

CORRESPONDENCE.

Medical Department,
Headquarters Office,
P.O. Box 8,
Entebbe, Uganda.

The Editor,
Leprosy Review,

13th May, 1954.

Dear Sir,

I have read with interest Sir Leonard Roger's paper on "Leprosy Incidence and Control in East Africa." (Leprosy Review, Vol. 25 1954, No. 1. Page 41). There are certain discrepancies, however, which should be corrected.

Sir Leonard states that in 1931 Uganda received £15,350 in BELRA grants. This, of course, can hardly be true, as BELRA's total income and expenditure that year were less than £6,000. The actual grant was £500.

The reference to Western Buganda is misleading. There were no discussions until 1952. Preliminary negotiations took place in Toro in 1950. Sir Leonard may have inadvertently confused the Kingdom of Buganda with the Protectorate of Uganda, a mistake easily made with those not familiar with East Africa. This is a constitutional distinction of great importance about which the local population is sensitive, and it has been at the root of the widely publicised events of recent months.

The statement that "The Owerri Province of South East Nigeria was selected for a crucial test as the most highly infected extensive area found in British Territory by the British Empire Leprosy Relief a quarter of a century ago with seven times the leprosy incidence of India" is very unexpected. I was the only full time worker in the Owerri Province at that time, and there were no such investigations. The only record available was compiled from answers to a questionnaire. This gave the number of cases as 12,200 in a population of 1,873,320. The only actual incidence figure was one per thousand, as as late as 1936 the Leprosy Review re-produced a map showing the disease as rare or uncommon.

I have heard and seen many references to the origin of this work; they have not all been accurate, nor have they always caught the atmosphere in which the work began. The control scheme was never superimposed to demonstrate a theory, though

it may have been so used. The Owerri Province and Uzuakoli were chosen deliberately with the future in view. Clan settlements had been in existence for some years, even in 1935, and the control scheme was the only logical development of these and of Uzuakoli. I would refer Sir Leonard and any who are interested to the 1935 Annual Report of Uzuakoli which included the first outline of the scheme and was published on the suggestion of the late Sir Walter Johnson then Director of Medical Services under the title " Leprosy in Southern Nigeria. Problems of Treatment and Control " and to Dr. Muir's report of his visit to Nigeria in 1936. No one individual or organisation was responsible for the whole conception or the final structure. It has been a composite co-operative effort to which through the years many have contributed. I hope that a sense of satisfaction will not produce forgetfulness of how, when, why, and at what cost the plan first saw the light of day and under varying influences became translated into reality.

Yours sincerely,

James A. Kinnear Brown.

References: West African Medical Journal, Vol. IX, No. 1, Oct. 1936. Leprosy Review, Vol. VII, No. 4, Oct. 1936.

The Editor,
Leprosy Review,
Sir,

Dr. J. A. K. Brown has been good enough to add some details to the information given in your issue of January, 1954 and to refer to his Uzuakoli report of 1935. Unfortunately, I did not find that report among several hundred annual medical reports of British African Territories of the last thirty years that I was able to study at the London School of Tropical Medicine for the purposes of my paper: the sole object of which was to bring out the cordial " co-operative effort " (to which he refers) which has resulted from the combined work of Colonial Administrative and Medical Officers, medical missionaries, BELRA and Toc H workers towards the gradual reduction of leprosy incidence by modern methods, at which we are all aiming.

Yours faithfully,

Leonard Rogers.