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A STUDY OF THE LAST SIX YEARS OF THE LEPROSY CAMPAIGN IN BASUTOLAND

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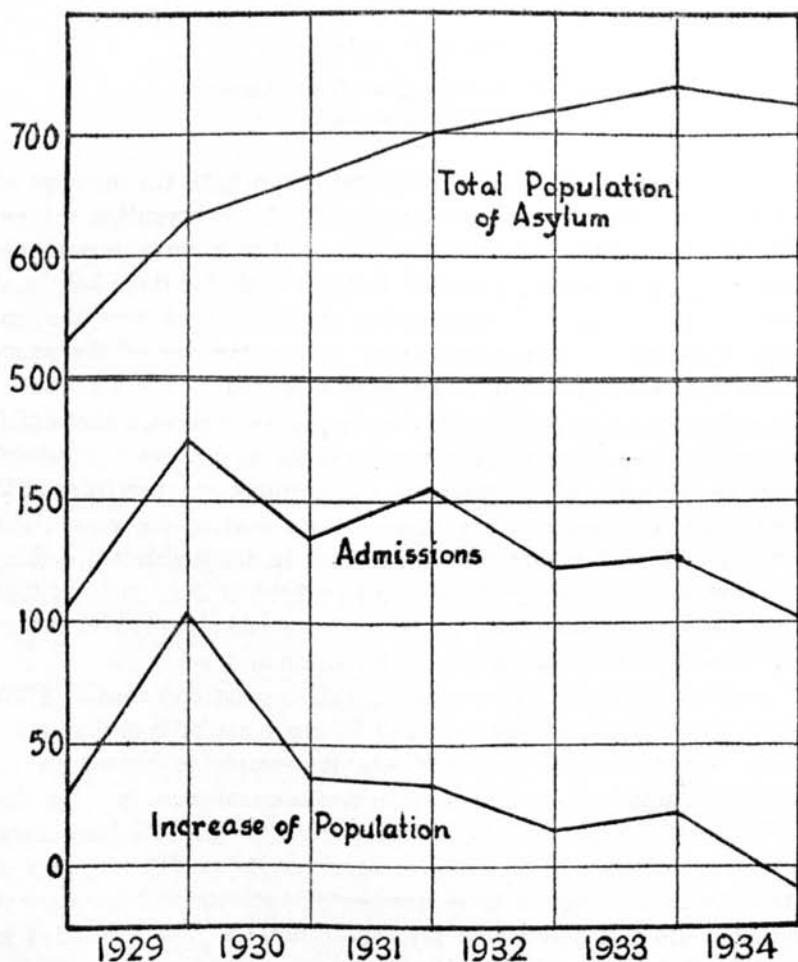
The leprosy campaign in Basutoland began with the opening of the Botsabelo Leper Asylum in January, 1914. Segregation became compulsory and the concealment of lepers was made a punishable offense. The government appealed to the Chiefs for their help and support in its effort to eradicate the disease. Such was the immediate response to this appeal that within the incredibly short period of six months 657 patients were admitted to the asylum.

Unfortunately, in May, 1914, there occurred a serious riot which compromised the success of the campaign at its very outset. Although it was not immediately followed by desertions, no less than 245 patients had returned to their homes by the end of the year. The disastrous effect of this period is reflected in the continued decline of the asylum population until the end of 1917, and in the fact that it took ten years to admit as many patients as in 1914, and fifteen years to restore the population to its original level.

Although marked improvement in this respect occurred in 1920, this was short-lived and was followed by six years of complete stagnation. Not until 1927 and 1928 was it possible to record an increase in the number of admissions in two successive years. By this time, however, the government had become alarmed at the long duration of the campaign and at the meager results of fifteen years of costly effort. Although a large number of patients had been segregated, it could not be claimed that the campaign had succeeded in controlling leprosy in the territory.

The present stage in the campaign began in 1929 with the appointment of two leprosy inspectors, one for the north and one for the south. The result of this experiment was so satisfactory that four more inspectors were appointed in the following year. The employment of these specially trained workers marks the beginning of a new and more hopeful era. It has resulted in such all-round

improvement that, after six years, it is possible to offer concrete evidence of a large measure of success. The data on admissions each year since 1928, the total population of the asylum at the end of each year, and the rate of increase (or, for 1934, decrease) of the population are shown in Text-fig. 1.



TEXT-FIG. 1. Graph showing changes in the asylum population, 1929 to 1934. (1) Total population, (2) admissions per year, and (3) rate of increase or (1934) decrease annually.

The immediate result of the new measure was a sudden and important increase in the number of admissions. This somewhat exceeded the 1920 figures and brought the population to its highest level since

1914. For the first time in the history of the campaign the increase in population continued uninterrupted for no less than five years. It was not until 1934 that a slow decline began, and this has continued to the present date.

The employment of four additional inspectors in 1930 did not result, as might have been expected, in further increase in the number of admissions. To the contrary the unexpected happened, namely, a large and sudden fall. It is certain that this would not have occurred if there still had been a considerable number of lepers in the territory.

This view is confirmed by the remarkable improvement in what may be termed the "period" of admission; there has been a great shortening of the duration of the disease before admission. Needless to say, the proportion of advanced cases increased in 1929; but since then the improvement has continued almost uninterruptedly. It is interesting to note that this improvement in the period of admission began some years before the inspectorial system was inaugurated.

The difference between the position in, say, 1924, and in 1934 is very striking indeed; in fact the position has been reversed, as is evident from Table 1. More detailed data for the years since 1928

TABLE 1.—*Showing the improvement since 1924 as regards duration of the disease before admission.*

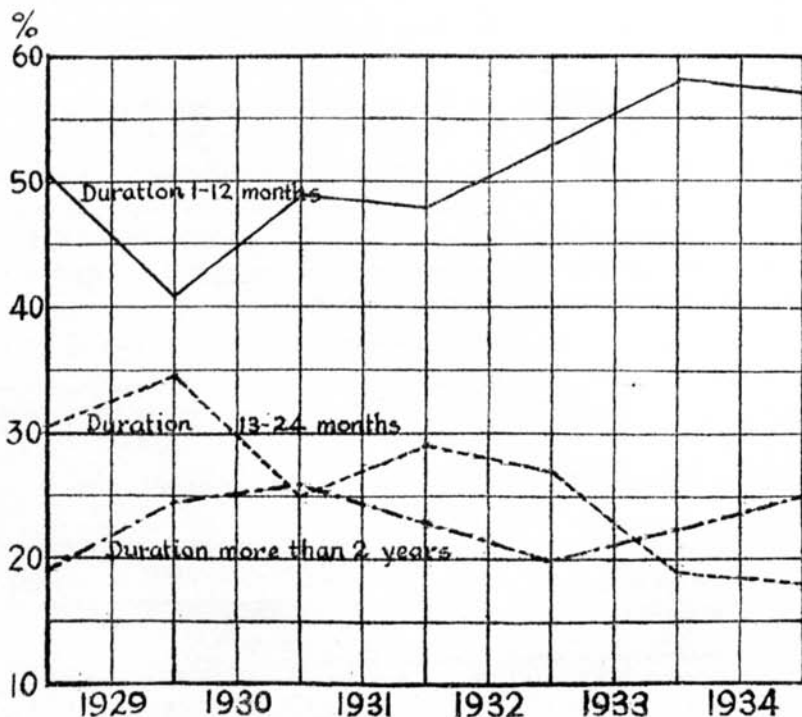
Duration of the disease	Admissions, year	
	1924	1934
1 year or less	31 per cent	57 per cent
1 to 2 years	32 per cent	18 per cent
More than 2 years	37 per cent	25 per cent

are shown graphically in Text-fig. 2, which illustrate the decided increase of cases of short duration and a corresponding decrease of those of from one to two years duration, with at the same time a moderate increase of cases older than two years. Those cases for which the duration was unknown (between 11 and 19 per cent each year) were not taken into account in making this graph, hence the figures are only approximate.

There has been a corresponding improvement as regards the type of the disease, and also in the condition of patients on admission.

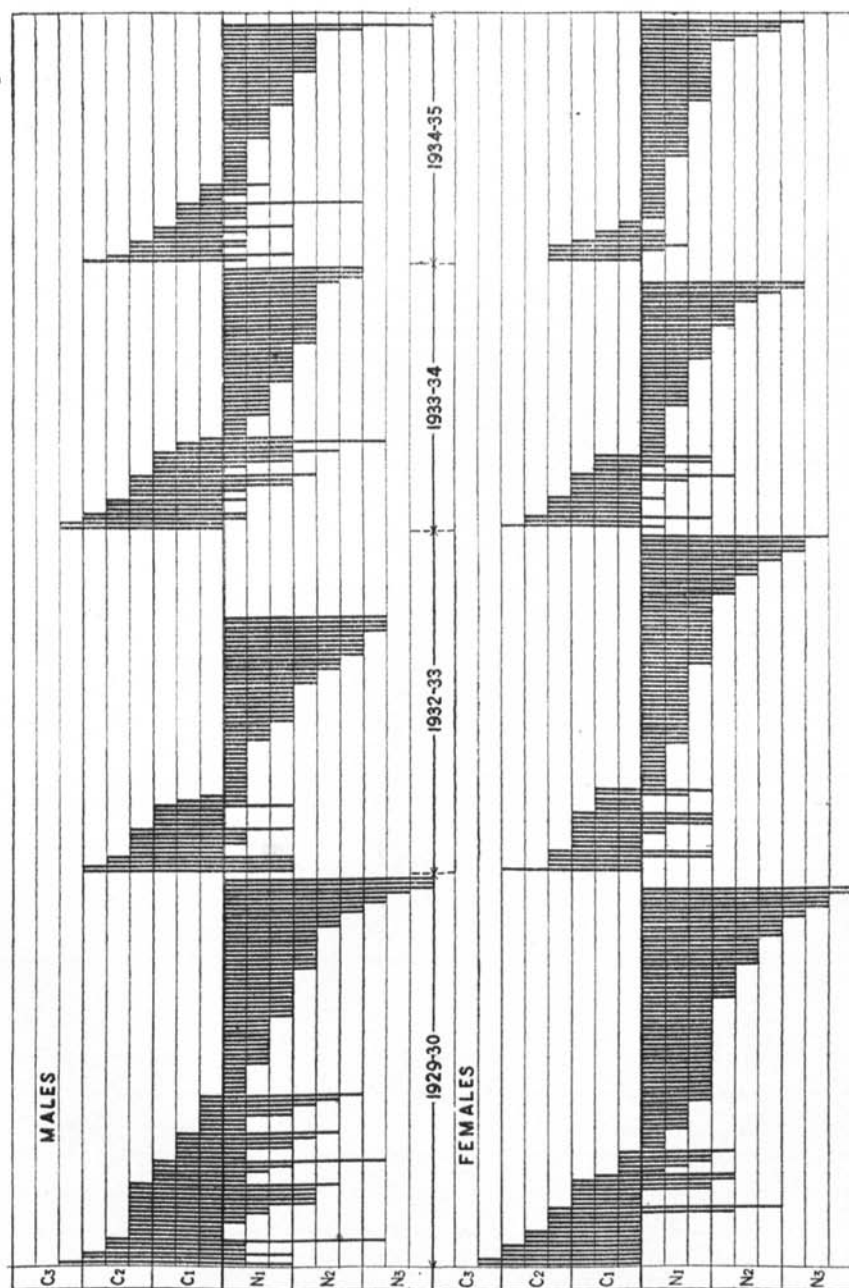
The great majority now belong to the milder neural type (including the tuberculoid cases), and they are admitted at a much earlier stage of the disease.

To illustrate this change Text-fig. 3 has been prepared, in which each case admitted in the periods shown is represented by a line. The periods selected are the year between July 1, 1929, and June 30, 1930, and the three years since July 1, 1932. The data as re-



TEXT-FIG. 2. Graph showing (approximately) the changes in proportions of early and later cases among the admissions since 1928.

corded in the intervening two years do not lend themselves to this tabulation. As will be seen, the classification is that of the Leonard Wood Memorial Conference, and the plotting of the cases is according to the arrangement of the Wade-le Roux case progress chart. It has seemed desirable to divide the cases into annual groups, in order to bring out the tendencies from year to year, and to arrange them in order of decreasing severity on the cutaneous side and, for the neural cases, increasing severity. In this way it is possible to



TEXT-FIG. 3. Classification of cases admitted in 1929-30 and in 1932-33, 1933-34 and 1934-35.

compare different periods at a glance. The whole arrangement makes it a simple matter to collect the classified data and to calculate percentages. I am indebted to Dr. P. D. Strahan for his aid at this stage of the study.

It is noteworthy that, with the earlier admission of patients which has now become possible, not only have cutaneous cases become relatively rare but also the nontuberculoïd neural type. In other words, there are fewer and fewer cases with peripheral neuritis only, a good many patients with no other signs of leprosy than a few small flat macules, and a larger number with lesions of the tuberculoïd type and nothing else. In this connection there arises a question as to the relationship between these two types of macules. Must one be considered as a quiescent phase of the other? Why do they so often precede clinical evidence of peripheral—as opposed to terminal—neuritis?