

THE TEACHING OF LEPROSY IN THE MEDICAL COLLEGES OF ORISSA, INDIA

Sir,

The State of Orissa has a very considerable leprosy problem. Out of a population of over 26 million, the estimated number of cases is about 320,000, giving a prevalence rate of 12-14 cases per thousand, which is fourth highest for the number of cases in the 25 States and Union Territories of India.¹ The overall deformity rate is 30% and the child rate 28%. The percentage of people of tribal origin varies between 30 and 40% in different parts of the State and the overall literacy rate is 48%. Leprosy control activities started with the National Leprosy Control Programme in 1955, changing to the National Leprosy Eradication Programme in 1982-83. Multiple drug therapy (MDT) was introduced in Ganjam District in 1982 and has now been extended to all 13 districts, using the modified MDT scheme advised by the Leprosy Division of the Directorate of Health Services, Government of India, in 1990,² for the last 2 districts, Keonjhar and Kalahandi.

As part of a programme of health education in leprosy, the Health Education Unit at Jatni, Puri District, supported by the Gandhi Memorial Leprosy Foundation (GMLF) in Wardha, Maharashtra, has, over a period of years, attempted to involve the 3 medical colleges of the State at both undergraduate and teaching staff level. The colleges are situated at Sambalpur in the western part of Orissa, Berhampur in the south and Cuttack, about 30 km from the capital, Bhubaneswar. Our approach has been mainly based on the recommendations of a symposium held in MKCG Medical College, Berhampur, published by the GMLF in December, 1983.³ It was recommended that the teaching of leprosy should not be separated from the mainstream syllabus, with the need for extra time, but that it should be part of the routine teaching process in various disciplines. Thus, recommendations were made for leprosy to be included and used as a 'model' wherever possible in the teaching of anatomy (dissection), histology, physiology, biochemistry, immunology, pathology, microbiology, clinical medicine, surgery, ophthalmology, ear, nose and throat diseases, and social and preventive medicine. Our first contacts have been with the principals and heads of departments of the colleges, with emphasis on an interdisciplinary approach. A series of meetings or seminars,

usually on selected aspects of leprosy, have been held in all 3 colleges since 1980, with invited experts from Bombay, Delhi, Madras, Calcutta, Bangalore, Pune and other parts of India. Extensive use has also been made of a wide range of teaching and learning materials, including: 1, items from the TALMILEP (1990) Booklist, Teaching and Learning Materials in Leprosy;⁴ 2, posters provided by the Wellcome Tropical Institute, London, UK; 3, colour transparency teaching sets from the Indian Registry of Pathology ICMR, New Delhi, and the Medical Education Department of Glaxo Laboratories, Bombay; and 4, videos on leprosy from Wardha and Karigiri, South India. In addition, GMLF and other voluntary agencies have supplied 21 books on various aspects of leprosy for the 3 medical college libraries. Translation of several items from the above TALMILEP list into Oriya has already been carried out and others are projected for 1992.

The above meetings have been well attended, with many questions from undergraduates and college staff, and we have been extremely fortunate in the consistently high level of cooperation and interest shown by deans and heads of departments. Although it has not yet been possible to carry out an objective assessment of improvement in terms of attitude, knowledge and clinical performance, our impression, on talking to students, graduates and staff members, is that these have improved significantly within the past 10 years. Questions on leprosy now appear in the MBBS, MD and MS (Ophthalmology) examination papers. Basically our approach does not differ from that reviewed in an editorial in a previous issue of this Journal⁵ and which has been used successfully in other parts of India, notably Bombay.⁶ However, the constant presence of a GMLF Health Education Unit in this State over a period of 12 years, with opportunity for repeated contact with medical colleges, backed by the provision of teaching and learning materials for students and medical staff, may well account for the progress which has been made. The recommendations on the teaching of leprosy to medical undergraduates referred to above are to be completely revised and reprinted this year, in collaboration with the medical colleges, giving more emphasis to the activities and achievements of the National Leprosy Eradication Programme, in association with a number of voluntary agencies. It is our intention to continue this work and to intensify our contacts with medical colleges so that medical students in this State graduate with a basic knowledge of leprosy, coupled with a compassionate attitude to patients and an appreciation of the potential of multiple drug therapy in the control and eventual eradication of this disease.

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