

Leprosy Work in India.

THE TRAINING OF DOCTORS AT DICHPALI

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In order to deal with the leprosy problem in any State or country one of the most essential things is the education of the medical profession in the diagnosis and treatment of leprosy. Until the present time leprosy has been regarded as an incurable disease in which the medical profession could do nothing. Consequently during his training, the average doctor received little or no instruction on the diagnosis and treatment of this disease, and now in countries like India where leprosy is so prevalent the medical practitioner even of high standing often knows very little about this subject. I have been amazed to see how many cases of leprosy are missed even by able doctors, and also how many cases are sent to me as leprosy in whom there is no leprosy infection at all. Syphilis is the disease which in this country is most often mistaken for leprosy.

Now while this state of things exists, our efforts to control and finally to stamp out the disease of leprosy are likely to be seriously handicapped. A few leprosy specialists alone are not able to tackle the leprosy problem. They must be backed up by the whole of the medical profession, and this backing must be based on sound knowledge. How is this sound knowledge to be acquired ?

I would suggest the following as the most promising methods for the spread of knowledge through the rank and file of the medical profession.

(1) In every country where the disease is at all prevalent each medical school should appoint a lecturer in leprosy who should be a specialist in his subject and should by lectures and demonstrations give all the students the chance of acquiring a good general knowledge of leprosy. At least one question in the student's final examination should bear on this subject.

If this were done, the next generation of doctors would leave their training schools not only with the new knowledge of leprosy but also with a new outlook on the disease as one for which they as medical practitioners can do a great deal. The old outlook of the doctor on leprosy as incurable must be banished, and such lectureship should help greatly towards this end. Leprosy in many countries is one of the

commonest diseases and is responsible for an infinite amount of suffering. Any expense involved in establishing such lectureships would be amply repaid and it is imperative that at medical schools sound instruction on leprosy should be given.

(2) Where facilities exist, regular instruction courses should be held two or three times a year at which for a course of two or three weeks qualified medical practitioners receive thorough instruction in leprosy work. In India such courses have been instituted at the School of Tropical Medicine, Calcutta, and during the last year we at the Hospital for Lepers, Dichpali, Nizam's Dominions, have also held two such instruction courses. Of this work I will say more later.

(3) Those of us who are engaged in leprosy work should endeavour by every means at our disposal to interest other doctors in leprosy work. This is probably most easily done by working through the local medical Society where one exists. Papers on the diagnosis and treatment of leprosy given by one who really knows his subject usually command a good hearing and arouse interest, and although it is impossible to cover the whole ground in one or two evenings such papers are of great value in securing the co-operation of the local doctors and greatly help the work.

Through these three agencies wisely used it should in a few years be impossible for any medical man in a country where leprosy is prevalent to be as ignorant as some are now. The medical profession should be able to give their co-operation in the task of dealing with leprosy. Without this backing the task can never be accomplished.

Training Courses in Dichpali.

During 1928 we have held two courses for qualified medical men in the diagnosis and treatment of leprosy. The Course lasts for two weeks. The members live in a hostel built through the generosity of friends, a small daily allowance for messing is made and travelling expenses to and from Dichpali are paid. A grant from the Indian Council of the B.E.L.R. Association helps to meet these expenses.

Of the doctors attending the courses some have been Government medical officers sent by the medical department of H.E.H. The Nizam's Government, some have been members of the Staff of the large town hospitals, some have been doctors in the service of Missions.

As the standard of medical education is not very high, care has to be taken at the beginning of the course to make the instruction fairly elementary but this should not prevent a high standard being attained to the end of the course. The instruction is made as practical as possible every member being given repeated opportunity of diagnosing new patients and drawing charts, of making bacteriological examinations and of giving injections of all kinds.

Of text-books, "Leprosy" by Rogers and Muir is very good and full, but some portions notably "Pathology" and "Treatment" are now rather out of date.

"Six Technical Lectures on Leprosy" published by the Indian Council of B.E.L.R.A., is very good, and is more up-to-date, but it is only a small hand-book and is not full enough for such courses. We have used both these books and augmented them by typewritten notes.

SYLLABUS.

Lectures.

Clinical aspects of leprosy : Three lectures each followed by a demonstration.
 Diagnosis and Prognosis followed by demonstration.
 Treatment of leprosy : Four lectures and daily demonstrations.
 Etiology of leprosy.
 History and Epidemiology of leprosy.
 Prophylaxis.
 Bacteriology : followed by demonstration.
 Pathology.
 Organisation of leprosy work.

Additional Demonstrations.

Preparation of medicines for injection.
 Giving of injections intravenous, intramuscular, and subcutaneous infiltration.
 Iodide—sedimentation test in leprosy.
 Kahn Test for syphilis.
 Surgical treatment in leprosy.

Practical Work.

Examination of patients. Drawing of Charts.
 Bacteriological examination of skin, nose, glands, etc.
 Diagnosis of new cases.
 Iodide sedimentation test.
 Giving of injections of all kinds.

Tutorial Classes.

Two or three held during the course to clear up any points which any members of the class have not fully understood.
 At the end of the course an Examination is held.

A recent Examination took the following form :—

EXAMINATION.

Written Paper.

- Question 1. State what is meant by a B3 case of leprosy. Enumerate the lesions you might find in such a case. Describe the pathological changes found in any *one* of these lesions.
- Question 2. A man comes to you, says he has been living in the same house as a leper and is afraid he has contracted the infection. He shows no obvious signs of leprosy. Describe in full detail how you would investigate such a case and make a diagnosis.
- Question 3. Describe fully how you would administer Potassium Iodide—antimony treatment to a B1-B2 case.
- Question 4. How would you organise an anti-leprosy campaign in a taluq of the Hyderabad State?

Practical Examination.

Each candidate is allotted one patient. Examine the patient thoroughly. Draw a chart showing his condition. Write a brief report on what you find, make a diagnosis stating the grounds on which it is made. Make a prognosis and outline the treatment you would advise.

Oral Examination.

Each candidate is asked four questions on any branch of the subject of leprosy.

As a result of these courses several of the ex-members of the classes are now treating cases of leprosy and also are sending suitable cases for treatment to us. Two doctors are now in charge of leprosy clinics in the City. Interest has been aroused and knowledge has been spread. We intend to continue these courses possibly extending them to three weeks duration. We feel this work is of vital importance and will greatly help towards solving the leprosy problem in this State.

Literature.

The following publications have been issued by the Indian Council of The British Empire Leprosy Relief Association :—

Popular Lecture on Leprosy. This book is copiously illustrated, and has a set of slides corresponding to these illustrations. It has gone through two editions within the course of a year.

What the Public should know about Leprosy. This is another illustrated booklet, published in 1926, which has proved so popular that it has become necessary to publish it in ten different vernaculars of the country.

Six Technical Lectures. This book is illustrated with 105 pictures, which are also duplicated in coloured slides. The lectures are intended for doctors wishing to make a further study of leprosy and its special treatment.

A set of twelve illustrated posters, size 20-ins. × 30-ins., well mounted on brown paper, showing the different phases of the disease, its prevention and treatment.

All enquiries as to the supply of this literature should be addressed to The Hon. Secretary, Indian Council,

The British Empire Leprosy Relief Association,

South Block, New Delhi,

INDIA.