

The Annual Report of the Medical Department, Tanganyika,
for 1953, contains the following statement about leprosy:

Cases of leprosy in Government and mission institutions at the end of the year totalled:

Government	976
Mission	3,792

It is well known that these numbers represent a very small proportion of the total number of cases in the territory, which the Interterritorial Leprologist has estimated as being as high as 100,000 cases of active infection.

During the past year measures were intensified to ensure that the best use is made of the accommodation available for the treatment of leprosy patients. In general, only those cases likely to benefit from institutional treatment were retained in the leprosaria; the burnt out or untreatable cases being discharged to their homes wherever possible.

There are seventeen leprosaria in Tanganyika where specific anti-leprosy treatment is given. Five of these are administered by Government (either central or local), and the other twelve by missions. British Empire Leprosy Relief Association staff work at the two principal Government leprosaria, Makete and Chazi, and at two mission stations, Mngehe and Lulindi. The largest leprosaria are those run by the Benedictine Mission at Peramiho and Ndanda in the Southern Province, the Augustana Lutheran Mission at Mkalama in the Central Province and the Africa Inland Mission at Kolandoto in the Lake Province. Other large settlements are those maintained by Government at Chazi in the Eastern Province, and Makete in the Southern Highlands; by the Universities

Mission to Central Africa in the Southern Province; and by the Church Missionary Society in the Central Province.

Treatment of leprosy with sulphone drugs continued on a large and increasing scale. Results are encouraging, although during the year certain centres have reported a number of relapses among patients who had previously undergone sulphone treatment. Drugs are issued free of charge to all approved centres, including mission centres where treatment can be given by experienced staff under qualified supervision.

The Medical Department employed two medical officers on whole-time leprosy duties during 1953. Since it is impossible to provide in-patient treatment for all cases, increasing emphasis is being given to encouraging the development of out-patient leprosy services.

The most notable progress in the development of out-patient facilities for the treatment of leprosy was in Tanga District. Here, the small Government leprosarium at Mtindiro was the centre of a district-wide system of out-patient treatment posts visited on regular days by the medical officer in charge of the scheme. When treatment was first offered very few patients appeared. Inquiry revealed that they were afraid of being compelled to enter Mtindiro leprosarium. There was also a widely held conviction that leprosy could not be successfully treated. When it became clear that sulphone did favourably affect the course of leprosy there was a dramatic increase in the number of persons offering themselves for treatment, and patients began to appear even in places where, during his preliminary investigations, the medical officer had been assured that no leprosy existed.

In spite of the bad roads and difficult weather conditions the medical officer was able to visit each centre weekly. Apart from treating leprosy, he spent much time advising patients on their diet owing to the widely-held belief that a person suffering from leprosy should eat only such food as decayed meat, porridge made from old grain, and wild vegetables. Fresh corn, salt, sugar and oil are denied him, and this abstinence frequently causes severe malnutrition. The progress of the work was greatly helped by the interest and assistance rendered by the nursing sisters employed by various sisal estates visited. In addition, African dressers from various native authority dispensaries assisted in bringing in new patients. By the end of the year approximately 1,000 patients were under regular treatment.