

ANTI-TUBERCULOSIS WORK IN MILAN.

About 300 of the delegates to the Anti-Tuberculosis Congress in Rome left by special train at its conclusion, and arrived at Milan at 9.30 a.m. on Saturday morning.

We had immediately to make our way to the "Castello Sforzesco," where an extremely interesting paper was read entitled "Profilassi Antitubercolare nell'industria Milanese," and where we were informed that we should all be taken in the afternoon to visit the two most recently built factories of the neighbourhood, and an up-to-date sanatorium attached to the second factory that we should inspect.

A quick walk round the famous, awe-inspiring Cathedral, lunch, and a rush back to the Piazza Castello, and we all finally left in every sort of condition of motor charabanc on, what afterwards seemed to be, at least a thirty-mile tour of the environs of Milan.

The first factory to be visited was one that manufactured Marelli's magnetos. Here the delegates were divided up into "language speaking" units, and the English—numbering ten—were taken round by an Englishman who had only recently joined the staff, who was an engineer, and not a staff worker. Still, he was very courteous, and answered all our many enquiries to the best of his ability.

The factory was most up-to-date. It has only been built two years, was light, airy, and well ventilated. But, oh, the noise!—and in Italy the factories work for eight hours per day, and six days per week.

From the Italian point of view, the chief improvements in the Marelli factory were:—

- (a) First aid rooms, with two doctors and two nurses attached.
- (b) Rest intervals for workers doing work requiring great concentration, i.e., 15 minutes' recreation every one and a-half hours.
- (c) Cheap, hot meals for employes.
- (d) A general food store, where employes can shop at reduced prices for their home needs, and thus save time.
- (e) Evening classes for employes of both sexes.
- (f) Recreation.

From the Marelli factory, we drove to Legnano—a small village consisting solely of families supplying employes for an electrically driven cotton spinning mill. Here the same improvements existed as we had found in the Marelli factory, with one very important addition, namely: the instalment of a large machine for extracting all loose particles and dust from the raw cotton before it was handled in the mill. This had meant a very large decrease in the number of cases of tuberculosis and those now being treated were not of a higher rate per 1,000 of the population than was the average in most villages of Italy.

We next visited the Sanatorium attached to the cotton factory, which was supported by the employes, each being compelled to contribute one day's pay per year towards its maintenance. Here, as was the case with the other sanatoria that I had visited in Italy, the patients were treated in small numbers—four at a dining table, and two or three only in the same bedrooms. This "dividing up" process had been found to be most successful.

After our round of inspection of the sanatorium we were treated to a film exhibition showing wonderfully clever surgical operations, illustrating three of the different methods of dealing with the prevention of the spread of infection when only one lung had been affected. Despite absolute asepsis at the operations, both on the part of the surgeon and his assistant (only local anaesthetics were used), imagine our feelings when we got occasional glimpses on the film of the flowing garments of a "religieuse," who was the only nurse available to help, both in the operating theatre and in the wards.

Training schools for nurses in Italy have only been in existence in any number for a few years, and, therefore, there are as yet very few "trained nurses," as we understand the term in England, and those nurses already trained are mostly engaged in training schools themselves.

We finally reached Milan at 9 p.m., very cold, very hungry, and very tired, and at 6 o'clock the next morning most of us set out again—some to visit sanatoria in the mountains and some to return to England and take up our routine duties again.

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THE TREATMENT OF LEPROSY.

BY MISS ALICE SIMPKIN, S.R.N., F.B.C.N.

Twice lately Alepol has been referred to in THE BRITISH JOURNAL OF NURSING in connection with the treatment of lepers. A short account of work among lepers carried on at Likoma, a small island in Lake Nyasa, may therefore be of interest to its readers.

Lake Nyasa is nearly 300 miles long; it is one of the chain of lakes lying in the Great Rift Valley of East Africa which runs from the Red Sea in the north to the Zambesi in the south. In Lake Nyasa, about 12 degrees south of the Equator, lies Likoma Island; on a secluded promontory of this island a little group of lepers voluntarily went to live in 1922, separated from their homes and friends. They submitted themselves to what they knew would be a long, tedious, and at times a painful course of treatment. Their rocky promontory is narrow, and shut off from the nearest village by a hill; its name means "the haunt of the gull"; it is swept by all the winds of heaven, and every nook is flooded with tropical sunshine. Lake Nyasa is ever changing its colour, and not its colour only, for sometimes it is perfectly calm and still, and at others it is lashed into fury by the south-west wind.

The morning that these lepers were taken across the bay that separates the promontory from the part of the island where the Universities' Mission has a general hospital the lake was rather rough; two journeys had to be made in the small dug-out canoe to transport the little group of five patients with their cooking-pots, food, and a box containing drugs and dressings. These five soon increased to twelve—six men and six women—and there they have lived for these six years in simple mud huts.

A doctor sees the patients from time to time, and three times a week a nurse has visited them and given them injections of various preparations, all of which were made from the seed of a *Hydnocarpus* tree, which grows in Burma and India. This nut has been known to the Chinese for hundreds of years as a remedy for leprosy, and is described in their ancient pharmacopœias.

A beginning was made at our settlement with *Ol. chaulmoograe*; one formula was given intramuscularly, another intravenously. Then came *Moogrol*, an ethyl ester of the same oil, prepared by Messrs. Burroughs, Wellcome & Co., and given intravenously. Some two years later we obtained the *Hydnocarpus* oil direct from India, and gave it by means of infiltration, a slow and painful process. Next we prepared our own ethyl esters from the crude oil; this preparation did not cause the painful swellings that the earlier preparations did.

In June, 1927, we received the first instalment of *Alepol*, a sodium hydnocarate; this, too, is prepared from the *Hydnocarpus* bean, and it does not produce the disagreeable symptoms of pain, swelling, irritating cough, and blocking of the veins.

In May, 1928, after examining many smears made from the nasal passages and from clippings of the old skin lesions, four of these lepers were pronounced cured, and have returned to their homes and families. These patients were not discharged until the smears had been negative for

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