

British Empire Leprosarium.

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The report in the "Leprosy Review," Vol. IX No. 1 January 1938, of the Malcolm Morris Memorial Lecture, delivered by Dr. J. M. H. Macleod, prompts me to set on paper a plan which has long been in mind, namely to establish a British Empire Leprosarium at Ngomhuru, Southern Rhodesia.

I wish to say at once that this plan is in no way set up in opposition to the Home of St. Giles in England, for not every patient would wish to come here, nor would every case be suitable. It applies chiefly to officers who have contracted the disease in the Colonies, more especially in Africa.

After 20 years in the West African Medical Service, in Nigeria, the completely negative results of my treatment of lepers in that country at least served to stimulate interest in the leprosy problem, about the most difficult problem to which man ever set his hand.

In 1929 I gladly accepted the post of Medical Superintendent of Ngomahuru Leprosy Hospital, and during the last 9

years, my outlook on the problem has completely changed from despair to ever increasing hope. Two facts are very apparent. (i). Results here are vastly different to my former experience. (ii). The disease in Southern Rhodesia is of a much milder type. These facts call for explanation. The explanation probably lies in the sum total of conditions here, climatic and economic.

Ngomahuru is situated approx., in Lat. 21 S., Long. 31 E., at a height above sea level of about 3000 feet, only a few miles from the Great Zimbabwe Ruins. The average rainfall is about 22 inches occurring from October to March, with January as the wettest month, but light rains fall almost every month. The maximum temperature has never reached 100° F., in my verandah, and the thermometer does not fall lower than about 50°, but light frosts occur in the low lying parts during June, July and August. The months of March and October, are the hottest but seldom oppressive. There is always a breeze from S. E. In short it is a healthy climate.

The important factor in the economic conditions of the natives is that they do not live in large towns, but are scattered about in small "kraals" all over the Native Reserves. It is from the Native Reserves that the lepers come. It is not from the large communities that occur in such places as Mining camps, Locations, Railways, etc., as might be expected. Moreover, in such communities the natives are medically attended, and the disease would be discovered if it occurred.

Beer drinks are a national institution in the country. They occur frequently and lepers are invited, and are treated in no way differently from other guests. I have come to the conclusion that these beer drinks are the main cause of dissemination of the disease, and have suggested that lepers should be rigidly excluded, and given their beer in other places, by themselves.

It is not proposed that a vast sum of money be spent at once in building houses, a large treatment centre etc., but that a beginning be made in a small way, and extended if successful.

Ngomahuru is a large fenced estate of 8,400 acres, comprising undulating lands, and rock tree-covered hills rising 600—700 feet above the general level. It is situated in beautiful surroundings. Numerous excellent sites on high ground exist for the erection of detached houses. Anything in the nature of a large central hospital with wards is anathema, for I can never forget the squabbles that occurred in the old days when two men had to share a house. There

is very little malaria. An excellent water supply already exists.

European patients would attend a small central treatment station, fitted with a laboratory for examination of specimens, and be attended by suitable native patients, as is at present in vogue here. They would have the services of a qualified nurse, as well as of a full-time Leprologist. A central recreation room is desirable, and a reading room, and possibly a billiard room.

There would be no lack of exercise and occupation, which are as important as medical treatment. A golf course already exists, tennis, shooting, fishing and riding, are available, and other forms of sport and recreation could easily be added. The main point is that we have a large area of ground to be made use of.

The flower gardens have already earned the reputation of being the "Show Place of Rhodesia," and give pleasure to many visitors. The rose bushes alone number one thousand. The creation of these gardens has been the preliminary to the publication of the whole scheme. Patients will not come to a desolate bush station, they will find beautifully planned flower gardens, productive vegetable gardens, and fruit orchards already in existence, and will have every opportunity to surround their own cottages similarly.

Wireless keeps them in touch with the world. Clergy visit the hospital and hold services. Ngomahuru is regarded as a curative institution, and it is difficult to imagine a more suitable spot, where patients will be able to receive all forms of treatment, and lead happy, unrestricted lives, with a good hope of return to their homes.

It will be asked at once, who is to pay for all this? It has been stated before, the plan is essentially tentative and should begin by the Government of Southern Rhodesia erecting 2 or 3 cottages and leasing them at a small rent to the individuals, or to the Governments concerned in the case of Civil Servants, in which class the majority of patients would be. Patients would pay a small sum to Government, for medical care and treatment, and would feed themselves.

No doubt too, charity would come to the aid of patients. Toc H is a live wire in Southern Rhodesia, as elsewhere, and members have offered to come out and give concerts. B.E.L.R.A. and Toc H have already sent here at their own expense a lay worker to give assistance, an act which is tremendously appreciated, as help was badly needed.

It is hoped that this preliminary outline will induce the Government of Southern Rhodesia, British Empire Leprosy

Relief Association, and Toc H to take a further interest, and give support to a scheme for keeping patients out of England where they make little or no progress towards recovery, and give them what appears to be a good chance of becoming non-infectious, and even cured.

As soon as possible after the diagnosis has been made, the patient should be sent here by air, to avoid the restrictions of travel by land and sea. Wives should accompany their husbands, if they so desire, but children would not be permitted. Patients should not be sent to England, where the climatic conditions are so much against them. If there is difficulty in chartering a plane, then the hospital should keep its own plane.

I am indebted to the Medical Director of Southern Rhodesia, Dr. A. P. Martin, for permission to send this article for publication in "Leprosy Review."