The All-India Leprosy Conference.

RESOLUTIONS AND RECOMMENDATIONS.

RESOLUTIONS.

Resolution I.

CO-ORDINATION AND ORGANISATION.

In view of the wide prevalence, severity, and infectiousness of leprosy in India it is resolved :—

(*a*) That there is a great need for consolidation, co-ordination, and extension of anti-leprosy work.

(*b*) That as leprosy is essentially a public health problem, every effort should be made to make anti-leprosy work an integral part of the Public Health System, using the latter term in its widest sense, *i.e.*, in both its curative and preventive aspects.

Provincial Leprosy Officer and Board.

(*c*) That it is desirable that in every province or State there should be a specially trained Leprosy Officer.

(*d*) That for the more efficient working of anti-leprosy measures a Provincial or State Leprosy Board be formed in each province or State. This Board should be chosen from representatives of the Medical and Health Departments, Mission to Lepers, British Empire Leprosy Relief Association, and any other agency interested or engaged in leprosy work. The Provincial Leprosy Officer should work in close collaboration with this board, of which he may with advantage be a member. The functions of this board would be to co-ordinate all present and future anti-leprosy measures throughout the province.

District Leprosy Officer and Board.

(*e*) That similarly in each administrative district where leprosy is highly endemic there should be a special Leprosy Officer, who should work in close collaboration with the special Leprosy Officer of the province.

(*f*) That in such districts a District Leprosy Board should be constituted, consisting of the heads of the Medical and Health Departments, and of any local leprosy organization, together with the senior Government officials, representatives of the District Board and of the public. The functions of this board will be to co-ordinate all anti-leprosy measures in the district. The local Leprosy Officer should work in close collaboration with this board.

Suggestion.

It is suggested :

(*a*) That the Provincial or State Leprosy Board be convened by the Surgeon-General or the Inspector-General of Civil Hospitals in consultation with the Director of Public Health.

(*b*) That the District Leprosy Board be convened by the District Magistrate in consultation with responsible district officers, medical and administrative.

Resolution II.

TRAINING.

Because of great difficulties connected with anti-leprosy work (*e.g.*, detection of early cases, treatment, and prevention) it is resolved :—

(*a*) That instruction in leprosy by a specially trained doctor should be included in the curriculum of all medical schools and colleges.

(*b*) That special courses should be given at convenient centres where clinical material is available to all Government doctors. Private practitioners should be encouraged to attend these courses.

(*c*) That a more thorough training should be given in a suitable institution to District Health Officers and medical men engaged in special leprosy work. This course should be of at least a fortnight's duration.

(*d*) That all dispensers employed by Government or local bodies, should be given a short course of training in leprosy ; such a course should include practical instruction in the technique of injections.

(*e*) That Sanitary Inspectors should be trained so that they can recognise leprosy, and be able to aid in propaganda and survey work in the villages. This work should be done under the supervision of the District Health Officer in co-operation with the special Leprosy Officer where such exists.

(*f*) That other workers, such as sanitary or health visitors, public vaccinators, dais, etc., should be trained to recognise leprosy ; local leprosy institutions might be used for this training.

(*g*) That all medical officers and others connected with the requirement of industrial labour should be trained to recognise leprosy ; and that all labourers should be examined for leprosy before recruitment and periodically afterwards.

Resolution III.

SPECIAL LEPROSY CLINICS.

The need for forming and maintaining an adequate standard of anti-leprosy work in rural areas is recognised. It is therefore resolved :—

(*a*) That there should be in each administrative district where leprosy is highly endemic at least one model clinic under a whole-time Leprosy Officer. This clinic would act as a demonstration of the best methods of carrying out an anti-leprosy campaign ; it would also act as a centre for prevention, and for the training of doctors and lay-workers in the district and thus eventually lead to the establishment of other anti-leprosy centres.

(*b*) That a memorandum be prepared describing the functions and scope of the work of a model clinic and made available for distribution to all district officers, to medical, administrative, and local bodies, and to those interested in the leprosy problem.

Resolution IV.

LEPROSY CLINICS IN GENERAL HOSPITALS.

It is recognised that leprosy can be better treated in clinics especially devoted to that purpose, but in view of the large number of cases needing treatment, it is resolved that all Government medical officers and local practitioners should be encouraged to treat leprosy and initiate anti-leprosy schemes along similar lines to those in the model clinics.

Resolution V.

IN-PATIENT INSTITUTIONS.

Although emphasis is laid on the need for leprosy clinics to carry out treatment and prevention, the need for residential institutions has not diminished but rather increased. These institutions provide for the voluntary isolation of infectious patients and for the treatment of cases the nature of which demands hospital care. It is therefore resolved :—

(*a*) That the formation of voluntary isolation colonies be encouraged wherever possible.

(*b*) That the accommodation in the existing institutions be used to a greater extent for the isolation of infectious cases.

(*c*) That it is desirable that there should be, where possible, closer co-ordination between leprosy clinics and leprosy institutions.

Resolution VI.

RESEARCH.

It is recognised that highly specialised research is best done in efficiently-equipped laboratories; but in order that other branches of research may be facilitated, it is resolved :—

(*a*) That more use should be made of the facilities in existing institutions and that the staffs of these institutions should be encouraged to undertake such work.

(*b*) That there is a need for the establishment of a special leprosy investigation centre in a suitable rural area in order to make an intensive study, over a prolonged period, into the epidemiology and control of leprosy.

Suggestion.

It is suggested that the British Empire Leprosy Relief Association might make arrangements for leprosy workers in the provinces to obtain any necessary literature bearing upon any particular aspect of the problem which they are studying.

Resolution VII.

LEPROSY IN CHILDREN.

School Children.

Available statistics show that in endemic areas the incidence of leprosy in school children varies from 0.5 to 3 per cent. This Conference is of the opinion that in such areas all school children should be examined for leprosy. Treatment should be provided for all definite cases found, and isolation of all infectious cases strongly urged.

RECOMMENDATIONS.

Special Treatment.

(1) It is the opinion of the Conference that in leprosy *general treatment* is of paramount importance. While there are many forms of *special treatment*, experience has shown that of the methods at present available the following are the most effective and practicable :—

Injections of hydnocarpus oil or esters with 4 per cent. creosote, which may be given intramuscularly, subcutaneously, or intradermally.

Since the intradermal method of injection requires more skill and time than the other two methods, its use should be chiefly confined to in-patients; it can however be used in out-patient clinics in suitable cases, provided sufficient time and skill are available; otherwise in out-patient clinics intramuscular and subcutaneous infiltration should be used.

(2) Whatever method of injection is used, the effects can be intensified by local application of trichloracetic acid solution.

(3) An opinion has frequently been asked regarding the relative value of hydnocarpus oil and esters in the treatment of leprosy. While the esters have been declared by many workers to be the more effective of the two, the opinion of this Conference is that the oil is almost if not quite as effective as the esters. It has the advantages of being cheaper and uniformly less irritant, while the disadvantage of its greater viscosity can

be overcome by heating it sufficiently before injection. Any possible advantages of esters may be counter-balanced by the possibility of treating larger numbers of patients by the cheaper drug.

Hospitalisation of Clinic Cases.

(4) While many patients can be treated effectively as out-patients, there are others who, because of complicating conditions, cannot improve without careful examination and treatment in hospital. It is therefort important that there should be beds where such patients may be kepe temporarily under observation and treatment.

Observation of Quiescent Cases.

(5) It is recommended that patients whose disease has become almost entirely quiescent should not be discharged, but that the intervals between attendances should gradually be lengthened. Patients may thus be kept under observation for a period of years, and relapses are less likely to occur.

After-care in Farm Colonies.

(6) In view of the liability of arrested and discharged cases to relapse when they are compelled to return to bad conditions of living, it is suggested that Provincial Governments encourage the development of farm colonies where such discharged patients may find accommodation and employment ; and where they would be re-established in communal life.

Employment and Non-infectious Cases.

(7)—(*a*) Within recent years it has become recognised by leprosy workers that the majority of early cases of the disease, as found in India, are not infectious and may be expected to heal if suitably treated under favourable conditions. Fear of dismissal from employment leads to concealment ; and the untreated disease may advance till the patient is a danger to his associates. Also dismissal and consequent unemployment endanger chances of recovery. We are therefore of the opinion that patients with early non-infectious leprosy should not be dismissed, provided they remain under expert medical observation and treatment.

(*b*) Early non-infectious cases are also found among school children. For similar reasons it is important that such children should not be expelled from school, provided they remain under expert medical observation and treatment, and periodical certificates of non-infectivity are produced.