

My journey under the skin of Tanzania

Elective Prize Report

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Author's Note:

All photographs and interviews were taken with permission.

I came to northern Tanzania to see how different societies treat the body's most visible yet overlooked organ, the skin. Its biology is endlessly fascinating, but it is also a door to the psychology of an individual and the culture of a society. The skin is a map, a blank slate upon which markings of culture, age and disease offer a glimpse into the soul. I was keen to see what it means for a Tanzanian to have – and to live with – a skin disease regarded by that culture as defiling. Community is held in higher esteem in rural Tanzania than it is in the West, and it means much more to be an outcast, to be tainted.



Outside the Regional Dermatology Training Centre, a department of Kilimanjaro Christian Medical Centre

I would spend two months in northern Tanzania, split between working at the Regional Dermatology Training Centre (RDTC) in Moshi and travelling to patients in other areas of the country to carry out interviews. The RDTC is East Africa's most distinguished dermatology centre and I was able to help on the ward, theatre and clinics. Counting over fifty conditions, I saw the bewildering range of causes of skin diseases. In many ways dermatology here is organic, old medicine. The equipment is cheap: eyes to look, fingers to feel the terrain, a mouth for shrewd questions and a detective mind to piece together the colours and patterns of the lesion into a working diagnosis. Interesting patients included a case of dermatitis artefacta involving a Maasai boy secretly rubbing leaves of a plant onto his face to induce photodermatitis, two cases of toxic epidermal necrolysis and an unusual presentation of leprosy with anaesthetic patches and nodules on the shins resembling pyogenic granulomas.



In theatre at the RDTC: removing a squamous cell carcinoma from the right ear of a patient with albinism

The RDTC is most renowned for its work with albinism. Tanzania has the highest incidence of this genetic condition. Lacking melanin, each person with albinism is consigned to a life of perpetual sun avoidance and recurrent skin cancer. The sun would be a sufficient tormentor, but it comes a distant second to fellow man. Albinos in east Africa have always been seen as cursed *zeru* (ghosts), or *nguruwe* (pigs), but the widespread murder and maiming of these people is a new and increasing phenomena. The avarice of witch doctors and poverty of the rural population has contributed to the belief that the body parts of albinos bring good fortune, wealth and political power. The crushed limbs of albino children demand the highest price. These are said to cure any ailment, with the awful irony being that albinos themselves have a low life expectancy. The RDTC runs an excellent albino programme, which includes producing its own cheap sun cream on-site and regular outreach days to schools, providing sun cream, hats and sunglasses to children. Speaking to patients and visiting the children in a school a few hours east of Moshi was the most moving day of my travels. I was taken aback at the teachers and carers who dedicated their lives to giving these unwanted children security, care and a purpose in life. I contributed what little I could by raising money for the program in a successful ascent of Mount Kilimanjaro.



Children with albinism on the outreach day

On the ward I met children with xeroderma pigmentosum (XP), an inherited condition where DNA cannot repair itself after ultraviolet damage. A few years of life under the African sun causes disfiguring and life-threatening skin cancers, with the average life expectancy of these children well under twenty. For many defiling skin diseases in Tanzania society demands that sufferers are kept in the dark, but in xeroderma pigmentosum staying in the dark is the only treatment. I was able to help on the preliminary work a project that will be carried out over the next few years. It will involve genetic testing of many patients with XP across Tanzania, trying to elucidate the complementarity groups of individual patients so that treatment can be adjusted for each subgroup of patients.



Two siblings suffering from xeroderma pigmentosum

I later travelled to a village a few hours away to visit the Upendo Leprosy Centre near Arusha. One of the patients I interviewed was diagnosed with leprosy in his late teens. Keeping the secret came at the cost of avoiding treatment. His facial features began to thicken and he started to lose toes. The condition was physically painless, but as he remarked, "I would rather have felt everything than to feel the agony of the shame." His father brought him hundreds of miles to the centre. After a few sporadic visits to the centre he never saw his family again. Being both deforming and contagious, Leprosy it is in many ways the archetypal skin-defiling disease. It is also an exemplary case of the social construction of disease. Leprosy is one of the least contagious of the transmissible diseases, yet even today this fact is little known and man continues to go to remarkable lengths to separate lepers from society. I reflected on the long and convoluted journey to the leprosy centre and the blank faces of locals as I asked for directions.



With inpatients at the leprosy centre

On my travels I also discussed with locals, medical staff and witch doctors about many other issues concerning skin and society: the rise of skin whitening in urban areas such as Dar es Salaam, the stigma of people with the 'leopard skin' of onchocerciasis in Tanga region and the on-going aspersions of sexual and spiritual deviancy for the many people with an HIV related skin conditions. I

soon learned on my journey that skin diseases, particularly visible ones, are not simply physical but also psychological, social and, more often than expected, spiritual. Using the prism of human skin, our visible yet invisible outer covering, I saw pain, religion, prejudice, beauty and countless stories of individuals and societies. My encouragement to readers is that provided by physicist-philosopher Erwin Schrödinger:

The task is not so much to see what no one has yet seen; but to think what nobody has yet thought about that which everybody sees.