

## Reports

### **Seminar on the Care of the Foot in Leprosy 17th to 21st August, 1964**

The first seminar ever to be held devoted exclusively to the study of foot problems in leprosy was opened at Oji River on 17th August by the Area Superintendent, Dr A. Azike. Nineteen physicians and surgeons from three Regions of Nigeria, three physiotherapists and a number of Nursing Sisters took part.

Papers were read on Surgical Anatomy, on Gait, Wound Infection, Peripheral Nerve Injuries and Joint Neuropathy by Gordon H. Grant, F.R.C.S., of Victoria, British Columbia; on Surgical Anatomy, Gait and Skin Grafting by Miller O. A. Jaja, F.R.C.S., M.Ch. (Orthopaedics) of University College Hospital, Ibadan, and on Neuritis in Leprosy by Dr Victor Smith of Kano. Miss Maureen Skelly, M.C.S.P. of Ikpene Obom demonstrated methods of pre- and post-operative assessment and of physiotherapy and Dr W. F. Ross showed cases illustrating methods of ulcer control (including footwear) and treatment in use at Oji River. Later, Dr Ross demonstrated a series of cases of peripheral neuritis and a series of cases and their X-rays illustrating bone changes typical of leprosy. Dr Priestman of Mongu, Dr Smith and Dr Ross also demonstrated various types of prostheses. Surgery was shared between Messrs Grant and Jaja, Dr Esther Davies of Ikpene Obom and Dr Ross. The 12 cases demonstrated included all the major types of deformities of the foot seen in leprosy.

Vigorous and informed discussion took place during the surgical and clinical demonstrations and in the evenings. Discussions on neuritis, on neuropathic bone changes and on therapy were especially valuable. During the seminar, it was agreed that an attempt should be made to set up a Leprosy Research Association in Nigeria so that members could combine in clinical studies to attempt to solve some of the outstanding problems in this field. It was also agreed that there is an urgent need for training programmes in Nigeria to provide physiotherapy aides, shoe makers and brace makers for every Settlement

and that a study should be made of the possibility of training occupational therapy aides also. The proposal that a similar seminar on the 'Care of the Hand' should be held about two years hence was carried unanimously. This itself is eloquent testimony of the fact that all the participants have found this seminar to be of value and would like to repeat the experience.

W. F. ROSS

### **Thirty-fourth Annual Report of Lake Bunyonyi Leprosarium 1963-64**

Annual reports on the work of long-established leprosaria may vary very little from year to year, although major effects of the work done may be clearly seen when they are assessed at longer intervals. One was reminded of this when thinking of, and comparing with, the making of maps. In depicting sea-bound coasts that suffer gradual erosion, cartographers can only show marked changes in the outline after a sufficient number of years have elapsed since the previous drawings were made. Looked at in this light it might well be claimed that, under the good hand of God, this Settlement during the 30 odd years of its working has been able to make a considerable 'dent' in the incidence of leprosy in Kigezi. Although the population of this District has almost doubled during that time (and conceivably the numbers of sufferers from leprosy were added to also), the *estimated* total of between 3,000 and 4,000 cases of leprosy has been reduced to 300 or 400 – literally a decimation – that is, of course, excluding our present patients in the leprosarium. Over 2,500 patients have been registered with us for longer or shorter periods of treatment. Many, unfortunately, have taken themselves off before they should have done so, for one reason or another, but this is not surprising in view of the usually lengthy stay that is necessary to effect 'cures' from this stubborn and often perplexing disease, which shows many variations though largely conforming to three or four major types. However, through the years there has been a steady output of 'arrested' or

'cured' cases (whichever term is favoured) either 'with' or 'without' deformity. We are glad that the latter greatly outnumber the former, and this is especially so since the introduction of the sulphone drugs. These are far more potent than anything in use previously, and are almost universally accepted as standard treatment, having revolutionized the whole outlook for the unfortunate sufferers from this disease.

Looking at our own figures, great encouragement can be derived. In 1950 for example there were 850 active cases under treatment resident on the Island, with a total population of over 1,000, so that we were terribly, but unavoidably, overcrowded. Today there are about 200 requiring treatment, mostly in-patients, while about 50 others are retained, being crippled, blinded, or otherwise incapacitated and needing care or assistance of one sort or another. These for the most part came too late in the course of their infection to be saved from such calamitous consequences.

With these comparisons in mind, and conclusions that may be drawn from them, we proceed to give the report for the 12 months ending 30th June, 1964.

*Numbers* In-patients 176 on 1st July and 173 on 30th June.

Out-patients, starting with 25, we ended with 35.

Cured, but crippled and retained, 51.

Cured, and retained as staff, 13.

*Discharged* Cured and sent home, 30; another 29 cured but under observation.

*Admission of new cases* Thirty-three, two being children under 14, now unusual.

*Deaths* Six patients have died, three being 'arrested' cases, and three others.

*Path. lab. examinations* 4,456.

*General O.P. treatments for residents* 6,371.

*Staff* Our European Staff has been depleted by the loss of Sister Marguerite Barley, who had to leave for family reasons and may not be able to return. Some non-infected and better educated African Staff have joined us, and the standard of work has been improved. Some small rises in pay have been made possible, although the rate is admittedly too low.

*Housing* It has been possible to make some improvements in staff housing, as well as that of patients. A completely new house with six good-

sized rooms, plus kitchen, has been built for one of our senior workers with a large family, for the cost of about £750, drawn from the Asker Legacy which was previously deposited with the Mission in England for any such needs.

*Food and fuel supplies* have been well maintained, and the supply of water by the windmill pumps has continued most of the year.

*Finances* We are grateful to the Uganda Central Government for renewing their annual grant at the same figure, as also the Local Governments, although the latter gave us a temporary shock by omitting provision for the second half of 1963, when they changed their financial year from July to June, to January to December each year. However, after some representations, this has been either restored or at least promised. We are also grateful to the Mission to Lepers and the British Leprosy Relief Association\* for their continued help, while Christian praying and working helpers in the home countries have contributed most generously.

*Out-patient department*, where non-leprosy patients from the villages and kraals on the hills round the Lake are allowed to come daily, has had a busy year. Total attendances amounted to 10,872, to whom 4,555 injections were given, and 421 had teeth extractions.

*Whooping cough prophylaxis* During three months in 1963 a mass campaign against whooping cough was carried out in our O.P.D. With vaccine supplied by the Government over 2,000 children of five years and under were brought for injection of three monthly doses. With very fair co-operation by the local chiefs, over 60 per cent of these attended the three times. *CHURCH* and social activities have been continued through the year, and we would express deep gratitude to GOD for all His many mercies.

R. C. PARRY  
*Medical Superintendent*

\*The details of Leprosy special grant for a Sterilizer are given in the Government Financial Report.