

THE ENUGU LEPROSY CONFERENCE

A conference on leprosy was called by the Director of Medical Services. It met from the 28th to the 30th of August, 1939, and the sessions were held at the Club at Enugu on the first two days, and at Oji River Leper Settlement on the last day. Grants were given by B.E.L.R.A., London, and by the Nigerian Branch, towards the expenses of the Conference. Delegates attended from almost all the leper institutions in the country, and the following were also present: H.H. the Chief Commissioner of the Northern Provinces, the Resident of Onitsha, the Superintendent of Agriculture, and the Assistant Director of Education. Unfortunately the Director of Medical Services was prevented by important matters from being present. At the first session the delegates were welcomed by H.H. the Commissioner of the Eastern Provinces. An introductory address from Sir R. Briercliffe, the D.M.S., was read by Dr. Naudi, the S.M.O. Kano, who acted in his absence as chairman of the conference.

It is hoped to publish in the next issue of *Leprosy Review* a detailed report of the conference; the following are the titles of the subjects discussed :—

- (1) Settlement Organisation.
- (2) The Organisation of Leprosy Control in Nigeria.
- (3) Some Problems of Research Work.

- (4) The Organisation of Leprosy Workers in Nigeria, with reference to the use of Lay Workers. —
- (5) Field Survey Work in connection with Research and Control.
- (6) Diagnosis, including Differential Diagnosis of Leprosy, as seen in Nigeria.
- (7) The Leprosy Problem as it affects Children.

On the third day a visit was made to Oji River Leper Settlement and to the Awwa Out-Patient Clinic connected with that settlement. Cases were demonstrated and discussed.

Appreciation was expressed of the usefulness of the conference, though it was felt that the time allowed was too short.

The following Resolutions were passed by the conference :—

1. That powers be taken to enable control of the area surrounding a leper settlement to be made effective for the creation and preservation of healthy conditions.

2. That this Conference recommends that the form of financial and statistical returns adopted by the Nigerian Branch of the British Empire Leprosy Relief Association be used in all leper settlements.

3. That this Conference commends to the attention of Provincial Leprosy Boards the statement in the Cairo Leprosy Congress Report that "the present view is that the open case constitutes the greatest danger to the public health, and therefore such cases should be prevented from contact with healthy persons, especially children."

4. That, apart from a general enquiry through existing services, detailed surveys employing special staff are undesirable if not associated with the offer of treatment, and this Conference commends to the attention of the Provincial Leprosy Boards the Propaganda-Treatment-Survey System (Reference—*Leprosy in Nigeria*—Muir, 1936).

5. That we desire to stress the importance of research work in leprosy, particularly the assessment of the factors which comprise the resistance of the individual to the disease and the relationship of resistance to such questions as the type of disease, age groupings, nutrition and complicating diseases.

6. That all leprosy workers in Nigeria be encouraged to submit to the scientific sub-committee of the Nigerian Branch of B.E.L.R.A. reports (preliminary or final) of investigations or observations which they have made.

7. That each province (where it does not already exist) appoint as soon as possible a representative Leprosy Board to formulate and carry into effect schemes for leprosy control and relief upon a provincial basis.

8. That administrative officers should be invited to co-operate to a greater extent in anti-leprosy work, and that facilities should be provided for their training at leper settlements.

9. That the Education Department should be represented on Provincial Leprosy Boards and should be kept informed periodically of the development of leprosy work in the various provinces; that special training should be given in training colleges, including visits to leper settlements; that it is desirable that leprosy should be included among the subjects upon which teachers are examined.

10. That facilities should be provided, as need arises, for leprosy lay workers to obtain special courses of training under the Agricultural, Forestry, P.W.D., Health, Veterinary, and other Nigerian departments, and that organisations sending out lay workers to leprosy institutions should consider arranging for courses of instruction at home in such subjects as book-keeping, building, photography, carpentry and scouting.

GENERAL REMARKS

Policy of Leprosy Control and Relief. During the last three years, since my previous visit to Nigeria in 1936, considerable progress has been made both in determining policy and, in some provinces, in carrying it into effect.

(1) In Northern Nigeria, leprosy work, formerly under the supervision of Government Medical Officers, has been handed over to missions: that at Maiduguri to the Sudan United Mission, those at Kano, Katsina and Sokoto to the Sudan Interior Mission, and that at Zaria to the Church Missionary Society. These missions have supplied doctors, sisters and lay workers, and favourable results are beginning to appear. I consider that the Administrations concerned are very fortunate in having this difficult work so efficiently undertaken at a minimum cost to themselves, and that, while the convictions of Mohammedan authorities should be respected and safeguarded, the missions should be encouraged in every way possible in undertaking and extending this useful humanitarian work.

In the South Eastern Provinces, the missions in charge of leper settlements have considerably extended and developed their work.

(2) Another principle has been accepted that leprosy should be organised on a provincial basis and under a Provincial Board. This principle has not yet, however, been effectively carried into practice. One of the resolutions of the Enugu Conference recommends that each province (where it does not exist) appoint as soon as possible a representative Leprosy Board to formulate and carry into effect schemes for leprosy control and relief upon a provincial basis; another resolution is " that administrative officers should

be invited to co-operate to a greater extent in anti-leprosy work, and that facilities should be provided for their training at leper settlements'; another resolution is 'that the Educational Department should be represented on Provincial Leprosy Boards and should be kept informed periodically of the development of leprosy work in the various provinces, that special training should be given . . .'; a third resolution refers to co-operation of the Agricultural, Forestry, P.W.D., Health, Veterinary and other departments. .

From the above it is clear that much effective help can be obtained from various Government departments, and it will be well if these resolutions are carried out and representative Boards appointed in all provinces where leprosy is a serious problem, that these Boards should meet at regular intervals, and that the leprosy experts in each province should keep the Board fully informed of progress, and should work out schemes for the co-operation of various departments to be submitted for consideration of the Board.

The training of teachers regarding leprosy is a particularly important method of reaching the public, and leprosy is not likely to diminish until the public understands the danger of leprosy and the simple methods by which that danger can be averted.

Much also can be done by administrative officers in their daily contact with the people if only they are fully acquainted with the nature of leprosy and its control.

(3) A third development in anti-leprosy policy is that of using the leper settlement not only as an end in itself, but also as a centre of training and enlightenment, from which anti-leprosy work may be extended to the villages. Though still in an experimental stage, enough has already been done to show the importance of this line of attack if leprosy is to be brought under control. The exact methods to be adopted will necessarily vary in each province according to the customs of the people and the degree of co-operation they are willing to give.

But it is obvious that if, as is now computed, there are some 400,000 lepers in Nigeria, and if of these 50 to 100 thousand are open infectious cases, only a small fraction of lepers can ever be segregated in leper settlements. The final control must therefore be delayed until the people at large become "leprosy conscious," and this state can best be attained by an effective system of practical training centred in the leper settlement. Actual practical demonstrations of how leprosy can be controlled in a limited area are likely to have more effect on the mind of the natives than any amount of theoretical teaching. Examples of these methods are shown in the descriptions of the Oji River and Uzuakoli Settlements:

As mentioned above, the administrative, educational and other departments can do much in forwarding this object.

(4) The effectiveness of treatment and control work is generally enhanced by linking it with original investigations along well thought out lines. Dr. Davey's paper at the Enugu Conference was an able exposition of what investigations should and what should not be undertaken in connection with a leper settlement. Many problems still await solution. Some of these, such as cultivation and experimental inoculation of the bacillus, require well-equipped laboratories, considerable equipment and specialised personnel; these can only be undertaken at special centres. But there are many other problems, such as identification of types of lesions and their subsequent course, the reaction of types of cases to treatment, both general and special, and the whole question of resistance to the disease, which can only be undertaken effectively by whole-time expert workers who remain for a series of years in close touch with the people in a leper settlement. Another important subject for investigation is the causes of high and low incidence as found in different districts; this includes the systematic study of anthropological, social, economic, nutritional and other problems; but definite results arrived at should be of immense value in controlling leprosy. Resolutions of the Enugu Conference, Nos. 5 and 6, have special reference to this subject and it is hoped that leprosy workers in Nigeria will keep in touch with the Scientific Sub-Committee of the Nigerian Branch of B.E.L.R.A., which should be able to give advice and co-ordinate investigations in different centres.

(5) In going round the various leper settlements, I was impressed with the devotion of those engaged in the work, but felt that in many places the effectiveness of the work could be considerably increased by expert advice and training. With this in view I would suggest that periodic courses of training be held at such centres as Oji River, Uzuakoli and Itu. The duration, nature and other details of the course could be worked out in detail by the Nigerian Branch of B.E.L.R.A. If this is arranged I would recommend that a grant towards the expenses be made by B.E.L.R.A., London. Much help could also be given by the leprosy expert of the Nigerian Branch visiting the more recent settlements.

(6) Much appreciation has been expressed of the work done by the Lay Workers sent out by B.E.L.R.A.—Toc H. Suggestions for the further training of these and other Lay Workers are made in the tenth Resolution of the Enugu Conference.

(7) Arrangements have been made for buying *hydnocarpus* oil in bulk from a reliable firm in India and, after preparation, distributing free to all leprosy institutions. This oil, which is cheap, non-irritant and comparatively stable, has been found to be as **effective** as more expensive preparations.