

EDITORIAL

The two reports published in this issue afford remarkable testimony to the success of the policy of B.E.L.R.A. in two British Colonies presenting very diverse conditions. British Guiana was the first of our colonies to follow our advice to alter their compulsory segregation law so as to permit early uninfected cases of leprosy to be treated as out-patients at clinics. The first three of these were built with funds we provided; they now number nine and are successfully treating 500 patients, half the estimated number of lepers in the Colony. That success has in its turn led to the majority of the more advanced and infectious cases voluntarily entering the Mahaica Leper Institution for the sake of obtaining efficient treatment; with the result that Dr. E. Muir is able to report that the former yearly notification rate of from 40 to 100 has now fallen to 39, and that there is good reason to believe that there is now an actual decrease of the disease in British Guiana. He also pays a well deserved tribute to the able and devoted services of the special leprosy officer of the Colony, Dr. F. G. Rose, during the past fifteen years. It is much to be hoped that Dr. Muir's present series of visits to our West Indian Colonies will result in similar successful efforts being made in them, without delay, to emulate the good example of British Guiana.

The very different problem of dealing with the immense amount of leprosy in Nigeria is illustrated by the encouraging report of Dr. T. F. Davey on The Control of Leprosy in the Owerri Province from the Uzuakoli Leper Settlement. Surveys in a number of villages show the terribly high incidence in many of them of 5 to 10 or even 15 per cent, with at least a total of 50,000 in the province. The Indian system of Survey-Propaganda-Treatment has here been modified by first opening clinics so as to obtain the confidence of the people before surveys are made. The co-operation of the Chiefs is then enlisted in getting free grants of land for building model leper villages to which the advanced infected cases flock and are self-supporting, while both they and the early out-patient cases are treated at the clinics. Five such villages already segregate 2,000 cases and over 7,000 cases are being regularly treated at 29 clinics, including that at Uzuakoli, with the help of native male nurses and inspectors who have received elementary education and been trained at headquarters, where over 70 male nurses are being instructed. In five areas with the model villages and clinics full control of the leprosy situation has been

already obtained at very low cost, and such is the clamour and local support for extension of the system that only staff and moderate funds are required to spread it over the whole province. Yet only about two decades ago a French attempt at compulsory segregation in West Africa failed even to find any appreciable number of cases, which were nearly all hidden.