

Uni-Ocular Blindness in Children in Luapula Province

BY

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Early in 1964, Mr. P. C. G. Adams, who had visited nearly all the schools in the Luapula Province in the course of his preventive work on blindness, drew my attention to what he felt was an abnormally large number of children who had lost the sight of one or other eye.

In July I circulated a prepared questionnaire on this subject to all schools in the province with the object, in the first place, of obtaining a numerical record to enable the frequency of these handicaps to be assessed. Secondly, it was hoped to relate the causation of one eye loss amongst school children to the overall pattern of bilateral or total blindness in the province shown by the official register. The register of blind persons by definition excludes persons having one good eye, so that this was a new venture.

The results of the survey are shown in the table. Although it may be felt that the number of schools answering is disappointing, the number of children (12,451) covered by the sample is certainly large enough to be worth while. Using the eight school years and the 1963 census population figures, the total number of children in the province of the ages sampled would be of the order of 78,000. That is to say, this table relates to approximately one-sixth of all the children between six and 14 years old. The question of whether it is a fair cross-section arises. Two other groups of children exist:

- (1) Those not in school at all. Amongst these the rate of handicap might be expected to be higher if anything, in that a handicapped child either may not reach or, if he does reach, may not maintain his place in school.
- (2) Those in school but whose headmasters did not return the questionnaire forms. Here there is a possibility that some headmasters with no one eye blinded children failed (from lack of interest) to return the form. This would imply that the number of unhandicapped children is greater than recorded.

In sum it appears that the errors expected in the two groups not sampled may well be self-cancelling and this sample prove valid for all children as well as covering its own 12,451 cases as established fact.

ONE-EYE BLINDED CHILDREN

	KAWAMBWA			FORT ROSEBERRY			SAMFYA			PROVINCE			Per cent.
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	
No. of schools returning forms	36			10			10			56			
No. of schools not returning forms	84			38			38			160			
Sub A, B, Std. 1, 2	3,305	3,152	6,457	724	600	1,324	1,085	596	1,681	5,114	4,348	9,462	
→ Std. 3, 4	822	416	1,238	339	95	434	368	82	450	1,529	593	2,122	
→ Std. 5, 6	411	145	556	152	9	161	150	—	150	713	154	867	
TOTAL OF CHILDREN	4,538	3,713	8,251	1,215	704	1,919	1,603	678	2,281	7,356	5,095	12,451	
<i>One-Eye Blinded</i>													
Sub A, B, Std. 1, 2	30	29	59	4	4	8	9	5	14	43	38	81	
→ Std. 3, 4	13	—	13	7	—	7	8	1	9	28	1	29	
→ Std. 5, 6	6	—	6	1	—	1	1	—	1	8	—	8	
TOTAL	49	29	78	12	4	16	18	6	24	79	39	118	
<i>Causes—</i>													
Measles	13	11	24	—	—	—	2	—	2	15	11	26	22.03
Smallpox	22	13	35	1	2	3	7	2	9	30	17	47	39.83
Chickenpox	4	1	5	1	—	1	1	—	1	6	1	7	5.93
Influenza	1	1	2	—	—	—	—	—	—	1	1	2	1.69
Congenital	1	—	1	—	—	—	1	—	1	2	—	2	1.69
Accidents	2	2	4	—	—	—	—	—	—	2	2	4	3.40
African medicine	—	—	—	1	—	1	—	—	—	1	—	1	0.85
Not known	6	1	7	9	2	11	7	4	11	22	7	29	24.58
TOTAL	49	29	78	12	4	16	18	6	24	79	39	118	100.00
Rate per 1,000 children	10.80	7.81	9.45	9.88	5.68	8.34	11.23	8.85	10.52	10.74	7.65	9.48	

Steroids—A Possible Indication in the Treatment of Bantu Porphyria

BY

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Patients with Bantu porphyria complain mostly of the discomfort produced by the blisters on their fingers and hands, especially as fresh crops of lesions tend to recur continually. Treatment for this condition has been singularly disappointing in my patients in spite of advising them to give up alcohol and trying various drugs. Therefore as the following case seems to have done so well with steroids I feel it is worth reporting this success even though it is only a single case. No doubt steroids have been tried elsewhere for this disorder, but in case this regime may be of value I consider I am justified in recording this case.

Embree (1961) found that chloroquine appeared to be of some benefit to the African suffering from porphyria. After apparently causing a severe reaction in which greater amounts of porphyrins were passed in the urine and at the same time with an increase in the extent of the skin lesions, the disorder appeared afterwards to become quiescent and the patient improved. However Eales (1965) recorded that although patients with symptomatic porphyria apparently improved directly after chloroquine therapy he did not recommend its use since it appeared to aggravate the state of an already impaired liver.

The use of steroids did not seem to be contraindicated, especially as it has been held to be of value in liver disorders, such as infective hepatitis and cirrhosis and, as Bantu porphyria is always accompanied by signs of liver damage in Central Africa (Gelfand & Mitchell, 1957) I thought it worth a trial. Further, as in this disorder there is a sensitivity to light, I decided that for this reason too steroids might have a place in its treatment.

ILLUSTRATIVE CASE

Thomas Marima, an African aged about 45 years, was a Sergeant with many years service in the B.S.A. Police. He spoke good English, was intelligent and showed special interest in his condition. He complained of recurring blisters on his fingers and the backs of his hands for about one and a half years. He was practically never free of them and the longest interval he had been without new lesions was about two weeks. He also noticed that when he gripped