REPORT ON LEPROSY IN ST. KITTS AND NEVIS

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I arrived in St. Kitts on the 5th February, 1942, and was met by Dr. J. W. Thomson, who had kindly invited me to stay with him. On the next day Dr. Thomson took me out to the Leper Home, about 10 miles from Basseterre, the principal town of St. Kitts. I spent the day with Dr. Solomon, who is temporarily in charge, examining and classifying the patients and inspecting the Home.

LEPER HOME.

The *Staff* consists of a visiting Medical Superintendent, a Master who, under the Medical Superintendent, is in charge of administration and is assisted by two petty officers, a part-

tune dispenser and clerical assistant, an untrained nurse, a kitchen maid and a cook.

Patients. After examination I classified the patients according to the different types of leprosy :

Type.	Males.	Females.	Total.
L-1	1	0	1
L-2	0	2	2
L-3	14	10	24
N-1	0	0	0
N-2	4	3	7
N-3	2	2	4
Inactive	4	4	8
Not Leprosy	1	1	2
	<hr/> 26	<hr/> 22	<hr/> 48

[“ L ” represents the lepromatous, that is the severe infectious type, and “ N ” the neural, that is the non-infectious type in which the nerve symptoms are predominant. The figures attached to L and N indicate the degree or advancement of the disease.]

It will be noticed that there is still active leprosy in 38 cases, and in 10 the disease has either died out or been non-existent from the beginning. Of the 38 active cases, 27 (73%) are of the lepromatous type, 24 being of the most severe degree.

Running Expenses.

The annual expenditure last year, apart from the staff, was £1,690 or about £34 per patient. Of this, £1,210 was for food, giving about 1s. 4d. per patient per day. This latter is much higher than the expenditure in Trinidad, where it is about 1s. per day, or in British Guiana, where it is 9d. per day. Able-bodied patients cultivate gardens and are able in this way to add fresh vegetables to their diet. I understand, however, that the present diet supplied to the patients leaves room for considerable improvement. Too much salt and tinned food is supplied. There should be more fresh greens, eggs, milk, fresh meat and fish. This would require a careful study of what can be obtained locally and, if possible, patients should have facilities for producing more such food themselves.

Activities of Patients.

As far as I could judge from information received, this might with advantage be further developed. Most of the patients are able-bodied and they have little to occupy their time apart from their small gardens. In leprosy occupational therapy is one of the most important parts of treatment. The mind and body are kept active, the patient's self-respect is restored and he ceases to brood on his condition. At the same

time his general health is improved by exercise, so that as his muscles become firmer the disease tends to diminish.

Reference is made above to the need of more fresh food in the diet. It would be well if the patients' activities could be directed towards producing more such food themselves by keeping poultry and growing more greens, or by fishing. Attempts have been made in these directions in the past, but such activities should be expanded. I understand that a new Master is to be appointed to administer the Leper Home. It is important that he should be a man capable of developing such activities among the patients. He should be carefully selected with this in view and should be sent for training either to Trinidad or British Guiana, or to both places.

Treatment.

Reference is made above to occupational therapy. Besides this it is very necessary that accompanying other diseases should be diagnosed and treated. For special treatment with either hydnocarpus oil or its esters (such as Moogrol) should be used. In lepromatous cases these should be given intramuscularly, and nodules can often be diminished by abrasions of the ears, face, arms and legs, painting with caustics and by intradermal injections of the above drugs. In neural cases the leprides should be injected especially at the margins. This will often produce rapid arrest of the disease. Painting with 1 in 3 solution of trichloroacetic acid accelerates the effect.

OUTSIDE PATIENTS.

About 21 patients are at present allowed to live outside the Leper Home. Six of these are in a small settlement just outside the walls of the Leper Home. In all of these the disease is arrested. In company with Dr. Solomon I visited 13 others in their own homes. Eleven of these were either arrested cases or non-infectious. Two were highly infectious and one of these will now enter the Leper Home. The other infectious case might be allowed to remain outside the Home, provided he conforms with certain safeguards, including weekly attendance at the clinic.

In most countries where thorough surveys have been carried out, there is found to be a number of early neural cases which have been infected by contact with the severe lepromatous cases. Considering the large proportion of the latter type in the Leper Home, many of whom were for years potential spreaders of infection outside before being admitted, one

would expect that a survey of St. Kitts and Nevis would reveal a number of early neural cases among their former contacts. Whether or not such cases exist remains to be found out. I had time to examine more or less thoroughly the children of only six schools, and found leprosy in only one child. I hope that it will be possible for the medical officers gradually to complete this survey.

EDUCATIONAL.

I gave two talks on leprosy which were attended by the Medical Officers and the Sanitary Inspectors, and also addressed a public meeting under the chairmanship of the Administrator, at which about 120 were present.

LEPER ORDINANCE.

This is based upon the similar Ordinance in British Guiana. It provides for the examination of all known to be, or suspected of being, lepers, and the segregation of all those suffering from the disease except in certain exemptions at the discretion of the Administrator. No cognizance is taken of whether the type of leprosy is infectious or not. As I have mentioned in detail in my Report on Leprosy in Antigua, I consider that, while the Act and the Rules under the Act should be relaxed as regards the segregation of the non-infectious, it should be made more strict in regulating the segregation of infectious cases.

SUGGESTED STEPS FOR CONTROL.

1. Compulsory segregation of all open or infectious cases except those who can and do conform to the rules suggested in the Antigua Report.
2. A list to be kept of all contacts with infectious cases, and the inspection of these contacts once in three months over a period of three or more years.
3. Weekly inspection and treatment of all active cases outside the Leper Home whether open or closed.
4. Examination for leprosy of all schoolchildren at least every six months. This could, with advantage, be included in a general examination for all diseases.

NEVIS.

I visited the island of Nevis on 12th February, 1942, in company with Drs. Jones and Lake, the Medical Officers. They showed me a number of cases living in their own homes.

In most of these the disease was found to have become arrested, but in one or two it was still active though they were closed cases.

Searching the records of the St. Kitts' Leper Home, it was found that 11 cases had been admitted from Nevis between 1922 and 1932, but only 3 cases in the last decade. One infectious case had been admitted to the Nevis Hospital in a dying condition during the last month, but enquiry showed that he had lived in effective isolation for many years back. Only during the last three months had he been attended during the illness from which he died by a neighbouring woman.

I examined two schools situated in the area from which most of the patients had been admitted to the Leper Home, but found no definite signs of leprosy in any of the children. It would appear therefore that :

- (1) Leprosy is not at all common in the island of Nevis.
- (2) That as compared with 20 years ago it has very much diminished.
- (3) That the present known unsegregated cases are either arrested or non-infectious.

A careful look-out should be kept, however, for further cases by the Doctors and Sanitary Inspectors. The degree of malnutrition and insanitation existing in the island leads one to think that unisolated foci of the disease might lead to its spread.

ACKNOWLEDGMENTS.

I wish to express my gratitude to the Senior Medical Officer for arranging my visit to St. Kitts and Nevis, and to thank him and the other Medical Officers for their help in drawing up and carrying out the programme.