

INDIAN SECTION.

Anti-Leprosy Work in India.

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IN India, there are three kinds of institutions engaged in anti-leprosy work. They are as follows :—

(1) A few Hindu institutions originally financed by temple funds, now aided by private bodies or the government, meant to house and feed the lepers so long as they desire to stay.

(2) The Mission to Lepers founded about 55 years ago, to give relief to the lepers, has kept pace with medical discoveries, and therefore has improved its method of service.

(3) The Indian branch of the B.E.L.R.A., a young organisation with the eradication of leprosy as its aim.

From Rameswaram (the southernmost temple) to Triloknath (northernmost temple) people believe that leprosy is the result of sins committed during a past birth, and therefore beyond human aid. Lepers leave their homes and take a journey to some temple situated over a hill or by the seaside. As a result of their travels, they come back looking better, and sometimes with all active signs removed. Thus the popular belief that a visit to a temple cures leprosy is strengthened. Temples renowned for benefiting leprosy are situated in the most out of the way places.

The simple diet, walking exercise, psycho-analysis, and auto-suggestion during the long journey certainly make the patients better. It is natural that in a chronic disease like leprosy, a patient seeks relief during a reaction. Hope, simple life and moderate exercise tend to bring down the phase quickly.

But recently communication has improved in India. With improved communication, the number of lepers in the premises of certain temples if formerly negligible, now has become dangerous. There are many villages near temples where there were no lepers 30 years ago, but now more than a dozen are to be found. When not cured of their disease, they settle down, as food and money are easily procurable from pilgrims. From what I have seen in the different parts of India during the last four years, I am of opinion that sheltering the lepers near the temples amounts to a public nuisance, and helps the dissemination of the disease.

Within the last five or six years it is wonderful how many

asylums have been transformed into hospitals, and how readily some superintendents have attached leprosy clinics to their institutions. In one asylum within a period of one year 1,080 out-patients have been seen and treated. Even in the remote corners of India, *viz.*, Chamba, Almora, Neyoor, the out-patient lepers get from the asylum what is not possible for them to obtain from state or government hospitals. Christian missionaries in India, because of their belief "that the ministry of healing is an essential part of the work of the Christian church," have an advantage over non-Christian workers, and therefore they naturally excel in their service to the condemned and ostracised lepers.

The Indian branch of the B.E.L.R.A. is a young organisation, full of energy and enthusiasm, and is guided by men who have vast experience in leprosy. It is engaged in research, training of doctors, propaganda and survey. Investigations into the methods of transmission, culture of the organism, effect of diet, and predisposing causes on the disease, improvement of treatment, specific tests to detect the results of treatment, pathology of the early stages, etc., are also pursued.

About a thousand doctors have been trained in Calcutta, and in other places. This number is much less than the number of doctors passing out from the various medical institutions in India. Therefore, there is a proposal that every medical school and college should arrange for a special course of lectures in leprosy.

About 20 different kinds of pamphlets have been issued in English and in Indian languages, and have been distributed in thousands.

A party of medical men has been engaged to find out the highly endemic areas, why there is more leprosy in certain areas, and among certain classes of the community, and whether the disease is on the increase. In addition to this, after the visit of the survey party, leprosy clinics are attached to the existing government or district board dispensaries, and lepers living in adjacent villages are invited to come to the clinics as out-patients, and the local doctors are trained in the matter of diagnosis, prevention and treatment of leprosy.

Owing in large measure to the work of the survey party whose investigations are gradually covering the whole of the country, there is undoubtedly a changed outlook on the part of the public, and there is less tendency to conceal the disease and less reluctance to come forward for treatment.

The work inaugurated on the spot by the survey party is being carried on after their departure by the provincial associations, and the medical department of the province or private bodies like the district boards.

The Central Province, Bihar and Orissa have appointed their own leprosy experts and survey parties. Bengal and Madras have appointed leprosy propaganda officers. Bombay presidency has appointed a leprosy expert. The United Provinces and Punjab are considering the appointment of leprosy experts shortly.

The provincial experts have been doing excellent work. The workers in Bengal have so familiarised the treatment that it has become available in every dispensary. In the year 1929 in Bihar and Orissa 5,923 lepers have been treated in 27 clinics, and 7,054 lepers were treated in six clinics in Madras. This is what is happening in all the provinces of India but the Punjab and North-Western Frontier Province, where leprosy is not very common except in the hill areas.

Thus we see that in India there are two main bodies, *i.e.*, the Mission to Lepers and the Indian branch of the B.E.L.R.A., which have been trying to cure lepers and to reduce the number of sufferers. Both these institutions help each other. Leprosy hospitals have been used as training places for doctors. Suitable cases are sent out from asylums to outlying doctors for treatment, and badly reacting cases are admitted into the asylums when they come with the recommendation of the dispensary doctor.

Our fight against leprosy will go on. The fight commenced at a stage when, as we know now, conditions were favourable for the spread of the disease. These conditions are still present, and are being accentuated. The village and caste system both of which limit epidemics will give place to small towns, and to democratic communities. Communication and intersocial mixing will increase with the increase of commerce and industry. If education does not keep pace with the above improvements we shall have to face a sterner fight. Therefore, let nobody imagine that leprosy is going to die out of India before we become hoary headed.