

CORRESPONDENCE

This department is provided for the publication of informal communications and for the discussion of controversial matters.

The Acting Editor has received the following letter from Dr. Arne Barkhuus, who visited Ethiopia recently as an official of the Foreign Economic Administration, U. S. Government.

December 10, 1945

To the Acting Editor:

I much appreciate your courtesy in sending a copy of "World Wide Distribution and Prevalence of Leprosy." I have been reading this with a great deal of interest. I thought you might possibly be interested in a few notes on the situation in Ethiopia:

"Leprosy is called (in Amharic) *lambt* (Armbruster) or *abbi hemum* (Chiurco) the great disease. The Gallas call it *kurci* or *dukuba sidama*. It is interesting to notice that 'dukuba' means disease and 'sidama' Amhara or Christian. By this one might think that the disease was rare among Gallas and chiefly a disease of Amharas. I have no figures which might indicate this. In Sidamo (province) the language spoken is also called Sidamo and the word for leprosy is *coticcia*. In Danakil the word *jiedamli* is used for a person suffering from leprosy, while no word is known for the disease. The Somali word is *blik* for the disease. It will thus be seen that from a linguistic point of view leprosy is a well-known phenomenon.

Jeanselme stated that leprosy is common in Ethiopia, not only in the lowland, but also in the highland. All Italian writings confirm this. It would seem that Fadda's statement (1936) as to tens of thousands of leprous persons circulating freely all over Ethiopia is an overstatement. No doubt a large number of patients are found outside the few camps functioning at the moment, but the number of patients with obvious macroscopic signs of disease found outside institutions is not likely to reach five figures. In a survey of three villages not a single definite case of leprosy was found. In the highland the largest number of cases are found in the eastern part of Tigre, in Harar and in Shoa. In Shoa most of the cases are concentrated in and around Addis Ababa. The situation in Goggiam is not known from any reliable survey. The actual figure for cases in Addis Ababa is somewhat difficult to ascertain. Mariani estimates that 1 per cent of the native population is infected, which would give us approximately 1250 cases. He states that no white person has been infected in Addis Ababa. Other Italian physicians make somewhat lower estimates. A leprosarium (Akaki) was set up in Addis Ababa in 1934. (Your 1932 may be correct, I was told 1934.) It was to be run by the Ethiopian Government through the Sudan Interior Mission. (Dr. Hooper.) Twelve Ethiopian nurses assisted. Two to three hundred patients were kept under treatment.

Serious cases were treated as hospital cases while less serious cases were treated in a clinic *and were free to come and go*. Funds were supplied by the American Society for Lepers. During the Italian occupation the Akaki Leprosarium was taken over by the 'Ispettorato Superiore della Sanita Publica' and a start was made with an agricultural village(?) where the patients who were able to work could be occupied. (I was not able to confirm or deny this on a recent inspection.)

Since the departure of the Italians the leprosy situation in Addis Ababa has been rather difficult. Officially there are at the moment two leprosy camps. One municipal camp is at Kolfie with two hundred patients. This camp is nothing but a district of Addis Ababa where patients are gathered without any attempt of either control or treatment. It is quite obvious that many of these persons are forced to seek their income as beggars in the streets of Addis Ababa.

The other camp is the above mentioned Akaki. For a period it was run by the Friend's Ambulance Unit. An Italian physician was supposed to visit daily, but it is known to the present writer that he hardly ever did so. While the British Colonel Maclean was DGMS it is known to the present writer (personal information from the Colonel), that the patients for a considerable time had next to nothing to eat. The situation has improved very slightly lately, but is still anything but satisfactory. Until an orderly Public Health Service is set up the situation will continue to be difficult.

A Roman Catholic Mission set up a leprosy camp in Harar in 1902 on the initiative of Monsignor Joressau. He suggested to Ras Makonnen that it would be an advantage to collect all leprosy patients outside the walled city. I visited this camp in July 1944 and quote my diary:

'Only a short visit was made to this place which might have carried the motto "*lasciate ogni speranza voi chi entrate*". About 200 leprosy patients have been collected and are living in a number of old tukuls in an enclosure behind the east portal of the walled city. No possible excuse for the "leprosarium" which is without medical attention (Commandant Demarge is officially in charge) can be found. Nine years ago when some Catholic fathers were in charge, I visited the place. It had then a third of the present number of inhabitants. A young Amharic Catholic priest—without the slightest knowledge of the disease—has been put in charge. Children from newly-born to school-age are found mixing with infectious cases. The proximity of the camp to Harar is such that all facilities for spread of the disease are available. The problem of the leprosy patient in Harar is a tragic one. I do not know whether the offer of the American Presbyterian Mission can be used, but nobody can visit this place without a feeling of horror.'

The figures of leprosy given by the Italians for Harar town, including the camp, range between three and four hundred. That would mean that today half the cases are to be found outside the camp. However, as there is no control over going and coming from and to the camp, it is obvious that the comparatively small town of Harar is exposed to considerable risk of infection.

According to De Lotto 300 cases of leprosy were found in Galla e Sidamo province. This figure was based on statistics collected through the Ispettorato di Sanita. It is likely to be an underestimation.

A small leprosy camp run by an American Mission was functioning before the Italian occupation in Gore (Western Ethiopia). This was taken over by the Italian physician Servadei. The Italians claim to have had isolation camps for leprosy in Neghelli (South), Lechemti (West), and Javello.

A large-scale leprosy institution was set up by the Italians at Sela-claca (in the north near Axum). This was completely destroyed during the war."

I do not know whether these notes are of any interest to you, unfortunately they do not give a clear picture. I have no doubt that leprosy is a very serious disease in Ethiopia and that very likely a large number of cases would be found if laboratory tests were made. Most of the cases I have seen have been nodular and it was actually extremely difficult to find a few macular cases for photography. A better search might, however, change this picture.

Very sincerely yours,

ARNE BARKHUUS

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Dear Editor:

On August 18, 1938, a group of Colombian ladies founded in Bogotá "The Society of Prevention for Children." The purpose of this society is to realize the idea of Professor Federico Lleras of building asylums to educate the healthy children of the leprosy patients; that is to help the government in laying the groundwork of the antileprous struggle.

At that time many people asked us if this work were not a duty of the state and if the work were not too extensive for private initiative. It is true that the hygiene campaigns are a duty of the government, but it is necessary to consider that our country has, too, many sanitary problems and relatively modest budgets with which to meet them. So each day it becomes more urgent for private initiative to improve the conditions of life of the poor classes.

We believe that the time has come for the Colombian women to realize what it means for the future of their country to have 2,000 healthy children living in the leprosaria. According to the opinion of many specialists cases of congenital leprosy are very uncommon; and the principle is almost universally accepted that if the chil-

dren remain with their ill parents, they will develop the disease in five years or so. So it becomes absolutely necessary to take the children immediately after birth to the "crib's room," and after three years to the asylums, where they will have a family life and receive an education that will enable them to participate in community life as healthy persons. Their work will then improve the national economy, and they will not become a burden to the state.

Developing this idea, our Society has built one asylum in the country, 32 kilometers from Bogotá. There, under the care of the Sisters of St. Vincent de Paul, a group of 150 girls receive a Christian and practical education. We hope that God will help us to extend this foundation.

ELVIRA LLERAS RESTREPO