Annual Report for 1934 of the Bengal Branch of B.E.L.R.A.

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A Brief Survey of Past Work.

THE Indian Council of B.E.L.R.A. was formed in 1925. The Bengal Branch was formed in 1926, and in this year there were 11 leprosy clinics in the whole of Bengal. In 1927 a Leprosy Propaganda Officer was appointed by the Bengal Branch and he began to visit the different districts of Bengal with a view to getting leprosy clinics started. The following approximate figures indicate the increase in the number of public leprosy treatment centres maintained by local authorities in Bengal. Before 1927—11, 1927—16, 1928—23, 1929—30, 1930—34, 1931—39, 1932—57, 1933—72, 1934—99; there are in addition

about 65 private clinics run by industrial concerns for their employees. There are now clinics in 22 out of 28 districts. of Bengal. This increase is very largely due to the work of the Branch. In 1930 a survey party of five doctors was appointed and since then simple leprosy surveys have been carried on in all the districts of the province. The propaganda officer and survey party have organised classes for instruction of doctors in the districts they have visited and carried on propaganda work for the instruction of the general public. This survey work has shown that leprosy is endemic in every district of Bengal, and that in some areas it is highly endemic, the incidence probably being as high as 7%. On the average over the whole province the incidence of leprosy appears to be about 1%. Up to 1933 the work of the Branch was extensive rather than intensive. 1934 saw a change in the policy of the Branch. The survey party instead of spreading its efforts over the whole province have undertaken concentrated work in the most highly infected district of the province. This work is described later. Some more widespread work is being maintained, the propaganda officer and his assistant visiting many different parts of the province every year. In the recent work of the Branch emphasis has been laid on the importance of prevention, by isolation of infectious cases, and an attempt is being made to make this measure an integral part of anti-leprosy work.

THE WORK DURING 1934.

The work of the Branch lies chiefly in two directions. First a Chief Propaganda Officer (Dr. B. N. Ghosh) and an Assistant Propaganda Officer (Dr. S. K. Das) and a clerk are employed in order to further anti-leprosy work in any part of Bengal. Secondly there is the special leprosy work and investigation centre in Bankura area where there is a party of three doctors and five field assistants working under Dr. K. R. Chatterji. These two spheres of work will be described separately.

1. *Propaganda Officer's work.*— D. B. N. Ghosh has given courses of lecture demonstrations in the following medical schools:—Mymensingh, Dacca, Calcutta, Chittagong, Jalpaiguri. Dr. Ghosh spent one month and carried on survey work in Agartala (Hill Tippera). He and Dr. Das surveyed one union board in the Faridpur district. He spent several weeks visiting the clinics in the Duars, and two months visiting the clinics in the Jute Mills area. Three months he spent in Calcutta and with Dr. Das and Dr. Sen

in collaboration with the authorities concerned examined the workers of the Garden Reach Workshops, Calcutta Tramway Co., all the stall holders of sweetmeat and tea shops in two wards of the Calcutta Municipality.

Dr. Ghosh and Dr. Das also examined the railway workers at Parbatipur. He also visited Birbhum, surveyed one union board and attempted to initiate anti-leprosy work by methods similar to those used in Bankura. A district leprosy board was formed with the District Magistrate and Health Officer as Chairman and Secretary, and an attempt is being made to organise effective work.

In December Dr. Ghosh visited the Asansol Mining area where most excellent anti-leprosy work is being done by Dr. L. Sen, Chief Sanitary Officer, Mines Board of Health. There is a central leprosy board with divisional branches most of which run their own clinics. Dr. Ghosh attended meetings of divisional branches, visited the clinics, and gave lectures to sanitary inspectors, local leprosy assistants, and vaccinators. One segregation camp is in existence in the mines area and another one is being planned in which it is hoped to segregate the infectious cases of a group of villages. Dr. Ghosh and Dr. Sarkar also carried out a small survey in the Hooghly district.

During the year Dr. Ghosh and Dr. Das visited 117 clinics in different parts of Bengal.

Dr. Ghosh and his assistants in various parts of Bengal examined 38,636 people, of whom 776 were found to be suffering from leprosy, giving an incidence of 2%. Six new clinics were opened by these workers.

One difficulty has again been encountered during the year's work. One medical officer of a railway, whose workers have been examined, has stated that under the railway rules all sufferers from leprosy, even if they are not infectious cases, should be dismissed from their employment. We think that the dismissal of non-infectious cases would be a very unfortunate result of our survey work.

2. *The work in the Bankura District.*—In last year's report reference was made to the initiation of concentrated anti-leprosy work in the Bankura District of Bengal. The objects of the establishment of this centre are as follows:—

1. By a study of leprosy in families and villages to find out the factors influencing the prevalence and spread of leprosy in the district.
2. To organise anti-leprosy work in the district by means of local anti-leprosy committees. These

committees organise work on a voluntary basis in two ways: (*a*) by establishing centres for the treatment of leprosy cases; (*b*) by arranging for isolation of infectious cases either in their homes or outside the village.

A systematic survey of 150 villages of different unions of Bankura, Raipur, and Simlapal thanas was conducted and the result of the survey is as follows:—

1. More than 78% of villages are affected with leprosy.
2. 1 in every 6 families harbours leprosy cases.
3. 4.1% of the population are lepers, or in round figures an estimate of 45,000 lepers in the district is not unjustifiable.
4. On an average 2 of every 5 lepers are infectious and 1 in every 5 lepers is highly infectious. There are approximately 18,000 infectious lepers in the district, of whom about 9,000 are highly infectious cases.
5. The following five principal castes, in each of whom more than 1,000 persons were examined, showed the following rate of infection:—

Caste	Families examined	Families affected and %	Persons examined	Persons affected and %
1. Mahomedans	175	62 or 35.4%	1,013	80 or 7%
2. Tili	235	58 or 24.6%	1,399	71 or 5%
3. Bauri	582	106 or 18.2%	2,859	136 or 4.7%
4. Brahmin	327	55 or 16.8%	2,000	62 or 3.1%
5. Goala	459	52 or 11.3%	2,535	62 or 2.4%

The highest number of families and persons affected is among the Mahomedans.

Enquiries regarding the possibility of preventive work have elicited a favourable response from 59 union boards of 15 thanas. Out of these 59 union boards, 41 have already started active work in various forms. In 11 union boards leprosy treatment clinics have been opened where more than 650 patients are treated by local volunteers. 8 more clinics are under construction. It is expected that they will be completed soon. In almost all the union boards which have responded, isolation of highly infectious cases is in progress. Up till now more than 100 highly infectious cases have adopted isolation.

It is being realised more and more that leprosy cannot be controlled by treatment alone. Treatment is necessary, and a large proportion of cases may be expected to recover. But infectious cases during the many years that they are

under treatment may continue to infect the younger generation, unless they be effectively isolated.

One exceedingly important point has been emphasised by these investigations, viz. that young children are particularly susceptible to leprous infection, and that the majority of those infected in early childhood develop the severe and infectious form of the disease. On the other hand the majority of those infected in later life develop the less serious non-infectious type of leprosy. Therefore, whatever steps are taken to control leprosy, the chief stress should be laid upon the isolation of infectious cases from young children.

Another important lesson learned from the Bankura Scheme is that village communities can be induced by concentrated propaganda to isolate voluntarily their infectious cases. This propaganda must however be based upon a local investigation of the spread of the disease in the village. When it is explained to the villager how leprosy has spread in his family or among his neighbours from generation to generation, he is quick to appreciate the danger to himself and to his children, and will take all possible means to avert this danger.

It is still too soon to foretell to what extent the work accomplished will prove permanent. It is clear however that if leprosy is to be controlled at all it must be by isolation of infectious cases. It is calculated that 40 per cent. of all cases are infectious. There are therefore probably about 400,000 infectious cases in India. Obviously these cannot all be segregated in institutions. The cost would be prohibitive even if all could be induced to enter institutions. The only alternative therefore is local voluntary isolation, and this must be carried out either by single village or by groups of villages. By the word ' voluntary ' is meant that compulsion is not applied from without the unit. The compulsion of local public opinion is however of vital importance in securing isolation and this can be set in force only by special propaganda and the gradual education of public opinion.