

THE NEW LUAPULA LEPROSY SETTLEMENT, NORTHERN RHODESIA.

Abstract of a Report by WILLIAM DENSHAM
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The Settlement now being financed by the Northern Rhodesia Government in the Luapula Valley District, is on a site at an altitude of 3,100 feet and is about 10 miles from the Belgian Congo border, and 40 miles south of Lake Mweru. The district is heavily timbered and interspersed with thick bush and high grass. One side of the settlement is formed by a fast flowing river and the climate is very cool in the dry season from May to October and is not enervating to Europeans. The writer was transferred from Southern Rhodesia in May, 1943, to organise the settlement and now reports on the first twelve months work there. A bridge had first to be built across the Mberishi River to connect the site with a road to the Mission Hospital, a short distance away. Building sites were next cleared, workmen engaged and materials transported to the sites before the rains commenced in November. Houses were then constructed for the Superintendent and Nursing Sister; the hospital, with dispensary, laboratory, examination room and offices were built, together with 13 African staff houses, four patients' houses and store rooms, which were only receiving their windows, doors, etc., at the time of reporting at the end of the rainy season.

The further building programme includes fifty two-roomed houses for patients, five more African staff houses, two wards, operating theatre and an ulcer dressing shed; arrangements for these have been made. The boundary firebreak $6\frac{1}{2}$ miles long will enclose approximately 500 acres of the settlement.

"The proposed plan for the treatment of leprosy in the Luapula Valley, a densely populated district, some 100 miles long and 60 miles wide is, of course, not fully prepared. No adequate survey of the area has ever been carried out to ascertain the numbers with leprosy requiring treatment. The tentative plan, however, to which it is hoped Government will give its approval, is for a central Settlement to accommodate 500 patients with all the amenities and attractions usual in Settlements of this nature. There will be a Church provided by the London Missionary Society, who alone will have the right to conduct evangelistic work within the Settlement. Other denominations will be able

to send visiting preachers to administer to members of their own churches. It is hoped to make the Church the centre of the social life of the Settlement and to have, in addition, recreation halls and schools. Occupational therapy will play a large part in the activities of the Settlement. Farm land of high quality for this district will be available to patients and they will receive a house, rations, clothes and treatment free.

“A scheme for out-patients’ clinics at suitable distances from the Settlement has been discussed and with this end in view I took over the two or three patients attending at Mbereshi Mission Hospital and opened an out-patients’ clinic there—permission being given by Dr. M. Morton of the Mission Hospital. The response has been good and already in eight months, more than 113 persons have been examined and the average monthly attendance for injections is 60. New patients average twelve per month. Much interest has been shown by the local Africans and their chiefs and headmen. New patients have come sometimes 40 miles to be registered (after examination) for treatment. Reports have come in that there are many sufferers who cannot come in weekly from their villages to the clinic, who are preparing to come as soon as accommodation is available. It is hoped to be able to admit 100 single patients before the end of the next rains in May, 1945.

“The staff of the hospital at its opening will consist of a Nursing Sister, financed by Government, but a member of the L.M.S. staff—myself as Toc H Leprosy Worker acting for this Government as Administration Officer in Charge. (The secretarial and financial administration will be undertaken jointly by the officer in charge and the missionary in charge of Mbereshi representing the London Missionary Society). The African staff will consist of one fully trained Government medical assistant and two learner orderlies (these are at present in training at Mbereshi Hospital). Possibly we shall be able to engage or train an African nurse, but so far no suitable girl can be found for this post.

“If the scheme for out-patients’ clinics goes ahead, a separate travelling staff will be required, and I suggest for consideration that this should consist of another Toc H Belra worker previously attached to the Settlement for a short time, an African laboratory assistant and a clerk and two or three dressers. Their job will be to supervise existing clinics and to prepare for extension of the work by conducting medical surveys (where requests for help in leprosy control are sent in by Native Authorities). An ideal adjunct to these surveys would be a propaganda tour, but this

could be undertaken by the travelling staff at first. I consider that suitable patients from this Settlement could be trained (during their stay for treatment) in medical duties and would provide on their discharge a source from which clinic orderlies could be drawn.

“Further recommendations and suggestions are made in the Report on Leprosy in Northern Rhodesia, by the Medical Secretary of the British Empire Leprosy Relief Association, on page 23 of Vol. XI, No. 1 of the ‘Leprosy Review.’”

“I would like to take this opportunity of placing on record my thanks to all Government officials and others who so kindly assisted myself and my family en route to this district from the south. I received every help and assistance and continue to do so. My special thanks are due to the Hon. Director of Medical Services, Lusaka, and to the Provincial Medical Officer, Kasama. I am also indebted to the Hon. Director of Medical Services for permission to publish these notes.”