

LEPROSY IN ST. KITTS AND NEVIS.

REPORT on second visit to St. Kitts and Nevis from 15th to 25th July, 1944. The first visit was in February, 1942, the Report on which was published in the *Leprosy Review* of January, 1943, page 29.

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Since my visit to St. Kitts and Nevis in 1942, eleven cases of leprosy have been admitted to the Leper Home and ten are recorded as having died in the Home. Of the eleven admitted, four are lepromatous (3L-3 and 1L-2), the rest being neural. There are about 27 known active cases (12 male and 15 female) outside the Home, of which 7 or 8 are open lepromatous cases. At least 3, however, of the latter have only recently been detected and will be admitted to the Home as soon as possible. The remaining open cases are isolated at home, but I think that greater care should be taken to ensure that they conform to strict rules and are not a danger to their families and the community. During my visit I gave a talk on leprosy to the Medical Officers, which was also attended by Sanitary Inspectors and Nurses, also three public meetings at Basseterre, Charlestown and Sandy Point were well attended.

LEPER HOME.

Staff and Buildings. The new Master mentioned in my last Report, was appointed after spending a period of training at the Chacachacare Leprosarium; he appears to be doing good work for

the benefit of the patients. The staff quarters are situated on the old fort wall to the entrance side of the Home, but the only exit for the staff is through the common gate used by the patients. I consider that a separate stair should be erected communicating directly with the outside. The Master's quarters consist of two rooms, quite adequate for a bachelor, but too small for a married man. They might be extended by adding the room at present used as an office, the office being accommodated next to the surgery. The surgery also is inadequate and a treatment room with running water is badly needed.

The patients' quarters are placed in two compounds for males and females respectively. Each patient has a small cottage and these on the whole are clean and tidy.

Patients' Gardens. Adjoining the Home is an area of ground, two acres in extent which is cultivated by some 20 of the more able-bodied patients, each having either a separate plot, or three or four having a combined garden. This affords healthy exercise, so important in treatment, and at the same time supplies fresh vegetables most necessary for the patients' diet. The land, however, is insufficient and the area should be doubled, if possible by buying another two acres of adjoining land. Care should be taken, however, that produce is not sold by the patients to outside healthy people. In fact, while the site of the Leper Home is in itself excellent in most respects, it has one great disadvantage in being too near the village of Sandy Point and adequate precautions should be taken to prevent the spread of infection by intercourse between patients and villagers.

Treatment. Several of the patients with neural leprides might be cleared up by the use of intradermal injections of suitable hydnocarpus preparations. Moogrol, the only preparation at present available, is too irritant for this purpose, and arrangements are being made for the supply of pure hydnocarpus oil, the supply of which from India has been difficult during the War.

Types of Cases. The following table gives a comparison of the numbers and types of cases as found during my two visits:—

Types.	1942.			1944.		
	Male.	Female	Total.	Male.	Female.	Total.
N-1	0	0	0	1	0	1
N-2	4	3	7	2	1	3
N-3	2	2	4	6	4	10
L-1	1	0	1	0	0	0
L-2	0	2	2	1	0	1
L-3	14	10	24	14	12	26
Arrested ...	4	4	8	4	4	8
TOTALS ...	25	21	46	28	21	49

It will be noticed that the number of arrested cases remains the same. Three of these are fit for discharge, but the remainder are so deformed that they will require to remain as permanent residents. Of the neural cases, several can be cleared up by the means mentioned above in a few months or years. The number of lepromatous open cases remains the same, being from 66 to 71 per cent. of all active cases.

I was asked to make a survey of the eye conditions of the patients. Of the lepromatous cases in which the eye ball is invaded by the bacilli, I found that the eyes of 16 were affected out of 26, being about 62 per cent. The signs varied from sluggish or fixed and irregular pupils to complete destruction of the eye. In some there was principally corneal invasion, but in most there was a massive nodular invasion from one or more angles involving cornea, uveal tract and iris. Out of the 18 "N-3" and arrested cases there were different degrees of involvement of the eyelids in 10 cases. Anaesthesia of the cornea, along with inability to close the eyelids removes the natural protective mechanism of the front of the eyeball. In two cases ulceration of the cornea had begun.

OUTSIDE PATIENTS.

I have mentioned above the number of these, a few new cases being found during my visit. Several of the neural cases among them can be cleared up by means of intradermal injections in a short time, and arrangements should be made for this either at their homes or in suitable centres. The fact that some fresh cases were found during my short visit strengthens the surmise that there are still active cases undetected. During the last 30 years, 146 cases have been admitted to the Leper Home, of which 78 were open lepromatous cases. Examination of the records of those admitted from the small island of Nevis during varying periods is shown in the following table:—

Period.	Length of Period.	Number of cases.
1893-1917	24 years	3
1919-1920	2 "	12
1923-1927	5 "	6
1928-1930	3 "	12
1931-1937	7 "	3
1938-1940	3 "	5 (all L-3).
1942-1943	2 "	3

From this it appears that the disease appears in waves, only a few being detected between the crests of waves. This may, of course, be due to greater vigilance of medical officers at certain periods, but a more likely explanation is that the quiescent

intervals corresponded with the prolonged incubation of lepromatous cases which may often last from 5 to 10 years. This suggests that there may be at the present time a not inconsiderable number of such latent cases and vigilance is necessary so that they may be detected as soon as possible before they have time to spread infection to another generation.

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