

ANNUAL REPORT—1962— OJI RIVER LEPROSARIUM

by Dr. W. F. Ross,
Area Superintendent.

I. Introduction

(a) *General.* Our primary objective which is the eradication of leprosy from the Onitsha and Enugu Provinces remains unchanged, and some progress is being made towards this end. In general, the staff situation is satisfactory and financial position adequate; but, we continue to be handicapped by shortage of suitable Medical Officers for this work and limited funds in one key vote. (In particular, clinic tours have had to be seriously curtailed for several months and, at times, suspended altogether because of shortage of funds for transport, and of senior staff available for touring.)

(b) *Statistics.* It will be seen from our statistical returns that the number of lepomatous cases admitted this year, 56, as against last year, 31, has shown a considerable increase and has reversed the downward trend which we have seen in the last ten years. It is not possible to assess the true significance of this on the basis of one year's work only, but this trend is disturbing and confirms the need for continued vigilance in the leprosy service and for the maintenance of the service at full strength for some years to come.

(c) *Reconstructive surgery* has received considerable impetus this year by the regular weekly visits of members of the American orthopaedic team who come out here under the auspices of 'Medico Inc'. This work could now be considerably expanded, and more help given to patients from other Settlements if

- (i) a second Medical Officer could be found to take responsibility for general medical and clinic work at Oji River, and
- (ii) the diets vote could be augmented even more, to allow us to support more patients in the Hospital.

(d) *Prosthetics.* Through the work of Mr. Tom Forrest, two staff members have been trained in the production of artificial limbs. Thirty patients have been fitted with these limbs and we are satisfied that they are both practical and economical. We hope to be able to offer to make a limited number of limbs for amputees other than leprosy patients during the coming year and, perhaps, hold a course in limb making for folk from other institutions after the return of the Area Superintendent from his training in the U.S.A.

(e) *Footwear.* At the end of the year, the footwear workshop received very great stimulus and help from the visit of Mr. Turner, a Lancashire clog maker, who was able to help us with the design and production of footwear. During the year, 10 shoe makers from other Settlements have attended a 3 month's training course in this

Workshop. Both Mr. Turner and Mr. Forrest were financed by the British Leprosy Relief Association during their stay here.

(f) *Welfare.* The County Councils' welfare scheme continues to be the responsibility of the Welfare Department. Support has been increased in comparison with last year, but we have not been able to expand the scheme as much as we would like because of the very great and diverse responsibilities which the County Councils carry. There are still a number of disabled patients and ex-patients in need of help. The total number now being helped is 201.

(g) *Vocational Training.* Plans for the development of vocational training are also under the auspices of the Welfare Department and are going ahead. Mechanical engineering workshops have now been built and we expect the first trainees to begin soon. The Church Missionary Society have appointed an agricultural officer to work here in the Settlement and we hope to be able to announce shortly the beginning of a comprehensive programme of agricultural training, particularly, for deformed people.

(h) *Existing Medical Facilities for Non-Leprosy Cases.* We are still struggling along with the rather inadequate buildings for the large number of non-leprosy cases who now attend this institution. It will be seen from our statistics (C.M.F. 12) that over 16,418 out-patients attended this small unit and over 508 patients were admitted to the wards which normally hold 8 beds. The care and treatment of these large number of cases have only been possible because we have adopted the system recommended by Professor Bull in his report. The cases are all seen initially by an experienced Staff Nurse or Nursing Sister who then refers any which they cannot deal with to the Medical Officer. This system appears to us to be working very well and I would like to recommend it to other units who are overwhelmed with out-patients. It does, of course, place very considerable burden of responsibility on the Staff Nurses and we have been fortunate, so far, in having Staff Nurses and a Grade II Midwife of adequate quality for this work.

II. Administration

A. DEPARTMENTAL ORGANISATION. Not applicable.

B. STAFF :

(i) *Senior Staff:*

(a) *Medical Officers.* I said last year that I hoped it would prove possible to recognize leprosy as a speciality and create a specialist leprologist vacancy at the Settlement as I felt this would prove some incentive for an indigenous Medical Officer to specialize in this branch of medicine. I still think that this could be the solution of our chronic staff shortages.

(b) *Administrative Staff.* For nearly four months, no administrative officer was available for the Settlement. This inevi-

tably meant some loss of efficiency and some waste of our resources.

(ii) *Junior Staff*:

(a) *Clerical Staff*. We have now had practically a complete change of clerical staff in the past two years. It is inevitable that new staff take some time to work into the routine of the institution and such wholesale changes are not desirable. In addition, the quality of some of the new-comers leave a good deal to be desired.

(b) *Nursing*. We are glad that our junior nursing staff has been augmented by the appointment of 12 dressers. The quality of the applicants for these posts was very high indeed and, so far, we are very pleased with the work these young people are doing.

C. LEGISLATION. Not applicable.

D. FINANCE:

(i) I would again like to ask if it would not be possible to provide a contingencies vote.

(ii) Allocation of funds has been on a hand to mouth basis this year. It would make planning much easier for us and lead to more efficient use of available funds if we could be informed at the beginning of the financial year what the total allocations will be.

III. Hospitals, Dispensaries and Other Units

I would again like to stress the possibility of liaison with the General Hospital, Enugu, for the training of nursing staff in the care of leprosy patients.

A. EXISTING MEDICAL FACILITIES FOR NON-LEPROSY CASES. See paragraph I (h).

B. PROPOSED DEVELOPMENT. We are still waiting for the £600 needed for the laundry mentioned in my last annual report.

C. LEPROSY CONTROL. There have been no important changes this year, but this has been primarily because there have been no senior staff available to initiate and supervise needed readjustments of our leprosy control scheme. Because of the way in which leprosy work developed in these Provinces, most clinics are in isolated places and are no longer convenient for the patients. It is desirable to re-site at least some of these clinics at Health Centres and Dispensaries. However, there is often considerable local opposition to this which can only be overcome by patient and repeated explanation of the issues involved. This work is very time consuming and little progress has been made in this direction this year.

D. We are able to offer full medical and surgical care, including reconstructive surgery for our patients. We also co-operate with the Senior Specialist at Uzuakoli in drug research and are doing research ourselves on the causation and treatment of ulcers and design of special footwear and artificial limbs. See appendix I and II.

E. OCCUPATIONAL THERAPY AND VOCATIONAL TRAINING. A vacancy has now been created on our staff for an occupational therapist and we hope that it will be possible to recruit one soon. The major difficulty with respect to this appointment is the provision of quarters. We do not at the moment have any available, and senior staff quarters allocated to the Settlement which have been built at Rural Health Headquarters, continue to be used by other senior staff.

F. AGRICULTURE. The general agricultural training programme is still in the planning stage but I am glad to say that full time agricultural officer has been allocated by the Church Missionary Society for this programme.

IV. Public Health

- A. Health of expatriate population. }
 B. Health of African population. } See C.M.F. 12

V. Vital Statistics

See 1962 report.

VI. Hygiene and Sanitation

A. All clinics are equipped with pit latrines as part of our general effort to teach our patients hygiene.

B. General measures of sanitation in the Settlement and Staff quarters are carried out by the Sanitary Inspectors and gangs of sanitary workers.

C. LABOUR CONDITIONS. Not applicable.

D. SCHOOL HYGIENE. Leprosy Inspectors, visit schools, examine the children and advise treatment when necessary.

E. FOOD IN RELATION TO HEALTH AND DISEASE. Advice is given by the Leprosy Inspectors.

F. HOUSING AND TOWN PLANNING. Not applicable.

G. HEALTH PROPAGANDA AND EDUCATION. The District Leprosy Inspectors and Leprosy Inspectors are engaged in this work.

VII. Port Health Administration and Education

Not applicable.

VIII. Maternity and Child Welfare

Ante-natal and post-natal clinics are conducted weekly for patients as well as staff wives.

XI. Mental Health

Arrangements are now being made for dangerous cases of psychosis to be housed in the Federal Prison here at Oji River and a suitable building is now under construction.

X. Dental Health

At present we have no dental services but a visit from a dentist say, once a month, would be extremely valuable.

XII. Prison

Considerable development has taken place this year in the provision of training facilities for prisoners. We now have workshops where carpentry, basketry and weaving are taught, and a demonstration farm with an agricultural assistant in charge, where improved methods of market gardening and farming are being taught to the prisoners.

XIII. Laboratory Services

There is one Laboratory Technician and one Assistant who do routine smearing, blood, urine, stool and sputum tests. In addition, a large number of smears are done on research cases. (See Statistics).

XIV. Training of Personnel

We continue to help with the training of dispensary attendants and others from the School at Rural Health Headquarters.

XV. Liaison with Private Medical Practitioners

Occasionally, private medical practitioners send us cases for diagnosis and treatment where necessary. We are glad to give whatever help we can.

XVI. Internal Conferences

Nil.

XVII. Distinguished Visitors

- (a) His Excellency the Governor Sir Francis Ibiam.
- (b) His Grace the Archbishop of West Africa.
- (c) The Hon. Minister of Health.
- (d) The Chairman of Public Service Commission Mr. F. O. Ihenacho.

We have also had large numbers of professional visitors including Mr. C. W. Price, M.D., F.R.C.S., who was formerly orthopaedic surgeon here. His visit was very useful to us and we are grateful to British Leprosy Relief Association for making it possible. Other visitors have come to us from the Northern and Western Regions of Nigeria, Burma, Canada, Cameroon, Republic, Indonesia, India, Iran, Pakistan, Siera Leone, Uganda, U.K. and U.S.A. We have been glad to welcome them all and many have made useful contri-

butions to our work. In particular, I would again like to mention the American orthopaedic surgeons who have at their own expense, come to us to give their skill and experience week by week. I would also like to thank the Senior Medical Officer of General Hospital, Enugu, for his willingness in allowing these surgeons to spend one day per week here.

XVIII. Scientific Publications

Three papers have been published from Oji River this year. One by Dr. Price, a follow-up of the cases which he saw in 1958 and two by the Area Superintendent: Aetiology and Treatment of Plantar Ulcers and Footwear and Prevention of Ulcers. All were published in the *Leprosy Review*.

XIX. X-Ray Services

The X-ray department is now completed and we expect a technologist to be appointed in April, 1963.

XX. Tuberculosis Service

Eight patients suffering from tuberculosis are now on treatment.