

## Correspondence.

SUNGEI BULOH,  
FEDERATED MALAY STATES.  
*June 6th, 1932.*

DEAR DR. COCHRANE,

I think that possibly some notes on my visit to India may be of interest to your readers. I found my three months in that country intensely interesting. It is difficult though, to have any coherent idea about things in India.

I saw Dichpali first. The medical administration there is very good, and I got a lot of ideas. One thing I would criticise is the system of giving patients their rice and a little money daily to buy the proteins, vegetables and fats. I am sure the average patient is quite unfit to regulate his own diet. Badenoch is finding here in Sungei Buloh that the prognosis in the acuter phases of leprosy is very closely inter-related with the calcium metabolism as judged by blood estimations and I feel that it is not right to leave these things to the patient himself.

The Leprosy Section of the Tropical School seems to me to divide itself into four—the out-patient work, the Gobra Hospital work, experimental work, and the “ Propaganda Treatment and Survey.”

The out-patient work is, of course, completely new to me, coming from a land of segregation. They are certainly getting much earlier cases than we do (on the other hand Lowe in Dichpali is getting just as early cases into hospital). For experimental purposes and for the study of early phases this out-patient system is wonderful. The idea is, I take it, that if you free a case of leprosy from the fear of segregation he will come voluntarily for treatment at an early stage. But is it not really the fear of his fellow-men, the dread of leprosy itself, the age-long terror that comes out of the hinterland of his mind and what Stevenson calls the “ physical disgrace ”? Mere segregation is a flea bite compared with that. I don't believe we will ever get the average case to come voluntarily and regularly into the open, whether there is a risk of detention or not. Not unless you get a new world—therapeutic and social.

So much for the idea. In actual practice an early case comes along to the institute in the early morning. What his home is like, nobody knows. Has he given up a day's work to come? Has it cost him something in train fares? Will he get sacked if anyone knows? Can he get decent food? Is he worrying his head off? Again nobody knows.

He waits in the big waiting room there for an hour or two among a crowd of strange people in this huge foreign room, then the Indian doctors come along. He is brought in, flicked with pieces of cotton wool, blood taken out of his arm and generally given a series of bewildering orders. He is told to hand over eight annas as a medicine deposit and given a card, told to take exercises and come back next week for injections. I know its all right and necessary, but it could do with a wee bit more of the human touch. Then of these out-patients let us suppose that 50 per cent. of them are not frightened off by the first visit to a huge and strange institute. Of those that are left say 50 per cent. again are in economic circumstances good enough to spare a day off once a week and get a sufficient diet. Will half of these again have the intelligence and force of character to take regular exercises, attend the clinic with regularity, change anything faulty in their way of life? How many of the remainder have diseases which cannot be diagnosed in an out-patient clinic but which aggravate the leprosy? And this hypothetical Gideons band that remain—men of good health, of force of character, of decent economic circumstances—this little group of the righteous who need no physician—might they not get better with no treatment at all? I admit all this is one-sided and exaggerated. Please don't think I do not appreciate the job that's being done. I am just putting forward one aspect that struck me.

Gobra Hospital is, of course, linked up very closely with the clinical experimental work of the institute. The organisation is really amazingly good although it is only possible in a small institution. They do not use Tai Foong Chee or alepol. I am convinced however that the chronic induated type of advanced and resistant leprosy is helped by Tai Foong Chee and that cases which can stand large doses of alepol will often do well. Later on I may have figures to show about that. They are experimenting just now with mercurochrome which is really the best drug I have seen for the febrile cutaneous type of reaction. Better than P.A.T., or anything else. I have had as good results in one or two cases with P.A.T. and also para thormone, but in the average case mercurochrome seems the best thing we have got so far. I am working here at the moment on the effects of the halogen compounds and of the coal tar dyes and am getting some very interesting results. I don't want to anticipate my own findings but I will mention that Fluorescin for instance, in intravenous doses of 5-10 c.c. of a 2 per cent. solution in Sod. Bic. not only seems

to stop reaction but produces rapid (within a month) disappearance of thickened and "tuberculoid" lesions. Mercurochrome does not affect nerve reaction—and I am not sure about the effect of the dyes yet. The other thing we are doing here is the intramuscular injection of the Tamil Vipernery oil for nerve pains. The effect is better than anything we have previously tried. We got the samples from Fiji and are now making our own.

However to return to Calcutta and leave this digression, Muir is conducting a lot of experiments with different drugs injected intradermally and making sections before and after. It is interesting and I think an essential piece of work, but I feel that it presupposes that leprosy is primarily a disease or sensitisation of the skin. If leprosy is not primarily a local skin disease, then the experiment is bound to fail. It would be just as effective to do intradermal injections on a tertiary syphilide or a typhoid rash.

On village work, I met Dr. Santra—a most agreeable and stimulating man. (The condition of things in some of these Indian villages by the way is really appalling). I met Sharpe in Purulia and spent four or five days there. The atmosphere there is very good. They have got the same system of giving out rice and letting the patients buy the rest there—I do feel that is fundamentally wrong.

Somehow in all the places I saw, I missed the freshness and the smiling faces and the buoyant outlook of Sungei Buloh. Perhaps it's India—perhaps it's because I did not know the language and the people.

This letter sounds a long series of criticisms—I have really just put down the critical side. India these days seems such a chaos compared with our ordered little country. Sufferers from leprosy begging in the streets, the hopeless degradation of the villages, starvation, congress activities, the tremendous odds against which good work is being done and the dusty, hot weariness of it all. I admit the sunset in India is wonderful—one can see old temples in it and centuries of history—our sunrise is merely an abandon of fresh, clean colouring, but I was glad to see it again.

With kind regards,

Yours very sincerely,

GORDON A. RYRIE.