

copy 1681

HOSPITALIZATION IN LEPROSY

By B. MOISER

*Medical Superintendent, Ngomahuru Leprosy Hospital
Southern Rhodesia*

The term "voluntary hospital" appears to mean different things in different parts of the world. In Southern Rhodesia it means a hospital in which patients are not confined by compulsion, and are free to leave at any time.

There are two large leprosy hospitals in this country, Ngomahuru and Mtoko, each of which is enclosed by a wire fence. This fence simply serves to demarcate the boundary, beyond which the patients are not allowed to wander and within which neighbors must not trespass. It also serves to keep our cattle in, and neighbors' cattle out. The area of the Ngomahuru grounds is about 9,000 acres, while that of Mtoko is a little less than half that.

There are no guards on the fence, so that it cannot be said to exist for the purpose of preventing the patients from deserting. If they wish to leave they can do so at any time by passing out through one or other of the gates, or by climbing through the fence. It will thus be seen that a patient is free to leave if he wishes, and in that sense these hospitals are voluntary.

Here we adopt the principle that a forbidden object is a most desirable object. When no restrictions are placed on it, it is not specially sought after. Had we an impenetrable barrier, desertions would be of frequent occurrence. Personally I have always been a firm believer in voluntary segregation, and experience in Nigeria and Southern Rhodesia has proved that it is very satisfactory in practice. Desertions do occur; for instance, during 1936 we had 603 patients here, and there were 5 desertions.

When a patient deserts, no action is taken for a fortnight, for we know that he has probably gone to visit friends in the neighborhood and will be back in a few days. When he comes he will have to work in the afternoons for a certain number of days, instead of being free to do as he likes. He does this willingly, without supervision: having had his fun he pays the penalty.

Should he not return within a fortnight, the Native Commissioner of the district is informed and the man is sent back and an

explanation demanded. The excuse generally is that he wanted to see his family—and a very good excuse it is, too, and one with which one has sympathy. If the man cannot be found, then I prefer his absence, for he would cause unrest among the others.

With regard to admissions, they are of two varieties: (a) The absolutely voluntary case, who walks in of his own accord and asks for treatment, having diagnosed his own disease or having had it done for him by some of the old women of the country, many of whom are quite conversant with leprosy. These voluntary cases are increasing year by year. (b) The case who has been discovered by the Chief's messengers, or police, or by the Native Commissioners. Such people are sent in a special van by rail, thence by motor-lorry to the institution. Without this help they would be unable to come. Such people never desert, for their homes are too far away. They are perfectly happy here, for they live in huts in their own style, cultivate small farms, get a liberal ration (this being part of the treatment), and are given plenty of occupation, which provides the necessary exercise.

Our patients at Ngomahuru and Mtoko, upon admission, are classified and sent to live in one of the six villages, which are arranged according to the stage of the disease. But we have not the staff to keep them apart and they must mix at times, and I feel sure that mass infection occurs.

With regard to the type of case which calls for hospitalization, at present we have to admit all and sundry, for there is nowhere else for them to go. When I say "all and sundry" it is not quite all, for abortive cases are not uncommon in this country. If a case is considered probably to be of this variety, he is sent home and seen again at the end of a year, and in many cases the abortive character of the condition has become obvious.

In my opinion these large hospitals should be reserved for infectious and contagious cases, and noninfectious cases should be sent to annexes to the general hospitals all over the country to receive treatment under the government medical officers. The time is not yet deemed ripe for this proposal, however, although I am convinced that the present system is wrong. To my mind, the ideal for Africa is to have extensive grounds reserved for infectious cases, while others are treated by the nearest government medical officer in small isolation camps, conveniently placed but not in the same grounds as the general hospitals.