

SECOND REPORT ON LEPROSY IN JAMAICA.

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My second visit to Jamaica to study leprosy and advise on measures for its relief and control, was made at the request of the Medical Adviser to the Controller for Development and Welfare in the West Indies. It extended from the 28th October to the 12th of November, 1943. This report should be read in conjunction with the report of my former visit.

PROGRAMME OF VISIT.

2. Several days were spent at the Leper Asylum at Spanish Town examining patients along with the Visiting Medical Attendant and Sisters, and advising regarding treatment. The children of a few schools were examined in Spanish Town and other places, and visits were paid to the parishes of Trelawny, St. Ann, St. Elizabeth, Manchester and Clarendon. A demonstration was given to 60 Sanitary Inspectors and Nurses and another to doctors, at the Leper Asylum.

Note—The first visit was made in August, 1942 and a Report was submitted to the Director of Medical Services and published in the January, 1943 number of the "Leprosy Review."

LEPER ASYLUM.

3. The principal development during the past 15 months since my last visit, is the erection of new quarters for male patients. These consist of three pairs of blocks, each half block consisting of thirteen small rooms, 8 feet by 10 feet in size, with a common verandah, latrines and bathrooms for each block. Each patient will have a separate room, a great improvement on the present crowded quarters. There is also a house to accommodate twelve boys, and a hospital with 24 beds and a treatment block with dispensary and store. An excellent entertainment hall has been erected between the male and female quarters, which will hold over 200 people, and a building for canteen with separate entrances to the male and female sides. There is an up-to-date kitchen with two warren cookers and a large open-sided building which can be used for a school reading room and recreation room. A wall has been erected between the male and female quarters, but the fence which surrounds most of the new compound is unfortunately not calculated to prevent patients who wish to leave the institution without permission. A room for dressing sores is still wanting, and raised paths are needed to make it possible to reach the various buildings when the ground is flooded, as occurs when there is a heavy shower of rain. When these are supplied it will be possible to transfer the male patients to the new compound.

4. Reconditioning of the previous men's quarters will make more room for the female patients and allow for separate quarters for early neural cases, especially children, who should be isolated from the more infectious cases. I understand that several of these are on a waiting list to be admitted as soon as the changes are completed.

5. The Medical Attendant has not yet been sent abroad for special study of leprosy, and I recommend that this be arranged as soon as possible. This should be easy to arrange as the Medical Attendant's work is now restricted to the Leper Asylum, the Jail and the Poor House.

6. Sister Marina spent three months of special study at Chacachacare and has found her period of study there of great value.

7. I should like once more to express my appreciation of the excellent work done by the Sisters. Not only are they nursing and caring for the sick, but they act as Superintendent, Steward, Clerk and fill all the offices usually performed by male officials in other similar institutions. This implies work by day and night, and they are often on duty for exceedingly long

periods. While up to now they have borne the strain of this work, I consider that it would be wise as well as just to arrange to increase their number from six to eight, which would make it possible for them to go on leave and otherwise lessen the weight of work.

8. I wish to emphasise again the importance of the five items enumerated in my last report.

i. The Medical Attendant hopes to use one of the rooms in the new hospital as an operation room, but there are practically no equipment and instruments to perform even the most elementary operations which would give the patients relief and raise the standard of treatment. I suggest that instruments should be ordered without further delay, and meantime a few instruments lent from other hospitals.

ii. A microscope and basic laboratory equipment should be supplied as soon as possible. Sister Marina has studied the ordinary simple clinical laboratory technique and under the Medical Attendant is able to make the ordinary routine examinations. The study of individual cases cannot be satisfactorily made unless the examinations can be made on the spot.

iii. The Sister has also studied dental work at Chacachacare and proper equipment is required to enable her to attend to the patients' teeth.

iv. The motor van suggested in the last report cannot at present be obtained, but it should be supplied when conditions make it possible.

v. Much has been done by the Sisters to develop occupations among the patients; furniture for the new buildings is being made out of odds and ends of material. Many of the patients are showing themselves willing workers and the health and discipline and morale of the institution are steadily improving. Every support should be given to this important side of the work.

CONTROL OF LEPROSY.

9. In my former Report I suggested the revision of the Leper Asylum Law. During this second visit I have been even more impressed with the need of urgent action, either to alter the Law, or make it possible to circumvent its most harmful clauses.

10. *Admission to the Leper Asylum*: There are at present three methods of admission according to the Leper Asylum Law.

(a). The patient may declare himself a pauper and be admitted as a voluntary (free) patient. Self-respecting patients who are able to support themselves outside, naturally object to declaring themselves paupers, though they cannot contribute to their maintenance if they leave their work and enter the institution. I consider that all open lepromatous cases should be admitted and also all neural cases in which the disease is beyond the first stage. When necessary a small allowance should be made to maintain the dependents, this being given at the discretion of the Medical Officer of Health assisted by the Sanitary Inspector or Nurse.

(b). If found begging, seeking precarious support or exposing himself in public places, the patient may be arrested and admitted to the Asylum. While this may be effective in towns like Kingston, it cannot be applied effectively in outlandish places where there is seldom a representative of the Law or Public Health Authorities to check upon the patient's behaviour. Perhaps it is because of this that leprosy tends to linger on in such out-of-the-way places. An outstanding instance was shown me by the Medical Officer (Health), St. Elizabeth. There are three lepers of the infectious type living in the same yard, along with two healthy children and four adults. They are known to mix with the surrounding inhabitants and are in an excellent position to spread the disease. As they refuse to co-operate, and as evidence is wanting which would enable them to be admitted under this Section, they continue to be a danger to the community. I understand that there are at present in Jamaica 17 lepromatous cases unsegregated, who are in contact with 47 children under the age of 15 years. In my opinion all these cases should be isolated without further delay.

(c). Lepers may be admitted voluntarily as paying patients on the same basis as patients who are admitted to ordinary hospitals, that is, they can leave again whenever they wish. Under such circumstances it is impossible for the Public Health Authorities to control their movements.

11. *Discharge from the Leper Asylum.* There are two principal ways in which this may be done.

(a). A patient, whether infectious or not, may be discharged by the Commissioner of Police on a surety of £20 that he will be properly maintained, treated in private and not suffered to be at large. Recently a patient was dis-

charged in this way without reference to or the knowledge of the Medical Department. A few days later he was found riding on public vehicles. No definite restrictions had been laid down or arrangements made for Public Health supervision.

The object of the Law should be for the safety of the citizens. When the present Leper Asylum Act was framed, leprosy was looked upon as a disability and the leper as one who made himself a nuisance by begging in public. Modern public health laws and the way in which leprosy is spread, especially in the patients' home, were at the time, not understood. In respect of leprosy legislation Jamaica is behind other British Colonies in the Caribbean area. I suggest that the Leper Asylum Law be abolished and a Leprosy Act, based upon that of Trinidad, be framed, or alternatively, that there be no separate law for leprosy, but that suitable clauses be included in the general Public Health Law.

(b). If a patient is considered by the Medical Attendant to be fit for discharge, he can forthwith discharge the patient and inform the Director of Medical Services, who reports the discharge to the Governor. There are several patients in the Leper Asylum at present in whom the disease is arrested and who are fit for discharge; but the difficulty is to get them absorbed once more into the community. The usual procedure is to send a note to the Medical Officer (Health) of the parish to which the patient belongs, asking certain questions which are answered after enquiry by the Sanitary Inspector. They are:—"Whether the relatives are willing and able to receive back and maintain the ex-patient, and whether there is suitable accommodation for him at the relatives' home." In special cases a single grant of £5 to facilitate rehabilitation might be made, allowing a sum of £50 per year for the purpose.

12. With regard to the question of accommodation, a most important matter is the type of leprosy from which the patient has recovered. If this has been the lepromatous type there is always the possibility of relapse under the less favourable circumstances of the patient's home, and the fear that if he were sharing the same room with others, he might spread the infection before the relapse could be recognised. In such a case special precautions should be taken regarding both accommodation and frequent examinations. The majority of ex-patients in Jamaica, however, have formerly suffered from the neural type, and the

danger of their relapsing into the open infectious type is very remote. In such cases there is no need for special isolation in the home.

13. The second difficulty of discharging patients with arrested disease, is to arrange for maintenance. When the patient cannot maintain himself, and the relatives are not able, or willing to do so, a small weekly allowance, averaging 5 shillings, might be given at the discretion of the Medical Officer (Health). Allowance might be made for 12 cases in 1943, rising to 24 in 1944. Thereafter the amount for maintenance could be reconsidered. Such a sum would make absorption into the community possible and would ensure that the ex-patient remained under the medical inspection of the Medical Officer (Health) and the Sanitary Inspector.

14. It is important that patients should be discharged as soon as practicable. I found several in the Leper Asylum who could have been rendered fit for discharge years ago by the use of intradermal injections of hydnocarpus oil. The present feeling is that patients are admitted for life. While this may be true for most lepromatous cases, it should not be true for neural cases. The popularity of the institution could be very much increased by the speedy recovery and discharge of a proportion of the patients.

15. I have suggested above making a small allowance when necessary in support of the dependents of lepers' families—especially in cases which the patient is the breadwinner and his forcible removal implies destitution—so as to ensure that all open cases are admitted without delay and that all closed cases have immediate treatment with a view to early discharge. A small allowance of 5 shillings per week could be made at the discretion of the Medical Officer (Health) in consultation with the Medical Attendant of the Leper Asylum, allowing for 15 cases per year beginning in 1944. The difference between leprosy and the other diseases in this respect is that in the former the patient is compulsorily incarcerated for a number of years, which is not so in the case of these other diseases. I have also suggested that a small allowance be given to discharged arrested cases when they are not otherwise able to maintain themselves, also that these monies be dispensed through the parochial health authorities. In my opinion this money would be well spent and should in the long run save the colony a considerable sum of money by hastening the control of leprosy and the time when a leprosy institution will no longer be necessary.

16. *Leave to Non-infectious Cases.* I consider that short leave to non-infectious cases might be considered. At Chacachacare, it is the custom to allow reputable non-infectious cases leave of 1 to 2 weeks on their furnishing a surety of from £2 to £10 which will be forfeited if they do not return at the right time. I consider that it is well that patients who are of the non-infectious type and who are likely to be ultimately discharged, should occasionally, when they desire it, be given an opportunity of visiting their homes and thereby keeping in touch with the outside world.

17. *Survey.* A considerable amount of examination of contacts with infectious cases has been carried out by the parochial health authorities since my last visit. The other method of procedure—the examination of school children—has not been followed to any great extent. In making such examinations it is important that the body be entirely stripped and examined in good light, otherwise early lesions are apt to be missed.

18. I am pleased to see that new statistical forms are being used and the records of all cases kept up-to-date.

19. I was impressed even more than on my last visit with the importance of having a specialist permanently in the Colony, a doctor who has made a special study of leprosy and who can be consulted in doubtful cases. There would then be fewer occasions of mistaken diagnosis. The rapid clearing up of early neural lesions by intradermal injections of hydnonearpius oil should popularise the treatment and lead patients to come forward earlier for treatment.

SUMMARY.

1. The various improvements carried out at the Leper Asylum are recorded and those still urgently required are noted.

2. Chief among the latter is an addition to the number of the Sister's staff. This I consider particularly urgent.

3. Changes are suggested in the present laws concerning leprosy and especially the admission and discharge of patients.

4. It is suggested that small allowances be given to deserving dependents of lepers in the Asylum and to discharged patients who cannot otherwise maintain themselves.

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