

Reports.

MADRAS LEPROSY CONFERENCE.

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A conference of medical and social workers in the Madras Leprosy Campaign was held at the Surgeon-General's Office on the 3rd and 4th of July, 1933, under the Chairmanship of Major-General Sprawson, C.I.E., I.M.S. The Conference was attended by forty-nine workers of the Presidency representing Government, Mission, and private agencies, medical and lay, and also by Drs. E. Muir and I. Santra. The report of the Conference has recently reached this office. One object of the Conference was to discuss the resolutions of the Calcutta Conference (published in the July number of *Leprosy in India*) and their applicability to the Madras Presidency. These resolutions were read, discussed, and accepted with certain minor modifications. We shall quote certain sections of the report.

The Conference considered 'that the Madras Provincial Leprosy Board should be replaced by a Madras Presidency Leprosy Relief Council of which His Excellency the Governor should be invited to be the President, as His Excellency the Viceroy is President of the Indian Branch of the British Empire Leprosy Relief Association. The Surgeon-General should be the Chairman of the Council and should summon its meetings, which should be held more frequently and more regularly than those of the present provincial Board. The Madras Presidency Leprosy Relief Council should be a branch of the British Empire Leprosy Relief Association and should be in close touch with the various Leprosy Relief Councils. It would be a purely advisory body.'

'On the Presidency Leprosy Relief Council should be the Director of Public Health, the Chief Leprosy Officer, a representative of missionary leprosy relief, at least one social leprosy worker, the Finance Member to Government, Secretary to Government in the Local Self-Government Department, the Director of Public Instruction and several (about five) medical men engaged in leprosy work.'

'The formation of two different kinds of leper colonies was considered :

(a) Large collections, several hundreds of cases living together under supervision of a medical man and forming a separate and almost self-supporting community. It was thought that if grants of land were given by Government that such colonies might with advantage be formed.

(b) Voluntary colonies of cases of leprosy living just outside their own village.'

'The importance of voluntary segregation is fully recognised as the best means of preventing the spread of infection ; but it is also realised that great caution must be exercised in conveying this to the minds of villagers at the present stage or there is danger of alarming simple folk and of further concealment of the disease. The dissemination of propaganda is the best present means of combating the disease, combined with the collection of statistics as to the true number of leprosy cases. It is hoped that eventually the pressure of opinion amongst the villagers themselves will be strong enough to induce cases of leprosy to segregate themselves outside their villages.'

'It was agreed that a co-operation closer than at present exists is very advisable between leprosy clinics and leprosy settlements and that the settlements should admit infective cases from those attending the clinics.'

'To regulate the admissions, clinics should be arranged on a territorial basis with reference to settlements. The Chief Leprosy Officer is requested to draw up a list of clinics that should be in liason with each settlement, and the officers in charge of those clinics should be requested to correspond with the Superintendent of that particular settlement whenever cases have to be admitted. The officers in charge of clinics should apply to the Superintendents of the settlements with which they are in liason and send patients for admission only when called for.'

'Discharged cases from the settlement should be kept under observation and treatment by the medical officer in charge of the clinic nearest to the patient's village and the condition reported to the Superintendent of the settlement once every quarter.'

'The Conference is decidedly of the opinion that school children (both boys and girls) should be inspected periodically with a view to the recognition of early leprosy cases. School medical inspection should be re-introduced as early as possible. School medical Inspectors should undergo a special course of instruction to enable them to diagnose early cases of leprosy.'

'The co-ordination of work between Government and Missionary leprosy workers should be carried out by the District Leprosy Relief Council where such exists. Where there is no such Council the co-ordination will be made by the District Medical Officer in consultation with the group leprosy officer.'

Regarding the provision of accommodation for out-patients needing temporary hospitalisation the following suggestions were made :—

'Small infectious sheds attached to small mofussil hospitals, if unused for long, may be converted into emergency leprosy wards to accommodate and treat emergency cases (perforating ulcers and cases with severe reaction).'

'City Hospitals. Six beds each in the Government General Hospital and in Royapuram Hospital may be reserved for admitting and treating urgent leprosy cases. The Superintendents of these hospitals are to be addressed for this accommodation.'

'Mofussil. Wherever possible a shed to accommodate six patients, with an impervious flooring should be provided. Private generosity should be stimulated to provide such sheds where possible. Local considerations, such as the size of the hospital compound, will determine whether these sheds should be built within or just outside the existing hospital compound.'

'After much discussion it was generally agreed that, although many cases of leprosy recover and do not recur, it is advisable not to employ the phrase "leprosy can be cured" as a general statement. If the phrase is used it should be qualified, and care should be taken not to raise too exuberant hopes early in the treatment. The necessity for prolonged treatment should be brought home to patients who should at the same time be imbued with hope and encouraged to persevere and be regular in the treatment.'

'The rôle of social workers in the Leprosy Campaign was considered to be :—

1. The connecting link between doctors and patients. To bring the patients to the clinics.
2. Propaganda. House to house visiting and conversation.
3. The promotion of a general spirit of co-operation and friendliness between patient and doctor.
4. Compiling of statistics concerning leprosy infection of villages.

5. Classification of infected houses in villages keeping up village cards.
6. Work in charge of Leper Relief Councils and Committees both District and Local.
7. Inculcation of a feeling of hope amongst the clinic patients.
8. Raising funds for the Leprosy Campaign.

Health officers to do propaganda work and give advice to social workers whenever necessary.

Medical officers to treat cases and make the clinics attractive by their kind words and prompt attention. Social workers to visit the clinics, understand the requirements, and help the medical officer in every way.

Honorary workers, particularly young women doctors who are unemployed, should be encouraged to work in the clinics.'

'The Conference wishes it widely known and wishes the Director of Public Instruction and the Education Officer of the Corporation of Madras to communicate to all schools, and the Commissioner of Labour to all factories, that leprosy is found in two forms, infective and non-infective, and that patients in the latter condition may, while under treatment, be allowed to attend their school or work since they are not dangerous to their comrades.'