

SUPPLEMENTARY SUGGESTIONS FOR TREATMENT, EDUCATION AND A LEPROSY EXPERT

TREATMENT

The following suggestions may be of use with regard to treatment.

(1) The importance is not yet fully recognised of *abundant healthy exercise backed up by adequate nutrition* in the treatment of leprosy. This is considerably more important than any special remedies yet available, and without it special remedies are not likely to be of much value and may even be detrimental. In leper settlements it is necessary therefore to see that patients are adequately nourished with suitable food, and that other diseases which interfere with nutrition are diagnosed and treated; also that occupational therapy, especially in the line of agriculture, is developed as fully as possible. For this adequate arable land and organisation of labour are necessary.

(2) Those in charge of leprosy treatment must be able not only to diagnose the disease and its complications accurately, but also to discriminate the type of disease and its degree of infectivity, and above all to estimate the patient's resistance to

leprosy and the state of his general health. Treatment valuable in one type may be detrimental in another. In patients with high resistance and good physique the special treatment may be pressed; in others it should be withheld or given only in minute doses. Great skill may be necessary in diagnosing and treating accompanying diseases and complications. Tuberculoid lesions often yield rapidly to intra-dermal injections and painting with caustics such as trichloroacetic acid.

(3) Expensive preparations of *Hydnocarpus* oil, and preparations which are comparatively ineffective are often used as special remedies. I would advise the use of pure oil of *Hydnocarpus wightiana* or *H. anthelmintica* as supplied from India or Siam. One firm supplies this oil in 2 lb. tins at a cheap rate, and this is particularly suitable for importation into Africa. When the tins are opened the oil should at once be transferred to bottles of suitable size according to the number of patients to be treated. Oil becomes irritant if kept in opened or half-filled bottles, so they should be filled to the neck and carefully corked. After bottling the oil and adding creosote to the proportion of 4 per cent, the drug should be sterilised by raising it to 120°C for half an hour in an oil bath or autoclave, or by heating in a boiling water bath for an hour on each of three successive days. Oil should be stored in as cool and dark a place as possible.

(4) I would suggest that the Medical Department should buy this oil in bulk at the prices quoted to the British Empire Leprosy Relief Association, that they should bottle and prepare it in bottles of suitable sizes, and that they should supply it free as required to all charitable institutions which are doing well-controlled leprosy work throughout the Territory, together with instructions and a small pamphlet describing its use.

(5) In injecting the oil intra-muscularly and sub-cutaneously the dose should be divided, not more than one cubic centimeter being injected at any one point. This may be done by pointing the needle in different directions without withdrawing it through the skin. Intradermal injections are particularly useful in tuberculoid cases. The oil should always be injected at a temperature of at least 40 degrees centigrade, so as to diminish the viscosity and enable it to infiltrate the tissues.

(6) *Hydnocarpus wightiana* trees might be grown on a scale which would make manufacture of the oil worth while. This might form a useful industry at a leper settlement such as Morogoro.

(7) Further information may be had by application to the Medical Secretary of the British Empire Leprosy Relief Association at 115 Baker Street, London, W.1.

EDUCATION

Leprosy is a difficult disease to cure, but an easy one to prevent. One of the main reasons for its persistence is the ignorance of the people. A great deal could be done with the co-operation of educational authorities to spread knowledge regarding leprosy through the medium of schools.

With this in view, an illustrated booklet entitled "Control of Leprosy" has been published in English by the British Empire Leprosy Relief Association for the use of school teachers. This booklet has already been translated into two African languages, and I suggest that the Medical Department should arrange for its translation into Swahili and its widespread circulation to schools in East Africa. I understand that the Medical Department of Tanganyika are willing to arrange for this translation.

LEPROSY EXPERT FOR BRITISH EAST AFRICA

In my tour of leprosy settlements and clinics in East Africa I have found a great deal of devoted work being done by European sisters and African assistants with, in many instances, a minimum of medical supervision. Valuable results are obtained as shown by the improvement and recovery of many of the patients. The crowds which continue to attend voluntarily prove the value of both in-patient and out-patient work. I consider, however, that very much better results could be obtained if these workers were trained and advised by a Leprosy Expert who would visit the various institutions and spend a few months or weeks at each in turn. Wherever I have gone doctors and those in immediate charge have expressed a strong desire for such expert advice.

I suggest therefore that a suitable doctor should, if possible, be appointed to undertake this work. To make such an appointment a success it would be necessary to find a doctor keen on leprosy work, with considerable experience of the disease in its various aspects, and who had first-hand knowledge of the methods used in other countries. It might be difficult to find a doctor already possessing all these qualifications, but an otherwise suitable candidate might be sent for a tour of study in India and elsewhere.

The expense of this scheme might be met by grants from the British Empire Leprosy Relief Association and from the various countries who would benefit from the appointment, the latter contributing according to the proportion of the Expert's time that they would utilise. The Association has agreed to give a grant of £350 for five years if the scheme materialises.