

# What a Nurse can do for Lepers.

By NURSE H. OBORN.

[The following article, written at the Editor's request, has been contributed by Nurse H. Oborn who recently returned from Nyasaland, British Central Africa, after serving for six years as a nurse under the Universities Mission to Central Africa.]

The leper camp I am going to describe is one of the smaller and newer of five camps managed by nurses, under the supervision of one Lady Doctor, whose district is over 400 miles in length. There were always a certain number of lepers among the African patients who attended the ordinary out-patient dispensary which was under the care of the writer. In 1922 the numbers were small, not more than five lepers, and attendance for treatment was often irregular, and in such circumstances I frequently visited the patient's home in the village and gave the treatment there. By such persistence African lepers have learned, and are being taught by the wonderful results of treatment, and improvement in their often pitiful condition, how much can be done for them. Hope, confidence, and patient perseverance are the results.

In August, 1925, a small special dispensary, and two ordinary native huts, one for women and one for men, were provided for the use and treatment of lepers at Malindi, which is situated at the south end of Lake Nyasa. The Doctor's plan was to begin a small camp for lepers which was to be managed as nearly as possible as a native village, and as such to be to some extent self-supporting. It is not easy to describe the patience and perseverance needed, especially at the beginning, to bring about this end, patients requiring constant encouragement and supervision. The camp was started in September, 1925, with two in-patients. Food and necessaries were at first provided; each patient, on admission, was given his or her own plot of land, and seed to plant at the proper season. As a result, maize, millet, beans and tomatoes were grown by the patients, and their number steadily increased.

The women prepared and cooked food for the camp, and made the pottery drinking vessels and cooking pots; they also provided firewood. The men collected dried palm leaves, and made sleeping mats and brushes for use at the camp. In addition, they fished, and watched the growing corn, protecting it from baboons, hippopotami, elephants, and other thieves of vegetables. A leper boy, able to read and write, was provided with a few books in his own language, and some broken slate and pencils, and he soon taught others to do the same.

Treatment was given three times weekly. *Ol. Chaulmoogra*, *Ol. Hydnocarpi* or *Moogrol* was used, and was given by intravenous or intramuscular injection. Prescriptions and the general scale of increasing dosage having been prepared by the Doctor, I dispensed the medicines and gave the injections, carefully watching the reaction in each individual patient, and suspending, reducing or repeating the treatment as the patient's condition suggested. The best results noticed were obtained by the intravenous injection, especially if *Ol. Hydnocarpi* and *Ol. Chaulmoogra* were alternately used, extensive ulcers healing in from two to four months with this treatment, leaving dried scars which gradually almost disappeared.

A boy of about 16, who had been hidden away for three years in his village, was suffering on admission from terrible ulcers, the left side of the face being completely hidden by green discharge. The left ear was also blocked with it; there was a large open ulcer above the left ankle, and both feet and hands were much swollen. Intravenous injections of *Ol. Chaulmoogra* were given three times weekly in gradually increasing doses, and in two months the ulcers were all nearly healed, when another appeared on the right elbow. *Ol. Hydnocarpi* was then used for the next two months, at the end of which time all ulcers were healed and did not again break down. Nodules and scars were present on the face, but covered by healthy-looking skin. In two other cases (both women) just as striking results were obtained. The one patient on admission had green scabs and green dried nodules all over her face, the hands and feet were much swollen and ulcerated. After six months' treatment nodules and scars had almost disappeared from the face, the skin looked healthy, the hands were almost normal, and the feet in much better condition.

In the second case the patient when admitted was suffering from ulcers of the right arm, extending from the shoulder to the wrist, and of the left leg, the ulcers extended from the knee to the ankle, both limbs having the appearance of having been scraped; there was also ulceration of the feet and loss of the toes.

After three months of the above treatment healthy-looking skin had grown on both limbs, while slight ulceration at the knee and of the toes only remained. These were cases of nodular leprosy.

Intramuscular injections of Moogrol were also sometimes used successfully for patients whose veins were small, but the results were less striking in these cases. Treatment for ankylostomiasis was found to be necessary for most of the patients, and was accordingly given. The Doctor was able to visit the camp about every two months. Patients were admitted, or came as out-patients for treatment, voluntarily, there being no rules for segregation. By the end of July, 1927, thirty-six patients had received treatment at this small camp. There were at that time twenty-one in-patients and six out-patients receiving regular treatment, eleven of whom had been under treatment a year and a half; one patient had been transferred to another camp, and the remaining eight patients had returned to their homes after their ulcers had healed. It was encouraging to find that a number of early cases were seeking admission. The camp is still growing in numbers, and when the writer last heard there were thirty-seven in-patients. What an unforgettable little bit of work! The native African assistants (not themselves lepers), but without whose help the work could not have been done, must be remembered; they do much credit to both the Doctor and the nurses by whom they have been trained.

Lastly there are many small ways in which a nurse can give these patients pleasure. Gifts of fish-hooks, native tobacco, an old tennis ball, coloured handkerchiefs, a new piece of cotton cloth, all such small gifts are received with delight, and an hour of gramophone music would also give much pleasure. It is both a privilege and a joy to work for lepers, and to watch such a camp as I have described grow and flourish.

---