

The system described is encouraged throughout the S. Sudan where Government Officers are organising leprosy work. In the Amadi district of the White Nile to the South, the Church Missionary Society has a leper home and hospital. There is a great deal of scope here for development, and Dr. Fraser is expanding the work in order to be able to cope with more lepers. It is at such a place as Amadi that a nurse with the Missionary spirit and zeal for the Kingdom of God would find ample opportunity for the exercise of her talents.

In Uganda it is estimated that there are some 20,000 lepers. Most of the work is carried on by Missionaries. The areas where permanent leper work is being done are in the Eastern Provinces at Ngora, and the Western Provinces in the Kigezi district. Roman Catholic Missions are also undertaking the care of lepers. One of the most interesting efforts is the one which is being organised in the Kigezi district by the Church Missionary Society Ruanda Mission. A leper station is in the process of being built on an island on one of the lakes in the district. It is hoped in this district that in time the majority of infectious cases will eventually come forward for treatment, and that a special effort will be made to treat leper children. Two nurses have volunteered for this work and much of it will be carried out by them under the supervision of the medical missionary stationed on the mainland.

In Zanzibar there has been organised a similar scheme by Government. Here an island has been set apart for the segregation and treatment of lepers, where there are some 120 lepers segregated. At this settlement two nurses are in constant residence and are responsible not only for the medical care of the inmates but also for the superintendence of the colony. The work that is done by nurses here and elsewhere is of the highest order and is deserving of much praise.

There are probably between five hundred and a thousand lepers in the islands of Zanzibar and Pemba, and therefore the problem is not one of the same magnitude as that seen on the mainland. It is hoped that through a system of the following up of contacts the disease will in the course of the next few decades be completely controlled. Sir Leonard Rogers has pointed out that if it were possible to examine all the contacts in leprosy it would be possible to reduce the incidence by over 30 per cent. in the first decade, and in two or three decades leprosy would be eliminated. This, however, is only possible in a few isolated territories where it is possible to put a system of the examination of contacts effectively into action.

In Tanganyika Territory a great deal of the leper work is undertaken by nurses. I personally had the privilege of seeing a very effective piece of work organised by the nurses of the Universities Mission to Central Africa at Muheza in the Tanga district. Further south in the Masasi diocese much of the work is being done entirely by nurses. A similar situation is found in Nyasaland. Some of the nurses work under supervision of medical men, others carry on the work single-handed.

The work in Southern Rhodesia is of a limited extent; there are three institutions for the care and treatment of lepers.

The Government institution at Gomohuru has been in existence for many years but within the last few years

a special medical officer, who has had long tropical experience, has been appointed to superintend not only this leper hospital, but has been placed in charge of the organisation of the work throughout the country. The other two institutions are mission settlements, one is in charge of a Roman Catholic Mission and the other a Swedish Protestant Mission; at both places there are great possibilities for development.

In S. Africa leper institutions have existed for the last half century and the best of these compare favourably with the leading leprosaria in the world. There is scope for nurses in these institutions and the work that is being carried out by them is very excellent. The Government in S. Africa is spending more money than any other country on anti-leprosy work, and with recent suggested modifications in the system it is to be hoped that the next few years will see a greater advance towards the ideal of control and eliminating the disease in this part of the Empire.

If the work develops along the right lines even greater achievements will result and yet further triumphs in the conquest of this age-long scourge will be seen.

## RECRUITMENT FOR NURSING.

An interesting correspondence initiated by Dr. Esther Carling, Medical Superintendent of the Berks and Bucks Joint Sanatorium at Peppard Common, Oxon, has been proceeding in *The Lancet* during the past month. Dr. Carling writes:—

"The medical profession seems curiously asleep in the face of an approaching crisis. More and more the doctor depends on the nurse; less and less will he find her. Nursing is going. The 'big hospitals' still find recruits, a few may even have a waiting list; the lesser ones, cottage hospitals, sanatoriums, sidelines of all sorts, and the smaller poor-law infirmaries advertise in vain. They can attract neither probationers, nor trained people for their senior posts. They run on two expedients: (1) the elevation of the ward maid, (2) the employment of the 'temporary nurse.' This variety represents those who have fallen by the way after a few months in hospital; they are employed by an agency which pays them about £60 a year, and charges £2 2s. a week for their services. They are in constant demand, so the agencies flourish and multiply while the hospitals groan under the expense and the lack of efficiency. What, then, becomes of all the nurses who pass out of the training schools year by year? They disappear down four main avenues: (1) public health work (with free evenings and week-ends); (2) work abroad (with variety, better social status, better pay); (3) private work (better pay); (4) administrative posts in hospitals (better professional status)."

Miss Gladys B. Carter, B.Sc. Econ. (a State Registered Nurse, and Certified Midwife), whose views will be found incorporated in a letter addressed to this Journal on page 308, continued the discussion.

Dr. R. C. Wingfield, Frimley, refers to the salaries of certificated nurses in Canada as more than twice an English nurse can expect, and adds: "Might one not suggest that a nurse who has passed her State registration examination should be able to expect some such reasonable salary as this? Those who could not, or did not wish to, reach that standard of efficiency should be content with smaller rewards."

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