

THE ENUGU LEPROSY CONFERENCE

T. D. F. MONEY

Under the auspices of the Nigeria Branch of the British Empire Leprosy Relief Association a conference of whole-time anti-leprosy workers and others concerned was held in Enugu in South East Nigeria from 28th-30th August last. The medical superintendents of each of the 14 leprosy settlements in Nigeria attended as well as two Toc H layworkers and three other representatives from

missions doing anti-leprosy work. There were also present the Chief Commissioners for the Northern and South-Eastern Provinces, together with representatives of the Administrative, Medical, Educational and Agricultural Government Services. The imminence of war prevented the attendance of the Director of Medical Services and several other Government representatives who would otherwise have been present. This was very much to be regretted.

The conference was timed to coincide with a visit to Nigeria of Dr. Muir, Medical Secretary of the British Empire Leprosy Relief Association, who, in opening several of the sessions and contributing to all discussions, played a leading part in the proceedings.

The expenses of the conference, owing to the considerable distances delegates had to travel, were heavy. A special grant was made by the British Empire Leprosy Relief Association towards these and the balance was borne by the Nigeria Branch of the Association.

The first two days were devoted to the consideration of a number of subjects upon which discussion was opened by set speakers before becoming general. Only a general account of the proceedings of the conference is given here, but two of the most important speeches follow. Reference to the programme of the conference, given at the end of this article, will show the subjects considered.

On the third day the delegates visited in the morning an out-patient clinic of the Oji River Settlement and saw something of the application in Nigeria of the Propaganda-Treatment-Survey system based on that used in India. They then went on to the Settlement itself and were given a clinical demonstration of cases by Dr. Muir. After lunch the Settlement was open to inspection and there was a demonstration of the histology of leprosy arranged by Dr. Muir in the laboratory. There followed the final session of the conference after which it dispersed.

The conference passed a number of resolutions which are given at the end of this article.

It is early to assess the fruits of the conference. Not only so, but their ripening cannot but be affected by the present war. It is, however, certainly not too much to say that the conference was of great value in bringing together anti-leprosy workers in Nigeria. Hitherto workers have had little contact and opportunity to learn from one another.

As the Director of Medical Services has pointed out, the conference has revealed certain defects of training and organisation. The resolutions of the conference draw attention to some of these

and at the October meeting of the Executive Committee of the Nigeria Branch of the British Empire Leprosy Relief Association special consideration was given to the resolutions numbered 1, 7, 8, 9, and 10.

Although there was no special resolution dealing with the subject, there was a feeling amongst several of the delegates that a special course of training for medical men doing anti-leprosy work would be valuable. In India such a course is provided annually at the Calcutta School of Tropical Medicine. There are special difficulties attaching to providing such a course in Nigeria. Nevertheless a course adapted to West African conditions is desirable and already the form and syllabus of the course is under consideration. It is much to be hoped the means for putting this plan into effect will be available.

Having strayed into the expression of a personal opinion in the preceding paragraph, perhaps one further such opinion may be added. Since first embarking upon anti-leprosy work in Nigeria two things have increasingly stood out in my mind as being of importance. Both of these were discussed in the conference and it is to be hoped that, if nearly all else is forgotten by those who attended, these two things will but be the more prominently in mind. Firstly, the resistance of the individual to the organism of leprosy is a matter of paramount importance. What are the factors, internal and external to the individual, that govern whether infection is followed by lepromatous, neural or no apparent leprosy at all? Secondly, the control and ultimate eradication of leprosy in Nigeria is essentially a matter for the African himself. Europeans can organise and advise but the fight against the disease can never succeed until the Africans realise and accept the problem of leprosy as one permeating native life and demanding for its solution measures which are related to native life in a natural manner.

Resistance is related, so far as present knowledge goes, to such things as diet, social habits, intercurrent disease, age, and probably a number of other factors not yet understood. The application of what is known and the elucidation of what is still obscure concern workers in various fields.

The control of leprosy, at least in South East Nigeria, where the incidence is very high, cannot be achieved by a series of surgical operations on the body of the community. Surgical operations may be expensive. Leprosy cannot be excised from the people by means of European-run Settlements. The treatment is medical. As in the body of the individual, so it is in the body of the community—the body itself must isolate the foci of the disease. It is this matter of resistance over again, but this time of communal

or social resistance. In medicine the aim is to encourage and strengthen the natural resources of the body. The analogy holds. The aim must be to educate and assist the community in native forms of resistance to the disease by such means as local isolation on his own patch of land of the infected member of the family.

Enough has been said to show that not only the whole-time anti-leprosy worker but also the medical officer of health and the administrative officer, the educationist and the agriculturist, are all called upon to assist in resisting aggression by the leprosy bacillus. It is a totalitarian war.

There emerged in the conference this ideal of co-operation between all who are working for the betterment of African life. It is to be hoped it may not disintegrate and be lost.

PROGRAM OF THE CONFERENCE

AUGUST, 1939.

MONDAY 28th — 10 a.m. Address of Welcome by H.H. The Commissioner, Eastern Provinces, G. G. Shute, Esq., C.M.G.

10.15 a.m. Introductory—Chairman, Dr. Naudi, S.M.O. Kano.

10.30 a.m. Settlement Organisation.
Dr. Muir, B.E.L.R.A., and Dr. A. B. Macdonald, Itu Leper Colony.

2.30 p.m. The Organisation of control in Nigeria with a review of proposals and difficulties.
Dr. T. D. F. Money, Oji River Settlement.

TUESDAY 29th— 9.30 a.m. Some problems for research work in leprosy institutions.

Dr. F. Davey, Uzuakoli Settlement.

11 a.m. The organisation of leprosy workers in Nigeria with reference to the use of lay workers.

Dr. Muir, B.E.L.R.A., and Dr. A. B. Cook, Zaria Leper Settlement.

2.30 p.m. Field survey work in connection with research and control.

Dr. Muir, B.E.L.R.A.

WEDNESDAY 30th—9 a.m. Visit Awwa Out-patient Clinic on route to Oji River Leper Settlement.

11 a.m. Diagnosis, including differential diagnosis of leprosy as seen in Nigeria, with Clinical Demonstrations.

Dr. Muir, B.E.L.R.A.

2.30 p.m. Consideration of resolutions of Conference.
Closing Session.

The following ten resolutions were passed unanimously.

RESOLVED :—

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 the 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 Nigeria 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 for leprosy lay workers, as need arises, for obtaining 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 bookkeeping, building, photography, carpentry and scouting.