

REPORT

Gambia Leprosy Control Project Annual Report for 1962

by I. A. SUSMAN, M.B., CH.B., D.T.M. & H.,
Medical Officer, Leprosy.

1. Introduction

The Gambia Leprosy Control Project has continued in 1962 to concentrate on the re-organisation and development of the field work, that is, of the mass out-patient treatment work since it does not yet possess a proper Leprosy Headquarters and Centre.

The tour of the Medical Officer, Leprosy, to examine all the patients attending the leprosy clinics was continued into 1962 and by the completion of this tour 2,829 patients had been examined, of whom 728 were presented with official Discharge Certificates to show that their disease had been cured or arrested and they no longer required treatment. This was the first batch of leprosy patients ever to be discharged officially from treatment in the Gambia.

This country-wide examination of the patients revealed, amongst other things, that leprosy is not a diminishing disease in the Gambia, that it has a high incidence here – certainly more than 1% and that there is a high childhood rate – 38%. Furthermore, it showed that nearly 30% of the patients seen suffered from some disability or deformity of either hands, feet or face or a combination of such deformities.

Treatment in all the out-patient clinics has been continued as once weekly doses of DDS in tablet form up to a maximum of 600 mgm.

The Project was very grateful for the gifts of a typewriter and duplicating machine received from UNICEF.

A 'Summary of the Annual Report for 1961 of the Gambia Leprosy Control Project' by the M.O. Leprosy was published in the July 1962 issue of the *Leprosy Review* (the quarterly publication of the British Leprosy Relief Association).

In addition to the chief difficulty and drawback of working without a proper Headquarters and Centre, there was still no permanent microscopist provided to carry out routine smear examinations, also no accommodation for stores and office files, etc., and of course, the difficulties of travelling around the country on poor roads with broken down bridges or ferries and of not always finding habitable accommodation whilst trekking.

2. Staff

The following was the position at the end of 1962:

Dr. I. A. Susman, Medical Officer, Leprosy at Mansa Konko, L.R.D.

Mr. F. Mead, Leprosy Control Officer (Belra Layworker) at Bansang, M.I.D. Leprosy Inspector, grade 2. Vacancy.
 Mr. S. K. K. Kinteh, Assistant Leprosy Inspector, Brikama, W.D.
 Mr. K. Sanyang, Assistant Leprosy Inspector, Bwiam, W.D.
 Mr. I. M. Drammeh, Assistant Leprosy Inspector, Essau, L.R.D.
 Mr. M. Jammeh, Assistant Leprosy Inspector, Mansa Konko, L.R.D.
 Mr. K. G. Cham, Assistant Leprosy Inspector, Illiassa, L.R.D. (on leave).
 Mr. L. Camara, Assistant Leprosy Inspector, Georgetown, M.I.D.
 Mr. B. A. Dabo, Assistant Leprosy Inspector, Georgetown, M.I.D.
 Mr. L. B. Jaiteh, Assistant Leprosy Inspector, Kaur, M.I.D.
 Mr. C. M. Barry, Assistant Leprosy Inspector, Basse, U.R.D.
 Mr. S. B. Kinteh, Assistant Leprosy Inspector, Basse, U.R.D.
 Mr. H. S. Jallow, Assistant Leprosy Inspector, Bajakunda, U.R.D. (on leave).
 Mr. S. L. Barrow, Assistant Leprosy Inspector, Bajakunda, U.R.D.
 Mr. M. J. K. Jawo, Clinic Assistant, Leprosy, Diabugu, U.R.D. (on leave)
 Clinic Assistant, Leprosy. Vacancy.
 Mr. W. E. O. Goswell, Clerical Assistant, Mansa Konko, L.R.D.

Several changes in postings were made during the year particularly entailed by the inauguration of the Land Rover Circuits. The M.O. Leprosy was on leave from 15th July to 9th November.

The L.C.O. was on leave from 11th March to 10th August.

The L.I. grade 2 retired in March to take up politics.

One A.L.I. was dismissed on disciplinary grounds in December.

One Clinic Assistant, Leprosy (S. L. Barrow) was appointed to A.L.I. in December.

At the end of the year the assistance of only two Dresser/Dispensers (at Bakau, and Bathurst) was being retained for conducting leprosy clinics instead of seven D/Ds as at the beginning.

During the year the work was hampered by the fact that there was no replacement for the L.I. grade 2, who provided a considerable amount of supervision of the Junior Staff. In addition, there was nobody to fill the short gap between the M.O.'s departure on leave and the L.C.O.'s resumption of duty.

3. Transport

At the end of 1962 the Leprosy Project had nine Land Rovers, of which seven were received about the middle of the year as a further gift from UNICEF for the purpose of conducting Mobile Treatment Circuits.

The remaining four (of the eight) UNICEF motor cycles were withdrawn at the beginning of the year because of repeated breakdowns and long periods of unservicability experienced with them.

During the year all the A.L.I.'s were able to purchase push-bicycles by means of a government loan.

At the end of 1962 a supply of bicycles was gifted by UNICEF to the Leprosy Project.

4. Out-Patient Clinics

During 1962, the method of giving treatment in as many villages as possible, which was started in 1961, instead of at a few fixed

spread-out clinics only, was extended by means of all the staff using push-bicycles.

The new UNICEF Land Rovers were unable to start to go into service until towards the end of the year because of the commencement of the rains at the time of their arrival and also because of the taking of leave of the L.C.O. (Belra) and then the M.O., Leprosy about this time.

In October, the first two vehicles were posted at Georgetown, M.I.D., one to conduct a circuit of clinics on the North bank and the other one on the South bank. The former covered the clinics previously carried out by the D/D Karantaba, Sami, the A.L.I., Kuntaur and the northern half of those done by the A.L.I. Georgetown. The South bank circuit covered the southern half of the area of the A.L.I. Georgetown plus the area of the A.L.I. Dankunku. Thus, each of these vehicles was, of course, able to cover a much larger area than one bicycle was able to cover and, in addition, areas previously uncatered for by leprosy clinics were able to be included in the circuits.

In December, further Land Rovers were posted at Mansa Konko and Basse to conduct clinics around the villages, again weekly itineraries being carried out extending leprosy treatment to as many villages as possible in these areas. The Mansa Konko circuit covered the areas previously catered for by the A.L.I.'s at Mansa Konko and Kaiaf plus that of the C.A., Leprosy at Bureng. The Basse circuit covered the southern half of the Upper River Division taking in the areas of the D/D, Kristi Kunda and opened up the eastern end of the MacCarthy Island Division on the South Bank, not previously covered.

Two more vehicles were based at Farafenni, L.R.D. and Brikama, W.D. in the new year.

These mobile circuit Land Rovers cover approximately 200 miles each per week, one day of each week being arranged for the servicing of the vehicle usually whilst the local clinic is being conducted.

By this means of taking leprosy medicine as near as possible to the patients' homes, many more leprosy sufferers were coming under treatment, which should also be more regular and continuous – very important points for the success of any leprosy project.

Examples of the increases in the numbers of new patients registered by the inauguration of Land Rover circuits are clearly given by the following figures:

MacCarthy Island Division:

21 new cases in August.

29 new cases in September.

Land Rovers introduced in October.

52 new cases in October.

Lower River Division:

34 new cases in October.

31 new cases in November.

Land Rover introduced in December.

52 new cases in December.

Upper River Division:

18 new cases in October.

21 new cases in November.

Land Rover introduced in December.

88 new cases in December.

There were, however, three areas not covered by Land Rovers but were being maintained as bicycle circuits – these are at Essau, L.R.D. Bajakunda, U.R.D. and Diabugu, U.R.D.

The new method of giving treatment with Land Rovers also enables some of the Project Staff to become available to carry out more extensive examination and supervision of contacts, detection of new cases, investigation of patient absentees, propaganda work, etc. At most of the Land Rover stations, two officers were posted.

More dressings were available in 1962 for the benefit of patients with ulcers though the medicament itself (Boro-iodoform powder) was still in very short supply.

Several circulars of instruction to all officers giving leprosy treatment were issued during the year, and others on the 'Prevention of Deformity—Care of the Hands and Feet in Leprosy Patients' and on 'The Diagnosis of Leprosy' are being prepared.

5. Allatento Leprosy (Isolation) Village

The name of this village was officially changed in 1962 from the previous title of 'Allatento Leper Camp' – an announcement also being made to this effect over Radio Gambia.

This village, situated on the main road about 1 mile west of Bansang Hospital in the MacCarthy Island Division, has continued to be supervised very largely by the Leprosy Control Officer (stationed at Bansang).

Allatento still remains the only centre for the isolation of contagious leprosy patients willing to go there and for a few patients requiring a little extra care for ulcers.

On 31st December there were 24 patients resident, as follows:

	<i>Men</i>	<i>Women</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
<i>Lepromatous</i>	14	2	1	—	17
<i>Dimorphous</i>	3	—	—	—	3
<i>Tuberculoid</i>	4	—	—	—	4
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There were seven lepromatous males admitted during 1962.

A daily schedule of treatment with DDS was introduced towards the end of 1962 to replace the previous weekly routine.

During the year five patients received courses of Etisul (Diethyl-dithiol-isophthalate) in addition to DDS and made excellent progress clinically. Only one was reported to have developed a severe reaction at the end of the year and this apparently responded to injections of 'Fantorin' (antimony).

The two female patients have been employed as cooks for the village, and one male patient was employed as a Dresser, all receiving 1/- per day for their services.

Further building improvements have continued here and more personal comforts provided for the patients, e.g. 'local' beds have been supplied to all patients.

Various gifts have been distributed amongst the patients from the Busy Bees, Bathurst, the Methodist Church of the Gambia, and the Gambia Branch of the British Red Cross Society. Mr. Beale, Headmaster of the Gambia High School, also donated a very handsome transistor radio.

Allatento was visited during the year by the Governor, H.E. Sir Edward Windley, and his successor H.E. Sir John Paul with Lady Paul, also Dr. Liston from the Dept. of Technical Co-operation, London, and the Minister of Health, the Hon. Mr. Daffeh and Dr. N'Dow, the Medical Officer of Health.

6. Propaganda

This aspect of the Project has continued to be stressed by posters in English and Vernaculars, by articles in the Gambia News Bulletin, by the publication by the Government Printer of the booklet 'The True Facts About Leprosy' (Ghana) prepared and revised for the Gambia by the M.O. Leprosy and fairly widely distributed especially amongst schools, and by the M.O. Leprosy's talk over Radio Gambia which was also put out in the Vernaculars.

7. Statistics

At 31st December 1962, there was a total of 4,450 cases registered for treatment of whom approximately 37% were children (up to 16 years of age), 33% women, and 30% men.

This compares with 4,135 patients registered at 31st December 1961.

During the year a total of 1,253 new patients (339 men, 431 women, and 483 children) were registered. 431 patients, therefore, absconded from treatment. This compares with 2,991 removed from the registers as absconders in 1961. 499 were officially discharged during the year, and eight deaths were reported. The

following are the figures obtained from the last Quarterly Return of patients under treatment for 1962.

<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
1,311	1,486	1,653	4,450

From the Monthly Returns for December 1962, the total numbers of patients registered in the various divisions were as follows:

Bathurst area	94
Western Division	339
Lower River Division	1,787
MacCarthy Island Division	1,482
Upper River Division	913

The tour of all the clinics in the country which was started in November 1961 was continued until May 1962, by the Medical Officer, Leprosy, in order to examine all the patients attending, to verify diagnoses, to record particulars and to issue Discharge Certificates to those in whom the disease was cured or arrested.

The following numbers of patients were examined on that particular tour in 1962 (January—May).

	<i>Men</i>	<i>Women</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>%</i>
<i>Lepromatous</i>	74	36	3	4	117	6.27
<i>Dimorphous</i>	61	48	10	6	125	6.70
<i>Tuberculoid</i>	362	540	371	342	1,615	86.58
<i>Indeterminate</i>	1	3	1	3	8	0.43
Grand Totals	498	627	385	355	1,865	100

Of this grand total of 1,865, there were 499 (26.75%) patients issued with Discharge Certificates and it is hoped that these will be kept under periodic (six monthly) observation for at least two years.

Several further visits, by both the M.O. Leprosy and the L.C.O. (Belra), were also made during the year to supervise the work of the staff and give advice. Several patients were again examined during some of these visits.

Attendance rates increased to an average of 70% by the inauguration of mobile circuits whereas formerly, with static clinics, the attendance rate was only about 30% on an average.

A paper entitled 'The Pattern of Leprosy in the Gambia, West Africa' was prepared by the M.O. Leprosy for publication. (The original contained 4 histiograms and 27 tables.) This showed, in addition to the figures quoted above in section 1, indicating the seriousness of the leprosy problem in the Gambia, that there was here a lepromatous rate of 6.15%, a dimorphous rate of 6.26% and a tuberculoid rate of 86.72%.

Also, of the total number of patients examined, 47.31% were males (27.93% men, 19.37% boys) and 52.69% were females (34.22% women, 18.49% girls).

Furthermore, 47.69% of the total were under 21 years of age, 72.79% being under 31 years of age, and only 11.8% over 40.

The highest incidences of the disease were found to be in the MacCarthy Island Division (24 per 1,000) and Lower River Division (17 per 1,000); Upper River Division also had a high incidence (13 per 1,000), but the Western Division (9 per 1,000) and especially the Bathurst area or Kombos (3 per 1,000) showed much lower incidences.

8. Conclusion

Although progress has been made in the field work by the very great extension of clinics throughout the country, diminishing the degree of absenteeism amongst the patients, and by the discharge of a further some 500 patients in 1962, and by the spread of propaganda and education about leprosy to the public, and even the improvements at Allatento Leprosy Village – all these points do not alter the fact that the Gambia still is only in the 'Project' stage as regards its fight against leprosy, and cannot become a real 'Service', aiming to control and eventually eradicate the disease, until it makes provision for a proper headquarters and centre where special medical and surgical treatment can be given to leprosy patients requiring it, in addition to a laboratory service and better isolation accommodation and where newer drugs can be used or tried out.

It is still hoped that in 1963 a Propaganda-Treatment Survey of all the schoolchildren in the Gambia will be possible.

A Land Rover Caravan Conversion is very urgently needed in order to carry out to the full the trekking programmes, vital to this Project, by both the M.O. Leprosy and the L.C.O. (Belra).

It is hoped, too, that 1963 will see further progress by the Gambia Leprosy Control Project not only in the field work and by the discharge of more leprosy sufferers cured from the disease, but also in the direction of a proper headquarters and centre as already indicated.