OUR work here commenced with an address to the Chiefs delivered by Captain Sparkes at the Baraza held at Kampala on January 27th. The Baraza is a weekly gathering of the Chiefs of Uganda, a sort of native Parliament, in fact, at which the young King Daudi (son of the tyrant Mwanga, deposed and exiled by us), the native Prime Minister, Sir Apolo Kagwa, K.C.M.G., and the three prince-regents are present, and over which His Majesty's Provincial Commissioner presides. This Baraza struck one as a picturesque and impressive ceremony. The Regents, the Prime Minister, our party, interpreters, &c., occupied seats on a raised dais, and we, as novel features, were the objects of scrutiny of the quaintly and ornately dressed Chiefs whom we sat facing.

Some preliminary formalities having taken place, the Commissioner invited the Chiefs' attention to the Government's proposals for the alleviation of venereal disease in Uganda. Captain Sparkes then rose and with the assistance of an interpreter briefly and concisely explained the objects and aim and the importance of the work he had come to carry out. He shortly described the method of treatment, and concluded with an appeal to the Chiefs to use their influence for the benefit of themselves, their people, and for the future of their race. That they were deeply interested was obvious, and when he referred to the possibility of an improvement of the birth-rate, and held out hopes of larger and healthier families, there was something of a stir in the assembly.

On the conclusion of Captain Sparkes' remarks the Ministers and Chiefs were invited to go to the treatment rooms to witness the actual carrying out of Colonel Lambkin's treatment. Here the mercurial cream was handed round, the cleaning and sterilising of the syringe, the preparation of the patient, were shown and explained, and the injection given. Grunts and exclamations of wonder followed; then a series of very sensible enquiries were made by many of the Chiefs, some of the queries being thinly-disguised personal ones. The attendance cards were shown, on the back of which are printed in Luganda some general precautions and advice to the patients. Each Chief eagerly seized one, carrying it away as though it were some coveted prize. Assuring us that they would do their utmost to help us, they withdrew. From that
The Treatment of Syphilis in Uganda

day on there has been an ever-increasing attendance, until at the moment of writing nearly 2,000 patients have placed themselves under our care. With our early patients there were some practical difficulties; however, we made a practice of retaining the previous patient till the second patient had received his or her injection, asking the former to reassure the new patient. The old patient usually entered into the rôle thoroughly.

Some difficulty threatened at first, too, in regard to reattendance on the right day, until Captain Sparkes hit upon the idea of having a special policeman told off to hunt up "black-listers."

When one considers the difficulties of the introduction of the method, the tardiness of the average civil patient at home to submit to intramuscular injection, the curious superstitions of the native about the process and about the white man generally, one really is astonished at the number of the attendances.

We heard there was an impression that the needle removed blood, which we kept and stored up. We were also supposed to be injecting fire from the spirit lamp and the hot oil.

The attitude of the patient now might almost be described as a craving for injection; indeed, our difficulty now is rather to dispose of the patient whom for various reasons we think it unnecessary to inject. Very often the patient enters the room, proceeds to undress, merely saying, "I want the injection," and this before one has had time to get any particulars.

As an instance of the keenness of the native for the treatment we relate that a Chief, living in a district where it is proposed to open a new treatment room, came in to enquire details of the date of opening and site of the new place, because, he explained, the natives under him wished to build huts conveniently near.

Apart from the interest derived from the personalities, and the quaint stories of the patients, with which we fear to occupy your space, we hope to collect information concerning certain questions on which fresh evidence may possibly be of interest. Thus: Can secondary symptoms be entirely suppressed by early and continuous treatment? How far may one rely on multiplicity of genital lesions as evidence against syphilis? The concurrence of syphilis and yaws. Extra-genital chancre.

Meanwhile, we describe here an interesting condition known to the natives as nungu and bihata. We believe it to be a tertiary syphilitic psoriasis. It is extremely common, and we shall describe it shortly. In all cases there is a history of syphilis. Our case-sheets show that it may occur any time from one year after
infection; further, it frequently occurs in conjunction with the other signs of congenital syphilis. It is equally common in both sexes. While it affects all classes of the population equally, it is the labouring classes who more often come under notice, since it directly interferes with their usefulness and capacity for work. It consists in a scaly condition of the palms of the hands and the soles of the feet. The skin first becomes thickened and later hardened and dry, leading to the formation of cracks and fissures in and around the lines of the natural folds and creases of the skin. In some cases superficial ulceration takes place around these fissures, the commonest situation for this ulceration being at the base of the toes and fingers. This condition is often associated in the hands with a chronic onychia. In the hands, the hardening of the skin and the ulceration produce much pain and incapacity, and, owing to a similar condition in the feet, in some cases the patient is even unable to walk.

The psoriasis is, in many cases, not limited to the soles of the feet and palms of the hand, but in the feet extends on to the dorsum and around the ankle-joint; in the hands on to the dorsum and up both sides of the forearm as far as the elbow. In a few cases we have noticed a triangular scaly patch on the skin over the lower part of the sacrum.

Nungu and bihata are frequently associated with the ordinary chronic tertiary ulceration of the skin. Under regular mercurial injections, and without local treatment, the condition improves strikingly. The skin becomes softened, some peeling takes place, and the fissures and ulceration disappear. The effective treatment of this condition, without resort to local application, rather mystifies the natives.

The extensive prevalence of the disease, and the resulting incapacity of its subject for labour, render its treatment an important feature in our work here.

With the exception of children under 10 years of age, all our syphilitic patients have been treated by intramuscular injection. The different opinions that are held regarding the relative values of the various methods of treating syphilis, and the cogency with which their adherents urge the value of the particular procedure they employ, are well known, but it is not easy to imagine how we could have carried on, or how the patients would fare under administrations of mercury by the mouth or by inunction methods. Here we are faced with the problem of treating a vast number of people. It is difficult to give figures—perhaps, roughly, half
The Treatment of Syphilis in Uganda

the population. We have already, in Kampala alone, an average daily attendance of 200 patients. These represent, at most, weekly attendances.

The Muganda is, by nature, an irresponsible person, and our methods do not add to his cares. When he has made his weekly appearance he has done his duty; he is freed from the responsibility and we from the uncertainty of his taking triurnal doses of medicine. Again, imagine our 200 patients sitting on the grass rubbing themselves, and the staff that would be necessary for their proper supervision, or imagine our full complement of afflicted under such treatment! One would have the picture of one half of the race rubbing the other. We suggest that any other method would have been impracticable and have resulted in failure.

Whether the recommendations of Colonel Lambkin are or are not ever carried out in full here, it must be seen that he has given Uganda the only means by which one of the great problems of the future of this country may be dealt with with any hope of success.