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EDITORIALS

Editorials are written by members of the Editorial Board, and opinions expressed are those of the writers. Any statement that does not meet with agreement will be of service if it but stimulates discussion, for which provision is made elsewhere.

LEPROSY IN BRITISH WEST AFRICA

Of the four West African colonies administered by Great Britain, Nigeria is by far the largest, having a population of some twenty millions. The combined population of the other three—Gold Coast, Sierra Leone and Gambia—is only some five millions.

The climatic conditions vary in the north and south, especially in Nigeria. In the north there are marked diurnal and annual variations of temperature, and humidity is comparatively low; whereas in the south the humidity is high and variations in temperature are comparatively slight. In spite of this fact leprosy is very common in both the northern and southern parts of Nigeria. The total number of lepers is computed at 200,000, or one percent of the population. Thus it is difficult to impute the frequency of leprosy in that country to high humidity.

There are two regions where the incidence is decidedly less; namely, the high plateau land round Jos and Bauchi, and the province of Oyo, which is the province where most of the large towns in the country are situated. The comparatively healthy and salubrious climate of the former region may account for its exemption, but in

the case of the latter a satisfactory explanation is more difficult to obtain. It has been suggested that in the more concentrated conditions in towns the dread of leprosy has in the past led either to outright destruction of lepers, or at least to imposing such conditions on them that they died of neglect or sought refuge in other parts of the country.

In the Gold Coast the famous lake of Bosuntwi, near Kumasi, seems formerly to have had a high incidence of leprosy round its shores. This may have been due to lepers being banished to that locality from surrounding towns and villages, or to their seeking refuge voluntarily near its sacred waters.

In recent years large plantations of cocoa trees have been formed round the lake, and the consequent increase of population and prosperity seems to be resulting in the rapid disappearance of leprosy from this quarter. Inquiries in one place showed that the lepers had been required by the villagers to isolate themselves outside the village; but they had preferred to return to their own homes and relatives at a distance.

Near Afikpo, in the Ogoja province of south-eastern Nigeria, the brother of a leading villager who owned land was himself suffering from leprosy. He formed a village of lepers, collecting round him his fellow sufferers. Now, within a few miles, there are no less than five villages entirely composed of lepers, some 600 or 700 in number. Unfortunately, no provision is made for isolating the children, and in one village we found five mothers with their infants in their arms, who are likely in turn to suffer the same fate as their parents.

These are a few of the many factors which seem to have an influence in modifying the incidence of a disease which is connected with ignorance, poverty, an unhealthy climate, and especially with backward and insanitary villages.

The ideas of the people themselves regarding leprosy are of interest. In Sierra Leone the chiefs and other intelligent villagers, when questioned, seem to know much about the disease. When they were asked regarding its mode of spread, they attributed it to disobedience to various tribal taboos. When further pressed they declared that it was spread by contact with the sputum and sweat of lepers. They know of three kinds of leprosy; the form which mutilates the fingers and toes, the form with wheel-like marks on the body, and the form with thickened face and ears. They considered the first of these the most dangerous, but had but little dread of the highly

infectious cutaneous type. They frequently isolate lepers; but we found that the isolated cases were almost invariably those in which the disease had died out, leaving deformities. In one case a man supposed to have leprosy was banished from the village with his wife and five small children. We found them in a hut half a mile distant. The father was badly disfigured with yaws, but had no signs of leprosy.

When questioned regarding the danger to children, these people declared that small children did not acquire the disease and were therefore not in danger. It was only at puberty that they contracted leprosy. Another said that children got leprosy when their parents developed deformities, and the deformed condition was therefore the dangerous one. Here we had correct observations but wrong deductions.

Among primitive peoples, where there are strong tribal laws, the wisest plan for the sanitarian is to study local customs and, if possible, adapt them to his ends. The two factors necessary for the control of leprosy are both present, knowledge of infection by contagion and a desire to prevent contagion by isolation. This knowledge and desire are handicapped by ignorance of the nature of the disease, and of the fact that the cutaneous type is the most dangerous; also by ignorance of the great danger to children.

If cutaneous cases could be isolated, instead of deformed ex-lepers, and if children could be removed at birth from contact with their infected parents and tended by healthy relatives, then the problem might be dealt with effectively. In some places paramount chiefs have expressed their desire to segregate all cases of leprosy in villages which will be self-supporting. Where the power of the chief is sufficient, this seems to be a very hopeful and inexpensive method of dealing with the disease, but expert workers are necessary to help and advise the chiefs in order to insure that segregation is carried out along effective lines. Such inducements as remission of taxes may be useful to gain the voluntary cooperation of the lepers themselves. Once a few of these leper villages have been started and are working successfully, it should be easier to persuade less active or less enterprising chiefs to take similar steps.

In Nigeria there are some 25 leper settlements and camps. Most of these were established with the idea of providing a refuge for the disfigured and helpless, but there are some six or seven settlements conducted along excellent lines. The largest of these is the famous one at Itu, in the Calabar province. Here there are some 1,500 lepers living under model conditions. Agriculture and various

industries, such as the production of palm oil, distillation of scents, and manufacture of soap have been developed, and the colony is to a considerable extent self-supporting. The houses, built of mud and palm leaves by the lepers themselves, are in neat rows; and all the community activities, such as church, school, court of justice, are well organized and conducted by the lepers themselves with a minimum of European supervision. Several other colonies are being organized in other places along similar lines.

But even with such large institutions there is little hope of getting down to the root of the problem. Some 5,000 cases are segregated at present, but of what avail is that with an incidence of 200,000? It is hoped that in the future settlements may be organized on a provincial basis, and developed as far as possible into training institutions; so that returned patients may, after their years of training in these institutions, help in antileprosy activities, especially along preventive lines and in the formation of leper villages.

It is also hoped to train school teachers and to work with the cooperation of the educational authorities. Another important step is the training of young women in child welfare work, with a view to isolating children at birth from leper mothers.

Leprosy is a disease that is difficult to cure but easy to prevent. For prevention there are required, primarily, will to take action and knowledge of simple preventive rules. In many places in the West African colonies we have the former. If we can foster it still further, and at the same time inculcate step by step the necessary knowledge, leprosy, and with it other not less important health problems, may be gradually solved.

E. M.