

## ST. FRANCIS IN UGANDA

TO most of us leprosy as a disease is something at once so remote and so repulsive that we put it wholly out of our minds and at best connect it only with R. L. Stevenson's generous defence of Father Damien, or—more romantically—with the fatal kiss that Violaine, out of sheer pity, bestowed on Pierre de Craon in *L'Annonce faite à Marie*. Yet, prosaically considered, leprosy is one of the health problems of the Empire, for though practically non-existent in Europe, it remains a real scourge in several of our tropical Colonies and not least in our Protectorate of Uganda. Here, unhappily, thousands of lepers, calculated indeed as high as four per cent. of the native population, are living to-day, largely untended and uncontrolled, spreading their terrible disease among children and neighbours, the means of coping with the situation being still sadly inadequate.

From a useful little booklet issued by the Uganda Government for the instruction of all concerned, one gathers that leprosy is emphatically a poor man's disease, the outcome of dirt, drink, ill-ventilated huts, over-crowding, under-nourishment, in brief of a total disregard of the laws of hygiene and sanitation which extreme poverty entails in all countries. Leprosy is not an infectious disease as was universally believed throughout earlier centuries—hence the terrible sentence of isolation imposed on the victims—but it is acutely contagious, especially to children, under conditions of close intercourse in over-crowded dwellings, by a common use of bedding, drinking-cups, etc. If due precautions are taken, such as entering infected huts as little as possible and careful washing of hands immediately after touching infected objects, there need be no special risk for healthy persons in tending leper patients, although the heroic nature of such a vocation remains without question.

One of the baffling features about leprosy is the extreme length of the incubation period, and the progress of the

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disease is so slow that a patient may bear the germs within him for years before the symptoms betray themselves. Ultimately the disease may take one of two forms: that of skin leprosy with open sores and shocking disfigurement, or nerve leprosy which induces complete paralysis of the limbs affected. Happily it is now proved that even in advanced stages leprosy can be arrested and rendered non-contagious and even cured. Injections of Hydnocarpus oil and the painting of the patches of leprosy on the skin with strong medicine to kill the bacilli is the medical treatment prescribed, but for a real cure there must be a complete change in the patient's mode of life. And it is just here that a Catholic missionary Order can work wonders.

For over thirty years Franciscan Sisters, led by Mother Kevin, who gained her M.B.E. for medical services in East Africa during the war, have been working as missionaries in the Uganda Vicariat. To-day, with increased numbers, and with a realisation of the peculiarly Franciscan character of such a vocation, the care of the lepers is claiming a larger share of their apostolate. Two years ago, at the request of Archbishop Hinsley, the Sisters opened a small leper hospital at Nyenga, to which the lepers have flocked so eagerly that within a few months the site has proved to be utterly inadequate. What is needed is a Catholic settlement, not for 200, but for 2,000 lepers. Nothing daunted, Mother Kevin appealed to the Uganda authorities, who well know the value of her work, for two large stretches of virgin land, five or six square miles in extent. And already the first of these colonies is in process of development at Buluba, in a lovely situation amid low wooded hills, stretching down to the shores of Victoria Nyanza.

The colony will be worked on a family basis. It is impracticable, and it would be cruel, to segregate the patients for months, and even years, away from family and friends. The method is—around the central buildings of church, convent, hospital, dressing-station, schools, wards for the babies of infected parents—to erect scattered huts, one for each family, with a plot of ground for the cultivation of

food, bananas, sweet potatoes, beans and so forth. Thus, when after a few months treatment, a wonderful improvement has taken place in their health, the lepers are enabled to live fairly normal, active lives, under healthy, sanitary conditions which will not only prevent the spreading of the disease, but, in the end, will effect many cures. It is the Sisters themselves, among whom are fully-trained nurses and dispensers and even a fully qualified doctor, who carry out all the medical treatment, and a car, also driven by one of themselves, will carry them about their spacious domain. Needless to say that the souls of the Baganda will receive as much attention as their afflicted bodies, and at Buluba they will have the immense benefit of free access to their own church.

Nor need the care of the leper colony be left wholly in European hands. The most hopeful, because the most permanent, feature of missionary effort in Uganda has been the training and formation of a community of native nuns, or 'Little Sisters,' who will teach, tend and convert their own people whom they will always understand better than any foreigners can hope to do. A five years' training—one as aspirant, two as postulant and two more as novice—transforms these gentle little black girls of thirteen and fourteen, full of faith and touchingly eager to learn, into ardent and practical little missionaries. Already some fifty native nuns are actively at work in the various mission centres and the novitiate at Nkokonjeru is in process of forming close on one hundred more. Very wisely no effort is made to assimilate them too closely to their English Sisters. They retain their native food and simple way of living, and in future whenever a new mission house for nuns is established in some remote village, a little community of native Sisters will have their own convent side by side with the other. In the new big leper colony their co-operation will be invaluable. Already one Little Sister, accepted for the religious life with the unsuspected seeds of leprosy within her, has been cured by the new treatment

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and is no longer a possible source of infection to her companions.

Five years ago Mother Kevin opened a special novitiate for missionary work in Uganda at Holme Hall, in Yorkshire, an ancient ancestral home of Langdales and Stourtons, now turned to religious purposes. Vocations have flowed in, and already over forty professed nuns from there have made the long journey to British East Africa. Training for the mission-field to-day is both arduous and varied. Among their subjects missions need not only certificated mistresses for elementary and secondary schools and teachers skilled in Montessori methods and in every form of house-craft, but also qualified nurses, dispensers, dentists and above all women doctors. Practical experience in gardening, poultry-keeping and car-driving never comes amiss and a Sister may even be called upon in some remote district to superintend the brick-making, though this craft would seem to be best acquired locally. Finally there is the difficult native language to master in some measure before starting out on the great adventure. In the years to come it is to the cure and education of the lepers that many of these highly trained women will dedicate their lives. It is an enterprise of infinite needs and infinite spiritual possibilities, but given the means, and above all the vocations, this new Franciscan venture may claim a notable share in wiping out the dread disease of leprosy from among a race that has shewn itself singularly receptive of Catholic teaching.

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