

Leprosy — A Personal Challenge

by
Aleyamma Oomen

IT was not a surprise to me when I heard the news that we were going to have leper patients in our ward, so we transferred some orthopedic patients to other wards and made up 10 beds to receive the lepers. The whole hospital had the news that doctor (a plastic surgeon) was going to admit leprosy patients for plastic surgery.

I was off duty when they came in one Sunday evening—six male and four female patients; among them there was a 14 year old girl named Rosakutty, with deformed feet. One of the Sisters took her in her arms as a child and brought her to the ward. When I heard that, I was somewhat surprised, because I thought that leprosy was a highly infective disease; I imagined the girl with terrible ulcers on her body.

The next morning when I went on duty I was very anxious to see the new patients. When the doctor came for rounds, he gave orders for blood examination, haemoglobin, white cell count, Khan test and E.S.R.; and ordered streptomycin 1 gm. daily. He posted two of them for surgery the following day; they had large ulcers on the plantar surface of the foot. After doctor's departure I talked to them and I learned their names, native places and the history of the disease.

I planned to prepare the patients for surgery. A complete bath and shaving of one thigh and toilet of feet with 1% cetavalon. Till that time I had no special feelings about leprosy but when I heard that other nurses were not willing to care for them I was very upset. I decided not to do the preparation and to inform the Nursing Superintendent. There were two other senior students with me and we went to the Nursing Superintendent. She was shocked when she heard us. She came to the ward and asked each of the student nurses whether we were prepared to look after these patients. She explained that the disease was less infectious than

tuberculosis, and that each of the patients had negative leprosy tests before selection for surgery; but the nurses were unwilling to nurse lepers. Our Nursing Superintendent herself did the preparation for surgery on the first day and the Theatre Sister came and gave the streptomycin and preoperative medications.

Even though I was unwilling to nurse these patients, there was a great problem in my heart; I was ashamed to look at the doctors and sisters. Previously I had no special sentiments about this particular disease. Though I was not nursing them, I used to talk to the patients. They came from Kerala to Nagercoil with the hope of a new life, but were fearful of the strange people and place. When we refused to touch them, they felt unwanted. They were worried; though we were trying not to show our feelings towards them because they expected help, especially from we Malayali nurses.

These patients were most helpful to each other; those who could walk did things for those who could not.

One of these patients had an ulcer excised and a split skin graft applied and the other had a Syme's amputation. The second patient had his operation under general anaesthesia and was unconscious for some time after return to the ward. As he regained consciousness he called "Sister, won't you give me a drop of water; I know that we are unwanted people". He was also worried about his wife and children. His words touched my heart but I was not brave enough to touch him. That night I prayed about it, and in the morning went to the Nursing Superintendent and told her I was willing to nurse leprosy patients. From that moment I had no fear at all. I touched them and I did what ever was needed for them as for other patients.

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This story, in her own words, tells of her fears and how she rose above them.

Four of the patients had rhinoplasty operations. One had a facial sling operation and a tarsor-rhaphy for facial palsy, and the rest had excision and skin grafting of chronic ulcers of the feet. Throughout their surgical treatment they received streptomycin injections and tablets of D.A.D.P.S. which they had been receiving for many months before transfer to our General Hospital.

The skin grafts had been applied over plastic moulds of the ulcers and no dressing was done for 8 days. When the mould was removed the skin was already growing. In two weeks they were able to walk with sandals. We told them how to care for their feet so that no more ulcers would come. Three patients had saddle noses where the infection had destroyed nasal cartilages. These had bone grafts inserted and their flat noses became normal. The bone was taken from the iliac crests and a plaster of Paris splint was fitted over the nose for a week. At the end of three weeks all of the patients were fit to return to the leprosy hospital; they were again looking after their own personal needs and excited at the prospect of showing the results of their surgery to fellow patients. Doctor took some photographs of some of the patients showing the patients looking at their new noses.

I helped with terminal cleaning of the wards. It has been a great experience for me to nurse leprosy patients for a few weeks. It challenged me to think more about the world and its cares than ever before.