

REPORTS

Fiwila Village of Mercy.* J.T.M.

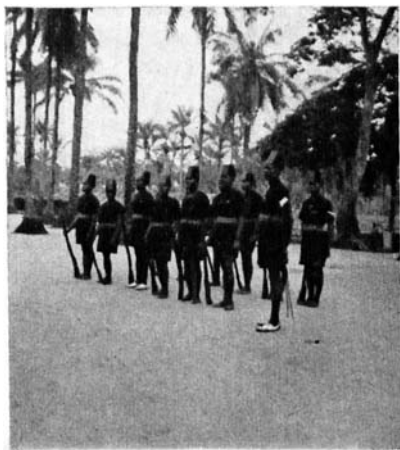
There is a very flourishing settlement for lepers at Fiwila, Northern Rhodesia, in the primitive, out-of-the-way, Lala country. The Universities' Mission feeds, clothes, and houses at the moment thirty lepers; the nurse in charge, however, is not supported by the Mission, nor does the drug fund supply the treatments necessary for leprosy.

The Fiwila Settlement has been laid out, as far as possible, in a native manner. The houses are of the local pattern, round bee-hive shape, but instead of being of poles and mud which harbours every kind of insect pest, they are of brick, carefully plastered inside and out. The houses are built in lines as in the better Lala villages, whilst there are special open-sided huts in which the women grind their flour and the men follow simple native crafts.

The majority of the lepers are in very bad health and

* Abstracted from *Central Africa*.

LEPER COLONY ACTIVITIES



Leper Police Force



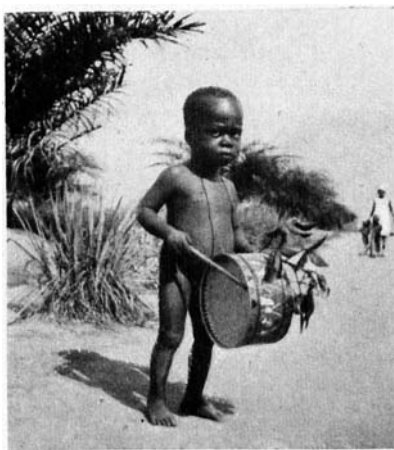
Evening Recreation



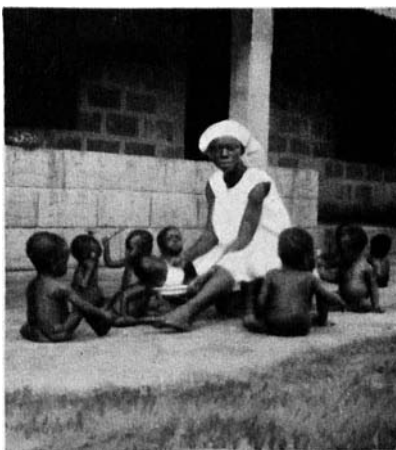
The Scout Orchestra



Preparing Palm Thatch

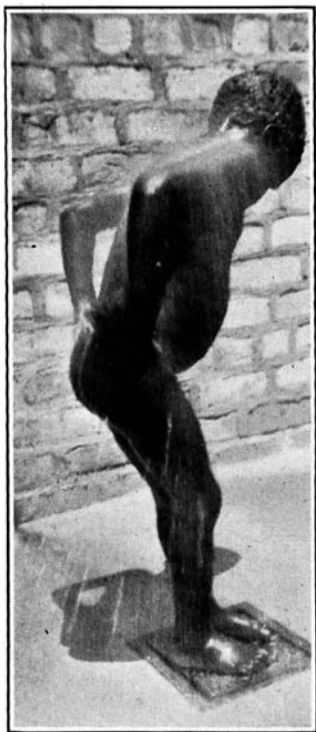


The Drummer Boy



The Crèche

FIWILA VILLAGE OF MERCY



A SHOWER BATH.

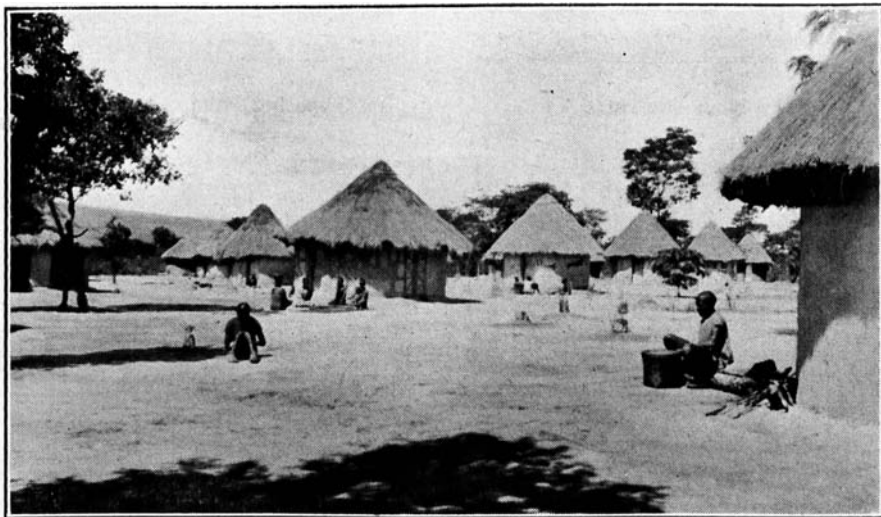


Photo by V. Davies

THE VILLAGE.

LEPROSY REVIEW

cannot be expected to do really hard work such as the production of their own food, there is therefore a very difficult problem to face in trying to keep them occupied, for above all else leprosy produces a very depressed outlook in the sufferer, and the idle leper tends to become an extremely unpleasant person, a grumbler, a self-pitier and a flouter of authority. Apart from the growing of grain every possible occupation is encouraged, and in order that their outlook may be as normal as may be, all those who are in a suitable state of health are expected to marry. During the last year five kinds of fruit including a very large number of paw-paw trees have been planted and a large quantity of green-food including beans and potatoes has been grown by the people themselves.

The Lala people are in their degree great craftsmen and so every effort has been made to persuade the patients to manufacture everything which they can for their own use. In the last few months every household has made a wooden mortar for stamping maize, three drums have been made from logs for the very frequent moonlight dances, reed sleeping mats have been made in great quantities, and every woman with fingers has tried, and in most cases succeeded, in making all the pots she needs; besides this all the iron work required in the village, needles for mat making, razors, knives for paring swamp-root, and even axes; also stools and other wooden furniture have been carved.

Just before the rains a grant from the British Empire Leprosy Relief Association made it possible to build a brick dispensary; although this had to be built entirely with local labour it is hoped it may be a permanent building as only the best materials were used. Whilst this rather ugly building was being put up on the edge of the village the opportunity was taken of laying water pipes from a source some eight hundred yards away. Owing to the generosity of the Mission there are now taps for water, a washing place for clothes and a shower bath where every leper is expected to wash at least once a day.

In the last few months since the "Village of Mercy," as it is known to the Lala people, has been re-built, there has been a great interest shown by the Lala chiefs. In March it was visited by the Paramount Chief, who told us that he wished to send every leper in his country to Fiwila, but that he would do his best not to inconvenience us by sending more than ten new lepers in any one week! It is unlikely that his hopes will come to very much but we must look forward to a steady increase in numbers of patients.

Bunyonyi Leper Island, Uganda.

Important work among lepers on this Island was started by Dr. Leonard Sharp in 1930. The doctor secured the use of the Island at Bwama on Lake Bunyonyi from the Uganda Government for a settlement for lepers. Since that date annual grants for the upkeep of this work have been made by the Uganda Government, the B.E.L.R.A. and the Mission to Lepers. With these grants and personal gifts from friends at home in England, the work has been maintained. Dr. Sharp started with 25 lepers whom he brought from Kabale Hospital, the number has since increased to 600.

The system on which the work is run is as follows:— A leper is received on the island, and after a medical certificate has been made that he has leprosy, he is given a hut and a piece of land to cultivate; he is expected thus to support himself, but during the first four months he is given sufficient food money for his needs, until the crops he has sown come in. After this time his money is decreased, until he is able by his cultivation to be self-supporting. Every leper on the Island is given regular treatment and in a case of acute illness is taken into Hospital. This system has met with splendid success. Doctors from other leper institutions have been to Bwama and have gone away to put the system into practice elsewhere. Perhaps the most striking comment on this work is the fact that the lepers are prepared to remain at Bwama, and no force of any kind is required to keep them there. To those who work among lepers or have knowledge of the work elsewhere this is a most striking statement. I should here report that the number has reached 600, and we certainly have reached the maximum that it is possible to deal with at Bwama.

Perhaps there is no sounder way of securing discipline among Africans than their own time honoured system of chiefs and a council. The founders of this work have very wisely used this African custom of maintaining order on the Island, and there is a chief in charge who administers his government through a native council which meets twice a week. The European workers were quite clear that this system of local Government was very satisfactory.

All predisposing diseases are treated on admission, the chief in this District being hookworm, malaria, tuberculosis, yaws and constipation. We try and give a properly balanced diet, with meat as frequently as possible. There are regular graduated exercises for both adults and children with physical drill and football. Every leper who is not an N-3

case is encouraged to cultivate sufficient for his own needs, and we supplement where necessary. Other occupational therapy is encouraged in many ways, building, agricultural, fetching water and wood, rowing the helpless lepers. Wages are given to those who are so employed.

At the beginning of 1935 we had 210 suffering from leprotic and trophic ulcers. There are now only 91. The most successful treatment has been found to be cleaning up with hot permanganate solution and well dusting with 1 : 3 boriodoform powder. For trophic ulcers (perforating), packing the sinus with eucalyptus oil and iodoform has been found most helpful.

There is a good school for the leper children who number 162; their ages range from 4 to 16 years. As there is no compulsory segregation and we wish to delay marriage until as late as possible (as sexual activity saps vitality and we wish to prevent childbirth), we are endeavouring to keep them in the school until 17 and even 18.

Unfortunately there are also 39 children under 4 years of age infected. In one case with a leprous mother and non-leprous father the child was showing a definite N-1 patch at 4 months of age. Treatment with alepol was kept up regularly, but the patch has gradually increased and another C-1 patch developed. Another child was diagnosed at nine months. Father N-3 Mother C-3 N-3. Regular treatment has been given for five years, but the child still shows increasing symptoms. Yet another child of the same family, under treatment for 2 years, is now symptom-free at 4 years of age. In 1934 a crèche was opened for untainted children and 15, all over 3 years of age, were placed there. This was needed because of the hostility of the parents and the fact that we were unable to use compulsion. Within a few months every child showed either N-1 or C-1 patches and had to be removed. In May 1936 another attempt was made. Owing to our gradually having won the trust and appreciation of the parents we were able with a little persuasion to take in 26 children about 2 years of age. Gradually others as they reach 21 months are being taken in, and now we have 33. Last month they were all very carefully examined and there was not a trace of leprosy on any one of them. We are hoping gradually to admit them younger, but have to proceed step by step. There is a very optimistic outlook at present, not one so far shows symptoms. The parents are allowed to see their children once a day, but not to touch them.

The crèche is in charge of a nurse trained at one of our

Mission Hospitals and three other younger girls who we are training. There is a large ward for the boys and one for the girls and a nurse sleeps in each ward at night. As their general condition was very poor they have been having cod liver oil and malt night and morning, meat, fresh vegetables and native porridge. A great improvement can be seen in the sturdiness of the limbs and in every way. Each child is examined every morning and evening when bathed for suspicious patches, and reported immediately for further examination if anything is seen. At first we had a great deal of fuss and argument with the parents, but this is gradually dying down and their confidence in the scheme is being won. The hospital accommodates 54 patients, chiefly those who need constant care and attention and those who for any special reason should not walk about. The orderlies who attend to the dressings are themselves all lepers who have been trained to do this work and also to give injections under my supervision.

The staff consists of a Mission doctor who visits once a week; two trained nurses, one who acts as Lady Superintendent and has also had experience in the Southern Sudan in leper work; a European Lady worker who takes charge of the school.

Owing to the lack of funds when the Colony was first started the huts were built of grass like the ordinary native huts. This has been found both unhygienic and unpractical because they have to be renewed every second year. With the financial help of the B.E.L.R.A. we have rebuilt some of the huts with brick and thatch, so that they will be in a measure permanent. Last year the Governor of Uganda, Sir Phillip Mitchell, and the Director of Medical Services brought forward a scheme to supply a certain sum of money each year to help us to replace all the old huts on the Island with new ones of burnt brick and corrugated iron roofs. These will not harbour rats or other creatures that may be a source of infection. Within 5 years we hope to rebuild all the huts.

I consider that one of the chief reasons for the increase of the work on Bunyonyi is the propaganda in the villages among the chiefs and other intelligent natives which brings about a more effective knowledge of the disease and the danger of contagion.

Our plan has been to make the Island as like an African village as possible without its drawbacks. We have a Chief who is assisted by a number of lepers who meet regularly and settle all disputes and cases of discipline and bring

before the other lepers any new rule that it is thought necessary to make for the good of the community in general.

Garkida Leper Colony, N. Nigeria. Report for 1936.

This Colony has about 600 patients. The following are interesting items of news:—

“Mothers with babies have been sent home until the babies were large enough to live on native food. This is not a satisfactory way of caring for them but we feel it better not to allow them to live in the colony under such highly infectious conditions since children are so susceptible to leprosy. We expect a nurse soon who will help care for the babies in a nursery.

“During the past year we have decentralized our colony by building three new villages within a radius of one-half mile. These have been located in the best farming areas and have proven to be superior to one large central settlement. Since the patients were nearer their farms the area under cultivation was doubled during this last rainy season. Each village has its own chapel and dispensary with its own officials for government and sanitation. The dispenser and church leaders are resident in the village in which they work. This system develops a community spirit which they did not have when all tribes were centralized in one large village.

“We have tried to improve our system of segregation. A canteen has been supplied so that there is no necessity for patients going outside the colony to buy supplies. A supervised market has been established in which the lepers can buy food and native products, but nothing is allowed to be taken out again. Any article not purchased by the lepers is bought by the canteen at market prices. No lepers from the colony are allowed in other markets.

“A new community building is under construction that is to be used for general assemblies, injections and the native court. It is our aim to furnish community entertainment for the social uplift of the colony in this building.”

Beautiful Isle of Lost Hope.* KEITH CAIRNS.

Nature made Peel Island one of the most beautiful of the many beautiful islands in Moreton Bay, but the dread scourge of leprosy has made it Australia's most pitiable isle, an island peopled by exiles for whom life is made livable only because they cherish dreams of cure and freedom.

Here in a paradise of trees, flowers, and birds, such as exists only in tropical Queensland, are 68 lepers, whites and aborigines, for whom even the best is not good enough, but whose tragedy is that for the majority—though happily, they do not know it—their dreams of cure are founded on false fantasies of hope. Only a small percentage will ever see their dreams materialise.

Twenty-three miles from Brisbane by train and five miles

* Abstracted from the *Adelaide Mail*.

across the glistening millpond which is Moreton Bay, is Peel Island, whose richly verdured slopes cloak from the eyes of passers its unfortunate population.

Here, in single huts, were 43 aborigines and 25 whites of both sexes and all ages, infected with the dreaded disease of leprosy, but a disease which, without doubt, is the subject of a more popular misunderstanding than any other, whose incidence is among the lowest of all diseases.

Today, if the disease is discovered in its primary, non-infectious stage, complete cure is practically assured. Several of these patients are in that stage, and will probably be discharged during the next 12 months. Many of the others, principally the coloured patients, whose standard of living aggravated their condition, are incurable.

Although it is that nauseating oil of China's chaulmoogra tree that is the commonly known therapeutic, also an integral part of the Peel Island's cure is psychology, exemplified in the superintendent's statement that "nothing is too good for the leper."

One of the most forcible ways of engendering a realisation of the practical effect of this attitude is to survey the inmates' daily menus. The day begins with cereals, eggs, and meat, and fruit. Dinner, we enjoyed precisely the same fare as the patients—was a roast joint, three varieties of vegetables, and two of sweets, and for tea cold meats and salads, and, of course, bread, butter, jam, and tea or coffee with each meal. That is merely the weekday meal. On Sunday the formidable dinner consists of the choice of soup, roast pork or other joint, and four varieties of sweets.

Not only do they enjoy the best cuisine that three very efficient cooks are able to provide, but ample supplies of tobacco and other little luxuries are always available, while the annual allowance for the white women is £18, for the men £16, and for the aborigines £12.

During a conversation with a coloured inmate who was sitting cross-legged on his bed playing Hawaiian records on a portable gramophone, I discerned traces of the white patients' influence in his well-memorised philosophy.

I had inquired whether he would not have preferred to break the monotony of the days by working about the settlement. Rubbing his broad, flat nose with an oily hand and grinning broadly, he replied, "No fear boss; 'm soona stop here. Gov'ment put'm here, Gov'ment look after'm."

The Superintendent explained that this was the attitude of the majority of the white section, who preferred to play tennis, cricket, football, or billiards, or swim or fish, and who,

if approached to do a job, spontaneously demanded, "What's it worth?" Believing themselves to have been wrongfully isolated by the Government, they considered it logical to do nothing towards reducing the cost of their upkeep. All Peel Island's patients, even the coloured section, are strenuously "agin the Government."

The futility of speaking to these people in platitudinous terms of their idyllic surroundings, of their amazing food, and of the surety of their recovery was quickly apparent.

The white men and women—the aborigines were either too shy or apathetic—were pitifully eager for news from the mainland, clearly visible yet only a mirage.

They plied me with questions—questions whose answers, coming from one from the mainland, had a greater ring of reality than did the "tinned" news received on their crystal sets. Besides, a visitor to their settlement was not an everyday event, for their own friends are allowed to visit them only once a month, and then not at the settlement, but at the landing $2\frac{1}{2}$ miles away.

But one very old man there did not seek information. With almost brutal simplicity he told his poignant story, a story that explained his aged appearance, for he was not yet 70. This is the story as he told it:—

"Several years ago my boy was sent down here. His mother was dead, and when I retired from the public service I came down to be with him, to read to him, and wait on him. He is all I have now. But he is very ill and I am very old. We continually disagree. Neither of us can help it. We have agreed that it would be better for me to go away. I don't know where I will go, but because he wants it I am going."

The old man left the island the day after my visit. His son will never leave.