

MEDICAL AND SANITARY NOTES ON RODRIGUES *

BY J. BALFOUR KIRK, M.B., CH.B., D.P.H., D.T.M. & H.

Director, Medical and Health Department, Mauritius

AND J. HERMANN ANDRÉ, M.R.C.S., L.R.C.P.

*Government Health Officer, Pamplemousses, and Medical Superintendent,
Leper Hospital, Mauritius*

LEPROSY

The first recorded case of leprosy in Rodrigues was a patient, Diango who came from Mauritius sometime between 1870 and 1880. Diango was employed as a fisherman by a family residing at Oyster Bay, a small coast settlement, and he married a native of Rodrigues. Four or five years after his arrival he developed leprosy and owing to his condition he left Oyster Bay and went to reside up the hill about four miles from his former residence.

A year or so after his departure one of the sons of his employer, who used to fish with him in the same boat, became affected with the disease, and from this case the disease gradually made its appearance in other families, all residents of Oyster Bay. In 1920, according to Dr. S. E. Mangenie, Government Medical Officer, Rodrigues, there were sixteen lepers who were the "direct" or "through marriage" descendants of the first family affected, at one time or other resident in Oyster Bay; and there were seven leper descendants of Diango, making twenty-three cases in all.

In 1920 a proposal to transfer these lepers to Mauritius was not endorsed by the Mauritius Government because there was no law in Mauritius which provided for the compulsory segregation of any but vagrant, pauper or convict lepers.

In 1925 Dr. Mangenie put himself in touch with the British Empire Leprosy Relief Association and through its good offices ob-

* In connection with the articles dealing with the isolated epidemic of leprosy at Nauru, it is believed of interest also to make note of recent information on the traceable small endemic on the similarly isolated island of Rodrigues.—EDITOR.

tained the necessary drugs for the modern treatment of the disease. He then began treatment and succeeded in winning the confidence of lepers to a marked degree. This led to the notification of more cases and by March, 1926, forty-six cases had been discovered. Of these, ten were of over six years' duration and were unable to attend for treatment. Of the remaining thirty-six, six had shown distinct improvement after five months' treatment. Dr. Mangenic proposed thereafter the establishment of an institution for the segregation of helpless lepers on a small island lying some considerable distance off Rodrigues. He was averse to sending patients to Mauritius as he thought that this might lead to the concealment of new cases. The proposal to establish a local lazaret was not given effect. Two years later, however, some of the patients expressed a desire to come to Mauritius for further treatment, and eight were admitted to the Leper Hospital, Powder Mills. They were very severe cases. One was a nerve case with acroteric changes and mutilations (repatriated in 1931); the remaining seven were advanced nodular cases with involvement of the mucous surfaces of the mouth and throat. Two were nearly blind. Four of these patients died within two years of their arrival in Mauritius, one has been repatriated with the disease arrested; three are still under treatment and have shown distinct improvement in their general condition.

In December, 1930, a proposal was made by the local authorities at Rodrigues to transfer to Mauritius a further batch of nine patients. When this proposal was received it was decided that a specialist officer had better visit Rodrigues and make a leprosy survey. One of us, Dr. André who had made a special study of the disease in India, accordingly proceeded to the dependency in June, 1931.

Dr. André spent six days in the island, during which time he was able to visit all known cases in their own homes and to conduct an examination of the school children. Of the latter he examined approximately 580 without detecting any cases of the disease. Twenty cases were recorded as a result of this visit, nineteen of which were seen by Dr. André. Of the total number of cases, eleven were men and nine women. "N" or non-infective cases numbered five men and four women; "C" or infective cases numbered five men and five women. The contacts of the patients were examined and found to be healthy. The notes on the twenty cases are contained in the table herewith.

Four of these patients were brought to Mauritius for treatment and are at present in satisfactory condition.

TABLE 1.—Notes on the 20 cases of leprosy in Rodrigues in 1931.†

Name	Age	Sex	Duration years	Type	Prognosis and remarks
A. E.	26	F.	17	C3	Prognosis bad. Semi-segregated at home.
F. M.	13	M.	2-3	C1	Taking no treatment.
V. M.	30	M.	4	C3	Irregular in taking treatment.
F. M.	20	F.	2-3	C2	Progressing favorably, attending treatment regularly.
E. R.	35	F.	1-1/2	C1	Bacteriologically negative.
O. E.	45	M.	8	C3	Bacteriologically negative. Probably cured.
R. E.	18	F.	4(?)	C2	Progressing favorably.
T. P.	18	F.	4(?)	C2	Kahn++++ Recent reactions. Favorable for treatment.
R. L.	21	M.	(?)	N2	Not infective. Prognosis good.
D. R.	30	M.	2	N3	Not infective. Brother died of leprosy.
F. R.	19	M.	1-1/2	C2	Prognosis favorable. No treatment.
M. R.	20	M.	10	C3	"Florid" case, untreated; but should do well.
N. P.	33	F.	18	N3	Burnt out, non-infective.
L. P.	12	M.	6	C3	Prognosis unfavorable at home.
H. P.	49	M.	12	C3-N3	Semi-segregated at home. Bad condition.
E. L.	21	F.	2-3	C1	Prognosis good. Has goitre.
C. P.	35	F.	8	N3	Burnt out.
L. E.	50	M.	18	N3	Burnt out.
L. E.	25	F.	4	N3	Formerly an inmate of Powder Mills. Apparently cured.
N. B.	—	M.	12	N3	Apparently burnt out.

† Table has been abbreviated for economy of space, but without eliminating any important data.—EDITOR.

Since Dr. André's visit three more cases have come to light: one reporting to Dr. André in Mauritius for treatment, the other two being under treatment at Rodrigues. Dr. Kirk saw these in August last.

One was a boy cow-herd, aged 18 years, a highly infectious case of nodular leprosy (duration two and a half years). When seen he was reacting well to treatment which made his appearance worse that it would otherwise have been. He had patches of de- and hyper-pigmentation distributed irregularly over the body, and he showed also nodules on the brow, nasal alae and ears. The palate was unaffected; the nasal mucous membrane was inflamed and swollen. Nasal smear++. There were no anaesthetic patches, and his general condition was good.

This case is interesting because there is no record of any leprosy in the family and the patient, who gave a remarkably intelligent account of his illness, is positive that he has never been in contact with a leper. The patient attributes

his illness to a fall. A boy at school tripped him up and he fell, hitting his chin on the ground. One and a half months afterwards he noticed a depigmented plaque on the injured place. A small nodule developed on the plaque, which was excised by the doctor. More patches appeared on his face, but there was no swelling and he again consulted the doctor who gave him a course of injections. After the injections the patches, which had, meantime, been appearing on the body became swollen and congested, and his ears began to swell. When he gets hot he feels "as if ants were walking over his skin." His nose gets blocked when he sleeps. This wakes him up and he has to sit up before he gets his breath.

The family consists of father, mother, twin sisters *aet.* 23, a sister *aet.* 20 and another *aet.* 14. He is the only boy. The family know the disease and watch for it. None of the others has shown any sign so far (confirmed by Dr. Mangenie). The boy is segregated from the others and attends regularly for treatment. He uses his own plates, cups, knife, etc.

The attitude of the Rodriguean to leprosy has greatly altered as the result of the institution by Dr. Mangenie of modern treatment and the interest shown by the Government of Mauritius in sending Dr. André on a special mission. For the most part the disease is well known in the island; and the early signs are recognized. Patients submit willingly to treatment; contacts cooperate in the surveillance, and the people themselves practise a rude but effective system of partial segregation of the kind noted above. Consideration has been given to a proposal to transfer all cases of leprosy to Mauritius, but as this would undoubtedly result in the concealment of early cases it is thought that better control will be attained by keeping pace with modern improvements in the treatment of the disease and having all contacts under surveillance, leaving the question of transfer to Mauritius to be decided by the patients themselves. Nevertheless the power of compulsory segregation is retained so that patients who refuse regular treatment and do not take any steps to prevent the infection of others may be transferred to Mauritius when such a course is imperative.

The general outlook as regards this disease is by no means alarming: it is almost reassuring. The tendency of the Rodriguean to prefer his own hut, the difficulty of communications, the freedom from intercurrent disease, the general health of the people and their interest in the disease all tend to operate in favour of its disappearance at no very distant date.

ADDENDUM

[Dr. Kirk has supplied recent data from Dr. E. H. Madge, the present Government Medical Officer at Rodrigues, from which the following is taken to summarize the present situation there.—EDITOR.]

There are at present 22 known cases, 13 males and 9 females. Four new ones have come to light recently, one detected while contacts were being visited, the other three coming up voluntarily for examination; all were early. Of the 22, not less than 11 are apparently cured or burned out; of the remainder three are highly infective, one moderately so, and eight very slightly so. This estimate of infectivity is based solely on clinical grounds; nasal smears were positive in only four cases.

Sixteen patients are now under treatment, including five of the apparently cured. A total of 829 injections were given during the past year. All but one of the patients are progressing satisfactorily, although progress is slow in two cases. A number of persons who have so far shown no sign of the disease have also had "preventive" treatment.

The attitude of those with leprosy is eminently satisfactory, the great majority being keen on treatment and regular in attendance. A good many people have voluntarily attended the dispensary for the sole purpose of being examined for leprosy. This attitude of the population makes the outlook for the future much more cheerful than it would be otherwise.