

REPORTS

Annual Report of the C.M.S. Bunyoni Leper Colony for 1940.

In this, the tenth, annual report good progress on the lines advised by Dr. Muir during a visit to Uganda is recorded. The segregation scheme of separating the infectious and non-infectious parts of the island by a fence across it from the hospital to the shores on either side has been carried out. Only temporary improvement and rearranging of the hospital could be done in war time, but it has proved very satisfactory. The supply of sun dried or burned brick houses with the assistance of the Uganda Government has improved the health of the non-infectious cases. Chaulmoogra treatment has been continued. A new carpenters shop allows boys to be taught that useful occupation as a step in introducing occupational therapy. Active steps have been taken to reduce soil erosion and much more work generally is being performed by the inmates. Cultivation is being extended and the wild pig nuisance dealt with. All babies born are being taken to the creche, but it has been found necessary here, as elsewhere, to allow the mothers to come to suckle their infants during the first three months of their life. Separate schools are maintained for the non-infectious and the infectious children respectively, and eight children have been able to leave as symptom free, but five others have developed infection.

Central Leper Hospital, Makogai, Fiji. Report by Dr. C. J. Austin, Medical Superintendent, for 1939.

The Lepers Ordinance of 1939 was soon followed by the establishment of a leper asylum on the island of Beqa for a few cases. In 1909 the Makogai island was purchased by the Government for the purpose, and two years later 40 patients were transferred there from Beqa and the number has steadily increased to reach 632 in 1939. Since 1925 patients have been admitted from New Zealand and its dependencies and from Tonga, and in 1935 Gilbert Islanders were also admitted. Since 1911 2,269 cases (or suspected cases) have been admitted, and a table is given of the results in 1,777 cases available for study. Of these 729, 41.6 per cent, have died, and 25.9 per cent have been discharged. Inactive and improved cases amount to 49.3 per cent of the whole number. The 394 patients discharged in Fiji have been followed up, and 60, 13 per cent, relapsed and were readmitted, but 13 were later discharged again. The admissions show little signs of diminution, but cases are now coming in earlier stages, and this

holds out hopes of increasing discharges in the future. The most frequent causes of death have been in this order: debility, nephritis, gangrene of septicaemia, tuberculosis and cardio-vascular disease. Intradermal injections of chaulmoogra preparations remain the nearest approach to a specific treatment yet discovered. Burns and lepromatous ulcers are now treated by the application of a mixture of gentian violet, brilliant green and acriflavine, without any bandage, with very good and economical results. Full tables are given regarding treatment of different races and types of the disease. The totals give 65.6 per cent improved and 39.5 per cent inactive, with variations from 80.8 and 90.4 per cent respectively in Neural 1 cases to 0 and 42.8 per cent in Lepromatous 3 cases. The Chaulmoogra plantations continue to do well and yielded a little more than 5 gallons of the hydnocarpus oil. Attention continues to be paid to improving the social amenities, and the whole report bears witness to satisfactory progress.

Public Health Report of the Union of South Africa for the Year Ending 30th June, 1940.

This short report gives the usual tables of statistics, after first acknowledging the value of Dr. Muir's visit to South Africa in 1939. The cases in the five leprosy institutions numbered 2,347, only 89 of whom were Europeans. The first admissions numbered 778, recrudesced cases 83, the discharges 600 and 203 died. The routine treatment continues to be by chaulmoogra oil and its esters, but the use of heavy metals is being investigated. For reactions foudin and mercurochrome are used, and prontosil and M & B 693 proved of value in "dikhop" or "pseudoerysipilas." Attempts at cultures are said to give some promise at certain stages of the nodular stage.

Ngomahuru Leprosy Hospital. Annual Report for Year 1940, by Dr. B. MOISER.

Mount Selinda has discontinued to treat lepers. One European patient, from England, accompanied by his wife, has been admitted to Ngomahuru. He contracted the disease in Burma, was invalided to England, and became rapidly much worse.

Treatment. "Moogrol" has continued to be the main form of treatment. Eighteen native patients are being given Diphtheria Anatoxine as the sole treatment, and it is observed that the most advanced lepromatous cases are benefiting particularly. Others, the majority, have so far shown little signs of improvement. The experiment is being continued.*

* For further results see Report on page 54.

One European, (mentioned above, from Burma, an advanced mixed neural and lepromatous case), is receiving Moogrol and Anatoxine combined, and is making remarkable progress.

Results of Treatment. When Moogrol is given in sufficiently large doses, i.e., up to 10 c.c. twice, or even three times a week, results are very satisfactory, but, when only small doses are employed, the preparation seems to have little or no effect.

Large doses are essential, and do not cause "reactions," at any rate at Ngomahuru. "Reactions," either general or local, are conspicuous by their absence.

At Mtemwa and Mnene, although Moogrol is given there too, results are not as good as at Ngomahuru, and I feel sure that increased doses will effect improvement.

Healthy Children Born in Leprosaria. The practice in this country is to keep infants in the Leprosaria for one year, during which they are weaned from breast-feeding by their mothers. On the face of it, this would appear to run a grave risk of infection, but, in eleven years, not one child sent out from Ngomahuru has been admitted with the disease. This practice can therefore be considered to be fairly safe.

Re-admissions for Further Treatment. It has been found that discharged patients return for further treatment at once, and of their own accord, as soon as they discover signs of active disease. There is no need to seek them. This is one excellent result of the "voluntary" system of segregation followed in S. Rhodesia.

TABLE I.

	Number on Register Jan. 1, 40.	Admitted	Readmitted for further treatment	Readmitted for Economic reasons	Discharged with Disease arrested	Died	Deserted	Deserted and Returned	On Register Dec. 31, 40	Total Treated
1939 ...	882	193	78	—	202	44	40	—	867	1151
1940 ...	869	204	42	4	200	34	81	22	827	1107

TABLE II.

HEALTHY CHILDREN.

	On Register	Brought in by Mothers	Born in Hospital	Sent away to relatives within one year of birth	Died	On Register Dec. 31, 40
1939 ...	27	9	10	29	1	16
1940 ...	16	8	15	16	3	20

Report on the Oji River Leprosy Settlement and Clinics for 1940.

Dr. Money is able to report important progress of this large Nigerian Settlement. In order to extend its influence as widely as possible over the Onitsha Province two new clinics have been added to the four earlier ones with the cordial cooperation of local councils. The records of cases in these now approach 10,000 in number, in which an average of about forty pints of the sterilised hydnocarpus oil are required for injection every week, and approximately 8,500 bacteriological examinations were made in the one year. Suitable patients in the central settlement are trained as clinical assistants to help at the clinics, which were each visited by the medical staff every week.

The Settlement itself is a small town made up of several villages, including those for men, women and married couples respectively, in which sanitation is enforced. Further land has been acquired for farming, and an industrial school gives training in a variety of occupations. Good results in physiotherapeutic training of disabled patients have been obtained at the hospital. An improved system of agricultural employment has been introduced. The number of patients on the registers has increased by 78 per cent. By means of the clinics approximately two-fifths of the province, including the most densely inhabited portions, are now served. A Research Unit is required to allow of further surveys and extension of the work. The patients in the Settlement, where the more highly infectious ones are cared for, at the end of the year numbered 491 and the registered patients at the clinics 9,506.

The Sixty-sixth Annual Report of the Mission to Lepers for 1940.

The valuable work of this long established mission has been continued unabated by the war conditions. The 45 homes accommodate 9,971 inmates, and 47 aided homes a further 6,916, mostly in India, China and Africa. No less than 1,392 healthy children of leper parents have been rescued from imminent danger of infection from their parents. The expenditure during 1940 amounted to £72,046 and the income to £74,814.

Report of the Sudan Medical Service for the Year 1939.

A table shows a total of 6,720 known cases of leprosy, of which 8,009 are in the Central Kordofan Province and 4,371 in the Southern Equatorial area, leaving very small numbers in the remaining northern dry areas. The large settlements in the

Southern Province continue to do good work, but have decreased considerably in size with the discharge of many recovered cases who are kept under close watch. In the less affected areas small leper settlements have been provided. There is no evidence of any increase of the disease over a series of years and the disease is a less serious public health problem than in most tropical African territories.