MISCELLANEOUS

REHABILITATION IN LEPROSY [1]

Over ten million people in the world—it is estimated—suffer from leprosy. Less than 5 % can be accommodated in existing institutions ; most live in their own homes, and probably not more than 20 % receive treatment of any kind. In 1959 a WHO Expert Committee on Leprosy put the proportion with some disability at about 25 %, but this estimate is undoubtedly conservative. Much could be done for the rehabilitation of this group that is not being done at present.

Many leprosy deformities and disabilities would not occur at all if treatment started the moment the disease is diagnosed. At the present time, however, only a small proportion of patients receive any treatment at all. But much can be done to help those who already have deformities and disabilities. Just how much is shown in the report, recently published, of a Scientific Meeting on Rehabilitation in Leprosy held in November 1960 in Vellore, India, under the sponsorship of WHO, the Leonard Wood Memorial, and the International Society for Rehabilitation of the Disabled (with assistance from the National Institute of Neurology and Blindness of the US Public Health Service, the Bureau of Medicine and Surgery of the US Navy, and the Christian Medical College, Vellore).

Two major points emerged during the meeting. One was that important advances have recently been made in the field of rehabilitation of leprosy patients by scientists whose main interests and experience are in different but related fields. The other was that problems in the pathology and treatment of deformities very

[1] Extract from an article published in the *WHO Chronicle*, Geneva, 1961, No. 9.

similar to those occurring in leprosy have been or are being solved through the use of techniques already known and in common use in medical schools and other research centres. The Scientific Meeting concluded that : " . . . leprosy research should no longer be carried out merely in institutions confined to leprosy and by leprosy specialists who could not have the assistance of basic scientists and experts in other fields . . . ; much more rapid progress in rehabilitation could be made if leprosy were studied and treated along with other diseases in centres where a wide range of medical scientists would be available . . ."

There are nevertheless certain difficulties peculiar to the rehabilitation of leprosy patients. The public fears the deformities, thinking that they indicate infection. Patients fear that deformities of the feet, hands, and face are inevitable and cannot be prevented or cured. The patient with loss of sensation may not be fit for ordinary work or employment. To overcome these difficulties, intensive education of the public and the medical profession is needed, with emphasis on the points that leprosy is curable and that residual deformities do not mean that it is still active. Education is required on the prevention of deformities ; prevention, along with treatment and rehabilitation, is an inseparable part of any programme dealing with leprosy. For the correction of the deformities, there should be a physiotherapy unit and reconstructive surgical centres. To provide reemployment there should be services to place the patient in jobs, vocational training units, sheltered workshops for those who cannot be independent, and settlements to provide permanent homes and work when necessary.

If medical services are adequate and the endemicity of leprosy is low, the existing rehabilitation services should be used. If trained personnel is in short supply, the rehabilitation programme should be built up around a good surgical reconstructive unit. But if existing medical services are not yet fully adequate, training is required to provide the necessary personnel. Every leprosy worker should be taught the basic principles of rehabilitation ; auxiliaries should be taught physiotherapeutic methods ; surgeons should learn reconstructive techniques ; and social workers should know what special methods exist for dealing with the limitations imposed by deformity.

The Scientific Meeting closed its report with a quotation that admirably summarizes the views of the participants and deserves to be reproduced in full :

" Too often it is assumed that rehabilitation should begin only after cure of the disease. In some diseases that sequence may be logical. In the case of leprosy, most of the psychological harm is done in the first few months after the diagnosis is made. It is then that despair strikes. It is then that the patient's whole world crumbles away. It is then that he begins to feel persecuted and to feel that no effort is worth while. That is the root of apathy, and it is a root that deepens and ramifies widely. Rehabilitation must start on the day of diagnosis, or as soon thereafter as the social worker can introduce the patient to the new world that for such a short time must replace his old, until he is ready to return, freshly equipped and with a welcome awaiting him."

THE CHANGING SCENE IN NURSING

The International Nursing Review [1] *has recently published an interesting article on the development of nursing services and hospital techniques entitled " The changing scene in the United States ". We reproduce a number of extracts, since the article deals with a very present problem which has more or less generally to be faced. The author, Miss Olga Weiss, R.N., who is herself a nurse, has published several works, in particular on the nurse-patients relationships in Psychiatry.*

The Patient Changes.—Twenty or thirty years ago, the average patient was less well read, knew less about the human body, and

[1] Vol. 8, number 5, London, September-October, 1961.