

Leprosy Work in Aden Settlement.

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IN 1927, the Keith Falconer Mission at Sheikh Othman had to give up its leprosy department owing to lack of funds. From that date and until April of 1932, cases of leprosy coming into Aden were housed in sheds in Sheikh Othman, and were under the care of the Sub-Assistant Surgeon of the Civil Medical Service. In 1930-31, Government approached the mission, and asked them to reconsider the position. Government offered to provide a bungalow and garden which, without much alteration, could be transferred into a home for sixteen male and nine female patients. Government also undertook, with the aid of certain local bodies, to pay most of the running expenses and all the expenses necessary to care for cases actually belonging to Aden Settlement.

The mission undertook the work, and on 1st April, 1932, the new Leprosy Hospital was opened. During the year nearly fifty cases have been admitted, and have had varying lengths of treatment. Some have wearied of treatment early and left, but at the end of 1932 we had thirty patients, five more than our estimated accommodation, and ten more than our estimate for average expenditure. At first we had the assistance of an Indian graduate from Bombay, and his help in working out the routine of the hospital and planning the treatment for individual cases was invaluable, but at the end of 1932 we had to face the fact that we could not afford his salary. He has gone back to India, and now the mission doctors run the Leprosy Hospital as best they can in intervals free from their main work in the general hospital of the mission.

A very large proportion of the inmates come from beyond the British Protectorate, from a country in which there is no medical aid available, and, while Government is sympathetic, it cannot undertake further financial responsibility for people coming from beyond its own frontier. At one time recently there were, of the thirty patients in hospital, eleven from one district in the Yemen—the district known as Odain. One feels that a visit to this district would be well worth while but, besides the difficulty of getting permission for such a journey, none of the doctors is free to undertake it at present.

Recently we have had to turn patients away and apply to Government to deport them beyond the border. Such

a state of affairs seems wrong to us as missionaries. We have plenty of ground to build on. With a full-time superintendent we could probably get the patients to do their own building and much of their own producing, but at present we are held up for lack of money.

At first there was some suggestion that regular evangelical work at the Leprosy Hospital would be frowned upon by Government, but this has not proved to be the case, and our minister conducts regular work, which is not only tolerated but appreciated by the patients. This, in spite of the fact that all our patients, with the exception of one Jew, are Muslim Arabs.

In the last three days we have had the painful duty of turning away four cases of leprosy, two of them quite young boys, because we had not room to take them in nor finances to look after them. But deportation cannot continue to be a treatment for leprosy. We feel sure that, if only the facts were fully known at home, money would soon be forthcoming and this work put on a sounder basis.