*LEPROSY IN NIGERIA

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I wish in the first place to associate myself with the words of welcome which His Honour has extended to Dr. Muir and yourselves, and then I am sure you would wish me, as Chairman of the Conference, to thank His Honour for coming here today to open our proceedings. His interest, and the presence here of His Honour the Chief Commissioner, Northern Provinces and of a number of Residents are sufficient indication of the importance of leprosy as an administrative problem in Nigeria.

The problem. In a population of about twenty million people we have, at the lowest estimate, some 200,000 lepers, an incidence of at least ten cases per thousand of the total population. Of the countries of the world probably only India and China contain a greater number of lepers than Nigeria, but even in those two countries the incidence of the disease is probably not so high as it is here. The problem we are faced with is, therefore, one of vast proportions and is beset with the greatest difficulties.

History. We can trace the history of our present leprosy policy and organisation back to the year 1926. The Leprosy Ordinance of 1916 has played a comparatively small part in shaping policy, and many of its clauses are now a dead letter. If they were not, it would have been necessary many years ago to have changed the Ordinance. We do not, for example, regard our Settlements as places for confining lepers who have been convicted as idle or disorderly persons or as rogues or vagabonds, though these are the actual words of Section 20 of the Ordinance.

It was about 1926 that the leprosy work of the Medical Missions began to take shape as the result of the lead given by Dr. Macdonald at Itu, and it was in 1926 that the British Empire Leprosy Relief Association began to take an interest in Nigeria and sent out its Secretary to visit the country. This visit resulted in the formation of the Nigeria Branch of the Association in 1928, and Government has come to regard the Executive Committee of the Branch as its chief advisor on leprosy problems. That position was strengthened by Dr. Muir's visit in 1936, and his report "Leprosy in Nigeria" has been officially accepted as the basis for future action, on the understanding that the pace at which its recommendations can be implemented must be governed by the

*Address of the Director of Medical Services to the Leprosy Conference held at Enugu, S.E. Nigeria, August 28th-30th, 1939. This was read after H.H. the Chief Commissioner had welcomed the delegates.

general financial position and that the policy must still be regarded as largely experimental and liable to modification in the light of experience.

Government Control. The International Congress held in Cairo last year, emphasized the fact that " the control of leprosy is the unescapable responsibility of the governments concerned." In Nigeria the disease is one of our major public health problems, and it is essential for the Central Government to accept responsibility for the general direction of the leprosy work of the country. The Central Government, as represented by the Nigerian Secretariat in Lagos, exercises its control over this work through two main channels. The first—the administrative—proceeds via the Chief Commissioners to the Residents who are the Chairmen of the Provincial Leprosy Boards where these exist, and so to the Settlements and the Missions managing them. Through this channel pass such matters as the agreements between Native Administrations and the mission accepting the management of a Provincial Settlement, the provision of land, the annual contributions of the Native Administrations, requests for financial assistance or the technical help of Government departments on subjects such as the development of a water supply, the most suitable type of agriculture or the opening of a settlement school.

The other—the medical channel—is from the Central Government through the Director of Medical Service and Senior Medical Officers to the Provincial Settlements and their Medical Superintendents. The Director of Medical Service, as Chairman of the Nigeria Branch of the British Empire Leprosy Relief Association, keeps Government and the Association in touch with one another. This channel deals with scientific investigations, experiments in control, treatment, the supply of anti-leprosy drugs, propaganda and similar technical matters, and also with the annual grant of £5,000 made by Government to the Nigerian Branch, and with Toc H personnel.

There are cross channels between the Chief Commissioners and the Director of Medical Services and between Residents and the Senior Medical Officers, who are members of the Leprosy Boards in the Provinces where they exist.

The Executive Committee of the Nigeria Branch of the Association has the Honorary Adviser on Leprosy to assist it in the consideration of technical subjects and also a scientific subcommittee which examines reports and proposals of a scientific nature.

Provincial Settlements. Let me now refer to the present position of the Provincial Settlements. Dr. Muir states in his report

that there should be one first grade leper settlement in each province where the incidence of leprosy is high and that in provinces where the incidence is lower it might be more economical to have one settlement for two Provinces. There are twenty-three Provinces, and fourteen of them have settlements which can be classed as Provincial Settlements, though some of them are not yet first grade.

The success of the voluntary system of segregation as practised in Nigeria is evidenced by the constantly increasing demand for admission to the settlements. The number of inmates has increased from about 2,500 ten years ago to nearly 7,000 at the present time, and would be much larger if more money was available.

The accepted principle is that the Native Administrations should pay for the upkeep of the Provincial Settlements, when they are able to do so. The usual practice is for Native Administrations to contribute 1s. 3d. a week in respect of each of their indigent patients in the settlement. They also provide the land in the first instance and often contribute towards the cost of housing the patients and of the drugs and dressings. The annual cost of upkeep of the Provincial Settlements varies from less than £3 per patient to more than £5, and depends very largely on the size of the settlement and the extent to which it has become self-supporting.

Two Provincial Settlements require substantial grants each year to supplement the Native Administration contributions. These grants are made by the Nigeria Branch of the British Empire Leprosy Relief Association from the funds placed at its disposal by the Government. I should like to say here that the Nigeria Branch much prefers to expend its limited resources on grants for capital works, on the supply of anti-leprosy drugs and on investigations and experiments in control. In several settlements in the Southern Provinces the fees collected from paying patients form a useful source of revenue, and where a medical mission has accepted the management of a settlement the mission frequently provides the European staff at its own expense, and in the Northern Provinces occasionally makes a cash contribution in addition. Mention must also be made of the contribution made by the British Empire Leprosy Relief Association in providing free of cost to Nigeria the services of twelve Toc H leprosy workers.

Much progress has been made since Dr. Muir's last visit in placing the management of Native Administration Provincial Settlements in the hands of medical missions. This policy, accepted perhaps with some hesitation in the first instance, is proving increasingly helpful. It conforms with one of the findings of the

Cairo Congress, viz.: " that the maintenance of leprosaria should not be continued indefinitely by voluntary agencies but should increasingly become an obligation of governments . . . though their management can often best be undertaken by voluntary organisations." The policy was also supported by the West African Medical Conference held in Lagos last November. That Conference considered that (i) the management of leper settlements can with advantage be entrusted to medical missions responsible in so far as the settlement is concerned to the authority, whether Central Government or Native Administration, which is mainly responsible for the financial support of the settlement; (ii) it is essential that Government exercises central control over policy; (iii) the initial cost of establishing a settlement, viz.: the grant of land, cost of buildings, water supplies, sanitation, etc., should be met by the controlling authority with whom ownership would remain, the mission being regarded as the agent of the controlling authority.

So much for the Ordinance and its Regulations. I shall not refer to them again because, as I have stated, their general outlook towards leprosy is that of a by-gone age.

Work outside the Provincial Settlement. So far I have spoken only of Provincial Settlements, but as Dr. Muir has pointed out, " the leper settlement alone does not get down to the root of the problem." It is only part of an organisation to control the spread of leprosy. I regret to say there is little real leprosy work being done outside the Provincial Settlements. The difficulties of forming clan settlements have hitherto proved too great, and only small progress has been made in other measures of control. During the past two or three years very valuable surveys of small areas have been rapidly carried out by the staffs of several settlements in the south, and small-scale experiments in control are being undertaken in the neighbourhood of two or three of these settlements. But as yet no intensive survey has been made to give us a clear-cut picture of the leprosy situation throughout a whole province. For such large scale work, wholetime units under expert direction are required. Without careful surveys, epidemiological investigation is impossible, and I am afraid that in this matter Nigeria has not kept pace with certain other countries. The organisation of control is to be discussed later by this Conference so that I need say no more about it now.

Treatment. In Nigeria there is a great amount of indiscriminate treatment given outside the settlements by dispensary attendants and lay workers. It is carried on all over the country, but every medical man here knows that the haphazard administration

of hydnocarpus oil or its esters is a waste of time and may do harm. Our resources are so small that we cannot afford to allow money and effort to be expended in useless directions, and I trust our discussions will show how the personnel now engaged in this unprofitable form of treatment may be trained and employed to do useful work in the campaign against leprosy.

With regard to the drugs to be used in treatment, the Cairo Congress reported that " No proprietary preparation of hydnocarpus oil or esters or any other proprietary preparation at present on the markets is more effective than the pure oil and esters prepared in institutions. For this reason and because of their greater cost, the preferential use of such preparation is not recommended." Last February, notes by Dr. Muir on the Creosoted Hydnocarpus Oil Mixture were circulated to all medical men engaged in the treatment of leprosy in this country, and the Nigeria Branch of B.E.L.R.A. is therefore limiting its free issue of drugs to hydnocarpus oil, the creosote-oil mixture and the ethyl esters prepared in the Laboratories at Yaba.

Propaganda. We know how important it is to deal with malnutrition and bad social conditions in the fight against leprosy, and propaganda can do something in this direction. Just as in England, the campaign against tuberculosis has proved of enormous value in teaching the public the importance of fresh air and sunlight, so in this country where hygiene and sanitation are of such a low grade, the campaign against leprosy can be of great help in educating the people in the elementary rules of health. A certain amount of educational work in leprosy is done outside the settlements. The Nigeria Branch has distributed 3,000 copies in English of Dr. Muir's booklet on Leprosy Control and has had the book translated and printed in Hausa for use in Northern Nigeria. It is widely read in the schools and elsewhere and has been much appreciated

Humanitarian aspect of Leprosy Work. I have perhaps in what I have said stressed the purely administrative and public health side of our leprosy work at the expense of the humanitarian side. I do not wish you to think I ignore that side of it. The medical profession turned its attention to the alleviation of suffering long before it dealt with the prevention of disease, and it is the humanitarian aspect of leprosy work that has appealed so strongly to the public in civilized countries and brought their medical missions into this field of activity.

Lack of Funds. What is the main handicap to the development of the anti-leprosy campaign in Nigeria? The answer is lack of funds.

Although Nigeria contains more than one third the population of the British Colonies, it has only one-eighth their revenue. Taxation amounts to about 5s. 10d. per head of population, which is less than in any other African Colony with the exception, I think, of Nyasaland. The annual expenditure of Government on its medical and health services is only 5½d. per head of population, while the Native Administration contribute another 1d. Government expenditure on these services has actually decreased during the past ten years owing to falling revenue, but I am glad to say expenditure on leprosy by the Government and Native Administrations has risen from less than £8,000 in 1928 to nearly £20,000 in 1938. To this latter amount Government contributed about £6,300, the Native Administrations of the Northern Provinces £7,600, and those of the Southern Provinces £5,950. Nearly 4% of the Government and Native Administration expenditure on medical and health services is for leprosy. These sums leave out of consideration the contributions of the medical missions and of the B.E.L.R.A. in London; but even so the annual expenditure on leprosy works out at only a little more than 2s. per leper if we accept 200,000 as the number of lepers in Nigeria.

Nigeria, unfortunately, is again passing through a period of severe financial stress and there is no immediate prospect of either the Government or the Native Administration increasing their contributions for leprosy. I trust, however, that in the course of our discussions suggestions will be made for raising funds to extend the scope of our work, particularly of the work outside the settlements.

We all know the fight against leprosy is going to be a long and very difficult one and that it must continue for generations to come.

To quote Dr. Muir again, the aim is to evolve a policy which however long it may take to put fully into action will gradually control and eventually eliminate leprosy. We are fortunate in having him present at this Conference to advise us and give us the benefit of his experience. During the past eighteen months he has travelled extensively in Tropical Africa and has gained an insight into some of the most economical ways of dealing with leprosy in highly endemic areas, and his account of these matters may be of very great help to us in Nigeria. This Conference has for the first time brought together from all over the country, Government officers and unofficial workers in leprosy, and its object will be attained if as the result of our discussions we can formulate more effective measures for attacking the disease, with the limited resources at our disposal.