LEPROSY IN THE BECHUANALAND PROTECTORATE

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No census of the Bechuanaland Protectorate has been taken since 1921, but the present estimated population is 200,000 natives. The territory has an area of 275,000 square miles and a mean altitude of 3,300 feet. The annual rainfall varies from 6 inches to 20 inches, being lowest in the (so-called) Kalahari desert and greatest along the northern and eastern boundaries.

The Kalahari constitutes two-thirds of the country, and owing to the lack of surface water it is very sparsely occupied. The people are more or less nomadic—Hottentots, Bakgalagadi, a certain number of Bushmen and some bastard Hottentots who have migrated from South West Africa. The eastern portion of the territory for some 30 to 60 miles on either side of the railway line from Mafeking to Bulawayo, and that portion of it known as Ngamiland, is inhabited by the Bechuana people and their subject tribes. The Bechuana mostly live in large native villages or townships while their serfs (the subject tribes) live in scattered cattle posts where they herd their masters' cattle. Generally, the diet of all the tribes is deficient in protein content, fats and vitamins, with the result that malnutrition is very prevalent, particularly in children.

Until the present, for financial reasons, no leprosy survey has been made. Such persons as are known to have the disease have been so diagnosed when they presented themselves for treatment at the hospitals and dispensaries of the government and mission. Actually some twenty-five cases have been seen during the past five years. However, it is estimated that there are probably as many again who have not been seen and diagnosed, which gives an estimate of some forty to fifty lepers in the whole territory, one to four or five thousand of the population. Most of the known cases come from scattered cattle posts. Only some six or seven have come from the larger villages. It has not been possible to keep track of those from the scattered outposts.

For financial reasons it has not been possible to establish a colony or other institution where the cases could be segregated. Attempts have been made to get the tribal chiefs to set aside in the tribal areas certain portions of land near a European doctor so that lepers could live there and could attend regularly for injection treatment. Generally the results have been disappointing; after two or three injections the leper disappears to some very remote area where he is lost sight of. Two men, however, who were affected with maculo-anesthetic lesions attended regularly for their injections, and at the end of two years' treatment the disease appeared to be arrested and has remained so.

One male leper, a member of a Barolong family, has been an inmate of the Basutoland Leper Asylum for four years. Three of his relatives are lepers, but he is the only one from Bechuanaland who is in an institution. The administration is bearing the total cost of his maintenance, but financial conditions have prevented others from being treated in a similar manner.

In conclusion it may be stated that the low incidence of leprosy in the Bechuanaland Protectorate is due to the sparsely scattered population, which greatly reduces the opportunity for infection. Generally, when a case is recognized in an inhabitant of one of the more congested villages, such a person within a few months disappears to some remote cattle post where the chances of the disease spreading are very small.