

Malamulo Mission Leper Colony, Nyasaland

REPORT FOR 1937.

In making our report for the year 1937, we are happy to be able to give evidence of progress and improvement as we compare the present record with that of the previous year.

The demand for more room in the colony has made necessary the erection of 25 more huts. These are of mud-and-pole construction, arranged in straight lines parallel with the other huts. Inasmuch as we have no funds available for the building of huts, these were constructed by the patients themselves, who were only too glad to build them for the privilege of being admitted. Our huts now total 185.

At the close of the year our 185 huts were taxed to their capacity by 249 inpatients and several others were waiting to be admitted. Many of the waiting ones had to be sent back to their villages. Although several inpatients were ready for discharge early in January 1938, yet the vacancies thus made would not provide for all those who were waiting. We were compelled to send about 10 back to their villages without attention. It is a very painful task to send them away,

for they cannot understand the reason. They beg and plead to be allowed to remain.

The selection of those who are to be admitted is guided for the most part by three factors :

- First : The type of leprosy and how much the patient will be benefitted. Cases in which prognosis is good now, but if left would develop into advanced cases requiring years of treatment, are admitted.
- Second : How infectious the case is to the community. All cases with highly positive nasal and skin smears, such as nodular cases, are admitted.
- Third : Badly crippled N3 cases, many of whom travel long distances and are unable to return. (Some of these poor patients are so debilitated by their long trip that they succumb a few days or weeks later from sheer exhaustion of their bodily powers).

Since the report of 1936, much has been done to reduce the number of non-lepers living in the colony. There are now five non-leper wives and several small children living in the colony. Since the privilege of being admitted to the colony is so much appreciated, the rule concerning non-leper wives and relatives is much easier to enforce. Patients are allowed periodic visits from close non-leper relatives, which though not altogether desirable from the standpoint of exposure of non-lepers, does help to keep the patients contented, while at the same time avoiding constant contact with them.

Our community gardens are doing well. We need much more room but the plan itself seems sound under the test of two years of experimenting. The inmates are very cooperative and we find that they benefit both physically and mentally from the work. As a result of this the supply of greens has been greatly increased, thus resulting in better nutrition for the patients. There is yet much to be done along this line for we firmly believe that this angle of colony life is essential to the better physical and mental welfare of the patients. It is interesting to note that though greens have always been available, large numbers of the men in the colony who did not have their wives, ate only maize and beans. After investigating the reason for this apparent laziness, we found that "gathering 'ndiwo' and preparing it was woman's work." Now the women of the colony gather and prepare the vegetables after which they are apportioned out to the men, thus making certain that they receive in their diet the proper amount of greens.

Lepers in the colony at the time of this report, (December) are from the following districts :

Cholo	53	Tanganyika	1	Fort Johnson	2
Mlanje	54	Blantyre	9	Mombera	9
Chikwawa	14	Zomba	12	Karonga	2
Lower Shire	11	Ncheu	13	Kotakota	7
Chifadzulo	9	Dedza	31	Dowa	9
		P. E. Africa	11		

The staff has remained about the same, including both European and native. As the year closed, Dr. J. P. Chapin was the physician in charge. Miss Gladys Piatt, who has been the sister in charge, is to be married soon and Miss Margaret Johnson, a graduate nurse from California, U.S.A., will take over her duties. The school, which includes work through class IV, continues as usual. Because of the meningitis epidemic the school was unable to open until December 1937, but we were very fortunate in having no cases in the colony.

More microscopic work has been done and routine stool and urine specimens, as well as nasal smear and ear clip are being required for all newly admitted patients. As the need seems to indicate, there is periodical checking on the patient. No lepers who were suffering from leprosy only were admitted during 1937. All had one or more of the helminthic diseases in addition to occasional obvious cases of syphilis, tuberculosis, yaws and pellagra. Nearly half of those admitted were infected with bilharzia.

During 1937 seventeen patients were discharged as either symptom free or no longer infectious and needing treatment.

The following are some of the cases treated during the past year:

Eneret, from Dedza; and Million, from Chiwawa were both N_1C_3 cases and further weakened by anklystome and ascaris. The man, Million was badly undernourished and showed symptoms of pellagra. Both of these cases had ulcers upon admittance and these became worse with many new ones developing. Both patients gave a history of luetic infection. In spite of treatment they became very toxic and exhausted and died a few weeks after admittance. Prognosis was, of course, hopeless when first admitted.

Goliat, from Mlanje, was admitted in 1928, with N_1C_2 leprosy which he indicated, began in 1913. Now, December, 1937, his fingers and toes are hopelessly deformed and he has some motor paralysis in the leg. But, all anesthesia has disappeared and all his skin is normal in appearance except for one large area on the side of his abdomen, which is pale and flat. He has had negative smears three times, even

following full doses of pot. iodid., and gives every sign of being entirely cured. He has had no new symptoms of the disease for the past two years. He is only waiting until others have been checked over to be discharged and will receive his discharge paper then.

Dail, from Mlanje, was admitted in 1926, the first patient to enter the colony at its beginning. He was a young man then and already hopelessly afflicted with nerve leprosy. He remained for four years and was discharged in 1930 as incurable and noninfectious. This year he was readmitted in October with such a deep ulcer that the bones of the left heel were exposed. All the phalanges and metatarsals had sloughed off. This unpleasant ulcer was cleaned up and in November the leg was amputated just below the knee. The stump has healed perfectly. Now the patient has a bright smile, although he was extremely depressed over his misfortune at first. Efforts were put forth to help him become interested in something apart from himself. These efforts were successful and now he has learned to get around well on crutches (home-made ones of bamboo), makes mats, baskets, brooms and native combs. He attends church, sings well and has made the most of his circumstances.

Kwaleya, and her husband Dinek, were inpatients, but both had improved so much after years of treatment that their discharge did not seem far off. Since their home was not far away, they were permitted to be out-patients. In December, 1937, Kwaleya came for her quarterly examination and she had numerous new raised hypopigmented areas all over her face, back and chest. There seems to be no other cause for such a startling relapse than some bad teeth and pyorrhoea that she refuses to have treated. She may have become infested with worms, but was negative when allowed to leave the colony.

After observing the work at the colony for a long period of time one is convinced that there are still many many lepers outside the colony. The stream of lepers presenting themselves for admission seems never ending. Yet, almost every leper has left behind a friend or relative in his village. When asked why those left in the villages do not come they give the following reasons: too old or sick to make the trip, trying their native medicines; indifference.

Even though there might be room for all, forced segregation would be impracticable with these people who could

easily hide their disease in the villages and never be detected by Europeans. They have no idea of the way it is spread and so give Europeans no cooperation. Since the segregation of all lepers is impossible, and since many lepers will never be reached and treated under present methods, it would seem that treatment in the colonies is not the sole answer to the problem. It is our hope that in the coming year more may be done in instructing and teaching. Considerable attention has been given to the inspection of latrines, huts, drinking water, etc., and we have tried to show them the reason for such action. Some nursing instruction was also given to the orderlies. If the lepers who come could be made to feel that it is a privilege to be admitted, they would be more susceptible to the teaching and thus take back with them a better knowledge of the proper way to live when they are discharged. In this way the colony would serve a double purpose—that of healing and teaching. We expect to accomplish more along this line.

In considering this endemic leprosy problem and a way to meet it, we were impressed by comments in the "Leprosy Review" on the strategic position of teachers. It would seem that village teachers here could be taught the prophylaxis, etc., of leprosy, and in turn teach their pupils and the parents in their districts; just as tuberculosis campaigns are organized in other parts of the world. It is quite impossible for a few Europeans ever to cope with the problem personally; though much could, no doubt, be done through native dispensers. At any rate, last year the English III class were given lessons on leprosy in their Hygiene class, and also clinical instruction at the leper colony. They were very much interested and found many of their incorrect ideas about the disease revised. I consider that such a training most important to the natives, and they are very eager for the instruction.

Since these classes were held, the little booklet entitled, "Leprosy Control, A manual for Teachers, Children and Parents," by Dr. E. Muir, has come to our attention, and we have obtained a few copies. We are eager to have more of these booklets for our graduates this year. The booklet, properly taught with demonstration of cases at the colony would prepare teachers to carry on prophylactic teaching in the villages which seems to be the greatest means of reaching the greatest number of people.

We, at Malamulo, are deeply interested in this leper problem and are ready to cooperate in any way possible to help eradicate this plague.