

SOCIAL ASPECTS

18 NOVEMBER, 1958

2.00 P.M.

Chairman: MR. T. H. JAGADISAN*Rapporteur:* DR. HEMMERJCKX
SISTER HILARY ROSS

MR. T. N. JAGADISAN gave the report of the Panel. This report is based on correspondence and discussion. There is a brightening in the outlook on leprosy. The sulphones have altered the outlook, and also physiotherapy and surgery have advanced. Rehabilitation therefore becomes urgent and important. In simpler communities rehabilitation is not a problem, but it is grave in the sophisticated communities. There are three kinds of patient (1) those recovered without marks of the disease: employment must be found for them and they should be reassured as to their non-infectiousness (2) those who recover but with deformities, who are a greater problem. Brand has shown that much could be prevented or repaired: centres should be formed for them. Education can prevent deformities and suitable work found and suitable tools made available, marketed from a central agency: (3) gravely crippled or blinded patients who should not be heartlessly discharged. Deformity can become a thing of the past but until then we have a large task. Psychic rehabilitation should not be left out. Large rehabilitation colonies are not desirable because they defeat the main purpose of rehabilitation, the return to normal life in society. We must give these patients hope and the training for return to useful life. A new spirit must be implanted in the patient and the community. Protection of children is also always paramount, as shown by Mrs. Weaver in Brazil. No other country has reached their scale of preventoria and educational orphanages. There are certain disadvantages, but they suit certain countries: most countries use other methods to protect and care for the children.

Propaganda remains important to help in the problem of infection of children. Some sort of health education is done in most countries but the effort in relation to the need is small. Education could be by teams who go among the people with advice and demonstrations.

Financial assistance to the family of the leprosy patient: in some countries social assistance is not done but the need is very great. The minimum constructive help should be given, either by private or state schemes.

There is very little enthusiasm for legislation in relation to leprosy. Abolition and amendment is often called for.

Some ask that more notice should be taken of the advice given in this Congress. Government and people often ignore the findings of the Congress. The very success of treatment may lead to ignoring the other aspects of the problem. The wider picture must be kept before the younger doctors and the public. This Congress has used this wider vision.

MRS. E. WEAVER (Brazil):**Social Aspects of Leprosy Problems**

We are happy to be in Japan and meet Dr. Mitsuda and see the fine work being done here.

A very comprehensive plan has been carried out in Brazil to perform our social duty to the patients and to their dependents. In countries where resources are less, social plans can at least be carried out by stages. Poverty and bad conditions afflict many of our patients and their families and we have tried to deal with them, even in the new period of expansion of the leprosy campaign in the last few years. Those who are put in preventoria are trained by it. But the people who take children as foster-parents to them are not always satisfactory. There is still too much social prejudice against leprosy-contact children, but some foster-homes are successful.

Still the preventoria remain the safest and best homes for separated children, and they go back well educated and normally stable and make good citizens. Political and religious sectarianism should be avoided in all social work for leprosy contacts. The educandaria are useful: they are like boarding-schools. We have 20,000 children in homes.

MONSIEUR R. FOLLEREAU (President of the Order of Charity):

Why I Have Established The "World Leprosy Patients' Day"

I established this day in 1954 to revive dignity and respect for leprosy patients. In many countries they are still treated shamefully. I try to appeal to the conscience and hearts of more and more people. All leprosy patients should be treated, respected and loved. It is we who have turned them into 'lepers'. Many countries have paid heed to this World Leprosy Patients' Day, and the practice spreads, and along with it there spreads friendship for leprosy patients and determination to treat them humanely. Love has conquered: the walls have fallen. All special legislation regarding leprosy should be abolished. Leprosy patients can marry freely and prejudice against their marriage should be removed. I will continue my travels and my protests against an unenlightened attitude towards leprosy patients. This century could become the century of victory over leprosy.

DR. F. CONTRERAS (Spain):

Social Assistance in Leprosy

I agree with Mrs. Weaver about the value of organized and complete social assistance. I congratulate the Japanese workers also. These Leprosy Congresses are of great value, but the amount of leprosy in the world is still huge. At the Rome Congress we saw the need of many teams and much co-operation. Social work must go hand in hand with the best possible treatment. We protect our patients. Entry into sanatoria must be voluntary, also discharge from them. Leprosaria are still of great value in many ways, as are the preventoria. We have dermatological hospitals also where leprosy patients are also admitted.

All patients receive a Social Security payment in Spain. We avoid special legislation for leprosy. All members of the family are protected, especially the children. There are various ways of overcoming any possible psychological damage to children put in preventoria or colleges: visits of relatives can be encouraged. We must be humble and respect the experience of all other workers.

DR. F. HEMMERIJCKX (India):

**Pattern of Social Assistance in Countries of
High Leprosy Prevalence**

Such highly endemic countries usually have little money. Priority should be given to the medical and preventive side, but social problems must not be forgotten. The medical profession shows no interest in leprosy and avoids treating it. Medical workers in the leprosy teams, however, must take more interest in the conditions of the patients.

More workers must be trained, preferably in the medical colleges. Our own fault as leprologists is to keep leprosy too complex. Para-medical staff are very important: we must train many and train them carefully. Education should start in schools with the teachers: propaganda at the village level is essential. Propaganda must be repeated and made everywhere, and be very practical in answering the natural questions about leprosy. The real difficulty for the patient begins when we pull the patients out of their families: mass treatment has a great advantage in this. The patients themselves are very conscious of the advantages of treatment: they should get psychic and social understanding.

Discussion

DR. VENKATESWAR (India): "Remember socialized medicine will come in many countries. A proper course for undergraduates should be given in leprosy. Tackle the patients as a whole. All leprosy is infectious, more or less. All ages can catch the disease."

DR. RICHEL (France): "Many physicians do not cooperate in dealing with leprosy. In underdeveloped countries the mobile treatment team is the best answer. I thank M. Follereau for his help in such campaigns. Attendance of the patient is helped by tax-exemption in reward for attendance."

DR. SUCH SANCHIZ and DR. F. CONTRERAS (Spain): "Social security extends over the world. We propose that all rehabilitation centres should coordinate their studies and agree on methods and incorporate their programmes into national programmes. The next Congress should include Rehabilitation for special consideration."

THE CHAIRMAN said this proposal was received with sympathy and would be handed to the secretariat of ILA for action.

DR. MURRAY (Korea): "I agree with most things said but am surprised at lack of mention of one point—that of family planning to prevent birth of children into such an environment."

Intermission of 10 minutes at 3.40 p.m.

Social Aspects**PROFFERED PAPERS**

18 NOVEMBER, 1958

3.40 p.m.

Chairman: MR. A. SAITA*Rapporteur:* SISTER HILARY ROSS

DR. M. C. ESTRADA:

Social Aspects of Leprosy in Mexico

The high contagion is a false idea which has done a lot of damage and we in Mexico are still fighting against it. The social and human side depends on eradicating this prejudice, and others. We study also history and social status and condition, and his state of mind. We talk with the patient in a friendly way. Obligatory segregation has been abolished in Mexico. There is only one leprosarium, and we have even changed the names to Dermatological Centres and Clinics. We never talk of 'lepers'.

We use all care to obtain a human and helpful approach to patients. I wish to describe one case who was first misdiagnosed as typhus. Leprosy was finally diagnosed. He tried to take his life by jumping under a train. We took him in and gave him an explanation, and finally clinical cure.

DR. R. OZAWA (Japan):

*(Paper presented by Dr. K. Hamano on his behalf)***Social Activities at the Leprosarium in Japan**

There are 14 leprosaria in Japan with 14,261 beds. We have about 15,000 patients in Japan. The Imperial family gave the impulse to the work, and various religious bodies have helped. The peak of the prevalence seems to have passed. There are many patients who have to be reached and given care, and to ensure this various social assistance measures are proposed. Their family financial troubles are relieved and the children and relatives are cared for, in special institutions if necessary. Education of children is provided. Elderly relatives who are deprived of support are given care in special homes. Vocational training and rehabilitation are given to patients in leprosaria. Funds are advanced to help their becoming settled in ordinary life. There are special social workers in each prefecture. It is very rare to have to enforce segregation. The families and the public are given education. The Japanese Leprosy Foundation was founded by the late Empress Teimei. It has done a lot of educational work and helped leprosy patients and their relatives, runs homes, provides scholarships. It has branch offices in 10 districts which promote the hospitalization of leprosy patients.

Discussion

DR. GIFFEN (U.S.A.): "As long as 'leper' is used, too little progress has been made. None can be called deformed but the unkind."

DR. HEMERIJCKX (India): "We need to protect patients against their employers sometimes. Special institutions are justified in many cases."

DR. SUCH SANCHIZ (Spain). A film show of his work on rehabilitation in Trillo was given with his explanations. He has built up at Trillo a carefully organized rehabilitation and training programme for leprosy patients approaching their return to civic life. Nothing is forgotten which will help them, whether training in a special skill, participation in cooperative farming and industry, or the infusion of courage and self-respect as citizens. The general public is also brought under training so as to receive them naturally. Due regard is given to the prevention and correction of deformities.