KENYA

I arrived in Nairobi from Khartoum on October 9th, and was met at the air-port by Dr. James Ross Innes.

Dr. Ross Innes had planned visits to Tumutumu and Chogoria, but because of the absence of Dr. Irvine and the unsettled state of the area, the latter institution was omitted from my itinerary. Arrangements had been made for me to preach, by courtesy of the Minister, at St. Andrew's Church (Church of Scotland) on Sunday evening, October 12th. This service was broadcast and the address published in the World Dominion Magazine, and subsequently reprinted as a BELRA pamphlet.

The four days prior to visiting institutions in Kenya were spent meeting officials, from whom I had a cordial reception and I appreciated the opportunity to exchange opinions with Dr. Anderson, the Director of Medical Services.

A widespread experiment is being undertaken in the distribution of Dapsone (D.D.S.). District Medical Officers are encouraged to give out-patient treatment to all leprosy cases. This system will be watched with considerable interest. It is easy to point out the many obvious and what may be serious objections to widespread distribution of D.D.S. in this way, but that the treatment of leprosy should be extended as possible is a principle which cannot but be accepted. Nevertheless, time alone will show whether in the long run this is the speediest way of controlling leprosy. Apart from the well known danger of widespread oral Dapsone therapy, the greatest difficulty seems to be in two directions, that it takes in some cases years to render the infective case reasonably non-infective, and that clinical response is not commensurate with bacteriological improvement, and therefore this will add, inevitably, to the number of inadequately treated infective cases. Further, regular bacteriological examinations under such conditions are very difficult, if not impossible to undertake. One of the undoubted advantages in such a method is to secure the active interest of Medical Officers in leprosy and thus bring leprosy into the realm of the ordinary endemic disease of the country with which the Medical Officers have to deal.

It was unfortunate that Dr. Irvine was not at Chogoria because he was the first missionary doctor in East Africa who took up the oral treatment with Dapsone with enthusiasm. With his long experience and great local standing among the African tribes of this area there is every likelihood of his method being successfully applied in relation to his hospital.

The sisters at the Tumutumu hospital, also under the Church

of Scotland Mission, were sceptical as to the tablets being taken regularly after the patients leave the dispensary. The usual practice is to give each patient a month's supply of tablets. Because of lack of staff, and sufficient trained personnel the bacteriological examination is not as thorough as it might be, and this is a cause for anxiety, because it is well known that a person may look healthy, but still have many bacilli demonstrable in the skin.

I left Nairobi on the 15th October with Dr. Ross Innes. We stopped over at Nakuru, where I met Dr. Harden-Smith, the P.M.O. Dr. Smith had a small ward for leprosy cases and was prepared to do surgical work and admit these patients into the general wards of the hospital for emergency medical and surgical treatment. Dapsone was given daily, but we advised that this should be replaced by the standard twice-weekly dosages as laid down by BELRA.

From Nakuru we motored to Kisumu and stayed with Dr. and Mrs. Reidy. Dr. Reidy is the P.M.O. of the Nyanza Province. The next morning we proceeded to Kakamega. This is an old camp attached to the Government Hospital. Owing to the pressure of general medical and surgical work it is only possible for the Medical Officer to visit this colony occasionally—approximately once a week. An encouraging feature of this hospital is that one of the doctors is a surgeon who would be interested in doing surgical work in leprosy.

It is recognised that Kakamega is not suitable for a permanent settlement, and as soon as Itesio is ready this camp will in all probability be closed. Patients are brought here and stabilised on sulphone therapy before they are permitted to attend as out-patients and receive monthly supplies of the drug.

From Kakamega we proceeded to Itesio en route for Uganda. Government are developing Itesio into a modern leprosarium, and this institution has recently been chosen as the headquarters of the Research Unit to be organised by the East Africa High Commission in co-operation with BELRA, under the direction of Dr. James Ross Innes. It is gratifying to note that since my visit Dr. Harden-Smith, who has retired, has accepted the appointment of Medical Officer at Itesio, and as he is a person, not only with a knowledge of the country but with leprosy experience as well, Itesio will proceed towards its objective — a first class leprosy institution for Kenya—more rapidly. Mr. and Mrs. C. Wills have done an excellent piece of work in organising the beginnings of this institution. When we arrived they had just moved into the new house and out of the rondavel (African round house) largely from aluminium, in which they lived for many months.

The manner in which they have been prepared to put up with primitive conditions merits the greatest admiration and is in the best traditions of BELRA workers.

Owing to the tremendous demand for treatment the number of cases presenting themselves as out patients is much greater than the present staff can manage, and the very urgency of the situation has resulted in more attention being given to out-patients than the facilities warrant; but as the medical side is strengthened it is expected that the balance will right itself.

Because of a certain lack of experience here, as elsewhere there seems little discrimination in the choice of patients. There are a number of lepromatous cases, but there is a large proportion of inactive cases which, if retained, will prevent an adequate annual turnover of patients. Owing to the fact that there was no Medical Officer, surgical conditions due to leprosy were not dealt with, but with the appointment of Dr. Harden-Smith adequate attention will be paid to other aspects of leprosy.

Leprosy work in Kenya is still in its early stages, but with the advent of sulphone therapy there has been an increasing desire to speed up the anti-leprosy measures, and the building of Itesio is evidence, if any were needed, of Kenya's desire not to be behind the other East African territories in their anti-leprosy measures. It is inevitable that the new therapy has been greatly stressed and it is confidently expected that preventive measures in relation to tribal conditions will be gradually developed as the country passes out of the present emergency; when this is done the impression created that there is an undue emphasis on therapy at the expense of the less spectacular but more certain preventive measures, will be corrected. It is accepted that the ultimate control of leprosy must depend on the organisation of treatment centres linked to constructive measures of prevention in the form of isolation of the infective cases either in selected tribal areas or in institutions. To lean too heavily on therapeutic measures may bring disappointment in its train and ultimately retard the day when leprosy will be under control. Government, I am sure fully realise the position, but they must first respond to the demand for treatment created by the sulphone drugs and then through a gradual process of education, convince the people that this is not sufficient, so that they will be prepared to do more and insist on the isolation of the infective case, particularly from children.

While, it is admitted that leprosy is only one of the endemic diseases of the Colony and Protectorate and by no means the most important, yet it must be borne in mind that it is a disease which seriously disturbs the African mind, and a forward policy in this

respect will pay higher dividends politically than would be expected in relation to its prevalence.

From Itesio we went to the Border Inn at Busia, kindly accompanied by Dr. Reidy, P.M.O., of Nyanza Province and the next day commenced our Uganda safari.