

LEPROSY AFTER THE WAR

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We read and hear a great deal about provision for men who have been blinded and maimed in the present War, but no reference to leprosy has been observed.

No figures are available here in connection with the spread of leprosy after the 1914-18 War, but I think that it can be taken as certain that there will be a number of British soldiers who will have become infected with the disease during this war, especially amongst prisoners of war.

Many of the countries involved in the present war are

highly endemic areas. Greece and Crete are by no means free from the disease, whilst it is very prevalent in West Africa, and right across to Egypt and the Sudan. Figures of five per thousand are given for large tracts of Africa, e.g., Belgian Congo, the Rhodesias, French Equatorial Africa, Uganda, and almost the whole of the rest of Africa between 20 degrees North and South show one or more per thousand. India, China, Japan and the Netherlands East Indies exhibit a similar degree of endemicity.

The conditions which are favourable for the spread of the disease are war, hot moist climate, poor housing, overcrowding, ignorance of the disease, undernourishment, insanitary conditions and lack of facilities for personal cleanliness. With large numbers of soldiers waging war under such conditions, especially in the Far East, it seems impossible for numbers of them to escape infection from leprosy. I fear that the numbers may be large.

What is to be done for these men? It seems to me that now is the time to make preparations for them. Is Britain a suitable place for them? My answer is in the negative, both from the point of view of the patients themselves, and because of the undesirability of reintroducing the disease into the British Isles, i.e. from the Public Health point of view.

Fourteen years' experience at Ngomahuru Leprosarium in Southern Rhodesia, near Fort Victoria, a few miles from the renowned Great Zimbabwe Ruins, prompts me to suggest that Ngomahuru is a very suitable place for them. The type of the disease in Southern Rhodesia is a mild one. The climate is very suitable. Remarkably good results from treatment have already been recorded at Ngomahuru, in both white people and in natives.

Ngomahuru is an estate of 8,400 acres of undulating land, interspersed with rocky kopjes, well wooded, with a good water supply, and a marked absence of malaria. Mosquito nets are unnecessary at any time of the year. There is always a breeze. March and October are hot, but the temperature on my verandah has never reached 100°F. Most of the land still remains to be cultivated. Horses, cattle and sheep thrive well. In short, Ngomahuru is just waiting to be developed, and in my opinion offers the best possible chance of complete recovery from the disease, and a return to normal life later.

This idea of making Ngomahuru into a "British Empire Leprosarium" has been mooted for several years, and indeed it is in existence as such in a small way already, for a few

Europeans from England, India and Burma have been cured here, or are still undergoing treatment.

Patients would not be herded together in the wards of a large hospital. They would live in separate completely detached, self-contained homes, one man to each house, or perhaps two friends sharing one house. Each man would grow his own vegetables and flowers, with the help of native servants, and would make the place his "Home" for as long as he remains here. His surroundings should, and would, be made as attractive as possible, and he must have congenial occupation. For instance, one man here at present is in charge of the water supply, which is pumped up from the River Tokwe, and he receives remuneration for this. Another is giving his valued services free as a clerk in the office. Plenty of outdoor occupation can be found in supervising labour gangs of native patients on the Farm, roads, plantations, etc.

Recreation can easily be provided. A golf course has been in existence for some years, but was ploughed out for farm crops as a war measure. There are two tennis courts in existence. One man has his own small swimming bath which is filled with chlorinated water, so that it is free from bilharzia. There is a boat on the river, and there are fish to be caught there. Guinea fowl, francolin and small game provide sport. The native patients play football with enthusiasm. Cricket is a possibility for Europeans. A reading-room and indoor games present no difficulties. The large "Beit Hall" already in existence is used for religious services.

Under such conditions, nobody could regard himself as a "prisoner." He would have ample liberty to do as he liked, and motor around the countryside. I have always laid stress on the psychological aspect of treatment. Men must not be allowed to feel in any way that they have an "unclean" disease or are in any sense outcasts. One man here has told me that the days "fly by," that he has forgotten that he has any disease at all, that he feels "OF" the place and not "IN" it. That man is getting well rapidly. His wife, who lives in Fort Victoria, comes to visit him at week-ends. His small daughter is allowed to come occasionally, so long as certain restrictions are observed. Another man (from India), who was cured here, has bought a farm in the neighbourhood, married, and settled down most happily and successfully.

Then comes the question as to whether a man may have his wife to live with him. I have always encouraged this, for conjugal infections are rare. It is rather a matter for the man

himself to decide after all the facts have been explained to him. One such example has been here for over two years, with the happiest effects. They have made their house and garden most attractive; their rockery, which is a natural one, is always a beautiful sight. They have their friends to visit them, but the begetting of children is discouraged, for that would mean the departure of the wife and child, at least temporarily.

Such is the picture I have witnessed here for the past fourteen years, a very different picture from what most people imagine a Leprosarium to be.

So here is the place, and I hope it will become the recognised "British Empire Leprosarium," where our stricken soldiers can live in comfort and happiness until they return to normal life again.

It is my small part to bring this idea to the notice of the Imperial Government, and of the Colonial Office, and it will be theirs to work out the financial situation, with the Government of Southern Rhodesia. I might here add, in conclusion, that a house with water, indoor water-borne sanitation, and electric light will cost about £700 to £1,200 according to size.