LEPROSY IN NETHERLANDS NEW GUINEA

TO THE EDITOR:

Since the survey made in 1952, reported in the JOURNAL [22 (1954) 431-439] our knowledge of the leprosy situation in Netherlands New Guinea has considerably increased. The total number of registered cases has gone beyond 1,500 in a coastal population of 350,000.

Intensive investigations have been made in the Wandamen Bay area. Here at the moment the known prevalence amounts to 90 per thousand, or, if the patients in the leprosarium coming from elsewhere are excluded, 80 per thousand. One-third of these cases are of the lepromatous type. In the leprosarium at Miei 164 inmates have improved, and this appears to be attracting other patients. All known infectious cases have been admitted. In the past year 29 patients could be discharged after a negative period of more than one year, but they are still under continued treatment as outpatients living in a self-supporting settlement near Miei.

We have succeeded in collecting reliable data on the history and incidence of the last 15 years. It appears that the peak of infection has not yet been reached. For the time being a minimum incidence of 5 per thousand may be expected in this area.

Preparations are being made for a lepromin-tuberculin-BCG pilot project in cooperation with the division of tuberculosis control.

In West New Guinea large-scale investigations have also been made, as a result of which the total number of cases registered increased to 746, in a population of 15,000. My estimate of the prevalence in this area is at least 50 per thousand. One-fourth of these cases are lepromatous. Only 94 patients are being treated in the leprosy village at Saoka. A new leprosarium is being established in a more favorable place near Sorong, and will come into use as soon as provisions for a water supply have been made. Two nurses are being trained at Miei for this work. This leprosarium will be the largest in New Guinea, and it will be the station of the head of the division of leprosy control.

With the exception of a coastal area between the Mambaramo river and the eastern border, and of a strip in the south, the entire coastal area appears to be infected, while the disease is spreading farther inland in West and Southeast New Guinea and in some places in the Geelvink Bay region.

Central New Guinea, as far as known, has remained free from leprosy so far.

On the north coast the people from Biak and Numfoor have played an important part in the spreading of leprosy during the past fifty years. On the south coast Indonesian immigrants are responsible for the spreading of the disease among the autochtonous population in the past thirty years.

The leprosarium at Fak Fak, with 46 patients at present, offers only few possibilities for the future. It will depend on surveys of the surrounding areas whether it would not be better to remove this leprosarium to Kaimana.

The building of leprosaria at Serui and Merauke will be started this year. In both of these areas leprosy is of recent data, and it is undoubtedly spreading.

At present more than 500 patients are being treated with DDS, of whom 304 have been admitted to leprosaria and 10 to public hospitals.

The government fully realizes the seriousness of the leprosy problem in New Guinea, and leprosy control has been organized as a separate division of the public health service. The available funds are adequate, but development is being slowed down by a building capacity insufficient to meet the demands of this recently developing country. It is intended to entrust the management of leprosaria, with ample subsidy, to either Protestant or Roman Catholic missions, the first one to be turned over being the one at Miei.

Another handicap is the great number of physicians recently arrived from Europe who are as yet unfamiliar with the diagnosis and treatment of leprosy. Instruction of these physicians is an important part of the educational program of the division of leprosy control.

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