

REPORTS

Report of B.E.L.R.A. Madras Provincial Council Investigation Officers' Progress Report for the year ending 31.3.1941.

This is a voluminous typed account of Leprosy work in Madras by eight medical officers, which in addition to much information of local interest brings out the following points of more general application. Surveys were carried out in five rural and three urban areas, the latter including a part of Madras City. Stress is laid on the importance, in estimating the prevalence of leprosy, of the relation of the total cases to the number of child and open cases. A fairly high gross incidence associated with high child and open cases indicates that the disease is a growing menace to the health of the people in such areas, for a high child rate is consistently found in relation to a high open (bacteriologically positive) case rate. The highest incidence of no less than 28.67 per cent was found in the Wandiwash area of Madras City, where a treatment and control unit is being located to deal with the problem. The importance of obtaining the isolation of the infective open cases, in addition to treatment of all types, is pointed out, and the different reports record variable degrees of success in getting villagers to agree to infective cases being made to sleep in isolation houses. Intensive treatment will lead to clinical improvement in the majority of cases and may thus prevent the onset of complications and infectivity. Moreover, in the Saidapet clinic report it is recorded that 38 out of 88 infective lepromatous cases in children have become negative under treatment, only 8 of whom are known to have relapsed and 6 are untraced. Further, the relapses only took place among those who had discontinued treatment. In the lepromatous type room contact with a previous case was traced in no less than 64.5 per cent of cases. The local segregation at night of lepromatous cases in villages should therefore reduce greatly future infections. It is through such intensive surveys and propaganda in villages, and the personal influence of the doctors undertaking it, that a gradual reduction of the incidence of leprosy is likely to be brought about. The good work being done in Madras is worthy of imitation in other infected provinces of India and elsewhere.

Annual Report of the Public Health Commissioner with the Government of India for 1940.

Of the 35 pages of Section II of this report that deals with the

history of the 10 chief diseases, no less than 5 are devoted to leprosy. This is a sure sign of the increased interest taken in this disease; for two or three decades ago it was rarely mentioned in these reports except in connection with very erroneous returns of the decennial censuses. Repeated mention is made of the good work of the B.E.L.R.A. Provincial Committees, and reference is also made to the Leper Homes maintained by the Mission to Lepers for 8,213 in-patients, with the help of Government capitation grants of Rs. 3-8-0 (5s. 3d.) per head per month, together with the treatment of 6,095 out-patients and accommodation for over 800 healthy children separated from affected relatives.

Stress is laid on the importance of improved surveys of infected areas to include the types of the disease and the proportion of infected children as a better guide to the seriousness of its incidence over the mere enumeration of the total cases. Thus, the data of four such detailed surveys show variations in the percentage of contagious lepromatous cases from 4% in a Bengal area to 25% in two Madras areas, and the percentage below 15 years of age from 17% in the Bengal to 36 and 49% in the Madras ones. The most important preventive measures are found to be the isolation of infectious cases and the protection of children from exposure to infection. The former is being increasingly by the provision of farm colonies, with land for cultivation, and cottage industries, such as have been opened during the year under review in Orissa and in Bengal. Clinics and treatment centres are also steadily being multiplied.

Data regarding the different Provinces bear out the now well recognized increase of leprosy rates with increased rainfall and humidity. Thus in the dry Punjab during 1940 the survey of 949,035 persons revealed only 60 cases of leprosy; in hot humid Madras City one surveyed area showed 26.6 per cent of infected. The training of doctors to enable them to carry out the propaganda-survey-treatment programme in various parts of India is another valuable contribution towards the eventual solution of the leprosy problem in India. The enthusiastic work of these men provides the best augury for the eventual success of their efforts.

Final Report of a Leprosy Survey of the Kimberley Division of Western Australia. Appendix III of 1941 Report of the National Health Medical Research Council, Commonwealth of Australia.

This is a report by Dr. L. A. Musso on a survey carried out from May 1939 to March 1941. The author travelled 15,000 miles of very sparsely populated country mainly by car in the course of

this survey. The natives live under very primitive conditions and have a deficient diet. 3,600 persons were examined out of a total population of about 4,600. The Derby Leprosarium contains 49 cases. The first case was found in 1908, 43 were admitted between 1921 and 1932 and 284 more between 1933 and 1940, when the incidence was 22.5 per mille among full-blood and 11.6 per mille in less than full-blood natives. Nerve cases made up 37.9%, lepomatous 46.6% and mixed ones 16.5%. A few family histories are given illustrating

relationship was found in 44% of the Derby patients. Two tuberculoid cases are described. Frequent examinations of all natives and contacts, especially children, is advised. Hiding of cases is not uncommon. Difficulties occur owing to half-castes and quadroons being outside the Act relating to leprosy prevention so they cannot be examined without their consent.

Cyprus Annual Medical and Sanitary Report, 1939.

A brief paragraph in this report records an appreciation of Dr. Muir's visit in September of that year. The data show an increase of the inmates of the Leper Farm from 113 to 122 during the year, when 6 patients were paroled and 6 died. The admissions numbered 21.

The Second Annual Report of the British Empire Leprosy Relief Association, Burma Council, for the year 1940.

This branch of the Association was only constituted on the 28th February 1939; the present report records valuable activities. Three courses of instruction on leprosy have been held for sub-assistant surgeons by the Special Leprosy Officer. He has also toured extensively and established a number of leper colonies, clinics, etc., together with a travelling leprosy clinic to open up new areas of activity. Pamphlets have been widely distributed and intensive surveys made in four areas. The investments of the branch already amount to Rs. 1,36,500 (£10,237), yielding an annual income of Rs. 5,567 (£417 10s. od.). Details regarding the 17 various leprosy institutions of the province are given which includes a Leper Jail for 80 infected prisoners transferred from other jails. The total inmates appears to be 3,104. The types of cases are not recorded, but it is presumed that they are mostly infective lepomatous ones, for the isolation of uninfected crippled nerve cases does nothing towards reducing infections. Clinics for out-patient treatment are attached to most of the colonies and asylums

(hospitals or sanatoria are better terms now treatment is an important part of their functions), and also at certain hospitals. A table shows 40 such clinics with an annual attendance of about 5,400 patients. Most of the cases attending the clinics are classified in a table as N₁, N₂, N₃, L₁, L₂ and L₃, but the data are not summarised. The reviewer makes the totals to be 1,845 Nerve and 2,490 Lepromatous ones, or 43% and 57% respectively. A table of cases treated by the travelling leprosy clinic is very similar. The unusually high proportion of the less amenable and more infective lepromatous type confirms the seriousness of the leprosy problem in Burma as pointed out by Dr. Lowe. A good start in dealing with the situation has been made by the Burma Branch.

Leprosy Clinics in Bengal.

An article in the Calcutta "Statesman," based on a Bengal Press note, records an important circular, sent by the Bengal Public Health Department to all district officers, advocating the formation of Leprosy Clinics at the headquarter and sub-divisional hospitals, with help towards the cost in the form of Government grants and in providing the cost of equipment, subject to the local authorities providing the balance of the capital and recurring expenditure. A start is to be made in the districts most affected by leprosy and the medical and health officers in charge of the work will receive a special course of training at the Calcutta School of Tropical Medicine. The clinics will be held twice a week, and they should be of great value.