

BRITISH EMPIRE LEPROSARIUM.

ABRIDGED.

The Leprosy Review, the quarterly publication of the British Empire Leprosy Relief Association, published from 115, Baker Street, W., contains a very interesting article on the proposed British Empire Leprosarium at Ngomahuru, Southern Rhodesia, by Dr. Bernard Moiser (Lond.) M.R.C.S., L.R.C.P., D.P.H., Leprosy Specialist, for S. Rhodesia, who is in charge of the Leprosy Hospital at Ngomahuru.

Dr. Moiser writes:—"I wish to say at once that this plan is in no way set up in opposition to the Home of St. Giles in England, for not every patient would wish to come here, nor would every case be suitable. It applies chiefly to officers who have contracted the disease in the Colonies, more especially in Africa.

After 20 years in the West African Medical Service in Nigeria, the completely negative results of my treatment of lepers in that country at last served to stimulate interest in the leprosy problem, about the most difficult problem to which man ever set his hand.

In 1929 I gladly accepted the post of Medical Superintendent of Ngomahuru Leprosy Hospital, and during the last nine years my outlook on the problem has completely changed from despair to ever-increasing hope. Two facts are very apparent (1) Results here are vastly different to my experience; (2) the disease in Southern Rhodesia is of a much milder type. These facts call for explanation. The explanation probably lies in the sum total of conditions here, climatic and economic. The months of March and October are the hottest, but seldom oppressive. There is always a breeze from S.E. In short, it is a healthy climate.

Beer drinks are a national institution in the country. They occur frequently and lepers are invited and are treated in no way differently from other guests. I have come to the conclusion that these beer drinks are the main cause of dissemination of the disease, and have suggested that lepers should be rigidly excluded, and given their beer in other places by themselves.

Ngomahuru is a large fenced estate of 8,400 acres, situated in beautiful surroundings. Numerous excellent sites on high ground exist for detached houses.

European patients would attend a small central treatment station, fitted with a laboratory for examination of specimens, and be attended by suitable native patients. They would have the services of a qualified nurse, as well as of a full-time leprologist.

The flower gardens have already earned the reputation of being the "Show place of Rhodesia" and give pleasure to many visitors. Patients will not come to a desolate bush station, they will find beautifully planned flower gardens, productive vegetable gardens and fruit orchards already in existence, and will have every opportunity to surround their own cottages similarly.

Wireless keeps them in touch with the world. Clergy visit the hospital and hold services. Ngomahuru is regarded as a curative institution and it is difficult to imagine a more suitable spot, where patients will be able to receive all forms of treatment and lead happy, unrestricted lives, with a good hope of return to their homes."

Dr. Moiser suggests various ways in which this plan, which is essentially tentative, may be paid for, and writes: "It is hoped that this preliminary outline will induce the Government of Southern Rhodesia, British Empire Leprosy Relief Association and Toc H to take a further interest and give support to a scheme for keeping patients out of England where they make little or no progress towards recovery and give them what appears to be a good chance of becoming non-infectious and even cured."

THE TEACHING AND TRAINING OF BANTU GIRLS.

The following interesting extract from the Report by Miss Balmain (Matron) of St. Mary's Hospital, KwaMagwaza, Zululand, is published in *Misericordia*:—

The Native probationers have worked steadily and well throughout the year. In April two of the three candidates sent up passed their Preliminary State Examination, and in July Nurse Agatha Lazarus passed her State Finals; she is, therefore, a fully qualified State registered midwife and general nurse. She has gone straight to an excellent appointment at Congella Hospital, and I have good reports of her work from the Matron.

Next April will see us busy as we are entering candidates for the State Preliminary, State Finals, and State Midwifery Examinations, and also three nurses for St. Mary's Hospital Certificate Finals. The teaching and training of the Native probationers is a most important part of the daily work of the European Staff, and now that we are more in numbers the classes are able to be smaller, and it is possible to give individual attention to each member. We have a very long list of applicants for training, every post brings more, but now that large hospitals like Congella are undertaking the definite training of Natives, the situation in a few years' time should be very much better. As it is, it is hard to answer application after application with the cold comfort, "We regret we have no vacancies, and are fully booked for the next two years."

On the other hand, there are constant applications from the matrons of other hospitals, District Surgeons, and Priests-in-Charge, saying: "How soon can you supply us with one of your nurses?" Some go as far as to say "We prefer St. Mary's nurses to others, as they know how to do everything." This is good hearing, especially if later on the authorities write and report that they "Do everything well."

We have sixteen nurses finished and out in the world, and their letters are one of the great interests of the work.

We are now on the point of launching out on quite a new venture—a Native District Nursing Service. Fully trained Native nurses, working amongst their own people, modelled as far as possible on the lines of the Queen's nurses at home. There is a great and crying need for such a Service, which will bring us in touch with a part of the vast Native population, which at present we do not touch.

Just, only a few years ago, when the training of Native girls as nurses was started, the word "never" was always being quoted to one. The girls would never stick the long arduous training; they would never be able to take responsibility; they would never be able to pass the examinations of the S.A. Medical Council, taking exactly the same syllabus as the European candidates, with the extra handicap of having to take it in an alien tongue.

"Never" is rather a dangerous word to use; anyway, it seemed worth trying, and the girls have responded magnificently. There is no doubt that the nursing profession makes a strong appeal to the Bantu girls, and that it has opened up an entirely new vista and field of work to them.

We have had a number of really acute cases in during the year, and such as have given the nurses wonderful experience in nursing, both surgical and medical, testing their capacity to rise to emergencies and to take responsibility.

The training of native girls is, without doubt, one of the most important duties of European nurses in Africa, for until this is achieved there can never be sufficient nurses to care adequately for their compatriots.

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