

## REPORTS.

### **Bankura Investigation and Control Centre.**

The Report of 1935 shows steady progress of work.

" In 1934 a survey in different parts of the district revealed that more than 78% of the villages are affected with leprosy, 1 of every 6 families harboured leprosy cases and 4.1% of the population suffered from leprosy. In round figures there are about 45,000 lepers in the district, of which 40% are infectious ones. As regards the control work, the party in the same year organised no fewer than 41 Union Board Leprosy Relief Committees who isolated more than 100 cases of infectious lepers. In addition to the above work 11 Union Board leprosy treatment clinics were established where more than 650 lepers were treated. In 1935 the above work was expanded and extended all over the district. The result achieved during the year is really encouraging. The policy of the anti-leprosy campaign had, however, to be modified a little. In 1934 we organised leprosy treatment clinics on the line of one clinic to each Union Board, but experience showed that it was not possible for each Union Board to maintain a separate leprosy treatment clinic. It was, therefore, decided then to combine 2 to 4 Union Boards to form a clinic committee to run a leprosy treatment clinic for those Union Boards, the isolation and other work being left to each Union Board acting independently by organising its own relief committee as before. On the above lines 12 more clinics were opened during this year. Consequently at present there are 29 leprosy treatment clinics in the district, (6 District Board, 2 Missions, and 21 Union Board clinics) where more than 5,000 lepers are getting treatment. Organisation of Union Board Leprosy Relief Committees has also met with equal success. At the end of the year under review the total number of Union Board Leprosy Relief Committees is 133, of which 118 committees have been able to keep as many as 787 infectious lepers under isolation restriction. Though the number of isolated cases is not large, compared with the number of infectious cases in the district, yet it can be said that the people of this district have been made alive to the necessity of isolating infectious lepers.

" As the result of the Governor's visit and the request made by the then District Magistrate to the Government for pecuniary help an annual grant of Rs. 2700/- has been sanctioned for two years. It is hoped that the grant will continue if the work proves a success.

" The treatment at the clinics is conducted purely by voluntary services which it is true cannot continue for an indefinite period. So a scheme was put forward by Dr. Muir to make the anti-leprosy work of this district more permanent. The scheme has been accepted by the District Board. The acceptance of the scheme by the District Board and the sanction of the Government grant have made the anti-leprosy work of this district more secure. Some slight modification of the scheme was necessary which was done in consultation with the district authorities. So the present scheme stands as follows: All the 30 clinics of the district will be under the direct supervision of the District Board. All these clinics are grouped into 15 units. For each of these units there will be one fully trained assistant to look after and supervise the work of the assistants.



So the District Board will have to maintain 3 doctors and 15 assistants at a cost of Rs. 9,000/- approximately, which will be met from the annual budget of the District Board and the Government grant. The Union Board will contribute towards the cost of medicines on a flat rate of Rs. 32/8/- annually for each Union Board and will also bear the cost of the upkeep of clinic houses. The scheme is so balanced that with its operation the Union Boards will be relieved of the major part of their expenses under this heading and at the same time there will be no increase in the budget expenditure of the District Board. Leprosy survey was carried out on two different lines—to develop treatment centres and control work, and to find out the incidence of leprosy with many other epidemiological factors.”

### **Leprosy in Columbia.**

The *Revista de Higiene* of the Republic of Colombia, South America, is the official organ of the Departamento Nacional de Higiene—Public Health Department—of that country. It is published monthly in the capital, Bogota. The Volume, April to December, 1935, contains a good deal of interesting material.

Some time ago in his Message at the opening of the National Congress the President of the Republic, in dealing with the matter of the Health Services, pointed out the fact that the money voted for leprosy work alone far exceeded that allowed for all the other medical services together, malaria, hookworm, etc., and protested that something must be wrong. Investigations were made and it was found that “as the result of the financial affluence of the Lazaretos, these colonies had become centres of great commercial activity”, the quartermasters and treasurers of the establishments taking advantage of the laxity of the medical authorities and providing the statistics of the numbers of patients in residence on the colonies, or as drawing rations from them, as having been registered as patients. It was found that nearly 1,000 persons over and above the number of real leper patients were included in the returns, most of them people of whose existence as lepers the medical authorities were in complete ignorance.

On this discovery the Health Department immediately took steps to put an end to this abuse, a very rigorous examination of every person resident in the colonies, and of every person registered as receiving rations, was made; only those with “Leprosy” certificates were allowed to remain, all others being expelled and a strict “sanitary cordon” drawn round the places, thus establishing what is hoped will be a permanent and effective control over the patients inside, and the bogus would be “patients” outside.



The actual number of lepers in Colombia is unknown, as no complete census has been made. In the three existing lazaretos record is kept of the places from which the lepers have come, and this indicates how very universally widespread the disease is over the country. The total number of patients registered at the national institutions is given as 7,662 for May, 1935. The problem of the disposal of the children of lepers has hardly been faced in Colombia, and the extraordinary situation has now arisen that it is calculated that among the 7,662 lepers resident in the three lazaretos there are living some 2,000 children, children of the lepers, but not considered or diagnosed as lepers. Such an alarming state of affairs, the result of the ignorance and negligence of the responsible authorities, but now recognised and admitted in the light of modern knowledge, provides Colombia with the new problem of what to do with those 2,000 potential leper children.

Complaint is also made in regard to the defects and abuses prevalent in connection with the treatment of the lepers in the colonies. The supply of drugs and the application of them to the patients are "farmed out" by contract without any guarantee to the nation that the interests of the lepers are in any way considered. Treatment is more or less by the mass method. "All treatment is reduced to the weekly application of chaulmoogra injections in equal doses for all alike, without any consideration for the physio-pathological condition of the different patients, and without any previous study of the tolerance of each of the individuals submitted to the treatment. For the treatment of 1,095 lepers in one of the colonies there was only one professional medical man, but the patients were actually at the mercy of lay unqualified persons who had "contracted" to provide and apply the treatments!" Now recently the Health Department has intervened and made regulations prohibiting private treatment in the leper colonies by contract, and making the official treatment by qualified persons compulsory for all the patients.

Of the 754 "cured socially," only 200 have been followed up, and of these latter 62 (31 per cent.) returned to the lazaretos because of recurrence of the disease or physical inability to work. The remaining 554 have disappeared and nothing is known of their present condition, but it may be presumed that at least 30 per cent. of them have had recurrences that require their readmission to the colony. The Health Department tries to trace those that have disappeared, but most of them are lost, probably having changed their



addresses or even their names, so as not to have to go back to hospital!

Particulars are given of the Leprosy Prophylaxis Campaign in the Territory, Norte de Santander, of Columbia, by education of the people, regarding the main facts of the leprosy problem, by systematic visitation and inspection, by Health Commissions, of every inhabited part of the province, and by the establishment of Anti-Leprosy Dispensaries in every department. The Leprosy Commission visited every municipal area, remaining a fortnight or even six weeks, or as long as might be necessary for the complete inspection of the district and the establishment of a satisfactory control of leprosy. The Commission consisted of a qualified doctor, specialist in leprosy, and three trained orderlies, and they worked over the whole territory of our provinces, 33 municipalities and 40 districts, occupying a period in all of 22 months.

J. W. LINDSAY.

**Leprosy in Palestine.** Dr. Canaan writes as follows:—

“Rigid isolation of lepers used to be practised in the old and middle ages. There is much reason to believe that the segregation of lepers among the old Hebrews was regarded more in the light of religious ceremonial than as a hygienic restriction. Leprosy was looked upon as a disease inflicted by God upon those who transgressed His laws.

Recent experience has shown that Leprosoriums following the colony system, where these poor creatures are treated in a kind and brotherly way and where they enjoy many advantages and have several distractions is a much better system than the older one of the leper-houses. In the case of Palestine the conditions are so different, that the leprosorium plan is the better and more suitable one.

#### *Ancient Disease.*

Leprosy is one of the oldest diseases of the East. It was known to the children of Israel, and Moses, the great legislator of the Old Testament, gave specific orders to be followed by the lepers themselves. They had to live far from any human habitation. But in the Biblical description, one is immediately impressed by the absence of all allusion to the hideous facial deformity, the loss of feeling and the rotting of the members. If such conspicuous manifestations had existed they could not possibly have escaped observation. Furthermore the Levitical code prescribed that the several examinations of a person suspected should be made at intervals of seven days, thus enabling the priest to note the progress of the disease.

#### *Ancient Documents.*

The Hebrews brought this disease with them from Egypt where it was far spread. Engel Bey tells us that a papyrus which has been dated as far back as 4200 B.C. mentions this disease. The oldest Indian document mentioning leprosy was written 300 years B.C. and the oldest Chinese one 400 B.C.



The Roman soldiers returning from Egypt and Asia carried in the 1st century B.C. the disease to Italy, whence it spread through the Roman soldiers to most parts of Europe. But the greatest contamination of this continent took place in the 13th century A.D. probably through the returning Crusaders. In France, England, Germany and Spain every large town had a leper house. The total number of such houses has been estimated to be 19,000. The earliest in England was established in Canterbury in 1096. The representations of leprosy in the paintings of Holbein in 1516 give such an exact picture of the disease, that we have to assume special studies of this disease probably in the leper houses of Ausberg.

#### *Order of St. Lazarus.*

The European authorities of the 13th and 14th century had to issue special orders to stop the disease from spreading. Those affected who were segregated in the leper houses were treated in a better way than their brethren of the pre-Christian era. The Crusaders had a special order, called the Order of St. Lazarus whose first duty was to care for the lepers. This order, which has nothing to do with the Lazarites, was a religious and military order founded about the middle of the 12th century. The Biblical Lazarus was regarded as the patron. The Order established leprosaria in Palestine as well as in several parts of Europe. Despite the great help offered by the Order, a leper continued to be regarded as dead. The process of his isolation from his family was ushered by the usual ceremony of the dead. His matrimonial ties were severed. He was excluded from society and was not allowed to enter a church.

Lepers in Biblical times had to warn every passer-by from approaching their dwellings by calling the words 'lepers, lepers'. They lost all their rights. They passed a terrible and most pitiable existence. The New Testament describes graphically the way in which these outcasts used to implore Christ to help and to heal them.

#### *Ostracized.*

Up to about 40 years ago the lepers of Palestine had the same fate. They were cast out of their villages, had to live out in the fields. The Palestinians believed, like the Jews, that this disease was a heavenly punishment for sins. Many lepers used to sit on one side of the road to the south of the Jaffa Gate begging for alms. But at these times they never dared to follow and molest the passer by as a leper woman used to do some months ago at the New Gate. The fear and terror from the infection is slowly vanishing, even among the villagers.

The Arabic expression 'baras' comes from one of the many, but not the most important symptoms of this disease, namely the whitish discoloration of skin patches. The other expression 'djudam' is more correct, denoting only 'leprosy'.

One of the greatest blessings of the last century in the treatment of leprosy is the establishment of comfortably arranged and scientifically led leprosaria. While the incurable and those patients excommunicated from human society find here excellent treatment, loving care and a home, the early cases can undergo a thorough and scientific treatment and become symptomatically cured.

#### *The Jerusalem Home.*

The only institute of this kind in the Near East is the Leper Home 'Jesus Hilfe' in Jerusalem run by the international Moravion Church."