

Experiences in an Overseas Amputee Clinic

Barry J. Gainor, M.D.

COMMENTARY

by Ronald J. Garst, M.D.

ABSTRACT

A prefabricated artificial limb was used in two successive clinics for lower extremity amputees conducted in the Caribbean island nation of St. Lucia. This prosthetic system, which is inexpensive and simple in design, provided a practical short-term answer for some patients. However, experience has shown that providing a long-term solution to the many challenges facing amputees in a developing country is best approached through the training of local medical personnel and the utilization of native resources.

INTRODUCTION

The chief administrator at St. Jude Hospital on the Caribbean island of St. Lucia contacted me a few years ago about a lower extremity amputee who needed his well-worn prosthesis replaced. The patient had an unusual but simplistic artificial limb that had a "horse's hoof" device for the foot com-

ponent. As the director of the Orthopaedics Overseas program at St. Jude Hospital, it was my task to find a suitable replacement for this mysterious but functional implement. St. Jude, a West Indian mission hospital that is operated by the Sisters of the Sorrowful Mother, was profiled in the American orthopaedic literature by John L. Esterhai, Jr., M.D., in 1988.^{1,2} Dr. Esterhai served as a medical volunteer for one month in St. Lucia, which is located about 30 miles south of the French resort island of Martinique.

The substantive difficulties of managing lower extremity amputees in a developing nation were not new to me. During an earlier one month tenure of volunteer duty at St. Jude Hospital, I had cared for a shoeless diabetic woman who was disabled by a unilateral below-knee amputation. The woman washed her clothes daily in the gutter water that flowed in front of her shanty in a slum district. When I visited her one afternoon to measure her stump, her son was sternly instructed to get his mother a shoe for her remaining foot, lest it suffer the same fate as the amputated extremity. After the barefoot woman was properly shod, a prosthesis would be fashioned for her contralateral leg at the hospital. A flimsy shoe was procured in a few days, and a rudimentary wooden leg was built from a crutch as described to me by Mark B.

Dr. Barry J. Gainor is an associate professor, the Division of Orthopaedic Surgery, Department of Surgery, University of Missouri-Columbia School of Medicine, Columbia, Missouri.