Annual Report of the Tanganyika Health Division, 1961.

Leprosy

Significant although unspectacular progress continued during the year in control measures directed against this disease.

The Eastern Region has the advantage of having the Leprologist stationed within it and he reports, with particular reference to leprosy in the Morogoro district, as follows:—

'There are 19 out-patient centres including Chazi Leprosarium, the Government Hospital, Morogoro, and the Tawa Health Centre. The total of patients registered is of the order of 4,000 and the attendance rate, on average, is about 50%.

'The epidemiology of leprosy, particularly in the Uluguru Division of the District is of great interest. A publication by Dr. Peiper (1912) "Leprosy in German East Africa" has been consulted. Dr. Peiper reports that Mr. Robert Koch visited Morogoro during the early years of the century and gave it as his opinion that leprosy was of recent origin and rapidly spreading. All the evidence to date indicates that he was right. The German administration set up a number of leprosy villages, providing such treatment as was then available, but with the primary object of segregating as many cases as possible throughout the territory. Some of these survive to this day (e.g. Tabora near Mahenge).

'In the Ulugurus these villages were situated along the old road from Ngerengere to Kisaki. With the coming of the Great War, 1914–18 and the change in the administration, together with Hutchison's theory (that leprosy was due to eating bad fish) which was current in Britain at that time, these villages ceased to function. The natural movement of the population into the Uluguru area was through the leprosy village zone. In consequence a large number of susceptibles came into contact with an artificially concentrated focus of infection and the resulting "epidemic" is still with us.

'This series of events serves to illustrate that leprosy spreads in a community simply and solely because of opportunity for contact between infective cases and susceptible individuals. Climate, age, sex, and even standards of living have little if any effect on its epidemiology. (It is now not accepted that children are especially susceptible, but merely that in some rural societies they have ideal opportunities for infection.) It is as yet unknown to what extent or how quickly sulphones "sterilize" the infective case (sulphones are bacteriostatic not bacteriocidal) and our policy must be to retain such facilities as we have for partial, voluntary segregation, while concentrating our main attack on the disease through mass treatment in rural dispensaries.'

In the West Lake Region the Swedish and Norwegian Save the Children Organization agreed to establish an extensive anti-leprosy campaign. Plans were finalized towards the end of the year and two medical officers of the Organization arrived at Bukoba to gather preliminary information. The main administrative and treatment centre in this scheme is being built at Kitendaguro, three and a half

miles from Bukoba, and the scheme will include satellite dispensaries throughout the region.

In the Central Region considerable progress was made by the Church Missionary Society in establishing the new leprosy and control centre at Hombolo. Building operations were hampered very considerably by very heavy rains. In Singida District the activities of the Augustana Lutheran Mission at Iambi and those of the local authorities were well integrated and co-operation in this field is very good.

In the Western Region there are now out-patient treatment facilities at all hospitals, rural health centres and a large percentage of the rural dispensaries. The percentage of defaulting patients unfortunately remains high. By far the greater part of institutional treatment is carried out at the Moravian Mission leprosarium at Sekonge in the Tabora District. Unfortunately, owing to the great size of this region, a relatively small proportion of leprosy patients requiring in-patient treatment are actually admitted to Sekonge and consideration is being given to the establishment of another leprosarium in the western part of that region.

In the Northern Region, out-patient treatment is available at the major government hospitals and patients requiring in-patient treatment are admitted to the government leprosarium at Chazi in the Eastern Region. A new out-patient leprosy clinic was established at Mbugwe by the Medical Missionaries of Mary stationed at Ndareda.

In the remaining regions, leprosy control measures were substantially the same as in previous years.