

The Campaign in Bengal.

By E. MUIR. M.D.

Bengal consists chiefly of the great fertile plains which have been laid down during thousands of years by the silt-laden waters of the Ganges. But it is bordered to the west, north and east by less fertile and less accessible hill tracts which are inhabited by semi-aboriginal tribes who were driven there in times past by conquering invaders, and are more ignorant and less advanced than the people of the plains. It is among these semi-aboriginals that leprosy is most prevalent. Formerly lack of communications kept them in their remote villages, but the recent improvement of communications, as well as their rapid increase in numbers due to the more settled conditions of the country, has led to their migrating to the plains in search of employment, and they carry with them leprosy and infect the people of the plains among whom they go to live. This has been realised during the past two years by the Bengal Branch of The British Empire Leprosy Relief Association. We take special means to deal with leprosy in the districts where it is most rife, and at the same time to take means to prevent its spread to new areas.

The Association in Bengal was faced with the difficulty of dealing with a very serious problem, while it had an annual income of only some Rs.4,000. It was realised from the outset that this small sum if used for building or maintaining dispensaries, would not go very far. It was considered wiser to appoint a medical officer, who, after training, would visit the different district centres and give courses of lectures and practical demonstrations to groups of doctors gathered together by the district authorities, and, at the same time, make a rough survey of local conditions, initiate leprosy clinics and advise the district authorities as to the best methods of carrying on the campaign within their own districts.

A suitable doctor was found, and the success which followed his efforts was far greater than had been expected. Within the last six months of 1927 he visited the districts of Bankura, Nadia, Malda and Jalpaiguri, and gave courses of lectures and practical demonstrations to 200 doctors and initiated a large number of special clinics. One of the districts (Malda) appointed a special leprosy officer of its own, and sent him for special training, while other districts showed no less interest. During the first six months of this year five more districts have been visited with equally good results. The Chairman of the District Board in one instance wrote imploring that Dr. Ghosh (the propaganda officer) might be

allowed to continue in his district for at least two months longer, as the interest aroused among both doctors and patients was so great that they required a man of experience to organise the efforts which were to be made.

The Association felt that they had hit upon a wise plan in using their resources as they had done, but, seeing that such interest had been awakened, decided that it would be a mistake not to take some more wide-spread means of dealing with the problem. A scheme has therefore been placed before the Bengal Government for appointing five survey officers who should work for five years, spending about three months in each of the more endemic districts. It would not be possible for five men to make a complete leprosy survey within three months, but they might survey three thanas or units of police administration (there are approximately 20 thanas in a district), and at the same time initiate three clinics, one in each thana, which would act as models for the district. It is hoped that the existence of such clinics and the results obtained by treating patients will lead to other centres being started, and to medical practitioners in the neighbourhood attending the clinics and themselves beginning to treat patients. The Bengal Government has not yet been able to furnish the funds necessary (some Rs.60,000), but the scheme is so promising that it can scarcely be allowed to fail for want of money.

The methods described above for dealing with leprosy are particularly suitable for a country like India, where there is a dense population, a high endemicity of the disease, and a well-trained staff of doctors already distributed throughout the districts. In such circumstances it is obvious that the main obstacle to leprosy being treated is that the doctors have not been trained as students to diagnose and treat the disease. What is needed is that the local doctors should have it clearly demonstrated that leprosy is remediable, and that they should have an opportunity of learning how to diagnose and treat.

In the more sparsely populated mountain tracts of India, or in countries like Africa, where there is not a sufficient supply of trained doctors, it is obvious that the above methods would not be applicable. In such places it would be necessary to gather together the patients into treatment centres, where they could live for a time, and where they could cultivate the land or otherwise support themselves, special arrangements being made to feed those not able to work for their living, and where they would receive the latest treatments for the diseases from qualified medical men or women, or from nurses under medical supervision.
