty of transport by sea and rail, should that arise.

At Ngomahuru we have about 8,400 acres enclosed in a fence, with excellent sites for many detached houses, a good water supply, gardens of utility as well as beauty, and many forms of recreation, riding, fishing, shooting, tennis, golf, etc., and moreover we can give European patients regular employment, and whatever treatment is required, with the addition of supply of electricity.

It is difficult to imagine a more suitable place for European patients, or one where they have better prospects of recovery and return to their homes. Patients in England do very badly, for the climate is unsuitable, and probably 8 or 10 of them could be flown here as soon as accommodation is available. A separate treatment centre would be required, and one or more nursing Sisters added to the staff, but I do not propose that a large hospital should be erected.

The scheme would involve an initial capital outlay of a few thousand pounds, but this would be productive of

income, and the reputation of Southern Rhodesia as healthy country would be enhanced considerably.

We received many valuable gifts during the year from various private individuals and companies, to all of whom our warm thanks have been extended and are gratefully repeated. I would like to say that charity is particularly acceptable at leprosy hospitals.