

LEPROSY WORK IN KENTUNG, BURMA

BY DR. R. S. BUKER

Kentung, Shan States, Burma

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Kentung State, of which Kentung City is the capital, is a frontier Shan State with an area of about 12,000 square miles and a total population of 230,000. There are two main roads passable by car during the dry season, one leading to Siam and the other to Burma proper. Otherwise the state is practically cut off from the rest of the world by national and geographic boundaries.

The number of lepers in the state is not known, and estimates range from 1,000 to 10,000. The lower of these figures would give a rate of 4 per thousand. In connection with our own work a census of cases was undertaken, a special man having been charged with the task. With nearly one-third of the state completed, over 500 cases have been recorded, and there is reason to believe that the total will be over 1,000; but I doubt that it will reach 2,000.

Leprosy work was started at nearly the same time, about 1922, by the Roman Catholic Mission and the American Baptist Mission. The former organization started a colony, the number of patients in which is between 70 and 100, fluctuating monthly. For this work it receives relatively liberal aid from official sources. There is no medical supervision, and no regular treatment is given.

Encouraged by the Pasteur Institute of Rangoon, the Baptist Mission started treating patients at the outset, but because of changes of personnel no colony was started until 1930. At first located within a mile of the Kentung city wall, it was later moved to a site granted by the government about five miles away. On this site have been

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built twenty-four small brick houses to accommodate four persons each, a small dispensary and a few other necessary buildings. The size of this colony has been limited by lack of funds. No official aid for operations has been received as yet, and all funds have come entirely from the American Mission to Lepers and from private sources. For the present it is intended to limit this colony to its present capacity.

Kentung being the center of affairs in this region, lepers go there from all over the state. This condition is not desirable, and is of no real value in solving the problem of leprosy in the state. The purpose of the census that we started (interrupted by the death of the taker but to be continued as circumstances permit, probably by the lepers themselves) was to determine the existing conditions, not only the number of lepers but also their distribution, and consequently the centers most suitable for the establishment of treatment stations.

Under our present plan the colony will be the center for teaching and experimental work, and there will be four or more outstation dispensaries. Two of these are already in operation. One is at Mong Hpayat (three days away), with 40 resident patients and 10 others coming for injections; the other is at Mong Pawk with about the same number of patients, some of them sent from Kentung. Outpatients are attracted by gifts of rice. At Mong Lin, the third place where we plan to have a station, there are known to be 30 lepers living in some sort of isolation, and there are many others in the region. A smaller piece of work is being developed at a fourth place, Mong Yawng, largely because we have an opportunity to do it at no cost except that of medicines.

Under the present circumstances our work is being done for about 50 cents per patient per month. The caretaker at the colony is a leper; one of the outstations is being conducted by one, and another station will be similarly conducted. This means that the patients do all of the simple routine medical work and handle such money and food materials as there are.