

# Leprosy in the Hills of Assam.

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**M**Y personal experience with leprosy in the hills of Assam is largely limited to the Garo District and the Manipur State. I have but little personal experience of the incidence of the disease in other regions. Some 25 years ago, in the Garo Hills, I made careful investigation in many villages, and raised a cry of alarm which was printed in the "Indian Medical Gazette." Government investigation followed, and "proved" that my statements were "unfounded." A few years later Government opened a hospital for the treatment of leprosy in that district. The subject is being more carefully dealt with now in that district, though still far from effectively. In my report, which the Government delegate "proved" unfounded, I showed that the disease was *very* common in four large villages, and that there were some cases in other villages, and that in the opinion of leading men of those four villages the number of cases had

greatly increased in the last 25 years. I began systematic treatment and propaganda on the subject.

In 1918 I began a similar work in Manipur State. I was then informed that there were 160 lepers in the State. Since then the Mission Leper Colony at Kangpokpi has admitted 208 cases, and the State has started work for lepers, and has admitted over 200 cases. The State service is both hospital and dispensary. The Mission has no dispensary leper work, for there are no lepers living near. The State work is for the people on the plains, mostly Hindu and Mohammedan ; the Mission work is for the people of the hills, Animists and Christians. The State is co-operating generously, and with excellent spirit, in this work for the hill people : they provide the support for the patients, the sum amounting last year to Rs. 2,718. I am told they have budgeted Rs. 3,000 for the present year, but seem to be getting a bit nervous about the rapidly increasing amount, and to feel that although the number of cases may increase, they will have to decrease their grant.

At the Kangpokpi Leper Colony 57 cases have been discharged as probably cured, and 95 cases are at the moment (middle of April) under treatment. Other cases are liable to arrive any day. It is a great regret to the Superintendent that other responsibilities and shortage of funds have made it impossible for him to carry out scientific tests for concurrent diseases and the useful bacteriological examinations ; clinical evidence only has been relied on for admission and for discharge, but results seem to justify the method—there have been but few returns or relapses of those that have been discharged. The patients are housed partly in rough board cottages with fireplaces, and partly in temporary grass huts. A good treatment shed and infirmary has just been completed, and work is now under way to bring water in a pipeline from a mountain spring three-quarters of a mile away, and distribute it to the Colony. Plans are in hand for the construction of two more cottages and a church, and plans ought to be considered for the separation of the children not yet evidently lepers.

There are five clearly-marked regions in the hills of the State, the north-east, the south-east, the central north, the north-west, and the south-west. No survey has been made of the south-east, though many cases have come from there. No survey has been made of the central north, and no patients have come from there. The north-east has been carefully combed, and though there are said to be no cases remaining, several cases have come from there this year, and

others are likely to be discovered. The Subdivisional Officer of the south-west has reported that there are probably but few left in that region. In the north-west there are some, and probably many cases are still in the villages, as many have come from that region. A State order has been passed that all cases must come to Kangpokpi or live outside their village. It is, of course, impossible to make this order really effective, but it is helpful and educative.

Five things are needful in this movement to eradicate the curse of leprosy :

1. Restore a wholesome fear of the disease so that cases shall not be secreted. This is important both to the patients and to the people.

2. Treat all cases, specially the early ones, and in so doing spread abroad the good news that early cases are likely to be cured and returned home.

3. Segregate all cases, both early and late, to protect others from infection. I know that I am not in agreement with many authorities in advocating this, but I still believe it to be vital. I am aware that trustworthy cases living near treatment centres can be "segregated at home." This has its advantages as well as its dangers, and very real dangers they are when it is remembered how the disease runs in families.

4. Give a comfortable home to the incurables and the maimed. I consider that these should not be left at home, nor left to roam at large, even though the evidence does seem to prove them non-infective. Some "burnt-out cases" seem to have active relapses strikingly like the acute stages of earlier cases.

5. Not only from a purely Christian point of view, but also and distinctly from a medical point of view, we should give them the message of eternal joy. Some government institutions seem to fail just here. The treatment they give is good, but the psychological and the spiritual influences are neglected, and they complain of failure.

The writer deprecates a tendency to over-boldness in the matter of relative weakness of infectivity of this disease. A distinct restoration of fear is of value both among the people and among the workers ; and on the part of the workers a clearer realisation that we are dealing with vital germs whose activity is not sufficiently known, but none the less real—not a cowardly, terrified fear that would probably make several of us inmates of an asylum. Let us not be overbold in our knowledge and in our ignorance. Reasonable precautions are not out of order.

The economic element in this disease is a great one.

Nearly two-thirds of my total number of cases are in the middle third of life—and this is one very important factor in the rapid spread of the disease, it being in the most active stage of life both of men and women—and in the last third of life the cases decrease rapidly, but very few of them being active workers beyond 50 years of age. Nearly all who reach that age are broken in health and badly maimed.

Looking at the results of the first ten years of treatment in this State, it does not seem unreasonable to the writer to again express the hope that by the end of twenty or thirty years the hills of the State will be practically free from this disease. Other hill regions may be more difficult than these, but a vital faith, a definite policy, and a determination to accomplish something need not result in disappointment. At least, that is the opinion of the present writer.