REPORT ON LEPROSY IN ST. LUCIA

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On behalf of the British Empire Leprosy Relief Association I visited St. Lucia, arriving at Castries, the principal town, on the 19th February, 1942. The majority of those known to have leprosy are segregated in the Leper Home, but the Senior Medical Officer took me to see four patients, all of them severe lepromatous cases, who are isolated in an apparently satisfactory manner in their own homes.

On the 23rd February I set out with Dr. Weatherhead, the Senior Medical Officer, to visit the Leper Home at Malgre-toute. This is situated on the south-west of the island, about two miles from Soufriere, at the foot of the mountain known as Petit Piton. Soufriere can be reached by launch from Castries in about two hours, but we went by motor, a journey of about four hours. This afforded an opportunity of seeing the island and examining on the way the children of two schools. I examined also a school in Soufriere the next day. On the 24th we spent four and a half hours examining the patients in the Leper Home.

LEPER HOME.

The Poor House and Leper Home lie a few hundred yards from each other, the latter being shut off and surrounded by a wire-netting fence. This has the disadvantage of adding the distinctly depressing atmosphere of the paupers to that of the lepers; whereas, if recovery from leprosy is aimed at, everything should be done to make the Leper Home as bright and cheerful as possible. There is, however, considerable saving in supervision, as the two institutions are under the same doctor, steward and head nurse. The Medical Officer of District III acts as the visiting Medical Superintendent.

Accommodation.

The male patients are lodged chiefly in one long ward, with a smaller ward for the more hopeful cases. Up the hill and shut off by a separate fence is the female ward, with accommodation for eight patients. Both male and female main wards, but especially the latter, are dark and gloomy. The arrangement is inferior to that at Antigua and St. Kitts, where there are two-roomed cottages with a separate room for each patient.

Water is supplied by pipes from Soufriere to the male

wards, and it is advisable that similar arrangements be made for the female ward.

On the slope below the cottages there is plenty of land which is cultivated by the patients, this forming their chief form of activity.

Diet.

I inspected the food, which in many respects appears to be adequate when supplemented by the produce of their own gardens. It would be well, however, if the patients were encouraged to grow more fruit, such as papaw, and green vegetables such as lettuce. The food supplied by the institution is prepared by a cook in the kitchen, while the patients cook their own produce for themselves in the back galleries of their wards. There is an adjoining citrus orchard, but the trees have become diseased and unproductive. I understand that this is to be replanted, but would recommend that in the meantime oranges or grapefruit be supplied to the patients as much as possible.

Staff.

As mentioned above, there is a visiting Medical Superintendent, a Steward and a Head Nurse (not fully trained) in combined charge of the Poor House and Leper Home. In the Leper Home there are also two nurses (untrained), a cook, a wardmaid, and a male attendant. I consider it very advisable that there should be someone more fully trained to look after the dressings and nursing, and living on the spot. One of the outside patients, a fully-trained and highly experienced nurse, herself suffering from leprosy but at present in good general health, would, I understand, be willing to live in the home and look after this side of the work. I strongly recommend that she be employed, a suitable salary and accommodation being given. With such an addition to the staff the activities of the female patients could be developed, their lives could be made more cheerful and the institution more attractive.

Patients.

I found 29 inmates in the institution and had an opportunity of examining each of them separately and classifying them according to the type of disease. I also went into their histories as far as possible with special regard to their probable sources of infection.

One factor appears to have an important bearing on the latter, viz., family or other connections with French Guiana, in which country the incidence of leprosy is known to be par-

ticularly high. Of the 29 inmates, 6 had resided in Cayenne and 12 more had had indirect contact with that country through relatives. Only in 11 was there no history of such direct or indirect contact.

The importance of this contact is shown by the history of J.L. He went to Cayenne about 26 years ago. He acquired leprosy and died in the Leper Home about 10 years ago. Five of his sons and daughters and one grand-child are now in the Leper Home. The following table shows three generations:

Generations: I.	II.	III.
J.L. (L-3) (D.C.C.) (Dead)	O.J. (L-3) (I.C.C.)	{ M. ? M. ?
	W.J. (L-3) (I.C.C.)	{ M. ?
	F.J. (L-3) (I.C.C.)	—
	A.E. (I.C.C.) (?)	{ R. ?
		{ B. ?
		{ E. ? M. ?
		{ M. ? M. ?
		{ T. ? V. ?
	A.C. (I.C.C.) (?)	{ M. ? L. ?
		{ E. ? N. ?
		{ R. ? F. ?
	B.G. (?)	A. (L-3)
	A.J. (Dead)	—
	L.L. (L-3)	—
	M.L. (L-3)	—

["L" indicates the lepromatous or severe infectious type, and "N" indicates the neural or non-infectious type of leprosy, the figures following "L" and "N" indicate the degree of the disease. D.C.C. indicates "Direct Cayenne Contact" and I.C.C. "Indirect Cayenne Contact." Contacts requiring periodic examinations for leprosy are indicated by a query mark.]

The above table accounts for six of the present patients in the Leper Home. The following list mentions the remaining 22 lepers and ex-lepers in the Home:

A.G. (30) (N-3) was in contact with M.J. (L-3) (Dead).
 A.E. (70) (L-2) (D.C.C.) was in Cayenne for 2 years at 30 years of age. Leprosy appeared 12 years later.
 J.W. (67) (N-3). No source of infection traced.
 A.L. (28) (L-3). No source of infection traced.
 A.D. (33) (D.C.C.) (Disease arrested), worked with G.J. (L-3) (Dead)
 P.F. (67) (I.C.C.) (Disease arrested). Contact with E.P., uncle of C.F. (L-3).
 E.P. (52) (N-3) (D.C.C.). In Cayenne 1907-1921. Contact with C. and P.F.
 P.B. (35) (L-3), worked within half-a-mile of Leper Home, his children are T. ? L. ? F. ?
 N.G. (25) (L-3). His brother and sisters are C. ? S. ? A. ?
 F.V. (55) (L-3) (D.C.C.). In Cayenne from 1907-1910.
 C.G. (17) (L-3) (I.C.C.). Contact D.M. (L-3).
 N.H. (48) (L-3) (D.C.C.) was in Cayenne 1914-1917, 1925-27, 1932-33.
 Children: R. ? E. ? C. ? Brothers and sisters are E. ? A. ? U. ? I. ?
 D.M. (31) (L-3) (I.C.C.). Father in Cayenne for 34 years.
 P.B. (38) (L-3). Brothers and sisters are T. ? D. ? F. ? H. ? G. ? C. ?
 D.L. (53) (N-2). No source of infection traced.
 E.F. (18) (L-3) (D.C.C.). Came at age of one from Cayenne. Aunt is M. ?
 Children of M. are C. ? H. ? D. ? M. ? L. ?
 C.C. (30) (L-3) (I.C.C.). Father in Cayenne 1800-1902.
 O.M. (31) (Disease arrested). Father had leprosy and died 14 years ago.

B.L. (38) (I.-3). No source of infection traced.

C.F. (44) (I.-3) (I.C.C.)—See P.F. above.

I.R. (29) (I.-3) (I.C.C.). When 15 years old acted as maid to (I.-3) case.

R.J. (50) (I.-1). Daughter is L.G.?

[The figures in brackets immediately after the initials indicate the present age of each patient. For the meanings of other letters and figures see the note in brackets above.]

Examining the above table and list, which include 25 lepers and 3 ex-lepers, it is seen that 21 are of the "open" lepromatous type "I.," 19 being of the severe degree "I.-3," and 2 less severe "I.-1" and "I.-2." Only 4 are of the "closed" or non-infectious neural type, while in 3 the disease has died out or become arrested. In the only remaining inmate of the Home no sign that leprosy had existed could be found.

CONTACT LIST.

In most countries where leprosy is endemic it is usual to find a number of comparatively slight neural cases at least equal to, and generally much larger than, the number of lepromatous or "open" cases. Many of the 19 severe "open" cases must have been potential spreaders of infection for months or years before they reached the stage at which they were recognised as having leprosy and were interned. The danger of this is amply shown in the case of J.L. recorded above. It is important, therefore, that as full as possible a list of contacts of all known present and past "open" cases should be made, emphasis being given to child contacts, as children are known to be particularly susceptible to leprosy. The cases marked with queries in the above table and list might become the nucleus of the Contact List, the number being gradually increased as further enquiries are made.

All those on the list should be examined for the earliest signs of leprosy every three to six months. As leprosy may take many years to develop, these examinations should continue over a period of several years.

It will be noticed that in 15 out of the 28 cases it was possible to trace the probable source of infection. In many of the remaining 13 further enquiry would probably elicit the source. In this way other cases might be brought to light.

Considering the apparent importance of connection with Cavenne as the source of infection, it would be well to add to the contact list individuals or families having a close contact with that country. I also found two non-infectious lepers living in their own houses, one a boy and the other an adult,

both of whom had spent many years in Cayenne and obviously contracted the disease there.

The recognition of leprosy should always be included in examinations of schoolchildren.

RECOGNITION OF LEPROSY.

A couple of talks on leprosy and demonstrations were given to Doctors in the Hospital at Castries; Sanitary Inspectors and Nurses were also present. It is important that all those coming in contact with possible sufferers from the disease should be thoroughly acquainted with its nature and especially with the recognition of early signs.

A public lecture was also given at which His Honour the Administrator presided.

ACKNOWLEDGMENTS.

I wish to convey my thanks to His Honour the Administrator for the interest he has taken in my visit, and especially to the Senior Medical Officer for arranging my programme and for the time and trouble he has taken in helping me to carry it out.