

LEPROSY IN ESTONIA AND LATVIA¹

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In response to a request for a summary of the leprosy situation in the Baltic countries of Estonia, Latvia and Lithuania, the following data are provided for the first two of these countries. Information concerning Latvia kindly has been furnished by Dr. H. Kirschenthal, to whom thanks are due. Efforts during the past six months to obtain data on Lithuania have been unsuccessful.

QUESTIONNAIRE

An understanding of the leprosy situation in these countries can be had through answers to the following questions:

1. How many lepers are there in the country?
2. Where are the principal foci of the disease?
3. Are there leprosaria in the country, and if so how many?
4. Is there a law for compulsory isolation of lepers?
5. How many of the lepers are isolated in leprosaria, and how many live outside the institutions under control?
6. What treatment has given results and under what regulations are patients released from the leprosaria?
7. Is complete cure of leprosy attainable, and if so with what treatment?

REPLIES FOR ESTONIA

1. The population on January 1, 1932, was 1,119,339; the number of lepers was 242, or 0.21 per mille.

In the accompanying map (Text-fig. 1) the existing cases are located according to the place of origin. Each case is represented by a dot; those from the cities are enclosed in rectangles. The total number of cases in the district is given in parenthesis after the district name.

2. The principal foci are the Oesel and Viljandi districts, and the cities of Tallinn and Tartu.

3. There are four leprosaria, as follows: (1) Kuda in Harjumaa, (2) Audako on the island of Oesel (Saaremaa), (3) Tarvast in Viljandimaa, and (4) Muuli at the University of Tartu.

¹ Translated from the German.

4. Compulsory isolation is required by a law published in 1925. Any person suspected of having leprosy is supposed, after the diagnosis has been confirmed, to be isolated in a leprosarium. His immediate relatives and others who have been in close contact with him must be examined, and this has to be repeated at intervals for two years.

5. On January 1, 1932, there were 195 patients isolated in institutions, while 47 lived in their own houses, isolated and under control.

6. Good results have been given by the combined treatment with carbon dioxide snow and the gold preparations solganol and lopion.

Once a year each leprosarium is visited by a commission composed of: (1) the town or district physician of the region in which the institution is located, who serves as Chairman; (2) the functioning head of the leprosarium, and (3) the Government's expert, Professor Paldrock. The commission inspects the leprosarium, examines the patients and releases those pronounced cured.

Those patients who apparently have recovered and are considered no longer dangerous to the community are allowed to go home for three to six months. Any who have been found bacteriologically negative for two years—i.e., who have been free from leprosy bacilli in nasal mucus and material obtained by puncture of the lymph-glands—are released as supposedly cured on condition that they shall remain under control for five years and report twice a year to the district physician.

7. Almost every year some patients are released from the leprosaria as cured. The results are due principally to the combined use of carbon dioxide snow and gold.

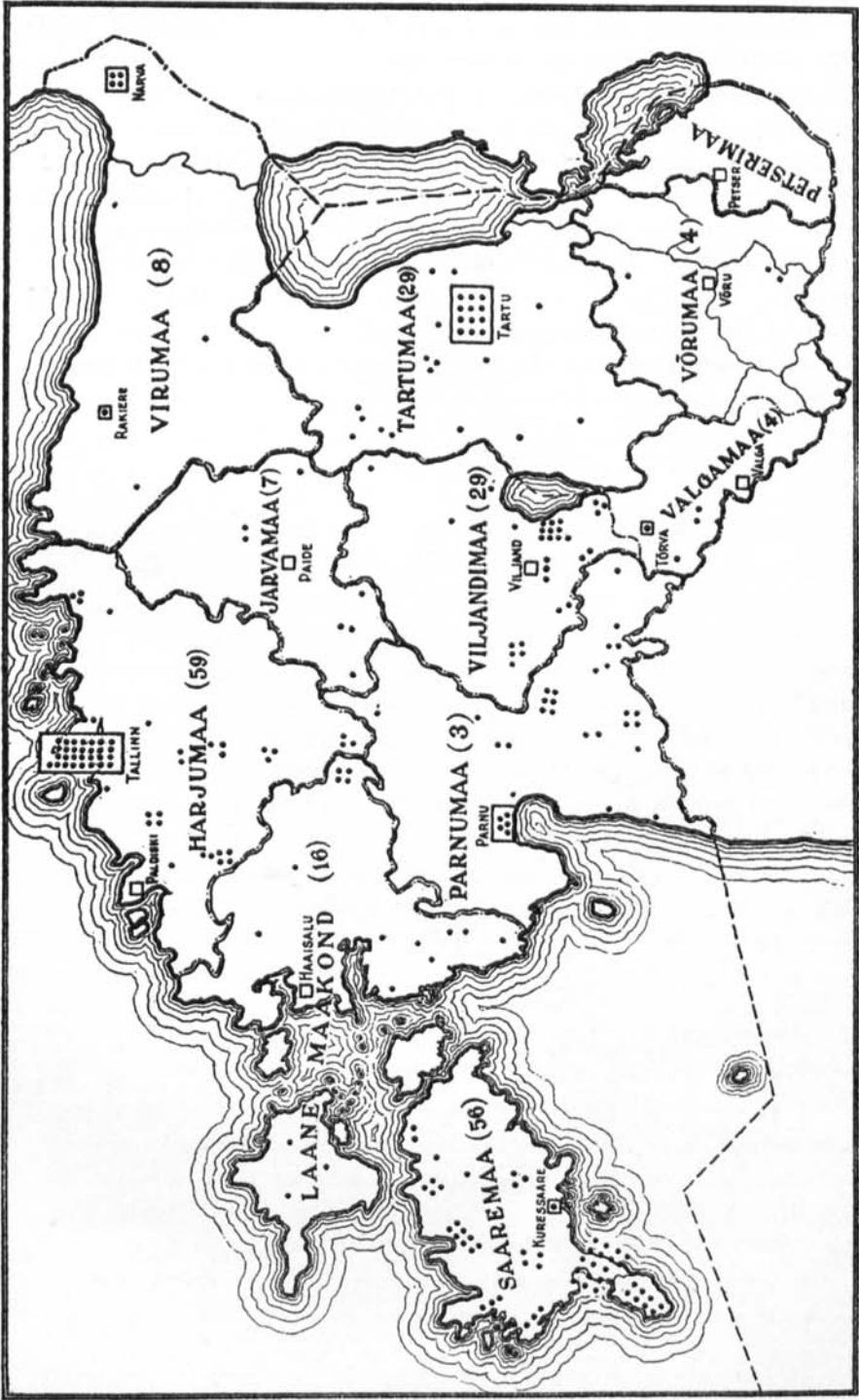
REPLIES FOR LATVIA

1. On January 1, 1933, the population was 1,920,069. The number of lepers was 207, or about 0.11 per thousand.

2. In the Livland part of the country the most important leprosy focus is the city of Riga; Mühlgraben, Bolderaa and Moskauers-Vorstadt are the most affected quarters. Following Riga city are the Riga and Wolmar districts. In the Kurland part, the Talsen, Windau, Libau and Mitau districts are especially affected.

3. There are two leprosaria, one at Riga and the other at Talsen.

4. A law requiring isolation was published in 1927.



TEXT-FIG. 1.—Map of Estonia showing places of origin of existing cases of leprosy

5. There are 174 patients isolated in the two leprosaria, while 33 live in their homes under control.

6. A commission visits the Riga leprosarium four times a year, the Talsen institution twice a year. The commission consists of (1) a representative of the health service of the State (Dr. Sentel), (2) a private physician (Dr. Hirschberg), and (3) the head of the leprosarium or his representative. In each individual case the commission decides whether the patient may be allowed to go home for three months, or for three years, or for an indefinite period, or should remain longer in the leprosarium.

7. Complete cures of leprosy have been obtained, with Roentgen-ray therapy.