

# Reports

## Ghana Leprosy Service

### Report covering the years 1963-1967

This Report spans a period during which increasing emphasis was placed on domiciliary treatment of leprosy patients, on increasing integration of the leprosy service with the developing static and mobile rural health service, and on the importance of diagnosis of new cases and rehabilitation of the old.

A total of 21,441 patients are now under treatment, which represents a decrease of about 4,000 compared with the total in 1963. The leptomatous rate is 12%. About 4% of the patients are treated in leprosy settlements, the majority of the remainder receiving treatment from mobile clinics.

Hitherto, case-finding survey teams have confined their attention to leprosy, but in future the diagnosis of other endemic diseases (such as tuberculosis) may be added to their duties, just as it may be desirable on general and financial grounds for tuberculosis to be treated in domiciliary fashion together with leprosy.

The leprosaria are in process of becoming hospitals for leprosy sufferers needing in-patient treatment for acute complications—a commendable trend.

Oral dapsone continues to be the mainstay of treatment, the dose generally given being of the order of 4-500 mgm. weekly. Parenteral dapsone is given on occasion. Ditophal and long-acting sulphonamides have been used also.

Occupational therapy (mainly agriculture) and village craft training are now available for a small proportion of patients. But most of the patients, being treated in their own homes, do not suffer social dislocation or require expensive and perhaps artificial rehabilitation to prepare them for re-entering the village community they have never left.

An interesting feature of the mobile treatment scheme is that the weekly treatment runs have recently been converted into monthly runs, in order to conserve motor transport. It will be instructive to note patient reaction to this

innovation and its effect on regularity and efficacy of treatment.

The tendency to enlist the co-operation of health centres and their staffs in leprosy treatment and control is all to the good, and should be encouraged\* in other countries wherever possible.

An attempt at reconstructive surgery on simple lines has added to the effectiveness of the control scheme.

Whole population survey teams find about 7 people suffering from leprosy out of every 1,000 examined. This figure is in approximate keeping with the estimated total number of leprosy sufferers for the whole of Ghana, viz., 50-60,000. Only when a higher proportion of patients is under regular treatment can the medical and administrative authorities allow themselves to rest on their laurels or to relax their vigilance and their efforts.

S. G. BROWNE.

## St. Luke's Hospital, Peikulam, India

The Annual Report for 1967 of the work of St. Luke's Hospital makes interesting reading, and illustrates once again what one devoted doctor (aged 75) can do to meet the leprosy needs of a rural area. It also shows the value of co-operation between such organisations as the British and German Leprosy Relief Associations, and local church groups and individuals. New wards have been built for in-patients, and a sufficient supply of water ensured both for the hospital and for the erstwhile barren land destined for the agricultural training section of the rehabilitation scheme. The work of education of the remote villager in the early signs of leprosy has disclosed an increasing number of self-diagnosed patients with small early anaesthetic skin lesions, who are given treatment at the out-patient clinic. Protective footwear, craft instruction, raising of laboratory standards, training of paramedical workers—are all accorded their rightful place in this expanding leprosy control scheme.

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