

REPORTS.

Saidapet Health Project. The Second Progress Report describes the work of the Saidapet Health Association from its beginning in 1933 up to 1939. Saidapet is a suburb of Madras and many of its 33,000 citizens work in the city. "When, in 1932, the Y.M.C.A. College of Physical Education moved to Saidapet, an opportunity was available to its staff and students for community service in the town. It was agreed that in no better way could such an effort be inaugurated than by assisting in the formation of a Health Association. In co-operation of this kind a useful avenue of experience and service is opened up for all teachers, and especially for those who organise courses of physical education activities in schools and municipalities." This suburb was found to be suffering from defective sanitation, epidemics of small-pox, cholera, filariasis and leprosy. There were private doctors, but medical relief was not well co-ordinated.

After considering how it should begin work, the Health Association decided to concentrate on leprosy, the disease in the eradication of which the people themselves were most interested. Enquiry at the Government dispensary elicited the reply that there were *only 9 cases* in the whole of Saidapet. It was therefore decided to carry out a leprosy survey and visits to 3,000 homes discovered no fewer than 456 cases. However, the startling fact appeared that $2\frac{1}{2}$ times more children than adults were suffering, a finding which is considered to point to active spread of the disease.

"The next problem to be faced was the fact that leprosy is a chronic disease. Efforts to discover cause and relief must, if effective, be continued with unabated enthusiasm for years. How then was this interest to be maintained? During the survey, requests for a maternity centre had been insistent. The opportunity was taken therefore to interest the citizens of Saidapet in the efforts of the Association to relieve and eradicate leprosy, by first winning their co-operation and interest through an efficient maternity and child welfare centre. It has been, and increasingly is, a valuable means

of maintaining public interest in all the work which has been co-ordinated as the Saidapet Health Project.

“ The injections for leprosy are painful, improvement slow, investigations tedious and troublesome. The leprosy clinic staff must constantly visit the homes explaining the necessity for persistent treatment and regular observation; enthusiasm is apt to wane and faith and patience must slowly be developed. For this the work of the Maternity Centre is invaluable. The women attending the Ante-Natal Clinic have after a few months a lovely baby, born under better care than they could otherwise hope to secure. The result of this is that the mothers, because of what has been done for them, have confidence in the rest of the work undertaken by the Association. Soon after the maternity centre was started it became apparent that it was to be the corner stone upon which research in leprosy would be built. Therefore, in judging the work of the maternity centre, its main object of acting as a propaganda centre for the research into leprosy must constantly be borne in mind. If this is done it is easy to appreciate the need for expenditure upon it over and above that usually spent upon a maternity centre.” In the last year as many as 1,575 mothers attended the ante-natal clinics.

As a later development the establishment of a tuberculosis unit is under way.

In the Silver Jubilee Children's Clinic, 576 children are now registered. Its object is to investigate the causes of the development of leprosy in children, the types found and their significance, and the factors influencing the development of the more serious types. While treatment is given, this clinic is primarily an investigation centre and it is hoped that the information obtained will be of benefit to those endeavouring to control leprosy throughout the Presidency of Madras, and elsewhere. . . . As with the rest of the world to-day, Saidapet is caught in an economic conflict. There is much confusion between tradition and modern social and educational ideas. Old loyalties have been lost and firm new ones not yet developed. In the midst of this uncertainty it is not enough merely to save life. We must also work for a better life. So in all of this work, the foundation of which is leprosy investigation, we keep in mind the motto of the Saidapet Health Association: ‘ Saidapet shall be the cleanest and the healthiest town in South India, by 1950.’ ’

Leprosy in French Guiana. *Rev. du Palud. et de Med.Trop.* 15th February, 1940. Professor Ch. Achard describes his visit to this territory. There are rules for the notification and detention

of lepers, but these are not carried out. At Cayenne there are about 200 leper children who are excluded from ordinary schools. It will be necessary to create a special school for them. It is difficult to say how many lepers there are in the colony, the total population of which is about 47,000. Floch in 1938 found 692 definite cases, 178 suspects and 464 under surveillance. There are several village settlements for the lepers, a leprosaria under the Cluny sisters with 30 patients, and on the island of St. Louis 136 patients, 62 of whom are from the penal settlement. In Cayenne, the chief town, a part of the hospice is inhabited by lepers of which the isolation is "*assez illusorie.*" It is realised that it is necessary to establish an institution which will be effective and which will be attractive to the patients, with gardens and room for agriculture. The cost of construction is estimated at about seven million francs.

Methylene Blue and Neutralised Oil. The Annual Report on Leprosy in French India recommends two forms of treatment in particular which may be used alternatively in the same patients:—

1. Intravenous methylene blue, made up in 5 c.c. ampoules according to the following prescription:—

Official methylene blue	...	1 g.
Magnesium chloride	...	1.20 g.
Distilled water	...	100 c.c.

It is injected once a week, 0.5 c.c. being given on the first week of the month and 1 c.c. on the following weeks. Four out of five positive cases treated in this way, who were positive at the beginning of the year, have now become negative, and fifteen cases have shown clinical improvement.

2. Intravenous injections of neutralised *Hydnocarpus wightiana* oil. Two injections of 2 c.c. per week are given, commencing with 1 c.c. Though effects are procured to begin with, further improvement ceases after 80 injections. When this occurs the treatment should be changed to that with methylene blue or with subcutaneous injections of neutralised oil for a period of six months.

Leprosy in Hawaii. Annual Report of Board of Hospitals and Settlement for year ending June 30th, 1938. The Hawaii Islands have an area of 6,406 square miles. The population was 191,909 in 1910, 255,912 in 1920 and is now 412,000. There were 649 lepers in segregation in June, 1938, making about 1.5 per mille. The Board was organised in 1931 to carry out the Leprosy Program

in the Territory. There is a " continued decrease to a new low record in the total number of active leprous patients at Kalihi Hospital and Kalampapa Settlement. . . . It can be stated safely that there is no place in the world where the problem is handled any better than in Hawaii, both from the standpoint of protecting the public and the welfare of the patient." The total per capita cost per day for all purposes was \$2.09 (about £150 a year per patient). The Board had available for expenses for the year no less than \$1,206,361. Forty-five patients were admitted during the year.

Leprosy in the Gold Coast. The following is an abstract from the Report of the Medical Department for 1938 :—

" Settlements accommodating 390 lepers are situated at Ho, Kumasi, Accra, Yendi and Sekondi. The most important settlement is that at Ho, which has 236 inmates. In Accra, Kumasi and Sekondi the lepers are housed in portions of the local Contagious Diseases Hospital; a not wholly satisfactory arrangement. In Accra, where 78 lepers are maintained, it is hoped in the near future that a new settlement will be built on a site much more favourable for farming and poultry raising. The question of the re-housing of the Accra lepers is now somewhat urgent as the huts occupied by them in the old Contagious Diseases Hospital are rapidly becoming dilapidated beyond repair. Owing to staff shortage our knowledge as to the incidence of leprosy in the various localities, and generally, has not been materially increased during recent years. The incidence progressively increases as one proceeds north. Calculations based on the generally held supposition that there are about two lepers per mille of population show the total number of lepers in the Gold Coast to be between 7,000 and 8,000. This estimate, it is considered, is on the low side. Of the lepers seeking admission to one or other of the settlements, most are those who have become a burden on their relations and friends. Others are removed as homeless wanderers from the streets. For those lepers, discovered during routine house-to-house inspections, who are unwilling to enter a settlement, nothing much can be done except to advise them to seek treatment as out-patients. Some follow this advice; the majority do not. In all cases where lepers are accommodated in ordinary living houses, the house owner is advised how best to avoid spread of the infection to others. Sometimes this advice is well carried out. As a general rule the people exhibit little fear of infection, and it is chiefly when the infected become helpless and a burden that an effort is made to obtain accommodation for them elsewhere."

In 1936 recommendations were made in his Report by the Medical Secretary of B.E.L.R.A. for controlling leprosy (*Leprosy Review*, January, 1937, p. 182). Apparently, unlike Nigeria which was visited at the same time, the Gold Coast has done little or nothing to implement these recommendations or to control the disease in recent years.

Father Damien Foundation for the Campaign against Leprosy.

In December, 1937, the Belgian Minister for the Colonies appointed a Royal Commission to study the means of co-ordinating, reinforcing and extending the campaign against leprosy in the Belgian Congo and in Ruanda-Urundi.

They found 60,000 lepers in the colony, but considered that the total number was probably far larger. Of these, 14,983 are isolated in agricultural colonies.

The following conclusions were come to by the Commission:—

“ The fight against leprosy in the Belgian Congo has reached a phase of great activity. The number of those affected by leprosy is more than 5 per mille, and the task undertaken is enormous. The fight against leprosy raised many problems and complications in the domains of medicine, sociology and finance.

“ The Commission considers that in order to accomplish its object the fight against leprosy in the Colony should be placed under the direction and control of a single stable organisation under the Director-General of Hygiene for the Colony.

“ It is, besides, persuaded that this authority should not cease from its efforts till it has rendered moral, scientific and material help. The Commission, in accordance with the spirit of the Minister of the Colonies who has appointed it, makes the following resolutions:—

1. That the action taken by the Government for isolating lepers in agricultural colonies be extended, and that isolation be improved by a more scientific selection of the lepers isolated, by studying the different types of leprosy and the separation of those particularly infective, by the creation of creches for the healthy children of lepers, by the establishment of treatment in each colony and the hospitalisation of the bed-ridden.

2. That the Government create the posts of leprologists who will be in particular charge of the application of social measures against leprosy, the supervision of the colonies and epidemiological study.

3. That scientific study of leprosy be concentrated in a well-equipped central laboratory.

4. That in seeking for more active means of treatment, the planting of Chaulmoogra oil-producing trees be extended in the Colony.

5. That this action be re-inforced by the creation of a National Belgian Organisation with a view to associating the active good will of Belgium in an effort to combat leprosy in the Colony.

“ In conformity with this last resolution, the Commission has the honour to submit to the Minister of the Colonies a project for the creation of a National Belgian Association for fighting leprosy in the Belgian Congo and Ruanda-Urundi, in memory of Father Damien, the apostle of lepers.

“ The Commission propose that the resources of the Association be assured by contributions from the budgets both of the Colony and of the metropolitan country, by generous private contributions, by subscriptions from Members of the Association, and from other sources.”