A REVIEW OF LEPROSY WORK IN ETHIOPIA, UGANDA, N. RHODESIA AND TANGANYIKA

Report of a Brief Tour made by
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Review of Leprosy Situation in Ethiopia

A valuable survey undertaken by Dr. K. F. Schaller, Chief of Leprosy Control Service of Ethiopia and Medical Director of the Princess Zenebework Memorial Hospital indicates that there may be as many as 200,000, or even more people suffering from leprosy in Ethiopia. The survey shows the distribution in the various provinces, and the incidence, which varies from 5 to 140 per 1,000 of the population.

Provision for treatment is available at certain hospitals, segregation villages and out-patient clinics, and 30,000 patients are listed as having received some treatment.

In the Shoa Province. The Princess Zenebework Memorial Hospital provides 1,250 beds. At Akaki, a segregation village looks after 270 patients, and at 4 Government O.P. Clinics the patients registered number 8,570.

In the Arussi Province. The Sudan Interior Mission's Shashemane Leprosarium is listed as providing 240 beds, and the S.I.M. Shashemane Segregation village as providing 413 beds, while out-patients registered number 8,500.

In the Wollo Province. The Selassie S.I.M. Leprosarium near Dessie is listed as having 600 patients in a segregation village with 1,500 out-patients on the register.

In the Haran Province a Roman Catholic Hospital provides accommodation for 208 patients, with 300 in a segregation village and 2,000 registered as out-patients.

In the Kaffa Province the Government Princess Tsahai Hospital at Jimma provides 30 beds for leprosy patients, while 100 are housed in a Government Segregation Village and 100 are listed as out-patients.

In the Gojjam Province 7 Government Clinics are listed with 5,600 patients registered.

In the Begemeder Province the Ethiopian Church is caring for 70 patients in a segregation village at Mandeba, while a Government clinic lists 217 registered at Gondar.

These figures were reported to a National Leprosy Conference in 1959. Though not completely up-to-date they are significant and give an indication of the size of the problem and of the interest it has aroused.

From Dr. Larsen I learned of a project now being carried out. The Swedish Government is financing the building of a poly-clinic in the Gojjam Province. The cost is in the neighbourhood of U.S. $140,000. It is to include 4 Leprosy Clinics and a 40 bed Leprosy Hospital. It is eventually to be staffed by Ethiopians who have been trained at Addis Ababa.

The Ethiopian Government has put a proposition before 4 Missions—the Sudan Interior Mission, the Moravian Mission, the American Baptist Convention and the Roman Catholic Mission. It involves the establishment by each Mission of a Leprosarium for 500 patients to which Government would have the right to transfer 250 patients from the Central Leprosarium at Addis Ababa. The aim is to reduce the number of patients who have been found begging in the streets of Addis Ababa, and if possible to close down the Central Leprosarium. Government is prepared to pay U.S. $10,000 to the Mission as soon as the contract is signed. Each Mission is asked to put U.S. $30,000 into the project for buildings over a 5-year period. Land is offered in each of the areas concerned. Government will accept responsibility for a maintenance grant on a per capita basis of U.S. 20 cents a day, up to 500 patients. The Mission will have full freedom for religious work, and will have the right to dismiss any patient who fails to co-operate. Government maintain the right to see that no patient remains who should be discharged.

Rev. D. S. Sensenig of the Moravian Mission gave me these details and showed me on the map the site of their Mission work and of the proposed new leprosarium. It is in Harar Province at Deder near Dire Dawa. At present they have an O.P. Clinic there attended by some 70–80 patients.

Dr. Schenck of the Baptist General Conference informed me that his mission is signing an agreement to go forward with the establishment of a new leprosarium for 500 patients in the Arribo district of the Shoa Province some 50 miles west, and 60 miles north of Addis Ababa. Dr. Schenck is planning to undertake orthopaedic surgery, while Dr. Rupert develops the General Medical programme.

The Swedish Ambassador reported that Swedish friends, having seen the leprosy situation in Ethiopia returned to their country and began an appeal which raised over £1,000,000 (one million pounds, sterling) within 12 months. This has, I gather, been turned over to the "Save the Children Fund" for use in leprosy work.

Impressions of the S.I.M. Selassie Leprosarium near Dessie, 240 miles north of Addis Ababa. The site is an excellent one with a good water supply and plenty of land for gardens and agricultural

development. The Rev. F. E. Estelle is in charge of the agricultural work and is doing a splendid job.

There were more than 200 patients in the leprosarium. 100 had just recently been transferred by Government from Addis Ababa of whom 25 had refused to stay—but more patients were to be admitted from the O.P. Clinic. It is planned to increase the accommodation by repairing huts in the "Segregation Village" adjacent to the leprosarium, and bringing them under the full control of the leprosarium.

In addition to the O.P. Clinic held at the leprosarium there are two other clinics, one 50 miles to the North and the other 50 miles to the South at which patients are seen once a month. Because many patients have to travel several days journey to attend these clinics tablets are given to cover a period of three months—and when the heavy rainy season is approaching even five months! The regularity with which patients return is evidence that very considerable good work is being done by this bold treatment. Over 6,000 have been entered in the out-patient register.

There is no doctor at the Selassie Leprosarium, the treatment of the patients being under the control of Mrs. M. M. Fishwick, R.N., R.M. with the assistance of "dressers"—patients who have been trained in the work. The level of education of all the patients is, however, very low and the best are not very reliable. In spite of the size of the work and the difficulties of finding suitable assistants from among the patients, excellent work was being done.

The Rev. P. E. Entz, the Superintendent, arranges for all patients to spend half the day at school and half the day working in the gardens or on the farm. No patient is allowed to be idle. One or two patients were weaving cloth.

Hospital Buildings and Equipment. These were of the simplest, but were being put to good use.

Mission to Lepers Grant. The grant from the Government covers the cost of the patients' food, clothing and pocket money. The Mission to Lepers grant covers the upkeep of the huts, the replacement of huts too old to repair, and the cost of medical supplies.

Invaluable work is being done by the staff of the leprosarium but the appointment of a doctor is urgent. One with experience of eyes would be most valuable, as there is a general clinic held in a separate building at the entrance to the leprosarium to which many patients with eye conditions come. The S.I.M. are well aware of the need for a doctor—in fact are on the look-out for at least three doctors.

Impressions of the Shashemane Leprosarium, 150 miles South of Addis Ababa. The excellent agricultural work being done in this leprosarium needs no detailed comment. Mr. B. H. Bond is making very good use of the land available.

The Leprosy Hospital, planned to provide accommodation for 25 patients, had 54 patients in it at the time of my visit. The so-called "hospital area" is a long row of 50 huts which provide accommodation for single women, for married couples and for men, to a total of 200 patients. Government grant covers cost of food for these patients. The segregation village provides further huts for the accommodation of 300 patients. Others have occupied land outside the leprosarium on the banks of the stream which brings water through the leprosarium to the Staff Compound. Treatment is provided for approximately 1,200 patients in addition to those who attend as out-patients and who now number some 7,500 on the register.

Dr. Margaret Fitzherbert and her colleagues are doing a wonderful piece of work. In addition to the leprosy work there is a General Clinic, attended by approximately 100 patients a day, to which is attached a ward unit of 12 beds. Mr. R. D. Nagel, R.N., carried a very large part of this responsibility, but it inevitably adds to Dr. Fitzherbert's burden.

The work the nurses are doing in the hospital is beyond praise, but the conditions in which they are working are so bad that steps should be taken as a matter of urgency to improve them. The hospital should be enlarged to provide 50 beds. My suggestion would be (1) to increase the ward accommodation from 25 to 50 beds. (2) Build a new operating theatre. (3) Provide a "clean-room" for the use of healthy staff only.

Government's proposal to support a further 500 patients at Shashemane is giving the S.I.M. some concern, and they are giving the whole matter very careful consideration. It is, I think, already realised that the leprosarium is not only attracting too many patients, but that patients are camping round about. No centrifugal action has been developed, and discussions were held as to what further expenditure might be incurred in the training of patient-staff to undertake mobile clinic work and later to staff outlying dispensaries; support for such developments, if needed, might well be sought from The Mission to Lepers.

Leprosy in Uganda

In 1955 Dr. J. A. Kinnear Brown, Government Leprosy Specialist, estimated that there were some 80,000 persons suffering from leprosy spread over a population of more than 5,000,000 and an area of 93,000 sq. miles. In 5 voluntary settlements it was possible to accommodate rather less than 2,500 patients.

Since then treatment has been made available to more than 60,000 patients, and it has been clearly demonstrated that a co-ordinated leprosy programme can be developed in which Govern-

ment Medical Services, Medical Missions and Local Authorities each carry a share of responsibility.

This outstanding achievement is the result of careful preparation and planning, including conference with County Councils and district teams, with a persistent and consistent follow-up programme. Over a period of 2½ years more than 60 surveys were undertaken with the co-operation of the administrative and medical staff of the country and with the goodwill of the people.

Two points were consistently emphasised—the need for continuity of treatment over long periods of time, and the need for the segregation of those suffering from the contagious form of the disease. It was suggested that the community should, in each area, provide small treatment villages within reach of rural medical units. The work was undertaken as a form of communal labour. In one area the local population cleared a site, made a road 2 miles long and provided accommodation for patients all within a matter of a few weeks; and within 3 weeks of its opening 400 patients were admitted and treatment begun. In another area 6,000 workers turned out and within 3 days cleared a site and completed the building of a village and treatment centre.

In the first year 3 such leprosy treatment villages were built; in the next 8 and the next 11. Year by year the number increased until today there are some 80 leprosy villages throughout Uganda, which, with facilities available in clinics and rural medical units for non-contagious patients, provide treatment for some 30,000 patients.

The part the Mission Leprosaria play in this comprehensive programme is to provide special facilities for the investigation and treatment of those patients who do not respond to routine treatment; to train medical assistants, leprosy dressers, welfare workers and others to assist in the treatment of patients in the leprosy villages and in rural clinics; to undertake research in occupational therapy and in the training of patients to acquire skills within the limitations imposed by their disabilities; and when skilled surgery and physiotherapy is available to undertake the plastic and orthopaedic operations for the correction of deformities, contractures and paralyses.

In addition to this medical and surgical care for the body there are wonderful opportunities for the education of the patients, and for presenting to them the Good News of One who died for them and promised a Life more Abundant and indeed Life Everlasting to those who believe.

Leprosaria in Uganda

(1) Kumi and Ongino
(2) Kuluva
(3) Lake Bunyonyi
(4) Bulubu
(5) Nyenga

Impressions of the work at Ongino and Kumi, and in the leprosy villages. One's first impression was of well-cared-for grounds both at the Kumi School, and at the Ongino Leprosarium. Bush had been cleared, playing fields and gardens laid out, and wide tracts of lands brought under cultivation. Flowering shrubs and bushes brought colour into the scenery; and a flourishing honey-producing industry was attracting a lot of interest.

The school with 300 pupils was winning prizes for competitions open to all schools in the district; I saw the physical drill, and a football match, and found the spirit of the work excellent.

In the leprosarium with 400 patients under treatment everything seemed very well organised. Miss Neville's research into suitable handwork for crippled patients was meeting with real success and had already attracted a great deal of interest.

The most immediate need was for new dormitories for the school and better housing for the African Staff.

A visit to one of the leprosy villages interested me very much indeed. Built by communal effort, and controlled by the Chief of the district, the segregated patients were well cared for, and supervision was sufficient to encourage them to maintain their huts in good shape and the grounds in good condition. District officers, agricultural officers and health officers all helped in the supervision and development of the villages, and treatment was given by a medical assistant, or leprosy dresser under the supervision of one of the members of the staff of the leprosarium. This made it possible to provide segregation and treatment for those patients suffering from the contagious form of the disease at very little cost and without removing them hundreds of miles from their families and normal environment. In fact relatives (but not children) were encouraged to visit members of their family in the villages and to bring them food, etc., in so doing maintaining contact with them throughout the period of their treatment.

Dr. Kinnear Brown's B.C.G. Research Programme. Under the direction of the Medical Research Council Dr. Kinnear Brown with the assistance of Miss Stone, S.R.N. of the Kumi and Ongino Leprosarium has begun a research project to test the effect of BCG vaccination on children, and to show whether or not such vaccination in any way protects children from infection with the leprosy bacillus.

Dr. Brown is contacting the children of patients attending the leprosy out-patient clinics and those of patients in the leprosy villages, is testing every child with tuberculin, and is inoculating alternate tuberculin negative reactors with BCG Vaccine. Dr. Brown hopes to deal with some 12,000 children in this way. and in due course to show whether there is a greater incidence of leprosy amongst those not protected by BCG Vaccine than amongst those so protected.

Leprosy in Northern Rhodesia

A detailed list of Leprosaria in Northern Rhodesia is to be found in the *International Leprosy Journal*, Vol. 29, No. 3.

Although a number of surveys have been undertaken in Northern Rhodesia (R. G. COCHRANE in 1932, E. MUIR, 1940, ROSS INNES, 1950, J. WORSFOLD, 1957), the full extent of the problem has never been clearly revealed. Figures vary from 10 per 1,000 to 25.6 per 1,000 for different provinces. Dr. Worsfold indicates that his 1957 survey in the Balovale region reveals a decline in the incidence of leprosy there. The Health Department reports some 44,000 cases of leprosy in the Federation, with some 14,000 receiving care or treatment.

The figure of 3,000 estimated for the Copper-belt is apparently based on records showing 300 patients registered and attending out-patient clinics or rural health centres for treatment. At the Fiwale Hill Hospital all those suspected to be suffering from leprosy are referred to Ndola and only those sent back with a diagnosis of non-contagious leprosy are registered and given treatment, the contagious patients being sent to Luapula.

Since January, 1961, 60 patients have been registered; while at the Kafulafuta S.A.B.M.S. Hospital, 40 patients are attending for treatment.

The patients were advised that Dr. Currant, Leprosy Specialist for the Federation, would be visiting the Fiwale Hill Hospital on June 14th, and were asked to attend so that he could review their progress. In addition to 20 patients already on the register, 10 new patients appeared. For 3 of these Dr. Currant, made special arrangements for rail transport to Liteta so that he could admit them for special treatment of reaction conditions.

The main purpose of my visit to Northern Rhodesia was to meet the Rev. Wilfred Edmunds, Missionary Director of the S.A.B.M.S., and to discuss with him a proposal for the establishment, with the support of The Mission to Lepers, of new work at Fiwale Hill. This proposal had been brought to the attention of the S.A.B.M.S. by the Health Department of the Northern Rhodesian Government which meantime has to send leprosy patients in need of segregation either to the Government leprosarium at Liteta, 120 miles to the South, or to Luapula 270 miles to the North.

Our visit to the proposed site showed us a dirt road which was just passable, but which could easily be improved, leading to a good tract of land lying between the junction of two rivers. Thick bush covers the site at present but this could be cleared without difficulty.

We were joined by Dr. E. J. Currant, Leprosy Specialist for the Federation and by Mr. Densham representing the Provincial Medical Officer to discuss the matter in more detail.

Dr. Currant confirmed Government's desire to see established in the Copper-belt area a leprosarium to which patients in need of

segregation could be admitted, so as to avoid the necessity of sending them to Luapula 270 miles to the North. It was, however, realised that while leprosy villages might be developed by the Africans who were living in the bush on sites near their homes, there would be difficulties in developing such villages for those living in the urban and suburban regions of the Copper-belt. Fiwale Hill is, however, close to the railway and a model leprosy village built near the leprosy centre could provide the accommodation needed, and would still be within access of family and friends.

Leprosy in Tanganyika

Having completed my discussions at Fiwale Hill I travelled by air to Mbeya in Southern Tanganyika and was able to visit the Makete Leprosarium on the following day, June 15th, through the kindness of Dr. Eckart who arranged transport for me to Tukuyu. At the Tukuyu Government Hospital I met Dr. Carson and Sister Macnamara and accompanied them on a routine visit to the leprosarium. Dr. Wheate, formerly Medical Superintendent had been transferred to Ghazi; Mr. Powell, a BLRA worker had resigned to take up work for the blind; Sister Pedersen was on leave, and a new African Medical Assistant had just recently taken up his duties. There are 650 patients under treatment, with hospital beds for 36. Twelve out-patient clinics attend to some 3,000 patients. In spite of serious staff shortages the work seemed to be well maintained. Dr. Carson, who was to retire at the end of the month, saw all the patients in the wards and showed me over the leprosarium, including the new Church, which is a very attractive building.

The leprosarium has some 5 sq. miles of land for cultivation. The Minister of Health at Dar-es-Salaam, however, feels it is a mistake for the Medical Department to be responsible for agricultural developments and it looks as if part of this land may be taken over for other use.

The major problem is one of staff shortage, which is affecting nearly all the medical work in Tanganyika.

From Mbeya I flew to Tabora and was most kindly received by Dr. Runciman, Provincial Medical Officer, Tabora. Dr. Runciman took me by road to visit the Sikonge Leprosarium where I met and was entertained by Mr. and Mrs. Jorgensen, by Dr. (Mrs.) Petersen, Sister Martha Pedersen, and by Dr. and Mrs. Andersen. Dr. Andersen had just arrived to assist Dr. Petersen in the heavy responsibilities she was carrying in both the General Hospital and the leprosarium. The work at Sikonge was well organised in every department, medical work, education and occupational activities, but the need for yet more to be undertaken was appreciated.

From Tabora I took the train to Itigi where Dr. S. Moris of

American Lutheran Mission, kindly met me and motored me to the Iambi Leprosarium. This new venture has been established on 5,000 acres of high-lying land, falling away on one side to the site of the new reservoir and on the other to land reclaimed from the bush.

In addition to Dr. and Mrs. Moris, the staff consists of Mr. Renner, Administrative Superintendent who is bringing more and more land under cultivation. Str. V. Hult, Str. Lois Bernhardson who has had training in laboratory work and Miss Ois Heidel, an Occupational Therapist with Physiotherapy training.

Four-hundred and forty patients have been admitted. There are excellent wards for 35 male patients with accommodation for 45 more in "weak" lines (i.e. the hospital annexe). Eight out-patient clinics have been developed by the Mission. Many patients attend Government rural health clinics.

The need for a women's ward is recognised, as well as accommodation for healthy children, and nearby for their mothers while they are nursing them.

The majority of patients live in wattle and mud huts built by themselves and sited near the cultivated land, one and one-third acres of which is allocated to each patient who is fit to work it.

Disabled patients are helped in preparing their ground for growing crops.

The arrangement by which patients farm their own plot is one which allows the patient freedom to do the work in his own way and in his own time. This has advantages, but where a skilled agricultural supervisor is available, and the aim is to encourage patients to stay only as long as may be necessary, even better results should be possible of achievement by employing communal methods; or possibly by a combination of both.

Makutupora. Dr. Moris accompanied me by road to Kilimatinde where I received a warm welcome from Dr. and Mrs. Wellesley Hannah, and to Makutupora where Miss Preston and Mr. and Mrs. Leach entertained us.

It took me some time to grasp the size and extent of the problem here. Miss Preston is grappling, with assistance from Dr. Hannah, and strongly supported by Mr. and Mrs. Leach, with some 1.200 patients.

There were 16 women in the 6 bed women's ward; 10 men in the men's ward with 3 more on the verandah; 12 with ulcerated feet in special cottages nearby. There were 40 in the women's lines, 110 in the men's lines, 30 boys and 30 girls.

These figures include 23 men and women who support themselves at Sukamahela, a mile away, on land which they can farm. There they have built themselves a wattle Church, which was kept clean and tidy and to which come many of the 200 former patients who have established themselves beyond Sukamahela. There are in

addition some 300 former patients who have settled down in the Rift Valley where they are farming the land.

In addition to these 500 former in-patients, who now attend as out-patients, and of whom a number have relapsed and appear to be resistant to further DDS treatment, there are some 300 of their children who come to Miss Preston for general treatment, and so come under her observation. A further 150 healthy partners of patients or former patients also turn to Miss Preston for help. Many of these people are already in need of food supplies, as the rains practically failed and crops have consequently been very poor. On account of a water supply which has proved quite inadequate, it is planned to transfer all in-patients to a new leprosarium at Hombolo near Dodoma.

On June 23rd Mr. J. Denton, Dr. Hannah and I flew over the site of the new Hombolo dam and reservoir, in a Missionary Aviation Fellowship 'plane to view the land allocated for the new leprosarium. The reservoir came into view within a few minutes of climbing to flying height, and the intervening 20 miles soon slipped away below us. We got a good view of the dam, of the reservoir, built to protect a main road from damage during heavy rains, and of the thick bush (said to harbour elephants and rhinoceros) allocated for the leprosarium. Breaks had been cut through the bush marking boundaries of the 200 acres, and these we were able to identify. From the air the land seemed flat and unattractive, but when in the afternoon Bishop Stanway accompanied us on another visit by road we got a different impression. The huge size of the dam was appreciated, and the tremendous amount of work that had gone into its construction, damming the river for 2–3 miles in its course; and the ground seemed much more fertile; while the bush was found in some parts to be quite impenetrable.

Work on the construction of the dam has now been completed, and arrangements have been made for carrying a 3 in. pipe-line from a sump below the dam to a pump house, from which water will be led to the site providing 80,000 gallons a day. All other outstanding difficulties have been overcome, and the work can proceed as soon as this piping is completed.

The first stage will involve clearing of the bush, then work on buildings can begin.

The need for new developments in Western Tanganyika. At Dodoma both Archdeacon Pearson and Bishop Wiggins spoke to me about the need for new work to be developed in the Western regions of Tanganyika.

Bishop Wiggins is responsible for the Lake Provinces, bordering the Southern half of Lake Victoria on the East, South and West sides. There has been delay in considering what should be attempted pending information as to plans for leprosy work to be undertaken

by the Swedish Lutheran Mission, and by a Swedish Save the Children's Fund Grant. These efforts, it now appears, will be concentrated in the tip of Western Tanganyika where it impinges on the Ruandi Urundi and Uganda borders. This leaves wide areas to the South and to the East of the Lake where no leprosy work is being done.

Archdeacon Pearson is responsible for the Uha Province which lies along a part of the Ruanda Urundi border to the North of Kagoma, and along the shores of Lake Tanganyika to the South. Kibondo, 150 miles to the North East of Kagoma would be a possible centre from which to develop new work.

While it is known that there is a leprosy problem in these regions there is not sufficient information to give a clear picture of the extent and nature of the problem. The people are primitive and suspicious. One WHO Yaws survey group had to be evacuated hurriedly for their own safety, as the taking of blood for examination had become associated with the bottle of tomato sauce on the group's dining table, and with the lipstick used by some of the nurses.

The most important step to be taken is to make contact with and gain the confidence of the leaders of the people; then by patient and persistent teaching and demonstrations to show the value of modern treatment of such simple conditions as yaws, malaria and worm infections. When once confidence has been gained then some measure of co-operation can be looked for and the establishments of a chain of health centres begun.

This is a process which will take time and will depend on the appointment of staff, able to talk to the people in their own language, and prepared to travel extensively throughout the district, making themselves known, and accomplishing as much as can be done successfully with limited facilities during brief visits.

A survey alone tends to bring out into the open problems which are best left undisturbed if nothing further is to be done about them; a survey that established treatment centres and is followed up by regular visitation could lead to the development of a widespread public health service which include leprosy within its purview.

I was assured that the co-operation of District Officers and Health Officials would be forthcoming, and felt that developments along the lines of those achieved by Dr. Kinnear Brown in Uganda might be undertaken; the most important step is to find the right personnel for the project, and then to give them sufficient experience to make a good start. A visit to Uganda might be invaluable, followed by a tour of the districts, combining a health survey with health talks, films and demonstrations, and with the treatment of simple conditions; and with a well-planned follow-up programme.

I travelled by train from Dodoma to Morogoro, where I was met by Dr. J. S. Meredith, Medical Specialist for Tanganyika, and

by Mr. G. Cooper, BLRA worker at the Chazi Government Leprosarium. Dr. L. E. B. Delany, Provincial Medical Officer, had kindly arranged for us all to stay with him in his home where we were welcomed by Mrs. Delany.

Dr. Meredith had come from Dar-es-Salaam especially to join us in a visit to the Chazi Leprosarium; as indeed had Mr. Cooper who, with his family had already reached Dar-es-Salaam on the first stage of their journey to England.

On June 27th Dr. Delany took us all in his car by road, first to a Health Centre some miles beyond Chazi, and then back to the Chazi Leprosarium. It was the day for the treatment of leprosy patients at the Health Centre and so we were able to review a number of men and women who were making very satisfactory progress under the care of the African staff.

The Chazi Leprosarium was, at the time of our visit, rather understaffed. Dr. H. W. Wheate was on leave; Mr. and Mrs. Cooper had left to go on furlough and were not returning; and while Mr. Cooper was being replaced, his successor, Mr. Waters had only had 3 months in which to acquire the rudiments of the language, and the details of his responsibilities; further Mrs. Cooper had been in charge of nursing work, and her duties had been taken over by an African nurse.

The work was, however, being well maintained in good buildings and nicely laid out grounds. We saw a glimpse of the farming activities, of the school classes, of the Church for which funds had been given by The Mission to Lepers, and visited all the patients in the wards.

One need was recognised and it was hoped would be met in the near future—the provision of accommodation for all grades of workers to come to the leprosarium for experience and for teaching in various aspects of the problem of treating leprosy patients. Dr. Wheate's return in the autumn of 1961 may help to develop this new side to the work at Chazi.

After visiting the Morogoro Hospital and speaking to the African staff about new developments in leprosy work, I was motored by Dr. Meredith to Dar-es-Salaam. In Dar-es-Salaam I called on the Permanent Secretary to the Ministry of Health and Labour to thank him for the arrangements that had been made by Provincial Medical Officers for my tour. Dr. Meredith also took me on a tour of the hospitals, introduced me and gave me an opportunity of speaking to the staff of the training centre at the modern Princess Margaret Hospital.

Some minor inconvenience caused by the loss of my suitcase at the beginning of my travels was the only difficulty that was encountered in the course of my journeying. I am most grateful to all who helped to make the journey so easy and so interesting; in some

parts it was not much more than a glimpse of a very active and widespread piece of work, but it was sufficient to enable me to appreciate the tasks that were being undertaken, and the problems that were being tackled. Other opportunities presented themselves for detailed discussions of future developments and I hope these will, under God's guidance, bear fruit.

Finally I would like to record my warm appreciation of the welcome which I received, as a representative of The Mission to Lepers, from missionary colleagues and from Government officials.

I found courtesy, kindness and consideration wherever I went, and was given every opportunity of seeing the work that was being done, and of coming to a clearer understanding of the complexity of the problems, and of the patient persistence that is needed to overcome them.

As a result of recommendations to the Council of The Mission to Lepers generous grants have been made to help develop the work of the S.I.M. Shashemane Leprosarium, Ethiopia, to the Kumi–Ongino Leprosy Centre, Uganda, and towards the establishment of the new Leprosarium at Hombolo in Tanganyika. The South African Baptist Missionary Society is exploring the situation at Fiwale Hill in Northern Rhodesia and will receive generous support for any development it can undertake there.