

Chiropody and Leprosy*

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The idea of employing a chiropodist in leprosy schemes is presented. After a detailed description of a chiropodist's knowledge and of his or her possible rôle in leprosy, the reasons for employing chiropodists in leprosy are stated.

Introduction

The reason for this article is to present the idea of employing a chiropodist in leprosy schemes to deal with the major part of the foot problems in leprosy. This idea has been largely realized in the leprosy project based at Makeni, Northern Province of Sierra Leone, West Africa. It serves some 4000 out-patients in a district of about 3000 square miles (18,000 km²). There are 2 Mobile Units, each consisting of 2 leprosy assistants and a driver with a Land-Rover. The teams visit the 120 out-stations fortnightly. They give the anti-leprosy treatment, they do some health education and dressing work, examine and register new cases, follow up irregularly-attending patients, and bring patients with complications to the one hospital of 30 beds. This hospital is run mainly by a qualified nurse and a doctor on part-time contract. A full-time doctor is responsible for the organization and management of the whole leprosy project in the area, for all medical problems, and for the education and further training of the leprosy assistants.

The above figures show that our leprosy service is a "regular" one. Consequently our experience with a chiropodist can be regarded as not only of general interest, but of principal evidence. In the following section Mrs Valerie Lal, our chiropodist, will herself describe a chiropodist's training and work and discuss the possible rôle of a chiropodist in leprosy. In the conclusion, I will attempt an evaluation of the idea: "Chiropodists' employment in leprosy". In considering the advantages and the disadvantages of employing a chiropodist in leprosy, the following arguments might be advanced:

Pro

- (1) There is no profession with such an intensive education in foot-care.
- (2) About 10% of all leprosy patients suffer from foot-ulcers. Doctors and leprosy assistants are usually already overloaded with work, even excluding foot-complications. Therefore this large amount of time-consuming work could ideally be passed over to a chiropodist.

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- (3) Individual, multi-factorial foot care speeds up the healing time of the ulcers.
- (4) An individual ulcer service combined with health education will satisfy the patient. The fact that his ulcers are healing quickly can often help the patient to overcome his fatalistic attitude towards his disease. Moreover, as the patient is not cut off from his normal environment for so long, the problem of re-socialization is reduced.

Contra

- (1) "Doctors always know best".
- (2) Chiropodists do not learn very much about leprosy during their training.
- (3) Mass-treatment of foot-ulcers (soaking, oiling and dressing) can be done by an attendant with no training apart from that which makes him competent in his own job.
- (4) A chiropodist will overstress the importance of ulcer complications in leprosy. Thus, a disproportionate amount of time, money, energy and hospital beds will be absorbed by the chiropody department.

Conclusion

As in our project, in many leprosy schemes the time and energy of the medical personnel will not balance with the amount of work to be done. The result is neglect of "subordinate" problems, such as health education and individual ulcer care. But this neglect is like a boomerang: without health education and good ulcer care it is difficult or often even impossible to get good co-operation from the patients. And, without the patients' co-operation, leprosy will become like the task of Sisyphus, hard effort leading to nothing, as the patients do not see any reason for coming since there is no result of treatment.

Thus, it would be a good decision for many leprosy schemes to employ a chiropodist. The huge amount of work and time involved in ulcer treatment, and health education regarding good foot care could confidently be handed over to him or her.

I conclude by providing addresses of societies in different countries able to supply further information regarding the employment of a state registered chiropodist:

The Society of Chiropodists,
8 Wimpole Street,
London W1M 8BX, England

American Podiatry Association,
20 Chevy Chase Circle, N.W.,
Washington D.C. 20015, USA

The Australian Chiropody Ass.,
446 Elisabeth Street,
Sydney, N.S.W.,
Australia

Canadian Podiatry Association,
3017 Bathurst Street,
Toronto, Ontario,
Canada

New Zealand Society of Chiropodists
P.O. Box 387,
Christchurch, New Zealand.