LEPROSY CONTROL IN THE OWERRI PROVINCE

FOURTH ANNUAL REPORT ON CONTROL WORK UNDERTAKEN BY THE STAFF OF THE NATIVE ADMINISTRATION LEPROSY SETTLEMENT, UZUAKOLI

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INTRODUCTION

The year 1942 has witnessed further wide expansion of the work of the Uzuakoli Settlement. Clinics operating at the commencement of the year have become firmly established, and with 15 clinics opened during the year, regular leprosy treatment is now being given at 44 centres, and over 11,000 patients are being treated every week. The shortage of hydnocarpus oil has often rendered the maintenance of treatment very difficult, but in spite of the enforced low dosage, 172 patients have been discharged symptom free from clinics and 60 from the Central Settlement.

Leprosy control has made considerable progress. Lepers have now voluntarily segregated themselves in 14 model villages. In addition, 20 more sites for villages have been approved and building is in progress on some of these.

In spite of the large scale of the work now being undertaken, one half of the Province remains untouched. In Bende Division intensive leprosy control work is in progress and possibly 50 per cent. of the leper population is receiving treatment. In Okigwi and Orlu, in spite of huge numbers of patients, we are but touching the surface of the problem. In Owerri and Degema Divisions there are no clinics whatever, while in Aba and Ahoada, control work is in its infancy. It is now obvious that we must consider 50,000 as too low an estimate for the number of lepers in the Province.

The rapid growth of our work has thrown a great strain on the central staff, both European and African. By adjustments in the method of clinic visits more has been crowded into very busy lives, but in the interests of health it was necessary to call a final halt during the year. For the last six months almost all requests for clinics have been refused, and propaganda has been deliberately stopped. The people of the Province are now leprosy conscious and there is a widespread desire for leprosy control work in all Divisions combined with a readiness to co-operate by providing land and buildings

free of charge. Until it is possible to increase our staff, both African and European, we must continue to refuse all requests for new work.

The main lines of the leprosy control policy we are pursuing are now firmly established. A discussion of these was included in last year's report and was published in the Leprosy Review (Vol. XIII., No. 3, July 1942). New developments and considerations will be discussed below under their appropriate heads.

STATISTICS.

The following table summarises the figures for leprosy treatment centres, numbers of registered patients, total attendances and symptom free discharges.

Totals.

Centres for Treatment	44
Registered Patients	11,548
Total Attendances	405,060
Symptom Free Discharges, 1942	172
Total from Clinics to date	249

These figures do not include statistics for dressings or attendances at clinics for other purposes than specific leprosy treatment. At many clinics dressings are given daily, and during the year hundreds of thousands of dressings are given.

Figures for model village settlements are given later.

THE CENTRAL SETTLEMENT.

During 1942 the Uzuakoli Settlement has amply fulfilled its function as the centre for organisation, administration, training, hospital treatment, laboratory work and children's work. 1,255 patients have been resident during the year, including 163 seriously ill patients who have been admitted from clinics for hospital treatment. The hospital has had its busiest year since the foundation of the Colony and has been consistently overcrowded. The Central Ulcer Clinic has been equally busy, and has been in the hands of Mrs. Grainger. Over 35,000 dressings have been given here alone. The training of patient nurses has continued throughout the year, there being 100 of these. Reference is made elsewhere to the large increase in Leprosy Inspectors. These have all been trained at Uzuakoli. The Laboratory and Diagnostic Centre has been fully maintained, outstanding features being the introduction of the Lepromin test, using our own material, and the manufacture of our own Kahn antigen. With the multiplication of clinics, the

work of the Central Dispensary has greatly increased, and an elaborate distributing system is necessary to ensure that clinics are provided with their requirements. All the hydnocarpus oil used is processed at Uzuakoli, though supplies have been inadaquate for the greater part of the year.

510 of the permanent residents of the Settlement are supported by the Native Administration, and the award of these free places formerly bore no relationship to clinics. During the year an important change has occurred, and in Divisions where clinics are operating we are now ourselves authorised to select suitable cases to fill free places at Uzuakoli. In this way it is possible to bring into the Settlement those types of case who cannot be adequately treated at clinics, namely, lepromatous cases, the aged and infirm, cripples, paupers and children. There are now large numbers of these at Uzuakoli. A special Home for Crippled and Aged patients is now being planned. There are 200 children in the Settlement and a central feeding system started in December 1941 has proved an outstanding success. Nearly 200 people are being fed and there has been a marked improvement in physique and general condition as a result of this. A new refectory has been built during the year.

Work among uninfected children has suffered greatly as a result of the war, as supplies of milk have been irregular. Since 1940 no more infants have been admitted into the Babies' House and there remain 7 young children there. No deaths have occurred during the year, and five of the children are taken daily to the kindergarten department of the Uzuakoli College Demonstration School, where they receive free tuition. A mothers' compound has been in operation during the year where uninfectious mothers are themselves segregated with their uninfected infants. There are 13 of these. Every clinic gives evidence of the urgent necessity for large scale preventive work among uninfected children. This can only be carried out at some such centre as Uzuakoli, and during 1942 proposals have been made for an experimental scheme to meet this problem. It is hoped that a start will be made during 1943.

The life of the patients in the Central Settlement is highly organised. Planned work and physical training contribute to make treatment effective, while many social activities occupy and improve the mind. Industries and handicrafts are numerous, and special mention should be made of the school and the Boy Scout troop.

Agriculture is directed to the growing of crops for the communal feeding centre, and a small herd of cattle is being kept

as an experiment for the purpose of obtaining milk for uninfected children.

During November we were greatly honoured by a visit from His Excellency the Governor of Nigeria, who was accompanied by Lady Bourdillon. The keen interest they showed in all branches of the work was an inspiration both to out-patients, in-patients and staff.

CLINICS.

With the addition of 14 opened during 1942 clinics now total 43. They show wide diversity, reflecting the neighbourhood where they are situated. Many have resident nurses, and 27 are supervised by Leprosy Inspectors. Two clinic units from Uzuakoli are always on tour visiting these clinics, one of which is visited weekly, 18 fortnightly, while with few exceptions the rest are visited monthly.

The vast majority of clinics are in Bende and Okigwi Divisions, and intensive anti-leprosy work is being done in this area. In Bende there are 16 clinics, while there are 20 in Okigwi (with Orlu). Although two of these clinics are very large, it will be observed from the statistics that we have provided many medium sized clinics rather than a few large ones. There are definite reasons for this. The population is everywhere dense, and the leprosy incidence very high. *The object of our work is not leprosy treatment, but leprosy control,* and all our activities must have this end in view. In the achievement of leprosy control the willing co-operation of all patients and healthy people is essential. The clinic is the first stage in the process of control, and it is most important that its method of management wins that co-operation which is later needed for more vital measures, such as surveys and segregation. As far as patients are concerned, the normal services of the clinic, such as free leprosy treatment, free ulcer treatment, legal advice, combined with sympathy and encouragement soon produce a co-operative attitude in those who attend, and some are willing to travel considerable distances in order to receive the benefits of the clinic. These are very much in a minority, however, for ulcers are numerous and bodily infirmity prevent many from travelling far to a clinic. Such people cannot be expected to walk more than five miles to a clinic, and if clinics are few it follows that many feeble cases (including a high proportion of lepromatous cases) simply cannot attend on account of the distances involved.

A more important consideration now arises. In our ex-

perience, in spite of propaganda, never more than 50 per cent. of patients in a locality come to the clinic of their own accord, and often the percentage is far less. Every survey undertaken reveals this fact. The untreated cases simply remain at home either in a state of hopeless despair or else attempting to hide their lesions under clothing or stains. For purposes of leprosy control it is essential that these come within the influence of the clinic, and it is therefore necessary that we should make it as easy as possible for all patients to take treatment.

As far as healthy people are concerned, the population of the Province, everywhere dense, is divided into many clans. In its early stages, leprosy control work evoked universal opposition, but as a result of propaganda many clans are now willing to give land and buildings for the sake of their own lepers, and interest is shown in the welfare of the clinic which is regarded as belonging to them and existing for the good of the clan. This co-operative attitude would be destroyed immediately if the clinic was made available to lepers from other clans, and when opening a clinic we usually have to promise that we will admit local patients only. This attitude is sound and must be respected. Large scale movements of lepers within a densely populated area are to be deprecated, but are inevitable if clinics are few and open to all-comers.

An illustration of this is provided by our own experience when clinics are few. At that time, as the news of the clinic spread, patients came from far and near. On discovery that the clinic was for local people only, some people from a distance came and lodged in nearby villages and later appeared at the clinic, posing as local inhabitants. The clinic was thus immediately responsible for an influx of lepers into the neighbourhood, and one has an uncomfortable feeling that rather than fighting leprosy, the clinic was in fact actually increasing the amount of leprosy in the neighbourhood. Even had there been no restrictions, the effect would have been the same, for leprosy treatment is tedious, and rather than walk 20 miles or more every week to a clinic, patients would prefer when the novelty has worn off to lodge in some village near at hand. Local lepers would be only too glad to receive paying guests.

In the earlier days of our work we therefore had to choose between a few large clinics with thorough weekly supervisions by Europeans, and many smaller clinics in which a certain amount of responsibility is on African shoulders. All these weighty arguments induced us to take the latter course, and the soundness of this policy in Owerri Province is proved by

the fact that starting in this way it has been possible to produce a high degree of leprosy control in several localities, where all infectious cases of leprosy are segregated following surveys of the entire population. This could never have been achieved without the full and willing co-operation of patients and healthy people alike. The way is now open for similar measures over a wide area of Bende and Okigwi Divisions, and requests for clinics and offers of land are being received from a yet wider area. Most clans in Bende and Okigwi now have their leprosy clinics and there is no longer any need for patients to travel far from their homes for treatment. As preventive work develops there is every prospect that well over 90 per cent. of cases will come to clinics of their own accord. Patients are now being discharged symptom free from many clinics, and this is encouraging backward cases to come forward for treatment.

The original policy of paying no rent for clinic sites and providing no buildings is still being pursued, these representing the contribution of the local people to the work. No new clinic is opened until the site has been given and approved, the land cleared and buildings erected, without any expense being incurred by us. Local interest has thus to be proved before work commences.

Leprosy treatment follows a fixed routine at all clinics and the nurse has to learn this over a period of 18 months devoted to training at Uzuakoli before he may go to a clinic. At clinics with resident nurses ulcer treatment is given daily. All registration, examination and bacteriology is carried out by the Touring Unit from Uzuakoli, which also carries with it a stock of medicines for various complaints which may be supplied to patients and so obviate their attendance at N.A. Dispensaries where their presence is neither welcome nor desirable.

Markets operate at several clinics, and this is fully encouraged.

LEPROSY INSPECTORS.

There has been a notable increase in the number of Leprosy Inspectors, especially in Bende Division and in Orlu District. The importance of the work of these non-leper local preventive workers cannot be exaggerated and with a small Central Leprosy Staff it is correct to say that the progress of leprosy control in the Province is dependent on the existence and work of these men. Apart from being partly responsible for the maintenance

of one or more clinics, they do propaganda, carry out leprosy surveys, supervise segregation in model villages, and once control has been achieved they can maintain it by regular service. At the present time there are 15 of these men distributed as follows:—

Bende Division	7	(increase 4)
Orlu District	4	(increase 4)
Aba Division	3	
Ahoada Division	1	

A course of training was held at Uzuakoli during 1942 and the Senior Health Officer, Enugu, kindly co-operated in this.

The work of these men is closely allied to that of Native Administration Sanitary Inspectors. In the Orlu District an experiment is being carried out whereby two N.A. Sanitary Inspectors on returning from their course of training at Ibadan received extra training at Uzuakoli and are now combining the work of a Leprosy Inspector with that of a Sanitary Inspector, devoting three days weekly to each. This is an excellent arrangement provided the men concerned are suitable, and is capable of wide application. In the model village the Leprosy Inspector is able to present an object lesson in sanitary methods which is more valuable than much good advice, while leprosy surveys not only familiarise him with the area but reveal all those sanitary defects which are the concern of the Sanitary Inspector.

The ideal arrangement would be for all Sanitary Inspectors to concentrate on leprosy work after their training and gradually increase the amount of sanitary work done as leprosy control becomes perfected. Leprosy Inspectors will also provide excellent candidates as N.A. Sanitary Inspectors.

VOLUNTARY SEGREGATION.

The number of villages where voluntary segregation is either complete or is proceeding are as follows:—

In the Bende Division	7
In the Okigwi Division	3
In the Ahoada Division	3
In the Aba Division	1

This represents an increase of 4. Had staff permitted, the number would have been much greater, for there has been a striking increase in the number of sites offered for segregation purposes. Twenty sites have been approved in addition to the above. These are situated as follows:—

Bende Division	10
Ogikwi Division	7
Aba Division	2
Ahoada Division	1

In the Bende Division there is an area where leprosy control is complete. All infectious cases of leprosy have voluntarily segregated themselves at Etiti Ama and Ama Orie Nkporo, and in all the villages of the Ndi Oji Group of Abam clan. A high degree of leprosy control also exists at Ozuitem and Bende, where segregation is proceeding and is approaching completion. A similar state of affairs holds throughout the Abua Clan, Ahoada Division. Partial segregation exists in several areas.

LEPROSY SURVEY.

The time and energies of the Central Leprosy Staff are being fully occupied in maintaining leprosy clinics, and it has been impossible to undertake any large surveys during the year. On the other hand, much survey work has been carried out by Leprosy Inspectors, and though this lacks the scientific thoroughness of surveys carried out by the central staff, it represents in my opinion the only solution to the problem of mass survey work. The population of the Province is believed to exceed two million. The scientific survey of this mass of population would take many years. In order to maintain leprosy control, repeated surveys are necessary, and it is therefore impracticable for a team consisting of a few medical men with their assistants to meet the need.

Very useful surveys can be undertaken by Leprosy Inspectors, and as each works in a limited area, he becomes well known to the local people, and this of great value. Further, repeated surveys can be, and indeed are being carried out, and in this way leprosy control becomes a policy for the present rather than a dream for the future.

Surveys by a specialist team are of special value from the standpoint of research, though it should be pointed out that surveys of this type have been carried out at all those areas where leprosy control has been established already, namely, Etiti Ama and Ama Orie Nkporo, Ndi Oji Abam, Bende, Ozuitem. There is a tremendous demand for survey work in all parts of the Province, but apart from Leprosy Inspectors nothing more can be done until the Central Staff is increased.

Leprosy Inspectors have carried out surveys in Aba, Bende and Ahoada Divisions with the following results:—

AHOADA DIVISION.

In the Abua Clan, where leprosy control has been achieved, the entire Abua Group, embracing a population of 7,000, was examined for the third time, and 40 new cases were discovered. Without exception these were early cases and the result was to be expected. All the cases found were examined by me on the occasion of my visit. Leprosy control has only been established for about 18 months in this area, and more new cases must be expected for the next two or three years. After this time the number of new cases should fall rapidly.

Aba Division.

	Villages	*Population examined*	*Lepers found*	*Incidence per cent.*
Asa Clan	19	8481	189	2.2
Ndoki Clan	19	2399	129	5.2
Bende Division.				
Oboro Clan	9	2285	27	1.2

Cases on observation 35.

Surveys are now in progress in Ozuitem Clan, Ibeku Clan, Oboro Clan, Nkporo villages, and have commenced in Chafia Clan.

SUMMARY OF PROGRESS IN THE VARIOUS DIVISIONS.

	Bende Division	*Okigwi Division*	*Okigwi Division (Orlu District)*	*Aba Division*	*Ahoada Division*	*Owerri Division*
Registered patients at Clinics	4007	2920	1456	515	903	
Patients at Uzuakoli ...	413	431		31	75	181
Number of Clinics	16	12	8	4	3	
Number of Leprosy Inspectors	7	Nil	4	2	1	
Number of villages inhabited by patients segregated voluntarily	7	3			3	
Village sites approved in addition	10	3	3	3		

Intensive leprosy work is going on almost throughout the Bende Division. The appointment of four new Leprosy Inspectors during 1942 has been of tremendous value, and leprosy control is now making great strides. The population of the Division

is in the neighbourhood of 180,000, divided into 17 Clans. Leprosy surveys have been carried out in eight of these and, at the present rate, the entire population will have been surveyed within four years. Leprosy control is complete, or almost complete, in four areas and is advancing in several more and, provided staff can be maintained, the outlook is most promising.

The outstanding need in Okigwi Division is the appointment of Leprosy Inspectors. It is impossible to proceed much further along the road to leprosy control than the maintenance of clinics until Inspectors are appointed. No surveys have as yet been carried out, and the three model villages at Uturu, Leru and Ogeh have arisen solely through the eagerness and initiative of patients themselves, led by nurses from Uzuakoli. Nurses are doing a fine piece of work in this area. The Clinic and Settlement at Uturu needs special mention, for it is unique. Here more than 600 patients have voluntarily segregated themselves, and there exists a miniature Uzuakoli, with its police, handicrafts, boy-scouts, play and wrestling clubs and various other organisations. There are two churches, Methodist and Roman Catholic, the former with a resident teacher, himself a patient, who is supported by the local people. The cost of maintaining this Settlement is negligible. There are practically 1,000 registered patients at the clinic attached to the Settlement.

If Leprosy Inspectors can be appointed in the Division there is no reason why progress should be delayed.

The opening up of work in Orlu has been the most notable advance during the year. During the last six months eight clinics have opened, and patients are pouring into these every month. There is without doubt a very high incidence of leprosy and the state of lepers is pitiable in the extreme. Survey work is just starting, and work is commencing on two segregation centres. In some parts of Orlu the density of the population renders villages of the type prevailing in Bende an impossibility. Nevertheless the people town by town are willing to give small sites where patients may be segregated in model compounds, and this is perfectly satisfactory.

Leprosy work in the Aba Division is on a small scale, and has existed for 17 months. After many early struggles and disappointments it has now become well established, and a new spirit of co-operation prevails. During the last three months two new clinics have been requested, and two new sites for model villages have been offered. The outlook in Asa and Ndoki

clans is promising. Surveys have proved that the incidence of leprosy is high.

Leprosy work in Ahoada is confined to Abua Clan, where it has been in existence for two years and nine months. Here a very high degree of leprosy control prevails, and the Abua model village is among the best. One unusual feature of the work in this area is the remarkably good response to treatment. Already in this clan alone 137 patients have been discharged symptom free from the clinics and there is a notable improvement in the condition of many lepromatous cases, which is an unusual finding.

There is now a widespread demand for leprosy work in the Ahoada Division. Clinic sites have been offered in various areas, and at one of these, namely Omoku, it is hoped to open a clinic in the near future. The Division is ripe for the development of leprosy work but shortage of staff is prohibiting further work at present.

There are as yet no clinics in Owerri Division. In the past this has been due to lack of interest on the part of the people, but during 1942 enquiries have been received from several parts of the Division. The Division is large and densely populated and the opening of one clinic now will probably create a demand for many more, so for the time being we are regretfully forced to refuse to start work. When staff makes it possible we shall gladly do so.

Insistent requests for clinics are constantly being received from Degema Division. Transport problems make the opening of leprosy work out of the question at the present time.

PROPAGANDA.

All direct propaganda has been deliberately stopped, as the demand for leprosy work in the Province far exceeds our capacity to meet it. Nothing more can be done until staff is increased. Unfortunately for our peace, the ever growing numbers of people discharged from clinics form centres of propaganda over which we have no control.

ACKNOWLEDGMENTS.

A special tribute should be paid to the Central Staff, both African and European, who have given devoted service through a difficult year with good humour and without complaint in spite of being constantly overworked.

Dr. and Mrs. Ross, of B.E.L.R.A., have been on leave for the greater part of the year and their return is eagerly awaited both by patients and staff.

Mrs. Grainger, of the Methodist Missionary Society, is an

honorary and valued worker who returned from leave during the year and resumed responsibility for ulcer treatment, the communal feeding centre, social work among women and the planning and planting of village and Settlement gardens. She has carried out her duties, often unpleasant, with distinction. Mention should be made of the fact that during 1943 Mrs. Grainger is retiring after many years of service in Nigeria.

Mr. and Mrs. Tuck, of B.E.L.R.A., returned from leave during the year. Mr. Tuck is the Settlement accountant and also plans model villages. Mrs. Tuck has assumed sole charge of the Settlement school, which was left without a certificated teacher when the headmaster was discharged last year. Mrs. Tuck has full qualifications for this task and her work is much appreciated.

Mr. Walter, of B.E.L.R.A., has worked throughout the year in the dispensary and is the scoutmaster.

Mr. Dalton, of B.E.L.R.A., is now on leave and acted as relief for Mr. Tuck.

The maintenance of the work of the Settlement has only been possible through the great assistance given by voluntary organisations.

The Methodist Missionary Society has co-operated in the Settlement since its foundation by providing the person of the Medical Superintendent and by an annual grant devoted to religious and social work. This supports a resident catechist, helps to finance the school and enables assistance to be given to necessitous patients.

The Mission to Lepers gives an annual grant for work among uninfected children.

B.E.L.R.A. and Toc H are giving wonderful assistance by providing and supporting European personnel.

Lastly, I wish to acknowledge the constant help and interest of His Honour the Chief Commissioner, Eastern Provinces, of the Resident, Owerri Province, and of all District Officers. Their co-operation in all our schemes has been of incalculable value and much of the success of the clinic work is due to their efforts.