

M I S C E L L A N E O U S

PROSTHETIST COURSES IN AFRICA¹

The fitting with artificial limbs of amputated cases raises problems which are more acute in Africa than in many other parts of the world. These prosthetist services are on a modest scale there, still in the planning stage or not yet even envisaged. Only a few African countries possess fitting centres and an even smaller number make artificial limbs. Delay in delivery of prostheses ordered abroad is often considerable, since distances are great and communications difficult.

To create and develop the appropriate services, local personnel must be trained. Aware of needs in this field, thanks to its member associations in Africa and having had the assurance that the government of the Republic of the Ivory Coast would give its full support to such a project, the World Veterans Federation selected Abidjan for the first international Prosthetist Course in Africa. The chief object of this course was to train local personnel with a view to encouraging the creation and development of prosthetist services to rehabilitate ex-servicemen similar to civilian amputees. This was organized under the patronage of the French and Ivory Coast governments, with the participation of the Conference of World Organizations interested in the Handicapped and the co-operation of the United Nations.

Lectures and practical work enabled a review to be made of recent developments in surgical operations, pre- and post-operation treatment of amputees and the different types of artificial limbs for amputees of lower and upper members of the body. The question of constituent parts was also examined, as were the application and alignment of appliances and directions for prostheses according to causes, age and physical condition.

The Course produced several useful ideas, such as the necessity of making artificial limbs more simple, of taking local conditions into account, such as available material, climate, distances, occupa-

¹ *Monde Combattant*, Paris, 1966, No. 158.

tions, and of unifying constituent parts as far as possible. It was also recommended that grants for professional training abroad be made available to African medical and technical personnel, in addition to local apprenticeships, and that international prosthetist courses be organized on a regular footing in Africa.

Twenty-nine persons under instruction and two observers took part in the course. These comprised doctors, surgeons, orthopaedists and prosthetists from thirteen African countries : Central African Republic, Dahomey, Ethiopia, Ghana, Ivory Coast, Liberia, Madagascar, Morocco, Niger, Nigeria, Senegal, Sierra Leone and Upper Volta.

Special meetings were devoted to the study of problems arising in African countries from dispersed populations mainly in rural areas. These often travel barefoot. Whilst the causes of amputation in Africa are the same as elsewhere, they can often be induced by serpent bites, neglected ulcers, gangrene and leprosy. Other meetings dealt with the rehabilitation of poliomyelitic cases and the problems of leprosy.
