Hind Kusht Nivaran Sangh
(Indian Leprosy Association)

HIND KUSHT NIVARAN SANGH

(INDIAN LEPROSY ASSOCIATION)

MADRAS STATE BRANCH

REPORT FOR 1955.

"A nation-wide problem like leprosy control can be achieved only by carrying out a dynamic programme of ardour and intensity. While I believe that Government work is becoming more and more informed by the missionary spirit which we associate with voluntary endeavour, I also believe that the quality of Government work will rise in proportion to the growth of voluntary work. The time has certainly come when we cannot be satisfied with a little oasis of compassionate work here and there which are at best the reflection of the spirit of exceptional dedication. The spirit of dedication should spread itself out so that we may sense the inspiration of it everywhere."

PRESIDENT RAJENDRA PRASAD.

Office of the Sangh

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MADRAS-4.

HIND KUSHT NIVARAN SANGH

MADRAS STATE BRANCH

President : The Governor of Madras
Vice-President : The Minister for Health
Honorary Secretary & Treasurer : Sri T. N. Jagadisan

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District Representative Members

Honorary Secretaries of the District Branches

HIND KUSHT NIVARAN SANGH

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PRINTED AT THE CENTRAL PRESS, MADRAS
1956.

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PART I

THE WORK OF THE HEADQUARTERS OF THE STATE BRANCH

INTRODUCTORY

The Hind Kusht Nivaran Sangh, to put it in the words of its Chairman, Rajkumari Amrit Kaur, "fulfills the functions of a National Association for Leprosy, constantly stimulating interest, taking stock of the situation, challenging attention and always pointing to forward thoughts and policies." The Madras Provincial Council of the British Empire Leprosy Relief Association, B. E. L. R. A., as it was familiarly called, under the masterly leadership of the world-renowned leprologist Dr. R. G. Cochrane, undertook pioneering studies in child leprosy, rural and urban leprosy, initiated fundamental research on leprosy, inaugurated a vigorous educational campaign on the facts of the disease and the methods of its relief and control; and above all converted the Government and the voluntary agencies into an increased and more enlightened awareness of the problem. The Madras State Branch of the Sangh (the successor of the B. E. L. R. A.) keeps to this pioneering tradition and challenging role. It wants to do good work through its own agencies, but it wants much more to see the full flowering of work in all directions through Government and the various voluntary agencies. So it studies problems, informs the public and focusses attention on needs, stimulates effort and whenever possible aids it, challenges Government to do this or that, but always co-operates and collaborates with it. For, the Sangh has always been aware of the growing practical interest of Government in this problem, and while it eggs them on to more endeavour, it recognises the complexity of the task and the difficulties of Government. This attitude of co-operation coupled with "enlightened agitation" has brought its rewards and blessings. For it has been our experience that Government officials are often the first to recognise and appreciate non-governmental organisations, especially if such organisations refrain from boasting of their own accomplishments in contrast with governmental limitations.

In has been a great privilege for our State Branch to co-operate closely with Government. The Government consults the Sangh on many matters and its Honorary Secretary

is also their Honorary Leprosy Prevention and Relief Organizer. Commenting on the need for increased collaboration between voluntary agencies and the Government, Rajkumari Amrit Kaur said in her Chairman's Report of the Hind Kusht Nivaran Sangh (1955),—

"In the coming dynamic phase of leprosy work in which Government will come more and more into the picture the voluntary organisations will still have an important role to play. In fact, voluntary organisations like the Mission to Lepers and the Hind Kusht Nivaran Sangh have prepared the way for Government to take and run leprosy work on a country-wide basis. All voluntary agencies will now have to concentrate on aspects of work which are still more or less neglected and for which the Government will have to be prepared viz., the social aspects of leprosy, especially the rehabilitation of the negatives. Above all, the Sangh should maintain the closest co-operation with the Government by bringing to its notice unmet needs, stimulating them to action. An example, for instance, of how the branches of our Sangh can closely collaborate with Government is offered by the Madras State Branch. I am particularly glad that as a result of the transactions of a Committee of theirs the Madras Government have taken up a programme of training in quick succession batches of doctors in a preliminary course in leprosy work so that every Medical officer of a hospital is acquainted with modern leprosy treatment."

Composition of the State Branch

The Sangh has His Excellency the Governor as its President, the Minister for Health as its Vice-president and a non-official as its Honorary Secretary and Treasurer. The Director of Medical Services, the Director of Public Health, the Secretary to Government, Health department and other high-ranking officials are ex-officio members of the Sangh. H. E. the Governor has nominated to the Sangh's Council eight members from the Legislature and four members from among the non-officicials outside the legistature. The Sangh has also co-opted members from the public who evince keen interest in leprosy work and wield public influence. Representatives from the District Branches are also on the Sangh's Council. There is an executive Committee formed from among the members of the

Council. Two meetings of the Executive Committee and one meeting of the Council of the Sangh were held in 1955. The Annual General Meeting of the Sangh was held on the 16th June 1955 with the Vice-president Sri A. B. Shetty, presiding. On this occasion we had the unique privilege of the distinguished presence of the late Sri G.V. Mavalankar who delivered an inspiring address. As Chairman of the Gandhi Memorial Leprosy Foundation he evinced deep interest in the cause of leprosy and made a detailed study of the problem. We shall always remember with reverence and gratitude the memorable occasion when he was with us.

Work of the State Branch

The headquarters of the State Branch is mainly in the nature of a publicity and welfare organization, forming an integral part of the leprosy campaign in the State. It receives a grant of Rs. 13,000/- a year from the State Government for running the organization. Besides the use of the press, the radio, exhibitions and other usual methods of publicity, a very valuable feature of the publicity and welfare organization is the constant exercise of personal initiative and personal touch in dealing with members of the public, leaders of society, medical and public health authorities, Government representatives and representatives of constructive work organizations. The organization has been conducting a social assistance programme which includes the following items :—

1. arranging for the treatment and isolation of patients.
2. befriending patients and instilling courage into them and enabling them to maintain their position in society without the weight of shame and fear of ostracism.
3. assistance in the rehabilitation of those who become disease-arrested.

Though rehabilitation on an organized scale has yet to take place, the Hind Kusht Nivaran Sangh and its Branches, through their Secretaries and social workers keep intimate personal touch with innumerable patients and besides helping them with much-needed help and encouragement have been able in a small number of cases to obtain for them employment. The Organization maintains very close touch with

Dr. Paul Brand whose reconstructive surgery and programmes for rehabilitation are becoming increasingly helpful to patients.

Perhaps the most valuable part of the Sangh's work is the one which is least noticeable, the constant friendly and human touch between the Sangh's workers and the patients and their relatives. Advice on treatment, prevention and the protection of children in families where an infective leprosy case is present, on questions of the marriage of one with leprosy or of a close relation of a leprosy case—is frequently sought and given. Employers also sometimes seek advice on their employees with leprosy. Patients or their relatives often meet the Sangh's workers and derive some comfort and consolation by speaking out their troubles. They seem to look up to the Sangh and its branches as "their friend, philosopher and guide", though we are only painfully aware that we hardly rise up to this role. But we sincerely endeavour to do so. Glad are we when a father or mother takes reasonable steps to protect children from possible infection. We rejoice when we have been able to help an arrested patient back to his job or to obtain for him a new one. We feel elated when we have reassured the prospective bridegroom that the girl he wants to marry (the healthy daughter of a leprosy patient) is suitable for marriage and the wedding takes place. But alas! these joyful occasions are few and far between. But however rare, it is a matter for rejoicing that *they are there*. For they surely are evidences of our ability to break through the almost impenetrable mass of prejudice against an ancient and dreaded disease.

Publicity and Membership campaign

The chief event of the year for the Sangh was the Publicity and Membership campaign. The campaign was conducted during the whole of September 1955.

Press Conference.

It opened with a Press Conference at the Secretariat which Sri A. B. Shetty, M.L.A., Minister for Health, The Secretary to Government, Health Department, The Director of Medical Services, The Director of Public Health, leprosy experts and others attended. The Press gave widespread publicity to the theme 'leprosy is curable.'

Leprosy is Curable

At the Press Conference the Honorary Secretary first explained the object of the Campaign. He emphasised that the object of informing the public was even more important than the object of raising funds. He explained that there was now a drug (the sulphones) which has been found effective in active cases of leprosy in all forms. He quoted the First Report of the Expert Committee on Leprosy of the W.H.O. (1952) as saying: "Since the use of sulphones started 11 years ago, the results of leprosy treatment have greatly improved. The treatment, has been found of great value in active cases of leprosy in all forms. Modern treatment, which effectively reduces the infection in leprosy patients, and therefore their infectiveness, is regarded as the most potent generally applicable weapon now available in the control of the disease." He also quoted the estimate of the Indian Council of Medical Research which said that the cost of DDS for treating one leprosy patient for one year was Rs. 3-12-0. (Of course, this estimate does not include the cost of ancillary drugs that have sometimes to be administered and the dressings for ulcers.) But there are difficulties in the way of ensuring that every patient gets this drug although it is undoubtedly effective and amazingly cheap The Press Conference on the theme "Leprosy is Curable" was conducted with a view not only to spread the message of hope and cheer that leprosy is curable but also to draw attention to these difficulties and to help to devise ways and means of overcoming these difficulties. The Honorary Secretary enumerated the difficulties and then suggested the ways of overcoming them. We quote below the relevant passage from his talk to the Press Conference on this subject, as the detailed analysis of the difficulties and the suggestions to overcome them have been thought to be helpful by many workers in this State and abroad.

These difficulties may be enumerated:—

(1) The treatment though easy to administer is not without its difficulties. It has to be begun with very small doses which are gradually increased according to the patient's tolerance. In the first few months of the treatment great care is necessary and the patient must be under the periodical observation of a qualified medical authority;

(2) The treatment is slow, though a sure one and becomes a prolonged affair. The patients become tired by the length of the treatment and often they are also indolent and apathetic. Attendance at most of our out-patient clinics is markedly irregular ;

(3) The patients do not come early for treatment because in the earlier years of the disease there is no pain or bodily disturbance that compels their attention. There is also the desire to conceal for fear of publicity. Unfortunately leprosy is a disease that could be concealed for a long period ;

(4) Patients still resort to quack remedies, and often they go to the doctor after having worsened their health by wrong treatment. It is curious that patients should be more ready to believe extravagant promises rather than sober assurance based on ascertained facts.

(5) Leprosy is largely a rural disease and innumerable cases are to be found in the remotest villages to which medical aid and modern knowledge have not yet reached. It is not easy to set up a machinery by which, the drug, however cheap, will reach those who need it.

(6) We lack the necessary personnel—doctors, nurses, social workers, etc. in adequate numbers and with the requisite knowledge and zeal for carrying out wide operations to take the treatment even to the remotest corners of the country ; and

(7) Public interest and public knowledge are still very inadequate and even the more educated ones, including some social workers, have still ideas on leprosy of a former day. Many of the members of the public still think in terms of horror and ostracism.

Some of the ways in which these difficulties may be overcome are suggested below :—

(1) It is of the utmost importance that every general hospital or dispensary, whether it is run by Government, Local body or private agency should include modern treatment of leprosy as an integral part of its service. It has been usual to put up melancholy leprosy sheds in a distant corner of the

hospital and make it next door neighbour of the cholera ward or the postmortem shed. Dr. H. H. Gass has very aptly said :—

"Let not the out-patient clinic be a leprosy shed. It is high time we got rid of the 'leprosy shed' mentality. The leprosy patient is an individual who needs treatment and it is our job to see that he gets it and gets it properly."

It is also important that there should be a number of beds, especially in the endemic areas, for patients with complications and ulcers needing temporary hospitalisation. It follows that every doctor should have a preliminary instruction in a short-term course in the diagnosis and treatment of leprosy.

(2) But probably the greatest hindrance to successful leprosy treatment is the gross irregularity of patients attending out-patient clinics. Obviously in a disease which requires prolonged treatment, the patient is reluctant to make long journeys and cover painful distances. He is also unwilling to lose one or two days' wages in a week. We have therefore to take the treatment as near to the patient as possible. Even when the clinic is near enough to a village the attendance is poor. So some agencies have conceived the idea of distribution of tablets in the villages themselves either through their own social workers or through some reliable local person. Of course this type of intensive treatment carried to the very villages demands zeal on the part of the medical officer and he should be assisted by enthusiastic assistants who can evoke local enthusiasm.

(3) In addition to the treatment at the general hospitals and leprosy sanatoria there should be control schemes for every endemic area. Such schemes have been recommended by the W.H.O. Expert Committee. In these schemes the aim is to treat every leprosy patient and especially to detect the early cases by observing the contacts of known cases. A survey of the population with a view to discover cases, follow-up of the patients with a view to ensure regularity of attendance and the education of the patient and the public in the curative and preventive aspects—these will constantly be carried out in these control schemes. It is in the successful operation of these schemes and not by the costly process of building more hospitals that we can hope to control leprosy.

Legislators, social workers, doctors and administrators should note that the whole picture of the leprosy campaign is rapidly changing with the successful modern therapy from the old basis of segregation in institutions to a detailed and well-planned effort at a concentrated attack on the disease which will trace all cases and their contacts and bring treatment and preventive knowledge to the very door of the patient. Not that the existing hospitals are not useful and that more should not be built, but even these hospitals should become the centres of control schemes in the group of villages around them.

(4) It has been suggested by Dr. Muir and others that para-medical and non-medical personnel should be deputed to assist the doctor so that his range of work may be extended. One would like to go cautiously in the matter. But the following words of Dr. Muir, the Doyen of Leprologists should receive our careful attention :—

> " Obviously a system of this kind (i.e. the control scheme) must be initiated and supervised by a doctor who is an expert in leprosy ; but there is much that can be done by nurses and other personnel trained specially for the purpose, thus setting free the doctor to expand the range of the work. Careful treatment is required to begin with, but later when the routine of treatment has become stabilized in any patient only occasional visits to the doctor are necessary and treatment can be continued by the other trained staff."

(5) Lastly Government, the voluntary agencies, the social workers and the Press should do everything in their power to educate the public and the patients in the more hopeful aspects of leprosy. It should be widely known that the misleading ideas of leprosy should be cast out for ever and that to-day leprosy is a curable and a preventable disease.

6. The principal points in the control of leprosy are (1) to diagnose cases early and bring them under regular treatment with sulphones and (2) to prevent intimate association of infective patients with children.

Dr. H. H. Gass made a very clear statement on sulphone therapy which is also printed here.

" There is enough evidence to say that all active forms of leprosy are amenable to treatment with diamino-diaphenylesulphone (D.D.S.). And I am willing also to say that if discovered really early, the disease can be controlled in practically every case. Unfortunately so many patients seek medical aid only when the disease is already well established.

In those cases where there is an extensive dissemination of lepra bacilli throughout the body, treatment is a very prolonged affair. It may take 5—8 years, and sometimes longer until standard methods of bacteriological examination reveal no bacilli. There is, however, a gradual decrease in the number of micro-organisms found in the skin and in mucous membranes. This may be quite important from the public health point of view. That is, the decrease in bacillary population.

It is the exceptional case who does not sooner or later respond to treatment. It is in these cases where a tremendous amount of patience and judgment has to be exercised.

It is very important to realize, however, that in those cases where the infection has become well established in the skin and or nerves, certain permanent residual signs will probably remain in spite of treatment. These are mainly due to the destruction of nerve fibres. In other words, deformities resulting from muscle paralysis, loss of sensation, loss of pigment, perforating ulcers of the foot etc., do not per se mean active leprosy. Take for an example the muscle paralysis resulting from poliomyelitis. This does not mean continuing activity or infection of that disease. There are a number of other conditions as well which leave permanent marks. Today a number of deformities can be corrected. And many can be prevented.

With the present therapeutic armamentarium, I venture to say that if every child in India who has contact with an open case of leprosy could be examined at regular intervals, and treatment instituted at the first sign of the disease, there need hardly be any individuals who would get the serious form of the disease. The question arises whether it would not be a good prophylactic measure to give diamino-diphenylesulphone to all children who have contact with an infectious case of leprosy.

Finally may I conclude with the remark, that not every case of leprosy is serious. In a very large number of cases in India the disease manifests itself in a very mild form. And quite a fair proportion of such cases get well without treatment. In other words, it is extremely important to remember that just because an individual manifests a certain symptom of leprosy it is no cause for panic.

Hand in hand with treatment must go simple well understood practicable instructions to infectious cases on isolation methods, remembering however that not all cases are infectious to others, and that probably in even the open cases there are varying degrees of communicability."

The Director of Medical Services considered that sulphone therapy has proved most effective in both early and advanced cases of leprosy and that it is undoubtedly a definite advance over the Hydnocarpus oil injections. The Government had passed orders that sulphone therapy should be used in all the leprosy clinics in this State and accordingly issued instructions to the Local Bodies and the Director of Medical Services to use sulphone therapy for the treatment of leprosy patients in the leprosy hospitals and clinics run by the local bodies and by the Government. He also mentioned that the Government had passed orders approving the proposal to train in leprosy 100 civil assistant surgeons of the Madras Medical Services in continuous batches of six at a time in the Central Leprosy Teaching and Research Institute, Tirumani for a period of one week.

Dr. H. Paul made valuable contribution to the Press Conference by citing the encouraging experience of sulphone therapy in his very large institution and pointing out that especially in the advanced cases the effects of treatment were striking. He, however, pointed out that sulphone treatment has not eliminated the possibility of relapse and that it is wise to continue the drug in a smaller maintenance dose even after arrest of the disease.

Dr. K. Ramanujam also made his valuable contribution to the Conference by emphasising that children responded very favourably to sulphone treatment and that if children were given early treatment they can recover without deformity and the disease can also be gradually eradicated from the community.

Dr. Frank Hemerijckx, the leader of the Belgian Leprosy Unit, gave us great encouragement by participating in the Press Conference and affirming his faith in "Mass sulphone therapy" as a measure of Leprosy control.

Articles, Radio Talk, Public Meetings etc.

During the period of the Publicity Campaign *the Swadesamitran* published a story vividly bringing out the work of the Hind Kusht Nivaran Sangh and showing how a certain family was benefited by it. *The Swatantra* published two articles written by the Hon. Secretary which has been translated and published in Telugu, Malayalam and Bengali Magazines. The State Branch supplied a free leaflet in Tamil on the theme *Leprosy is curable*. It also published a leaflet in Tamil narrating the moving story of how Gandhiji answered the challenge of fellowship when God tested him in the shape of the leprosy-stricken Shri Parachure Sastri. The All India Radio broadcasted a talk on leprosy by Dr. H. H. Gass. In accordance with the practice of concentrating on one district during the period of the Campaign, the Hony. Secretary toured the endemic areas of Tanjore District in the month of September 1955 and addressed many meetings. Two well-attended meetings were held at Tanjore and Kumbakonam which the Hon. Secretary addressed. Our grateful thanks are due to the District Collector (Sri C. A. Ramakrishnan, I.C.S.) who gave his unstinted co-operation.

DISTRICT BRANCHES CONDUCT CAMPAIGN

The District Branches conducted the compaign in their areas by holding meetings and doing propaganda through leaflets, posters etc. Some of our branches, especially South Arcot and South Kanara, organized the campaign on an extensive scale and with great success. The co-operation of all the official and non-official agencies was fully obtained and we are glad to be able to say that the campaign has stimulated patients to come in large numbers and more regularly, especially in the early stages of their disease for treatment. The details of the campaign in the South Arcot and South Kanara (see the district reports) indicate the enthusiasm and thoroughness with which a campaign can be conducted.

Publications

Besides articles published during the month of September in connection with the Publicity compaign, the Honorary Secretary wrote for "Social Welfare", the journal of the Central Social Welfare Board, an article on "Leprosy and the Social Worker". The Sangh also published "About Leprosy" by Sri T. N. Jagadisan which seeks to give in a nutshell the facts about leprosy in the light of recent advances. The pamphlet has been very well received and there have been many demands for it from other states and other countries. Members will be glad to read the following extract from a letter of Mr. Donald Miller, General Secretary, for the Mission to Lepers.

"My dear good Jagadisanji,

I have just finished reading a copy of 'About Leprosy' which you have written and of which you have sent me so kindly six copies.

This little book is treasure. It ought to be of enormous value. It is so well written, it is so clear, and it is so well balanced and right in its approach and recommendations. Do you remember that once, some years ago I challenged you to apply your mind to the problem of the child who needs to be saved from leprosy?

I feel that this book is going to do quite a lot to help achieve that end.

The book is so valuable, in so small a space, that I am asking you to be good enough to forward to me whatever copies, plus postage, can be supplied from the enclosed postal orders totalling £ 2 which should realise some Rs. 26. I will circulate copies to our different Area Secretaries as it makes an up-to-date handbook of information about knowledge of leprosy, about treatment and about other methods of attacking the disease and saving the children.

I am so very glad that your last paragraph and last sentence emphasize something which is dear to me, and which also helps me to gain some sort of light upon the mystery of suffering. For, as you so well state, leprosy work, engaged in aright, "can be made the lever with which to raise the general, social, economic and health level of

society". Thus, as you put it, we do our bit to "humanize human life".

A. DONALD MILLER,
General Secretary
Mission to Lepers, 7, Bloomsbury Square
London E. C. 1.

The Sangh has published a Tamil version of "About Leprosy" which is in great demand.

Members will also be interested to know that in his recent book *A Bridge of Compassion* Mr. Donald Miller pays a sincere tribute to the nationally sponsored pieces of work that have sprung up in the State:—

"We visited outpatient clinics, centres for village visiting and survey, and a charming and residential Leprosy Home built in memory of the devoted wife of Mahatma Gandhi. In all of these very active centres there was a marked quality of personal concern shown for the patients; the staffs, doubtless hand-picked men, were able and enthusiastic. Here was the New India at its best, facing the sorrows and problems of its people with outstretched, serving hands. Here compassion drove out all superior condescension; here the bonds of brotherhood replaced the dividing walls of caste. Here new hope was being brought to some thousands of the many thousands of sufferers in the Madras State."

Social Work for Leprosy

The Sangh's many workers including the Honorary Secretaries of the District Branches are helping leprosy patients in a number of ways. There are four social workers trained by the Sangh under a scheme sanctioned by Government who are working in different centres. One of them, a woman worker, is devoting her full time to social work at the Leprosy department of the Government General Hospital. We are grateful to the Sir Dorabji Tata Trust, Bombay, who are making a grant towards her work. Two others help at the Leprosy clinic at Pammal run by the Student Christian Movement, Tambaram and the Silver Jubilee Children's Clinic, Saidapet. Another is doing social work for leprosy

patients at Kancheepuram. They are all doing very useful work and the scheme is working satisfactorily.

Schemes drawn by the Honorary Secretary

The following schemes which the Honorary Secretary drew in his capacity as the Honorary Leprosy Prevention and Relief Organizer have been sanctioned by Government :—

1. A scheme for Sankarankoil and Kuruvikulam (Tirunelveli District).

2. A scheme for the Periyar project area (Madurai District).

3. A scheme for Usilampatti and Tirumangalam (Madurai District).

The Tours of the Honorary Secretary

Mention has already been made of the intensive tour of the Tanjore district which the Honrary Secretary made in the month of September in connection with the Publicity and Membership campaign. He also toured in various parts of the State during the year including the districts of Chingleput, South Arcot, North Arcot, Tanjore, Madurai, Ramanathapuram, Malabar and South Kanara. The Malabar tour has been of special importance. The Government, at our request, were kind enough to request the District Collector to take a special interest in the revival of the District Branch which had been inactive for sometime. The Collector was good enough to call for a meeting on 28—11—55 and reconstitute the Branch. The Honorary Secretary attended this meeting. During this visit to Malabar he travelled the coastal line from Kozhikode to Baliapatam along with Dr. Riedel of the Mission Home, Chevayur, seeing the network of clinics that he has built in the area.

Members of the Sangh : During the year under Report one life member and 35 ordinary members were enrolled. The Sangh has now five life members. They are (1) Mrs. Ida Chambers, (2) Messrs Waterfall Estates Ltd., Madras, (3) Sri S. Subbaiya, (4) The Asoka Charitable Trust, Madras, (5) Sri M. T. Hanumantha Rao.

Conclusion

In writing a report of work one has to enumerate the achievements of the organization and there is almost a note of complacence in what one writes. We are keenly conscious of our limitations and failures. Modern treatment has not yet reached the vast majority of patients. Ignorance of the manner in which leprosy spreads is still the cause of innumerable new infections. There is one particular field in which the need is great and urgent, but the effort almost negligible—the rehabilitation of those who have recovered from leprosy. But while we should not be complacent, we are also anxious not to be disheartened. We see and feel the growth of a new outlook on leprosy. We would fain do what we can to spread this new outlook more rapidly. We are optimists and our definition of an 'optimist' is 'one who knows the difficulties of the situation and is still full of hope and endeavour.'

We wish to record our deep appreciation of the Government's keen interest in leprosy relief and control. To our Chairman Sri A. B. Shetty, Health Minister, who has evinced an abiding interest and watchful concern for progress in our work, whose knowledge of the problem is as great as his sympathy for the cause, our feelings are one of profound gratitude. We are deeply indebted to our President, the Governor for the ennobling inspiration which we derive from a personality who is rich in benevolence and humanity.

PART II.

REPORTS OF DISTRICT BRANCHES

SOUTH ARCOT

Report of the South Arcot District Branch of the Hind Kusht Nivaran Sangh for the year 1955

1. *Composition of the District Branch*

The Sangh has the Collector of South Arcot district as its President, the President, District Board, South Arcot, as its Vice-President and some officials as ex-Officio members.

The affairs of the Branch are managed by an Executive Committee subject to the general control and supervision of the District Council.

Nominated members Two members are nominated annually by the Collector to the District Council from among the Members of the Madras Legislature representing the district, and two members by the President, District Board, South Arcot from among the members of the District Board.

Co-opted members These members are co-opted annually to include representatives of the Indian Medical Association, leprosy institutions, large industrial concerns, Indian Red Cross and other similar organisations, Panchayats, Municipalities, Rural Welfare workers and other non-officials interested in leprosy work.

Meetings During the period under report, the District Branch held two meetings of the District Council, two meetings of the Executive Committee, one meeting of the Sub-Committee and one meeting of the General Body. In all, seventy subjects were considered in the above meetings. The attendance of members at the above meetings has not been to our expectations.

2. *Relationship between the District Branch and the Government departments and other voluntary agencies in the district*

The District Branch regularly supplies drugs and appliances required for the treatment of leprosy to all the Local Fund and Rural dispensaries besides 2 Municipal dispensaries. It runs independently leprosy clinics at 5 centres in the district. The District Branch has at its cost appointed ex-patients as injectors in 4 Government institutions. The District Branch supervises the work of all the leprosy clinics in the district under their control and with the co-operation of the Government and other voluntary agencies, collects and compiles periodically statistics of the work done in the district.

3. *Training of doctors in leprosy.*

The District Council has at its meeting held on 6—12—55 resolved to depute one medical officer for a month's training at the Central Leprosy Teaching and Research Institute.

4. *Number of clinics, colonies, homes etc., in the district with statistics of cases treated.*

There are 57 clinics functioning as against 53 in 1954 vide Statement I.

5. *Activities*: As usual, the District Branch regularly supplied drugs and appliances to all the leprosy clinics in the District attached to the Local Fund Hospitals and Dispensaries, Rural Dispensaries, Municipal Dispensaries and to the Institutions run independently by the Sangh.

Treatment with the modern drug, Sulphones, has been instituted in all clinics; and it will be seen that *in the year 1955, 36039 cases have been treated with sulphones as against 18955 in 1954.*

The Hon. Secretary visited most of the clinics, met the Medical Officers with a view to be of guidance and help wherever they were needed. He has gone round to places of high endemicity, conferred with the public of the area and discussed ways and means of giving relief to leprosy patients.

The Sangh contributed 30,000 tablets of Novophone to the Kasturba Gandhi Kushta Nivaran Nilayam, Mazhavanthangal.

The District Branch, has always been a source of help and encouragement to patients in advising them and directing them to suitable clinics for undergoing treatment.

It tries to help as far as possible to rehabilitate ex-patients. Of late the Sangh is confronted more and more with the problem of rehabilitating ex-patients whom the Sanotoria have sent out as cured or disease-arrested and

/hom the public are unwilling to take in as normal members
)f society.

The Sangh paid a sum of Rs. 25/- to a leprosy patient, o enable him to go to the Christian Medical College Hospi-al, Vellore, for surgical treatment.

6. *New clinics :* A treatment Centre in the Vadalur area /as a long felt want. Thanks to the good offices of Sri). P. Ramaswami Reddiar, M. L. C., Swami Suddhanandha Bharathi, and Sri G. Vagheesam Pillai, M. L. A., of the uddha Sanmarga Nilayam, who kindly undertook to put up clinic building at Seplanatham under the Local Development Works Scheme, this need has been met.

The Government readily alienated to the Sangh poramboke lands to the extent of 36.39 acres situated on the Cuddalore-Vriddhachalam Road. A clinic building was put up at Seplanatham under the Local Development Schemes at an estimated cost of Rs. 10,000. The Government sanctioned a sum of Rs. 5000/-, Sri G. Vagheesam Pillai contributed Rs. 2500/- while the Suddha Sanmarga Nilayam contributed Rs. 2500/- in the shape of labour and materials.

It was on 5-5-1955, that the clinic at Seplanatham was opened by Justice N. Somasundaram, Madras, in the presence of a large and distinguished gathering, when Sri O. P. Ramaswamy Reddiar presided. The meeting was also addresssed by Swami Suddhanandha Bharathi and Sri T. N. Jagadisan. The Clinic is very popular and caters to a large number of patients in and around that area. *Thus this is the fifth clinic opened and maintained independently by the Sangh.*

The question of opening a colony at Vadalur to house and look after disabled and destitute leprosy patients has not yet taken definite shape. In the meanwhile it is learnt that the opening of a leprosy sanatorium at Vadalur is engaging the active attention of some Legislators of our District and the State Government.

Three more Leprosy Clinics started functioning in 1955, two in Government Institutions, Siruvanthadu and Kandamangalam and one at the Local Fund Dispensary Mudanai.

New Clinic Buildings: The leprosy clinic opened at Kottaipoondi village, in Gingee Taluk on 21—6—54 was housed in a rented building which was not at all suited for a clinic. Therefore a small clinic building was put up under

the Local Development Works Scheme at an estimated cost of Rs. 3000. The Kottaipoondi Panchayat Board and the Local Village Uplift Association contributed one half of the cost. The clinic building was opened on 1—10—55 by the Hon'ble Sri S. S. Ramaswamy Padayachi, Minister for Local Administration, when Sri A. Uthandaraman, I.A.S., presided. Here we commend the splendid example of Sri A. S. Arunachalam Pillai, Proprietor, Biscuit Factory, Vellore, who announced at the meeting a gift to the Sangh, five acres of his land, adjoining the newly opened clinic.

A clinic building and a temporary hospitalisation and waiting shed at Vellimedupettai are nearing completion.

The putting up of a clinic building at Kootteripet is well under progress and it is hoped that the building would be ready very soon.

Publicity and Membership-raising Campaign : A Publicity and Membership—raising Campaign, with the object of educating the public and raising memberships for the Sangh was conducted for a period of one month. The theme chosen for this year's campaign was "Leprosy is curable".

The inaugural meeting was held on 24—9—55 in the District Board Hall, Cuddalore when Sri M. R. Kini, the District Judge, presided.

Sri A. Uthandaraman, I.A.S., the President of the Sangh welcomed the gathering and explained very clearly the extent of the leprosy problem in the District and the objects of the Campaign.

Sri M. V. Subramaniam, I. C. S., Member Board of Revenue, Madras while inaugurating the Campaign praised the work of the Sangh and exhorted the public to take an abiding interest in the Sangh and enlist themselves in large numbers as its Life Members.

Dr. K. Ramanujam of the Government Silver Jubilee Children's Clinic, Saidapet, addressed the meeting on "Leprosy is now Curable"; his address was much appreciated.

The chairman in his concluding speech said, it was essential that the message of hope was spread in rural areas and wished the Campaign all success.

In the wake of the inauguration of the campaign at Cuddalore, public meetings were held in all the Taluk

Headquarters, where the objects of the Campaign were explained and public co-operation requested.

Similar publie meetings were also held in Block Development Areas and Women Welfare Centres. Thanks to the co-operation of the Assistant Women Welfare Officer and the Block Development Officers.

Meetings of the school-going population were held throughout the District in all the schools, namely, High Schools, Higher Elementary and Elementary Schools, where the Head-Masters concerned explained to the students important facts regarding leprosy.

One hundred copies of the booklet " All about Leprosy" by Sri T. N. Jagadisan, were distributed to all the Headmasters of Schools, to the members of the medical profession and to all those who addressed public meetings.

20,000 pamphlets in tamil giving important facts about leprosy, laying special stress that leprosy is curable for the guidance of both the patients and the public, were distributed widely throughout the District.

Big posters in tamil with the headline that leprosy is curable were exhibited in all the buses plying in the District for a period of one week.

A small scale exhibition, open to the public, was conducted for three days at Tirukoilur, where explanatory posters, maps and charts concerning facts about leprosy were exhibited. The exhibition was inaugurated by Dr. A. N. Subbaraman, the District Medical Officer and the public meeting was presided over by Sri P. Ayya Nadar, B.A., Revenue Divisional Officer, Tirukoilur. The District Medical Officer and Dr. V. Ekambaram of the Government Leprosy Treatment and Study Centre were wholly responsible for the success of the exhibition.

Further, during the campaign period the Sangh had the full co-operation of the District Health Officer and the Health Staff. *They conducted meetings at 139 Centres in the District and gave magic lantern lectures in 11 Centres. Splendid work indeed.*

Leprosy Sunday was observed by two local churches at Cuddalore and special prayers were offered for leprosy patients. The Sangh received a sum of Rs. 13-12-0 from the Presbyter, C. S. I. Cuddalore being the collections during service.

As a result of the Campaign not only wide publicity about leprosy was given throughout the district, but also 20 Life Members were enlisted and a sum of Rs. 2000 realised as membership fees.

6. *Leprosy survey work*

With the co-operation of the District Health Officer, survey work in groups of villages in and around Sankarapuram, Tittagudi and Chidambaram have been carried out. Survey has also been conducted in the high schools in the district.

Re-survey has been carried out in many of the villages in Tirukoilur taluk by the Health officer, District Leprosy Survey Unit, South Arcot, Tirukoilur, and at Veeraperumanallur and its surroundings by the Civil Assistant Surgeon, Government Leprosy clinic, Veeraperumanallur.

7. *Any other local activity of general interest which does not come under any of the above heads.*

The Belgian Leprosy Unit working at Polambakkam has extended its activities in South Arcot district also; and they are running treatment centres at 3 villages in the Tindivanam taluk (Konerikuppam, Avanippoor and Saram).

8. *Financial statement of the Branch showing income and expenditure.*

Vide Statement No. II.

CUDDALORE,
31—1—1956.

P. VAIDYANATHAN,
Honorary Secretary.

Statement showing the number of new admissions and the total number treated in 1955, in the Clinics at various places in the District.

Place	New admissions in 1955 Adult	New admissions in 1955 Children	Number treated in 1955 Adult	Number treated in 1955 Children	Total	Total number of cases treated with Sulphones
1. Ananthapuram ...	176	20	515	82	597	60
2. Avalurpet ...	120	10	296	23	319	95
3. Bhuvanagiri ...	87	18	160	45	205	163
4. Chidambaram ...	185	23	1624	214	1838	1838
5. Chinnasalem ...	253	38	2915	212	3127	3127
6. Cuddalore N. T. ...	641	3	6267	333	6600	6490
7. Cuddalore O. T. ...	69	—	69	—	69	62
8. Gingee ...	89	10	1811	192	2003	38
9. Kallakurichi ...	391	39	4733	466	5199	5199
10. Kandamangalam ...	—	—	18	—	18	18
11. Kandachipuram ...	268	100	546	201	747	128
12. Kattumannarkoil ...	37	7	167	7	174	—
13. Kottaipoondi ...	110	10	279	30	309	81
14. Kootteripet ...	255	35	428	42	470	470
15. Kullanchavadi ...	352	38	486	81	567	271
16. Kumaratchi ...	22	2	46	3	49	9
17. Kurinjipadi ...	311	46	351	47	398	270
18. Mangalampet ...	6	1	739	242	981	981
19. Markanam ...	14	1	72	1	73	40
20. Mazhavanthangal ...	184	72	766	172	938	421
21. ,, Therapeutic Unit ...	11	—	84	5	89	89
22. Mudanai ...	106	12	345	23	368	73

Place	New admissions in 1955 Adult	New admissions in 1955 Children	Number treated in 1955 Adult	Number treated in 1955 Children	Total	Total number of cases treated with Sulphone
23. Muttathur ...	177	66	492	108	600	111
24. Nellikuppam ...	51	6	51	6	57	10
25. Panruti ...	8	2	203	36	239	154
26. Pennadam ...	98	4	98	4	102	50
27. Porto-novo ...	54	25	3229	1215	4444	—
28. Purnasingapalayam ...	93	10	93	10	103	60
29. Sankarapuram ...	71	1	118	3	121	121
30. Semmedu ...	104	23	199	28	227	227
31. Seplanatham ...	477	24	477	24	501	501
32. Siruvanthadu ...	—	—	90	8	98	98
33. Srimushnam ...	26	6	314	14	328	56
34. Tindivanam ...	627	127	1075	252	1327	1327
35. Tirukoilur (Govt. L. T. & S. C.) - 5 Clinics ...	1166	375	2666	964	3830	3830
40. Tirupapuliyur ...	53	9	51	9	60	12
41. Tirunavalur ...	66	10	88	17	105	15
42. Thiruvennainallur ...	36	4	67	4	71	40
43. Tirukoilur (T. B. K. N. S.) 3 Clinics ...	—	—	1692	549	2241	2241
46. Tittagudi ...	19	9	1860	60	1920	155
47. Thiyagadurgam ...	90	2	1520	159	1679	1679
48. Thookkanambakkam ...	45	—	899	—	899	12
49. Ulundurpet ...	17	1	239	5	244	56
50. Vanur ...	15	—	70	—	70	55

Place		New admissions in 1955 Adult	Children	Number treated in 1955 Adult	Children	Total	Total number of cases treated with Sulphone
51. Vadakanandal	...	220	10	1610	28	1638	—
52. Vadathorasalur	...	714	106	2002	376	2378	2018
53. Valavanur	...	189	54	683	80	2763	75
54. Vellimedupettai	...	187	40	387	62	449	449
55. Villupuram	...	394	76	3199	364	3563	1001
56. Veeraperumanallur	...	328	81	325	90	415	415
57. Vriddhachalam (L.F.H.)	...	267	3	1225	47	1272	95
58. Vriddhachalam (D.M.H.)	...	120	23	151	26	177	67
59. Konerikuppam } Belgian						222	222
60. Avanipoor } Leprosy						440	440
61. Saram } Unit						534	534
Total	...	9393	1592	48090	6969	56255	36039

Audited Statement showing the Income and Expenditure of the Hind Kusht Nivaran Sangh, South Arcot District Branch for the year 1955.

RECEIPTS.		Rs.	A.	P.
Opening balance	...	11550	6	6
Income :—				
Sale proceeds of benefit performances	...	2655	10	9
Contribution from District Board South Arcot	...	10000	0	0
Donation	...	25	0	0
Interest on investment	...	83	8	0
Membership Subscriptions	...	2550	0	0
Sale proceeds of W. H. O. seals	...	48	6	0
Govt. annual grant	...	2200	0	0
Advertisement fee	...	25	0	0
Collection on 'Leprosy Sunday'	...	13	12	0
Total Receipts	...	17601	4	9
Opening balance	...	11550	6	6
Grand Total including opening balance	...	29151	11	3

EXPENDITURE.		Rs.	A.	P.
Office establishment :—				
Pay of clerk, peon and office rent		926	2	0
Pay of Injectors-and servants of clinics	...	5362	10	0
Office and other contingencies	...	507	12	0
Honorarium of Medical Officers	...	2780	0	0
T. A. to the Honorary Secretary	...	893	8	0
Contributions to humanitarian institutions	...	578	10	0
Cost of drugs and appliances	...	7474	12	9
Propaganda and Publicity	...	367	0	6
Printing charges and stationery	...	182	12	9
Deputation charges	...	250	0	0
Refund of 30% of sale proceeds of W. H. O. seals	...	39	13	10
Conveyance charges	...	66	0	0
Cost of furniture	...	200	5	0
Refund of Government Grant	...	2200	0	0
Total Expenditure	...	21829	6	10
Closing balance	...	7322	4	5
Grand Total including closing balance	...	29151	11	3

CHINGLEPUT

ANNUAL REPORT OF THE CHINGLEPUT DISTRICT BRANCH

FOR THE YEAR 1955.

Composition :

The district Branch has the Collector of the District as its president, and the President, District Board, its Vice-President. The affairs of the Branch are managed by an Executive Committee subject to the general control and supervision of the General Body. The following form the members of the Executive Committee :—

The District Collector
The President, District Board
The District Medical Officer
The District Health Officer

The Officer-in-charge, Central Leprosy Teaching and Research Institute, Tirumani.

The Chairman, Municipalities of Chingleput, Kancheepuram and Tiruvallur

and nine others to be elected by the General Body.

Relationship between the Branch and the Govt. departments and other voluntary agencies in the District :

With the District Officers and the President and Chairmen of local bodies in the Committee, the Branch works in co-ordination with the general leprosy control programme of the Government. The branch itself has its injectors in the leprosy clinics attached to Government and Local Fund dispensaries and gives aid to run the clinic with medicines and equipments.

It also helps voluntary agencies in the District in running leprosy clinics and co-operates with them in their control activities.

Training of doctors in Leprosy :

The branch has on previous occasions passed resolutions at its meetings requesting the District Board and Government

to depute all the medical officers in the district for leprosy training. During last year 10 medical officers from various districts and 20 Health and Sanitary Inspectors were trained in the Central Leprosy Teaching and Research Institute, Tirumani and 7 medical officers at the Silver Jubilee Children's Clinic, Saidapet. The Govt. have sanctioned the training of 100 Assistant Surgeons in batches of six each for one week's training at the Central Leprosy Teaching and Research Institute, Tirumani and the training has commenced from January 1956.

No. of clinics, in the Dt. with statistics of cases treated :

Clinics run by the Dt. Branch : direct		*Total on roll*
1. Melmanapakkam	...	174
2. Athur	...	52
3. Little Kancheepuram	...	140
4. Madur	...	125
5. Kaliyampundi	...	56
6. Wallajabad (opened in Dec. 55)	...	22
7. Pakkam	...	45
Clinics aided by the Branch with injectors & drugs		
8. Kancheepuram (Govt.)	...	1294
9. Tiruvallur ,,	...	317
10. Ponneri ,,	...	110
11. Poonamallee ,,	...	165
12. Uttiramerur (Local Fund)	...	126
13. Tirukkalikundram ,,	...	40
14. Sreeperumbudur ,,	...	157
15. Tirupporur ,,	...	351
16. Arani ,,	...	45

A new leprosy clinic was opened by the Branch at Wallajabad with the active co-operation of the local Panchayat on 21-12-55. The Panchayat has agreed to put up a shed opposite to the L.F. Dispensary and work is going on. The Kancheepuram Taluk Branch arranged for the opening of a clinic at Ayyampet on 12-1-56 which was declared open by Sri O. V. Alagesan, Union Dy. Minister for Railways. More number of clinics were introduced with sulphone treatment in the year.

Propaganda :

The Kushta Nivaran Sevak attached to the Branch continued to visit the areas around the Melmanapakkam Centre, contacting the people and advising patients on the need for regular treatment and home isolation. The general public were informed with the correct knowledge of leprosy. The Honorary Social Worker in Saidapet visited the Leprosy Clinic, Pammal every week. Leaflets on leprosy with appeal for contributions were distributed. Posters were also distributed for exhibition at public places. During the publicity campaign a meeting was held in Madurantakam at which Dr. Fr. Hemerijckx, Dr. H. Paul and Mrs. Paul spoke.

Besides the above, the Honorary Social Worker attached to Kancheepuram Taluk Branch arranged meetings.

Survey :

The Sevak attached to the Branch has registered the incidence of new cases in the area around Melmanapakkam Centre. The following table shows the re-survey for the year 1955 in the area around Melmanapakkam Centre, in Chingleput Dt. The survey was done by the sevak attached to the Branch :—

Sl. No.	Name of village	No. of houses	Population	No. of cases Open cases Men.	Wom.	Child.	Closed cases M.	W.	C.	Total.
1.	Melmanapakkam	28	206	—	—	—	2	1	—	3
	„ Chery	20	94	—	1	—	1	1	—	3
2.	Melachery	54	275	—	—	—	2	—	—	2
	„ Chery	44	217	2	—	—	2	2	2	8
3.	Palur	104	1051	1	1	—	4	1	1	8
	„ Chery	123	1337	—	—	—	4	1	2	7
4.	Konganchery	56	288	—	—	—	1	—	—	1
	„ Chery	50	539	—	—	—	2	—	—	2
5.	Kulutiianchery	43	358	—	—	—	3	—	—	3
	„ Chery	3	12	—	—	—	—	—	—	—

6. Reddipalayam	30	207	1	1	—	2	1	1	6
„ Chery	50	303	—	—	—	1	1	—	2
7. Devanur	19	61	1	—	—	—	—	—	1
8. Karumbakkam Chery	22	98	—	—	—	2	2	—	4
9. Kuppam	19	80	—	—	—	1	—	—	1
10. Athur	104	716	6	2	1	14	10	2	34
11. Palayaseevaram.	144	559	1	—	1	3	—	3	7
„ Chery	23	113	—	—	1	—	—	—	1
12. Villalur	220	660	3	1	—	6	2	3	15
„ Chery	32	230	1	—	—	1	1	3	6
13. Varadavaram	32	106	—	—	—	1	1	1	3
„ Chery	23	101	—	—	—	1	—	—	1
14. Thondangulam	48	178	1	—	—	—	—	1	2
15. Pattimalaikuppam	105	686	3	—	—	6	2	—	11
16. Villiambakkam	150	800	1	1	—	3	—	—	5
17. Dimmavaram	164	912	1	—	—	6	3	—	10

incidence rate : Open cases .. 0·33 %
Closed cases .. 1·3 %
Cross incidence : .. 1·6 %

Isolation Work

No attempt has been made at institutional isolation. But instructions for domiciliary isolation is part of the advice which workers impart in their work.

Finance

The branch depends mainly on the grants from the District Board, Government and the Municipalities and

subscriptions and donations from the public. The Chingleput District Board paid a sum of Rs. 1600/-being its grant for the year 1955-56. The Govt. of Madras were kind enough to agree to meet 75% of the Salaries of injectors attached to the Govt. dispensaries in the District and they have paid during the last year Rs. 1440/- towards the same for the injectors at Kancheepuram, Tiruvellore, and Poonamallee and a sum of Rs. 360/- has been sanctioned for the injector at Ponneri.

Anbu Thondu Nilayam

The Anbu Thondu Nilayam near the Central Leprosy Teaching & Reasearch Institute, Tirumani, taken over by the Branch in the year 1953, continues to feed the out-patients who attend the Sanatorium clinic and to afford night lodgings also to those who come to the Sanatorium for admission or advice and are obliged to stay in the night.

Dairy Farm

The scheme for starting a Dairy farm, to supply buffaloe milk to the Tirumani Sanatorium, which was approved and resolved to be started at the Executive Committee meeting last year, has not yet been put through on account of financial stringency. It is hoped that the same would be started in 1956-57 which would relieve the branch of the recurring financial strain every year.

Staff

The branch has at present under its employment 7 ex-patient injectors, one Kushta Nivaran Sevak and one Watchman-Gardener attached to the Melmanapakkam Centre.

From 1-6-55 an injector was appointed at the L. F. Dispensary, Tirupporur and sulphone treatment was introduced there.

At the Melmanapakkam Centre, dressings to patients for their ulcers are given.

My thanks are due to Dr. H. Paul, M. B. B. S., Officer-in-charge, Central Leprosy Teaching & Research Institute, Tirumani and member of the Executive Committee for his visits to the Centre and organising sulphone treatment to all patients and supervising the working of the clinic along with Sri R. Srinivasan of Athur, the Treasurer of the Dt. Branch.

THE KANCHEEPURAM BRANCH

There is a very active Branch of the Sangh in Kancheepuram with Dr. P. S. Srinivasan as President and Sri R. Varadatatachari as Secretary. The following table gives the details of treatment work done by the Sangh in 1955.

	Total registered.	D.D.S. injections	Hydnocarpus oil injections	Dressings for ulcer
At the Govt. Hospital	1,294	1,183	6,149	9,623
At the Chinna Kancheepuram Treatment Centre	140	..	2,353	1,088

Early during 1956 the Sangh has extended its activities by starting 2 more clinics, one at Ayyampet and the other at Damal. In a recent communication, the Hon. Secretary says that already about 400 patients have been registered at these clinics and that an average of nearly 300 patients take D.D.S. The Sangh has enrolled the following life members who have paid a fee of Rs. 250/- :—

Sri V. K. R. K. Govindaraja Mudaliar
Sri V. N. Perumal Naidu
Sri S. R. T. Sambanda Mudaliar
Sri S. Swaminatha Mudaliar
Sri A. K. Thangavel Mudaliar

N. RAMAKRISHNAN, M.L.A.
Honorary Secretary.

SOUTH KANARA

ANNUAL REPORT OF THE SOUTH KANARA DISTRICT BRANCH OF THE HIND KUSHT NIVARAN SANGH FOR 1955.

I. Meetings.

During the year under report three meetings of the Sangh were held. Under its auspices a number of public meetings were also held. In response to the request from the State Branch, a vigorous campaign was conducted throughout the District. It is hoped that as a result of the compaign the basic knowledge regarding leprosy will spread among the people of this District.

Special features of this year's campaign besides addressing meetings were :—

(i) The exhibition of the Film "Arrest Leprosy" in all High Schools of the town and in some rural areas throug the Community Project Executive Officer.

(ii) Sale of Flags in all the High Schools of the town.

II. The number of Members on the rolls is as follows :

(a) Life Members (who have paid Rs. 250) ... 5

(b) Ordinary Members .. 30

III. Treatment :

The Sangh has been supplying drugs free of cost to all doctors and the Sangh has ordered one lakh of Avlosulfon tablets for distribution in the whole District for coming year and the Sangh thanks the Central Government for giving the necessary import licence for this.

The Sangh requests all the doctors in this district to help this Sangh by giving treatment to the poor patients of leprosy and will be glad to supply all drugs and necessary help in the matter.

IV. Publicity and Membership Campaign :

(1) public meetings were held in Mangalore, Badiakka, Kasargod, Kanhangad, Shirva, etc. and branches of the Sangh were organized in all taluks.

(2) exhibitions of posters and interesting items regarding leprosy work.

(3) publication of literature on leprosy and appeals for help in all local papers for support of this cause.

(4) school and college authorities were requested to observe a leprosy campaign day and make collections for leprosy work.

(5) the film 'Arrest Leprosy' was shown at different places.

(6) publicity for the campaign was made through cinemas and free benefit shows in aid of the Sangh was given.

V. Training of Doctors :

During the year two Medical Officers in charge of Local Fund Hospitals in Mulki and Shirva received training in Fr. Muller's Hospital at Kankanady. The Sangh places very great importance on this training and it is hoped that all the Doctors in charge of the Rural Dispensaries and Local Fund Hospitals will get this training in the near future. Thus treatment by doctors who have special knowledge of leprosy will be available to every patient in the District in the rural parts. It is hoped that this training could be completed by the end of the year.

VI. Honorary District Leprosy Officer :

The Honorary Secretary who is the Medical Officer of the St. Joseph's Leprosy Hospital Kankanady, has been appointed at the suggestion of the Honorary Secretary of the State Branch, the Honorary District Leprosy Officer. A Health Inspector has been posted to assist him. In a district like South Kanara in which the problem is limited to certain areas, it is hoped that the Honorary District Leprosy Officer will be able to plan efforts for the control and relief of leprosy on a sound basis.

DR. A. F. COELHO.
Honorary Secretary.

SALEM DISTRICT

REPORT OF THE SALEM DISTRICT BRANCH OF THE HIND KUSHT NIVARAN SANGH, FOR THE YEAR 1955.

Introductory :

The Salem District Branch, which had, in its earlier days, the good fortune of deriving direct inspiration from that great servant of the cause Mrs. Todd, has been responsible for much good work in the district. The Yethapur Children's sanatorium now run by Government, owes its existence and initial growth to the Branch of the Sangh. With the passing away of the enthusiastic Secretary, Dr. B. V. V. Krishnan and Sri S. K. Satagopa Mudaliar, the Honorary Treasurer, the work of the Branch suffered to some extent. Thanks to the effort of Sri P. Sabanayagam, I. A. S.

the then Collector of Salem, the activities of the Branch have been reorganised. Under his lead, the Branch has built a mobile van for leprosy treatment in Krishnagiri taluk at a cost of about Rs. 17,000. Government have also sanctioned for the Krishnagiri N. E. S. Block a Scheme of leprosy relief and control on the proposals of the Honorary Leprosy Prevention and Relief Organizer.

Mobile Van of the Sangh :

The work of the mobile van of the Sangh was inaugurated by Sri A. B. Shetty. Minister for Public Health, Government of Madras on 4-4-1955 at Krishnagiri.

Nine Treatment Centres :

During the year under report, the mobile van has visited 9 centres every week for treatment of persons suffering from leprosy. The driver of the van was paid from the Hind Kusht Nivaran Sangh funds, the injector and the watchman were paid from the Community Development Funds, Krishnagiri. All the other expenses like the purchase of medicines, cost of petrol for the van etc. were met from the Hind Kusht Nivaran Sangh funds. The Government medical officers run the treatment centres.

Of the nine centres visited every week by the van 2 centres were in the Community Development area of Krishnagiri. 5 centres were in the National Extension Service area of Kaveripatnam and two other centres were situated outside the Development areas. A range of 22 miles from Krishnagiri is served under the scheme.

The Medical Officer, Government Hospital, Krishnagiri and the Medical Officer, L. F. Dispensary, Kaveripatnam were trained in leprosy work. But the Medical Officer (male) Krishnagiri Government Hospital, who was trained in leprosy work was transferred during the month of August 1955 and his successor was not trained in leprosy work. Both the Medical Officers of Krishnagiri and Kaveripatnam were visiting the centres in their jurisdiction for treatment. The Health Inspector and the Health Assistants of Krishnagiri range were doing intensive propaganda in the villages visited regarding the prevention and the control of leprosy. Persons suffering from leprosy were detected by Health staff during their rounds in the villages and they were asked to go to anyone of the nearest centres once a week for treatment. There was no separate staff employed for leprosy survey work. The injector attached to the van was doing survey work also.

During the year under report, 1,101 persons were registered from the nine centres for treatment and out of these, on an average 350 persons were treated. Of the 1,101 cases registered, 226 cases were lepromatous, 875 cases were tuberculoid (neural). Sulphone tablets were distributed to the lepromatous cases in addition to Hydnocarpus oil injection. Other cases were treated with the Hydnocarpus oil injection.

Taluk Branch of the Sangh

There is a taluk Hind Kusht Nivaran Sangh in Krishnagiri —a branch of the Salem District Hind Kusht Nivaran Sangh. The mobile van is under the control of the Taluk Hind Kusht Nivaran Sangh. The President of the Sangh is the Revenue Divisional Officer, Hosur, the Medical Officer, Government Hospital, Krishnagiri is the Secretary. There are a few officials and a few non-officials forming the Committee.

DISTRICT HEALTH OFFICER,
Honorary Secretary.

MADURAI DISTRICT

Report of the Madurai District Branch of the Hind Kusht Nivaran Sangh for 1955

Leprosarium Run by the Sangh

The Hind Kusht Nivaran Sangh, Madurai Branch is maintaining a leprosarium about 7 miles from the city and has provision for 25 persons at present. A children's ward for about 25 children is under construction and will be completed soon. Steps are being taken to provide accommodation for the crippled and disabled patients, though non-infectious, as at present they are being housed in the Municipal poor home. When these arrangements are completed a full time Medical Officer will be appointed.

The Sangh is running an out-patient department once a week and is attracting a large number of patients at the leprosarium. About 400 persons attend the clinic on the out patient days Cases with ulcers are being dressed when they attend the clinic. Steps are being taken to dress the cases thrice a week.

The Sangh conducted the campaign by giving talks in many villages and also exhibiting posters and cinema shows on leprosy.

Three sub-branches of the Hind Kusht Nivaran Sangh in the District have been started, in the following places :— Kalluppatti, Usilampatti and Tirumangalam. Steps are being taken to raise funds for the Sangh.

DR. H. SHAMA RAU,
Honorary Secretary.

NORTH ARCOT DISTRICT

Report of the North Arcot District Branch of the Hind Kusht Nivaran Sangh for the Year 1955

Supply of Sulphone Tablets

Sulphone drugs were purchased by the District Branch and distributed to the various hospitals through the District Medical Officer. About a lakh of tablets have been distributed during the year. The Branch maintains a trained injector at Northampundi.

Publicity

The District Branch took part in the Publicity and Membership Campaign. Leaflets, posters etc. were distributed. Posters on leprosy were exhibited during important meetings held in the District.

Membership

84 new members were admitted into the Branch during 1955. The Branch has three life members, the life membership fee of the Branch being Rs. 100/-.

DR. R. P. NATHANIEL,
Honorary Secretary.

TIRUCHIRAPALLI DISTRICT

Report of the Tiruchirapalli District Branch of the Hind Kusht Nivaran Sangh for the Year 1955

Publicity

The Branch carried on its usual activity of doing propaganda, disseminating knowledge about the disease, its cause, prevention and cure. The Branch participated in all the exhibitions held in Tiruchy by taking stalls, distributing literature, exhibiting posters and explaining the nature of the disease, its prevention and cure. Propaganda was done by lectures in colleges and at public meetings during the publicity and membership campaign.

Treatment

Prior to the year 1950, the District Leprosy Council, the predecessor of the Sangh, was getting contributions of Rs. 3,000/- from the Tiruchy District Board and small amounts from some of the Panchayats. But after the construction of the Gandhi Leprosarium at Kamalapuram near Tolurpatti, Thotium, and its taking over by the District Board for maintenance at a cost of over Rs. 20,000/- per annum, the District Board discontinued its contribution to the Sangh. Hence we could not purchase leprosy treatment medicines and supply to the various District Board dispensaries as we were doing before. So we had to ask the District Board itself to supply these drugs to the dispensaries along with the other general treatment medicines, and they are doing so. However, at our request, the District Medical Officer has instructed the medical officers to send us returns of treatment carried on in the various dispensaries and they have started coming in only from the end of the year. Hence statistics can be furnished from next year onwards.

The Sangh continued giving mid-day meals to about 75 patients that come up for treatment to the Government Headquarters Hospital, Tiruchy, twice a week, one meal being supplied by a private donor.

Leprosarium, Tolurupatti

A fine residential quarters for the Medical Officer was built by the Sangh during the year under report at the Gandhi Leprosarium, Kamalapuram. It will be recalled that the Tiruchy District Branch of the Sangh built the Sanatorium and ran it for some time till the District Board took it over.

DR. P. A. S. RAGHANAN,
Honorary Secretary.

TIRUNELVELI DISTRICT

Report of the Tirunelveli District Branch of the Hind Kusht Nivaran Sangh, for the Year 1935.

In a report the President of the District Branch of the Sangh (the Collector) says :

"In the month of September 1955 the publicity and membership campaign was conducted by the Sangh. It was not possible to arouse much interest or enthusiasm in this district. Primarily it is due to the problem of leprosy not being acute in the district as a whole except in some isolated pockets."

TANJORE DISTRICT

Report of the Tanjors District Branch of the Hind Kusht Nivaran Sangh for the Year 1955.

A report received from Sri N. Ramadas Iyer, Hon. Secretary of the Tanjore Dist. Branch of the Sangh says that the main event of the Sangh during the year was Publicity and Membership Campaign during which the Hon. Secretary of the State Branch toured the District. The Branch enrolled the following life members : (the life-membership fee being Rs. 250.)

1. The Municipal Council, Tanjore.
2. do. Kumbakonam
3. do. Mannargudi
4. do. Mayuram
5. do. Tiruvarur.

The Report points out that the Branch has been working in close co-operation with the Leprosy Hospital, Kumbakonam and that the Hon. Secretary frequently refers cases to them.

MADRAS CITY BRANCH

Report of the City Branch of the Hind Kusht Nivaran Sangh for 1955

This Branch which had at one time carried out surveys of some areas in the City and the examination of all the school children in the City, now confines itself to treatment work

alone, as our finances do not permit our continuing such a comprehensive scheme. Moreover, we believe that an efficiently run clinic can contribute much towards a Leprosy Campaign.

We still continue to give injections of Hydnocarpus oil ; some selected cases are given sulphetrone injections. Sulphones orally are given to infectious cases only. The injections are given by our Honorary Leprologist whose only assistant is the watchman.

A new Leprosy clinic building is under construction and we hope to start work in it about the end of this year.

The clinic works between 4 and 6 p. m. for the benefit of the working classes. The total attendance for 1954 was 4,722 and for 1955 it was 4,644. The average attendance per treatment day is about 55.

Dr. J. J. JOSEPH, L. M. & S.,
Honorary Secretavy.

RAMANATHAPURAM DISTRICT BRANCH

During the year, this branch had paid a sum of Rs. 50 to the Local Fund dispensary, Watrap in this district for the purchase of medicines necessary for the use of the leprosy clinic.

In addition, another amount of Rs. 50 kindly recommended by the President, District board had also been sent to the Local Fund dispensary, Watrap (Through the President, District Board) for purchasing meditines to leprosy clinics.

Further the requests received from various sources for assistance to leprosy clinies were placed before the Executive Committee on 4-5-56 and the following amounts have been sanctioned by the Committee for each of the places as hereunder :—

District Medical Officer, Ramanathapuram (Medicines to leprosy clinics)	..	Rs.	100
Swedish Mission Hospital, Tirupattur	..	,,	100
Leprosy clinic, Watrap	..	,,	50
,, Tirupattur	..	,,	50
,, Kilanjunai	..	,,	25
,, Karaikudi municipality	..	,,	25
,, Devakottah ,,	..	,,	85

V. Shanmughasundaram,
Honorary Secretary.

PART III

LEPROSY HOMES AND SANATORIA

1. Central Leprosy Teaching and Research Institute, Tirumani.

The Central Leprosy Teaching and Research Institute comprises of the Government Lady Willingdon Leprosy Sanatorium, Tirumani and the Silver Jubilee Children's Clinic, Saidapet which were transferred to the Governing Body set up under the auspices of the Government of India with effect from 5-1-1955. The Officiating Secretary of the Governing Body formally took over the Institution from the Director of Medical Services, Madras Government on 5-1-1955.

The Institution is situated about three miles distance from Chingleput town among the scenic surroundings wedged in by hillocks. On a sprawling area of 561·83 acres buildings both for inpatients and the staff are provided for affording liberal elbow room with enough to spare for expansion. With vision and foresight Lady Willingdon, whose name it bears, started this sanatorium in the year 1925, and from small beginnings it has grown to its present size. With able administration in the past and with good traditions it may well be said that this is a model institution of its kind serving leprosy patients.

Accommodation is provided for in 80 cottages, 13 dormitories, 4 special blocks, 6 private quarters, 1 private dormitory (single rooms) and two hospitals within the sanatorium, making available a total bed strength of 884, distributed as follows :

Men	454	Boys	200	Hospital	65
Women	118	Girls	30	Private quarters	17

All the inpatients are given Sulphone in one form or other. The majority are on Sulphone in Oil parenterally. Intradermal injections of Esters of Hydnocarpus Oil are given to those with patches on the body. On an average in a period of 3-4 years treatment, patients are discharged as non-infective.

Number of patients on various treatment as on 31-12-55 :

D. D. S. in oil 25%	...	617
Sulphetrone 50% Aqueous	...	122
D. D. S. Oral	...	47
Conteben	...	1
T. B. I.	...	1

Sulphone Cilag	...	1
Hydnocarpus Oil	...	1
Indigenous system	...	12
Number of inpatients in the year 1955	...	1464
Total number of attendance for treatment	...	152256
Number of inpatients admitted in the year	...	638
Number discharged as non-infective in the year	...	246
No. of patients discharged from the Hospital section after admission for short periods for treatment of trophic ulcers, lepra-reactions, etc.	...	247

The corresponding figures for the previous year (1954) were :

Admissions 531, Discharged as non-infective 211 and discharged from hospital 151, thus showing all round increase, during the year. ...

Total number of in-patients attendance for other treatment of other conditions and conditions associated with leprosy apart from their routine treatment, based on an average of 66 per day ... 20,658

Hospital Section :

Patients are admitted into the wards from the blocks and dormitories for treatment of bad Lepra-reactions and other conditions associated with leprosy and for intercurrent diseases like Malaria, Kala Azar, Pulmonary Tuberculosis, etc., etc. Into these wards are also admitted temporarily leprosy cases from outside when their conditions are so indicated—especially for treatment of bad trophic ulcers which has been a great problem. The wards are always so overcrowded that it is felt that provision should be made for more beds.

The particulars of number of admissions and discharges from the hospital section are given below :—

Particulars.	Men.		Boys,		Women & Girls		Total	
	Adm.	Dis.	Adm.	Dis.	Adm	Dis.	Adm.	Dis.
From blocks & Dormitories	264	256	113	117	110	107	492	480
From outside.	174	169	13	13	60	49	247	231
Total	438	425	131	130	170	156	739	711

Leprosy cases associated with Tuberculosis are also admitted into these wards kept separately and special Sanatorium line of treatment is adopted including Streptomycin, P. A. S.,. I. N. H., and also Pnemo Peritonium.

No. of cases with Pulmonary lesion	...	17
No. of cases with extra Pulmonary lesion	...	10
No. of cases to whom Pnemo Peritonium has been instituted	...	8
No. of cases improved & lesions arrested after treatment	...	10 (with P. P. 8 & cases with bone lesions healed 2).

Operations :

Total number of operations done in 1955	...	144

Out-patients :

In the weekly out-patient clinic, patients from surrounding villages attend for treatment once a week and Sulphone and Hydnocarpus Oil treatment are given to the patients, and also treatment for other general complaints,	...	
Total number of patients on roll	...	2673
Total number of patients treated in the year 1955 based on a daily average of 260	...	13524
Total number of patients attended for treatment of other general complaints and for conditions associated with leprosy based on a daily average of 54	...	2839

Besides the above weekly out-patients, patients attend the Institute daily for admission, advice, treatment of ulcers and for periodical check up. The total number of persons attended this year is 4043.

Research and Teaching. Investigation on the effect of B. C. G. in lepromatous cases of leprosy was conducted. This enquiry will be continued further in the coming years.

Training : During the year 1955 10 doctors and 20 Health and sanitary inspectors were given training in leprosy. Two batches of trainees from the Orientation Training Centre, Madras were given

clinical demonstrations and a batch of Health Visitors from Government Training school for Health Visitors were taken round the various sections and given a lecture on leprosy control. A batch of Health Officers led by the Professor of Hygiene and Preventive Medicine, Madras Medical College, Madras, visited the institute for one day.

Occupational and recreational facilities

The sanatorium of the Institute has a large industrial section with carpentry, smithy, weaving, book-binding and shoe-making sections. In the Agricultural Farm all kinds of vegetables are grown. More land is being reclaimed and brought under cultivation. There are various kinds of schools providing for the education of the inpatients. There are excellent recreational facilities.

Staff. Dr. H. Paul, Superintendent of the Lady Willingdon Leprosy Sanatorium continues as Head of the Institute and has been designated as the Officer-in-charge of the Central Leprosy Teaching and Research Institute, Tirumani.

Dr. K. Natarajan, Resident Medical Officer and Dr. C. D. Jacob continued to serve in the same capacity and on the transfer of Dr. (Mrs.) M. F. Ponniah, Woman Assistant Surgeon Dr. (Mrs). Leela Jacob was appoined from 8-8-55. There are two Honorary medical officers, Dr. Z. J. Rajah and Dr. M. Paulraj.

Note: Condensed from the Report of the Institute by Dr. H. Paul, Officer-in-charge. of the Central Leprosy Teaching and Research Institute, Tirumani.

2. SACRED HEART LEPROSARIUM, KUMBAKONAM

The Lady-Superintendent writes :

This Leprosy Hospital is the biggest Institution run by Catholic Missionaries for the whole of India, Burma and Ceylon. The inmates number about 600 and the out-patients about 100 attending the clinic twice a week. True to catholic outlook and principles, the inmates are composed of people of all classes and creed without distinction whatsoever. Only about 20% of the population is catholic by religion and this statement must allay the fears and misapprehensions in certain minds who think the Institution is meant only for Catholics and proselytising works only.

Free of all costs or obligations, the patients are given the latest scientific treatments, food and clothing and also they are provided with all the conveniences to carry on their hobbies and natural avocations so that they will not sit idle and brood over their fate.

Every thing possible is being done to instil a ray of hope in them so that they can feel that they are also human beings and they too have a right to live in the world : spinning, weaving, smithery, carpentry, mat-weaving, vegetable gardening, embroidery etc. are some of the items under occupational therapy.

Accommodation : Actually the number of beds available is: men 358 ; women 90. During the year the daily average was 330 men, 69 women.

Total treated: men 720; women 145; children 6; discharged: 438

Operations : Four amputations and 152 operations of a minor variety were done.

Treatment: Sulphone oral. 375 of them are under this group. Croy-Sulphone supplied us gratis by the American Catholic Medical Mission-Board is the drug used.

Sulphetrone: 50% aqua solution parenteral. There are only 6 cases under this group. A couple of them are on this therapy as they were found to tolerate sulphetrone better than sulphone, but majority of them are people who have faith only in medicine given through a needle. We have to satisfy such people too.

Hydnocarpus therapy: There are at present 100 cases under this group. There are people whose general condition is such they are either unfit for sulphone therapy due to their anaemia and skin conditions or they are orthodox minded with no belief in new discoveries and a few who are determined not to get discharged so easily. Hydnocarpus has its own advantages too. Up to now, nothing has been found to substitute the oil for treatment of cases of maculo-anaesthetic areas and macules. Intradermal injections are the best for these conditions and this line of treatment is sometimes combined with sulphone therapy for a better and lasting result.

Vaccine therapy: There are 30 cases in this group, 10 on vaccine therapy alone and 20 on vaccine cum sulphone therapy. This vaccine called Antigen Marianum is prepared by a religious Nun: Rev. Sister Marie-Suzanne, who is in charge of the Propagation of Faith Laboratory of Lyons in France, after 20 years of research and hard work. This is being extensively tried in France, Italy and Africa with very encouraging results reported and ours is the first institution in India to try this method. o. 1 cc of the vaccine is given intradermally once a month for 6 to 18 months. It is too early for us to prepare a comprehensive report about this bit of research work. But we have discharged at least 2 cases as non-infectious with this line of treatment within a short period of six months.

Rehabilitation group : There are 19 cases in this group. They are admitted temporarily in the hospital ward for some general complaints, mostly of trophic ulcers and other septic conditions,

Though no specialised treatment of leprosy is given to them as they are bacteriologically negative, other concomitant diseases are detected and they will be discharged immediately when their conditions are improved. These are the only cases eligible for capitation grant from the Government.

Burnt-out section : There are about 100 cases who come under this category. The disease has run its course and has left them maimed and crippled. They are called burnt-out, a crude and cruel phrase, to show that they are not infectious and hence not a danger to the community. They are not eligible for any capitation grant. They are not wanted by the Government nor by their own kith and kin. They are burnt-out in every respect. If they are driven out, they will have no alternative but to die like dogs on the road. We take care of them, clothing and feeding and the general complaints are attended to and we are really proud to see them happy waiting only for the final call from the Creator.

Conclusion: Only bacteriologically positive cases of lepromatous and tuberculoid types are admitted as in-patients for active and specialised treatment, along with a few (5% of the total strength) negative cases for rehabilitation. Only these cases are eligible for the Government's capitation grant of Rs. 9/- per month, per patient. (raised now to Rs. 12 p. m.) The actual cost for each patient comes to about Rs. 22/- per month. This will show the Institution is always at the mercy of generous donors, mostly Americans. The interest the public have begun to take in our work is a sign of encouragement and we can hope and pray that we will be aided sufficiently and helped to carry on a useful work.

Statement showing the District of origin of the inmates (positive cases only) during 1955.

Tanjore District	... 466	North Arcot District	... 9
Tiruchirapally ,,	... 132	Chingleput ,,	... 4
South Arcot ,,	... 86	Coimbatore ,,	... 4
Madurai ,,	... 103	Travancore ,,	... 2
Ramanathapuram	... 27	Nellore ,,	... 1
Tirunelveli ,,	... 11	Chittoor ,,	... 2
Salem ,,	... 14	Cochin ,,	... 2
Madras ,,	... 6	Bellary ,,	... 2

Statement showing the District of origin of the burnt-out and negative cases.

Tanjore District	... 51	Tiruchirapally District.	9
Ramanathapuram	... 7	Madras ,,	... 3
South Arcot ,,	... 5	Madurai ,,	... 2

Finance : The total expenditure was Rs. 1,22,974-15-3 and the management had to meet a deficit of Rs. 29,179-11-3.

3. ST. JOSEPH'S LEPROSY HOME AND ASYLUM, KANKANADY, MANGALORE.

I. **Strength** : The year began with a strength of 136 patients of whom 104 were of the lepromatous type and 32 non-lepromatous type and were classified as follows :—

	Men	Women	Children	Total
Lepromatous :	68	34	2	104
Non-lepromatous :	23	9	...	32

Total number of lepromatous patients treated during the year was 131 of whom 90 were men and 39 women and 2 children. The number of non-lepromatous cases treated was 51 (men) and 17 (women), At the close of the year there were 101 patients of the lepromatous type and 41 of the non-lepromatous type.

II. **Admissions** : 27 admissions were made during the year of the lepromatous type and 36 of the non-lepromatous type.

III. **Discharges** : During the year 57 patients were discharged.

IV. **Treatment** : The total number of patients treated during the year was 199 of whom 131 were of the lepromatous type and 63 of the non-lepromatous type. Sulphones were used for the treatment of lepromatous cases and the results of treatment have been satisfactory.

V. **General activities** : During the year there were the usual activities. All the patients took part in both indoor and outdoor games. The patients also took part in the agricultural section where there was a good crop of sweet potatoes and other kinds of vegetables. The Flower section also is kept uptodate. At the Annual competition of Gardens, the Leprosy Hospital was given a Second Class certificate of merit. The carpentry section also is active and one of our patients was able to prepare an artificial leg for one of the patients who was amputated. On the women side a poultry section was opened and it provides occupation for the women. The number of operations performed shows that there is a good deal of surgical work and this is mostly done for patients of the non-lepromatous type. A portable X-ray is a very great urgent necessity and adequate grants for obtaining and maintaining this and for the patients so treated is required and also an operation table and instruments for orthopaedic surgery.

Finance : The total expenditure during the year was Rs. 58,243-3-7, of which Rs. 42,617-4-1 was met by Fr. Muller's Charitable Institutions.

Conclusion : In conclusion we can say that the year has been one of all round activities. A number of patients were discharged free from all symptoms of the disease and we learn that they are pursuing useful occupations and earning their living. We hope that it will be possible for more patients to be discharged in the future.

(From a Report by:

Rev. Fr. FERNANDEZ,

St. Joseph's Leprosy Hospital and Asylum,

Kankanady, Mangalore-2.

4. VADATHORASALUR HOSPITAL AND HOME (South Arcot)

Miss E. Lillelund, Honorary Superintendent writes :—

The hospital and home has worked very much on the same lines as hitherto. We have treated several cases coming just for surgical treatment in one way or another and all went away happily being relieved from their troubles. Children have been an asset as usual. 88 children have improved a great deal. 40 have been discharged symptom-free and we hope never to see them again as patients. Several of the children as well as the adults had their hands corrected surgically by Dr. Brand from Vellore who paid us a monthly visit. It is a great joy to all of us, not to the patients only, to see the hands being made useful again.

The orthopaedic side of the work has been improved by sending one of the staff for training to Vellore and everyday of the week but Sunday, the patients, especially the children have their hand-practice in massage and exercise. We believe that prevention is better than cure.

This year we have been able in spite of the small staff to do some survey work. Of 1660 people seen in Vadathorasalur we found that

55	were lepromatous cases
88	tuberculoid ,,
67	early or doubtful cases
210	cases.

Now we are trying to go from house to house in Tyagadurg and next year we shall be able to give a report from there.

The therapy of the patients has been carried on as usual.

The Night school has been well attended.

5. THE MAHATMA GANDHI LEPROSARIUM, TOLURUPATTI (TIRUCHIRAPALLI)

1. The Mahatma Gandhi Leprosarium is run by the District Board, Tiruchirapalli. It has an accommodatiou of 54 beds.

2. **Staff.** One full time medical officer, one sanitary inspector trained in leprosy work, one wardboy, one ayah, one watchman and one thotti.

3. **Treatment.** (a) In-patients: Old-patients continued during the year was 50 and admissions during 1955, was 39.

(b) out-patients: Old patients continued during the year ... 336
new admissions during the year ... 1,079

4. **Propaganda.** One of the duties of the sanitary inspector is to tour the villages for purposes of propaganda and education of villagers on leprosy and conduct surveys.

5. **Survey.** The Sanitary Inspector visits the homes of the out-patients village-war under instructions from the Medical Officer and through them the contacts of known cases are examined and new cases detected. 189 cases were detected during the year of whom 122 were adult males, 38 adult females, 16 boys and 13 girls. 123 of these cases were lepromatous and 56 of the tuberculoid type.

(From a Report of the Medical Officer).

6. KASTURBA GANDHI KUSHTA NIVARAN NILAYAM, MALAVANTHANGAL, SOUTH ARCOT

This Institution has been working for the past ten years, doing both In-patient and Out-patient work.

In-patient work. The number of patients at the beginning of the year was 45, 33 being women and 12 being men. The Institution is specifically established for the purpose of looking after women and girls with leprosy. 6 patients were rendered negative during the year and discharged. 1, left the Institution against advice to continue treatment and 5 left the Institution even before they became actually negative to remain in their homes and receive treatment at the nearest clinic. There were 10 new admissions during the year. The number of patients at the end of the year was 43, 30 being women and 13 being men.

Out-patient work. 2 out-patient centres worked during the year at the Kasturba Home, Malavanthangal and Kandachipuram. The number of lepromatous cases at the beginning of the year was 285. The number of lepromatous cases at the end of the year was 319, 177 cases attended treatment days regularly and 54 cases were rendered negative during the year. At the two clinics 76 tuberculoid (neural) cases had sulphone treatment. Besides these, there were 1029 non-infective cases receiving hydnocarpus therapy. 59 former lepromatous cases rendered bacteriologically negative were also on hydnocarpus therapy. An attempt is now being made to switch on more and more to sulphone therapy even in non-infective cases.

Village treatment Seheme: The Home is working out a practical scheme of taking oral sulphone treatment to infective cases of leprosy in the villages. Through a local worker from the village and under the supervision of the staff of the Hospital, D.D.S. is distributed to the patients at their own doors. Under this scheme the regularity of attendance is markedly high, practically all cases being treated since they are traced to their homes and given treatment. The number of lepromatous cases under treatment in the beginning of the year in this scheme was 161. The number of cases at the end of the year was 117. 55 cases were rendered negative during the year and there are 50 quiescent cases.

Night Segregation Centre. There is a Government Night Segregation Centre for the infective cases from the village of Malavanthangal.

The number of cases who were due to come for Night Segregation was 27 at the beginning of the year and 24 at the end of the year. The daily average attendance during the year was 17. 6 cases have been rendered quiescent during the year.

Plans for extension of mass treatment: The Government of India have gifted a jeep to the Kasturba Home and plans for extending sulphone treatment on a mass scale in the surrounding areas, especially in the remote villages are in progress. In the village of Sorathur all cases, lepromatous and tuberculoid, have been put on sulphone treatment. Here the Home has got the benefit of an exceptionally earnest local worker.

Dr. K. S. Sarangapani, B.A., M.B.B.S., functioned as Medical Superintendent during the year. At the time of writing this Report he has left the Kasturba Home to work at the Corporation Leprosy Clinic, Triplicane, Madras. Our grateful thanks are due to Dr. K. S. Sarangapani for his fine record of service, especially for his building up the village treatment scheme.

DR. M. V. NARASIMHAN,
Medical Superindent.

7. ST. JOSEPH'S LEPROSY HOME, TUTICORIN

Report

St. Joseph's Leprosy Home for leprosy patients, Tuticorin, the only one in Tinnevelly District was started in 1949 with 15 inpatients. Today there are 170 patients of whom 125 are men, 30 women and 15 boys.

Personnel

There are 8 Franciscan Missionaries of Mary who have dedicated their lives for leprosy work and they nurse and look after the patients with maternal care. There is a qualified Medical Officer, a qualified Bacteriologist (Laboratory Assistant), a Superintendent, an Assistant Superintendent, 2 Clerks and other servants.

Treatment

We have been treating these patients with Hydnocarpus oil and Sulphones. The result is encouraging. We are also treating about 75 patients with "Antigenem Marianum", a new vaccine made by Rev. Sister Maria Suzanne, France. We are yet to see its result. So far we have discharged more than 200 patients as symptom-free and they are following their old avocations.

Buildings

So far we have spent about three lakhs of rupees on different buildings, equipment and furniture. There are 10 Wards, each Ward with 14 beds, a Dispensary, an Infirmary, Prayer Hall, Nurses. Quarters, Superintendent's Quarters, Out-houses and servants' Quarters. We have Weaving section, Carpentry section, Tailoring, Laundry, Painting, Gardening etc. Lately we have put up a building at a cost of Rs. 7,000 to accommodate boys with leprosy. The building is named after the Founder, Bishop Roche Memorial Ward. There is a school attached to the building. One of our patients is teaching them Three R's and music.

Rehabilitation

It is a great problem to find employment for the discharged patients. In India unemployment even among the educated is a serious problem. Our Government is trying its best to solve this problem but it will take a long time. Such being the case, how to absorb these Leprosy patients who are discharged as symptom-free ? They are not wanted in any factory or shop. Many of them are unable to do hard work as coolies. In my opinion cultivation is the best way to keep these people busy and at the same time to earn an easy living.

Finance

Our monthly current expenses come to nearly Rs. 4,500 while the Capitation Grant given by the Government is about Rs. 1,900. For the rest we have to depend upon friends and benefactors.

The patients are quite cheerful and happy and there is a family spirit among them. Once in three months, the patients stage a Drama, which is appreciated very much by out-siders.

From a Report by the Superintendent.

REV. FR. JOSEPH ROCHE.

8. THE DAYAPURAM LEPROSY HOSPITAL AND HOME MANAMADURAI (RAMNNATHAPURAM DISTRICT)

This institution has an accommodation for about 200 patients and is run by the Mission to Lepers.

9. THE HIND KUSHT NIVARAN SANGH SANATORIUM MADURAI

This has an accommodation for 25 patients.

10. POOR HOME SOCIETY, KOZHIKODE

This has accommodation for 70 patients.

11. GOVERNMENT CHILDREN'S LEPROSY SANATORIUM, ETHAPUR SALEM DISTRICT

This has accommodation for 72 patients (boys and girls).

12. HOLY FAMILY LEPROSY HOSPITAL, FATHIMANAGAR TIRUCHIRAPALLI

This has accommodation for 25 patients.

Note : All the Leprosy Homes and Sanatoria in the State including the sanatorium at the Central Leprosy Teaching and Research Institute, Tirumani, Chingleput have accommodation for about 2600 patients.

PART IV.

WORK BY OTHER AGENCIES

MADRAS CITY

Facilities for leprosy treatment :

The Madras City may be said to be fairly well served in the matter of leprosy treatment. There is a well-attended leprosy department at the Government General Hospital with a ward of 10 beds for the temporary hospitalisation of acute cases. There is also a well-attended leprosy department in the Stanley hospital with a ward of 10 beds for the temporary hospitalisation of acute cases. There are two special clinics run by the Madras Corporation with leprosy specialists looking after them, one in Triplicane and the other at Vyasarpady. The Silver Jubilee Children's Clinic, Saidapet, whose work has already been noticed elsewhere, also runs a well-attended outpatient clinic. The City Branch of our Sangh runs a clinic at Choolai. The Corporation Home for diseased beggars, Krishnampet has a section for leprosy cases.

Daya Sadan :

A very welcome development in the relief of leprosy in the city has been the growth of a section for indigent leprosy patients in Daya Sadan, located in Konnur High Road, Perambur, Madras 12. Starting with the necessity of having to look after of a few leprosy patients who roused the compassion of the authorities and could not be refused admission, the Daya Sadan has begun to admit an increasingly large number of leprosy patients. The authorities have realised that the poor patient with leprosy is often a person with nowhere to go to and that his need of shelter is desperate. They have also found that the leprosy patient who seeks shelter in their Home is more willing to continue there than others admitted into the institution. The authorities have been so convinced of the dire need of this neglected section of humanity and the rare opportunities of service in this line that they have definite plans of opening, in the first instance, a large home for leprosy cases on the outskirts of the city beyond Aminjikarai on the Poonamalle High Road. They have also plans of opening a Home for children with leprosy in Saidapet. The efforts of the philanthropic authorities of the Daya Sadan deserve our praise, gratitude and co-operation.

SOUTH ARCOT DISTRICT

GOVERNMENT WORK

Leprosy Study & Treatment Centre, Tirukoilur

This is a scheme that has been established under the Pilot Project Scheme of the Government of India. The work of the Centre had been developed and carried on under the Tirukoilur Control Scheme of the Government of Madras during the previous five years. The Scheme covers an area of 55 villages with a total population of 65,290. The number of cases registered in the area is 1,862 (458 lepromatous and 1404 non-lepromatous). The Centre however treated 3830 cases with sulphones since many cases from outside the control area also received treatment. The treatment work and the survey and follow-up work are being intensified so as to bring cases under maximum regularity and to detect new cases as early as possible.

Leprosy Control Centre at Veeraperumanallur :

This Scheme for Kadambuliyur Firka with a medical officer stationed at Veeraperumanallur and with buildings for a small hospital set up has been working since 1948.

Scheme for Chinnasalem Firka :

A scheme for Chinnasalem Firka with leprosy clinics at Chinnasalem, Kallakkurichi and Katcharapalayam has been working for over a year.

Subsidiary Centre at Vridhachalam :

A subsidiary centre of the Pilot Project of the Government of India has been sanctioned for Vridhachalam area.

Clinics by private agencies.

The Thakkar Bapa Kushta Nivaran Sangh, Tirukoilur runs 5 clinics in the Tirukoilur area (i.e. in the area not covered by the Study and Treatment Centre.)

The Kasturba Gandhi Kushta Nivaran Nilayam runs 3 treatment centres besides taking intensive door to door treatment in 12 villages around the Home. The Home has recently obtained gift of a jeep from the Government of India and it will cover a larger area with intensive treatment.

The Belgian Leprosy Unit, Polambakkam runs 3 clinics at Konerikuppam, Avanipoor and Saram. They have now established a sub-centre at Brimhadesam. This centre will soon run several clinics.

The leprosy Home at Vadathorasalur is running an out-patient treatment centre.

Government and District Board clinics :

At every Government and District Board hospital, it is expected that modern leprosy treatment should be available.

Beds for temporary hospitalization :

Some beds exist at Cuddalore Headquarters Hospital. Some 40 beds are available at the Tirukoilur Study and Treatment Centre. Some 20 beds are available at the Vadathorasalur Mission Home.

Survey : The area in the Tirukoilur control scheme has been fully surveyed. Surveys have also been made by the Kasturba Home, The Vadathorasalur Home, The Medical Officer of the Veeraperumanallur Scheme, the leprosy survey unit that was working in South Arcot formerly and by the District Health Officer through his staff.

Home for indigent cases and infirmary.

At present there exists a Poor Home in Cuddalore with some accommodation for leprosy patients. This is not a satisfactory way of meeting the need.

CHINGLEPUT DISTRICT

THE CENTRAL LEPROSY RESEARCH & TEACHING INSTITUTE

The work at Tirumani has been already noticed under part II.

THE SILVER JUBILEE CHILDREN'S CLINIC, SAIDAPET

This institution was taken over from the Madras Government by the Governing Body of the Central Leprosy Teaching & Research Institute on 5-1-1955.

1. Treatment:

(*a*) During the year, 1588 adults and 661 children were admitted as outpatients.

The following table indicates the distribution of adult cases under various treatment group.

Drugs.	Total No.	No. Regular & percentage.	
D. D. S. (0) Biweekly	609	280	(45%)
D. D. S. Parenteral	280	74	(6·5%)
Aq. Sulphetrone Parenteral	284	65	(23·9%)
Hydnocarpus	385	82	(21·3%)
	1558	501	

(*b*) While it is the policy to bring every case of leprosy under adequate Sulphone therapy, the routine hydnocarpus treatment is still being retained for such as those cases who are irregular on sulphone therapy and also those non-lepromatous cases who necessarily need intradermal injections of hydnocarpus esters.

(*c*) The intercurrent illnesses of adult and child patients are treated here itself without sending them to General Hospitals except in cases which need hospitalisation or surgical interference.

The other members of the families wherefrom child cases are admitted are also treated for their ailments. This is with a view to gain the goodwill of the parents, and thereby encourage the visits of these children to the clinic for either treatment or observation.

(*d*) Treatment of trophic lesions constitutes the bulk of the daily routine. Patients are discouraged to come to the clinic every day for dressing lest the trophic ulcers should get worse by walking. The necessary ointment is supplied to them for application at home and they are also taught to dress themselves. From time to time the patients are being told how the trophic lesions occur and how they could avoid it.

2. Propaganda :

Periodical talks are given to patients by the social worker of the Hind Kusht Nivaran Sangh and the medical officers about leprosy—its causation, spread and the availability of potent antileprotic drugs. Slogans indicating the facts about the disease are put up every day on blackboard at the entrance of the clinic.

3. Training of personnel—Medical and paramedical.

During the year 3 doctors from the Gandhi Smarak Nidhi came for training for 3 months. Four doctors in the Madras State service were deputed for training for one week.

Five batches of non-medical personnel from the Orientation Training Centre, Poonamalle, two batches of Health Inspectors and one batch of Pupil health Visitors from the Public Health Department, Madras came for training. The Health Inspectors were given training for two weeks, while the others attended for one day when clinical demonstration of cases, methods of treatment and prevention were shown to them.

B. RESEARCH :

(a) follow up work of children with leprosy:

Upto date 1016 children have been admitted for purposes of observation of the evolution and prognosis of the various forms of leprosy and no antileprosy treatment is being given to these children. Out of these 1016 only 365 are under regular observation, the rest having either left the locality, died or changed over to the treatment group. To keep the children under observation only has become increasingly difficult because of the awareness of the local people to the efficacy of the antileprosy drug—"Sulphone". A recent assessment of these observation cases confirmed the earlier findings that (i) majority of children with benign non-multiple lesions shed the disease as they grow up and do not seem to show any tendency for recurrence of the disease in later years.

(*ii*) Majority of child leprosy is innocuous, being the benign and favourable type of leprosy Viz. minor lepride.

The individual case files of "children under observation" are being maintained.

(b) Therapeutic :

(*i*) With a view to compare the relative efficacy of D. D. S. administered orally and parenterally two groups of cases are maintained. In D. D. S. 'Oral' group, the drug is being administered daily, the maximum dose being 0·1 Gramme every day. In the parenteral group, the drug is administered intramuscularly as a 25% suspension in cocoanut oil in doses of 0·5 Gramme once a week. The period of treatment in the two groups varies from 6 months to 6 years, and six months to 4½ years respectively.

The following table based on assessment done in December 1955, summarises the results of treatment in the two groups.

TABLE

Drug & Route.	Total No.	Negative.	Much improved.	improved	Stationary.	WORSE
D. D. S. Oral.	125	48	40	26	6	5
		(38·4%)	(32%)	(20·8%)	(4·8%)	(4·0%)
D.D.S. Parenteral	54	32	16	5	1	—
		(59·3%)	(29·7%)	(9·3%)	(1·7%)	

From a report by
DR. K. RAMANUJAM

Leprosy Clinics by Medical College Students :

Leprosy clinics are run in association with the Rural Medical Service of The Stanley Medical College at Panjetti and of the Madras Medical College at Padappai.

Pammal Leprosy Clinic. The Student Christian Movement, Tambaram has been running a clinic at Pammal for the past seven years. The Central Health Ministry has made available to this clinic the supervision of Dr. K. Ramanujam of the Silver Jubilee Children's Clinic, Saidapet. Two social workers of the Sangh are assisting at the clinic and The Mission to Lepers are assisting the with a grant. Thus the clinic is an instance of co-operative endeavour between various agencies. The clinic carries the challenge of leprosy to students in their most impressionable years. The Secretary of the S.C.M. Leprosy Clinic. Pammal says in a report of November 1955.

"Our register shows that we have 875 patients on the rolls of whom 17 per cent are of lepromatous type. We keep a detailed account of every patient, the place from which he comes, his occupation, marital status, history of the disease, date of admission, treatment etc. We don't treat them as cases, but as persons, and though very often pressure of work does not allow it, we make it a point to know every person individually, and I am glad to say that some of our volunteers know every patient by name. The patients consider the volunteers as friends and not as benefactors, and this friendship, perhaps is more valuable than the treatment they get.

Out of the 875 patients on the rolls, only 398 turn up regularly for treatment. Though this is not ideal, a steady attendance of 45.8 per cent is not by any means discouraging. We are making some attempts to contact the lost sheep, for instance by sending letters through patients who come from the same village. Almost all these 398 people of whom 217 are men, 93 women and 88 children—are on D.D.S. treatment, 81 per cent on oral and 17 per cent parenteral. Most of these patients come once a week, some of them twice. The Clinic is open between 4-30 p.m. and 7-30 p.m. on Wednesdays and Saturdays, and the average attendance is about 170. This means that even among the regular ones some take French leave occasionally. They pay for it, of course, when they come back, because absences without prior permission are punished by fines—a system which we have copied, with due acknowledgement from the Madras Christian College. Most of our patients are casual labourers and perhaps it is but natural that they should be reluctant to give up a day's work for an evening's treatment. Realising this we are making an attempt to change all our patients to once a week treatment.

Recently we made an analytical study of the places from which our patients come. It was a bit of a surprise even to some of us to see that our patients come from nearly 70 different villages, some of them more than 70 miles away fram the clinic, That speaks for itself."

BELGIAN LEPROSY UNIT

A brief note on the work of the Belgian Unit, Cochranegriham, Polambakkam, Madurantakam Taluk, Chingleput District

As a gesture of goodwill and in recognition of the assistance given by India to Belgium during the devastating floods in that country in 1953, the Belgian Association for the Fight against Leprosy, have sent Dr. Hemerijckx, a noted leprologist who has done 25 years of leprosy work in Congo to organize mass therapy of leprosy in an highly endemic area in India. Dr. Hemerijckx chose the vacant buildings of the Night Segregation Centre in Polambakkam for his headquarters and renewed the cottages and added new ones. His Excellency the Governor of Madras formally inaugurated the Unit on 19th September 19 5. The Unit has built up within a period of a year a vast and dynamic piece of work. So far 55 treatment centres have been opened and over 10,000 patients have been registered for treatment. Dr. Hemerijckx is assisted by a Belgian woman doctor, 2 Belgian nurses and other Indian staff. They work in two parties using cars and moving from one treatment centre to another, thus visiting several centres in the course of a day: Trained auxiliaries are located at select centres and they look after the patients, and their families, visit the absentees and advise them to be regular. They also find new cases. D.D.S. tablets which are effective and cheap are administered orally. Great enthusiasm has been created amongst the patients and the public appreciate the fine work of the unit. The Unit has covered the whole of the Madurantakam taluk (Chingleput District) and is attending to the north east of Tindivanam (South Arcot District) the east of Wandiwash taluk, (North Arcot District) and the south east of Chingleput District also. They are also operating a clinic in Tiruvettipuram of Cheyyar Taluk. They have plans of appointing a doctor for full time leprosy work in the whole taluk, and it is understood that all the expenses of the unit's work in Cheyyar Taluk will be borne by a Swiss Committee. They have also plans of establishing immediately at Polambakkam a hospital ward for temporary hospitalisation of cases in acute conditions. The Union Health Minister, Rajukumari Amrit Kaur paid a visit to the Unit on 3rd March 1955. She wrote in appreciation of the work the following hearty tribute.

"Living and moving and having my being, as it were, in the midst of suffering humanity, and suffering myself very often from a sense of dispair that I cannot do more to alleviate distress, it is indeed heartening to come to the veritable oasis that Dr. Hemerijckx and his co-workers have built up in what was a desert of hopelessness for sufferers from leprosy.

The simple way in which they live, the untiring service they render, the selfless devotion which inspires them are examples which should put most of us to shame. They know no differences of caste or race or creed and they are therefore greatly beloved.

I have been very struck too by their method of approach to the solution of the leprosy problem. That is something also from which we can learn much.

I wish them every success in their labour of love for a very neglected section of humanity and assure them of all the help they need from the Central Ministry of Health. I hope all our social workers will come and see this wonderful work and learn from these good friends of humanity."

We, in the Madras State, should rejoice that it is our good fortune to have amidst us this great and dynamic work of the Belgian Unit and its leader who has been rightly called the "fabulous Dr. Hemerijckx" and who is an institution by himself.

NORTH ARCOT

RESEARCH WORK AT VELLORE

Hand Research Unit

The work of the Hand-research Unit of the Christian Medical College, Vellore and the pioneering research work in this line of Dr. Paul Brand are well known and need not be dwelt at great length here. The technique of the operations is being constantly improved in the light of experience. As these operations for hands deformed by leprosy have been found to be very useful in restoring shape and function, there is a growing demand for them.

Operations to correct clawing of toes and foot-drop are also done. Facial deformity is also corrected. In a recent article in the New England Journal of Medicine, America, Dr. Brand writes :

"One of the greatest handicaps of the patient with healed leprosy is sometimes the appearance of his face. He may no longer be infectious but may carry disfigurements that separate him from his fellows more effectively than segregation laws. Many of

the classic deformities have proved amenable to plastic surgery. The transfer of hair-bearing skin to the eyebrows, the building up of the depressed nose with cartilaginous bone or acrylic implants, the removal of unsightly excessive skin folds and the performance of tarsorrhaphy to correct lagophthalmos will do more than improve the appearance of the patient's face : these operations may restore courage and faith to a man who had lost all hope of being able to begin a new life.

This is the time for the orthopaedic and plastic surgeon to come forward and open the door that leads the leprosy patient from isolation back to his family life and job."

Dr. Brand has also organized the Navajivan Nilayam at Vellore. This is a rehabilitation centre for patients who have been deformed by leprosy where after appropriate orthopaedic surgery and physiotherapy they are taught suitable kinds of work. It is essentially a centre where research is conducted on suitable and remunerative work for those who have recovered from leprosy with residual deformity.

SCHIEFFELIN LEPROSY RESEARCH SANATORIUM, KARIGIRI

At Karigiri, 7 miles from Vellore, there is the Schieffelin Sanatorium. Here something new is attempted. This is not a sanatorium like the other ones where patients are admitted on a long-term basis. Patients are admitted here for short periods, at the most for a few months, during which time some specific conditions are attended to and the patients returned to their homes to be in the care of a neighbouring treatment centre.

Research at this sanatorium is chiefly concerned with pathological and biochemical aspects of the disease. In a recent letter the Acting Superintendent of the Sanatorium, Dr. Ernest Fritschi states :

"Our present bed strength is 90 and will be increased to 130 within the next two months. Our out-patients, 900 in number, are in the main drawn from surrounding villages where the incidence of leprosy appears to be very high, but no surveys have been done. From certain villages as many as 30 cases attend our out-patients' clinic."

KAVANUR NIGHT SEGREGATION CENTRE

There is a Night Segregation for the infective types of leprosy patients, attached to the Rural Medical Centre of the Christian Medical College Hospital at Kavanur:

Government Unit at Tiruvannamalai

A Subsidiary Leprosy centre of the Pilot Project of the Government of India is working in the Tiruvannamalai taluk.

Leprosy ward

There is a ward for the temporary hospitalisation of leprosy cases in the Government Pentland Hospital, Vellore.

SALEM

Govt. Unit at Ethapur

A Subsidiary Leprosy centre of the Pilot Project of the Government of India is working at Ethapur.

Mobile Unit Krishnagiri

This has been noticed in the Salem District Branch Report.

TIRUCHIRAPALLI

Since April this year, leprosy clinics are run in the two Block Development areas of Karur and Perambur by weekly visits of part-time medical officers.

A new leprosy clinic has been started by the Catholic Mission in Fathimanagar, a place about 12 miles south of Tiruchirapalli. A part-time medical officer is attending the same by weekly visits and about 100 patients are treated there.

MADURAI

Clinics by the Municipality

The Madurai municipality is conducting two special leprosy clinics in the city and they are being run once a week. They are also maintaining six patients in the leprosarium, and have now raised the number to 12, Government sanction is being awaited. They maintain cases from the municipal area only.

Leprosy Deprtment, Erskine Hospital

In the Government Hospital there is provision for emergency hospitalisation of patients and during the course of the year about 82 cases were treated. The out-patient department has treated 3262 cases during the year.

Special scheme under N.E.S.

Under the N.E.S. scheme, a special scheme is being worked in Tirumangalam, Usilampatti and Kallupatti areas. The main aim is to take the treatment to the door of the patients and also to see that no patients walks more than 3 to 4 miles from his place of treatment. In all about 25 centres are working in the whole area. The special staff appointed in the area conducts propaganda, survey and also observe contacts. About 1600 cases were treated during the year.

Govt. Unit in Sembatti

The Government have started a subsidiary centre of the Pilot Project of the Government of India in Sembatti near Athoor. The Avvai Rural Medical Service who were conducting the leprosy campaign in the Gandigram area have handed over their clinics to the Government subsidiary centre started in that area.

TIRUNELVELI

A Subsidiary Leprosy centre of the Pilot project of the Government of India is working at Paramankurichi.

MALABAR

A Subsidiary Leprosy Centre of the Pilot Project of the Government of India is working at Ponani.

Besides the Chevayur Leprosy sanatorium run by the Mission to Lepers having a strength of 250 patients and the Poor Home Society's leprosy home at Chevayur having a strength of about 60 patients, a number of clinics were opened by the Mission to Lepers during 1955-56 :

A clinic at a Quilandy, North Malabar in a building provided by the local Panchayat Board where there are about 180 patients coming in for treatment.

At Payyoli, North Malabar where about 70 patients are treated the clinic being maintained by the Mission to Lepers.

At Badagara, North Malabar in a building provided by the Panchayat Board treatment being given to about 400 patients.

During the year a clinic was started at Malappuram, South Malabar, catering to the need of 20 patients run jointly by the Mission to Lepers and the American Luthern Mission.

APPENDIX I.

THE HIND KUSHT NIVARAN SANGH (MADRAS STATE BRANCH), MADRAS

PUBLICITY AND WELFARE ORGANISATION

Receipts and Disbursements Account for the Half Year ending 30th September 1955

RECEIPTS	Rs.	A.	P.
To opening balance 1-4-55			
Cash with the State Bank of India, Madras	716	7	9
Grants			
From Government of Madras for the Publicity and Welfare organisation (Recurring)	5,000	0	0
Total	5,716	7	9

DISBURSEMENTS			Rs.	A.	P.
By Publicity and Welfare Organisation					
(Recurring Expenses)					
Salaries and Honorarium	1,716	0	0		
Dearness and Other Allowances	1,208	1	0		
	387	13	6		
Contingencies	600	0	0		
Office Rent	327	14	0		
Travelling Allowances	1,156	2	0		
Running Expenses of Van				5,395	14	6
Closing Balance 30-9-55					
Cash with the State Bank of India, Madras				320	9	3
Total			5,716	7	9

THE HIND KUSHT NIVARAN SANGH (MADRAS STATE BRANCH), MADRAS

Receipts and Disbursements Account for the Half Year ending 30th September 1955

RECEIPTS		Rs. A. P.	DISBURSEMENTS		Rs. A. P.
To opening balance 1-4-55			**By Head Office**		
Cash with the State Bank of India, Madras	0 12 4		Salaries	650 0 0	
Deposit in National Savings Certificates	2,000 0 0	2,000 12 4	Rent	150 0 0	
			General Expenses	574 7 6	
Grant			Contingencies	260 11 6	
From Hind Kusht Nivaran Sangh, New Delhi		1,322 8 0	Travelling Expenses	1 7 0	1,636 10 0
			Closing Balance 30-9-55		
Donations and Membership Fees		325 0 0	Cash with the State Bank of India, Madras.	11 10 4	
			Deposit in National Savings Certificates	2,000 0 0	2,011 10 4
	Total	3,648 4 4		Total	3,648 4 4

I have examined the above Receipts and Disbursements Account with the books and vouchers of **The Hind Kusht Nivaran Sangh (Madras State Branch) Madras** and found it to be in accordance therewith.

Madras,
30th August 1956.

C. V. RAMASWAMI
Chartered Accountant.

THE HIND KUSHT NIVARAN SANGH (MADRAS STATE BRANCH), MADRAS

PUBLICITY AND WELFARE ORGANISATION

Receipts and Disbursements Account for the Half Year ending 31st March 1956.

RECEIPTS	Rs. A. P.	DISBURSEMENTS		Rs. A. P.
To opening balance 1-10-55		**By Publicity and Welfare Organisation.**		
Cash with the State Bank of India, Madras	320 9 3	(Recurring Expenses)		
		Salaries and Honorarium	1,425 8 0	
Grants		Dearness and Other Allowances	1,005 0 0	
Fom Government of Madras for the Publicity and Welfare Organisation (Recurring)	8,000 0 0	Contingencies	192 7 6	
		Office Rent	500 0 0	
		Travelling Allowance	690 13 0	
		Running Expenses of Van	3,044 8 0	6,858 4 6
		Refund		
		Government of Madras being unspent Amount (Recurring) for the Period 1-8-19 4 to 31-7-1955.		1,196 9 9
		Closing Balance 31—3—56		
		Cash with the State Bank of India, Madras		65 11 0
Total	8,320 9 3		Total	8,320 9 3

THE HIND KUSHT NIVARAN SANGH (MADRAS STATE BRANCH), MADRAS

Receipts and Disbursements Account for the Half Year ending 31st March 1956

RECEIPTS		Rs. A. P.	DISBURSEMENTS		Rs. A. P.
To opening balance 1-10-55 Cash with the State Bank of India, Madras.		11 10 4	**By Head Office** Salaries	1,43 0 0	
Grants From Hind Kusht Nivaran Sangh, New Delhi	1,322 8 0		Rent	500 0 0	
			General Expenses	409 3 3	
			Contingencies	502 7 3	
			Travelling Expenses	47 6 9	
			Payment of 36% to Andhra State Branch	720 0 0	3,609 1 3
Publicity and Propaganda Income (Sale Proceeds of Publications)	97 14 0	1,420 6 0			
National Savings Certificates for Rs. 2,000/- realised		2,899 0 0	**Closing Balance 31-3-56** Cash with the State Bank of India Madras.		848 13 1
Donation and Membership Fees		126 14 0			
	Total	4,457 14 4		Total	4,457 14 4

I have examined the above Receipts and Disbursement Accounts with the books and vouchers of the Hind Kusht Nivaran Sangh (Madras State Branch), Madras and found it to be in accordance therewith.

C. V. RAMASWAMI

Madras,

ENROLLED MEMBERS

Life Members

1. THE ASOKA CHARITABLE TRUST
2. Sri M. T. HANUMANTHA RAO
3. Mrs. IDA CHAMBERS
4. Sri S. SUBBAIYA
5. Messrs. WATERFALL ESTATES Ltd

Ordinary Members

1. Srimathi A. ALWAR CHETTY
2. Srimathi AMMU SWAMINATHAN
3. Sri V. BALASUBRAMANIAN
4. Sri D. BARNABAS
5. Sri V. BASHYAM
6. Dr. Fr. HEMERIJCKX
7. Ms. G. JANSHI & CO
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10. Dr. U. KRISHNA RAO
11. Sri LOLIBHAI DWARIBHAI
12. Rev. J. R. MACPHAIL
13. Sri K. M. NANJAPPA
14. Sri S. NARAYANASWAMI
15. Sri K. J. NATARAJAN
16. Sri V. NATARAJAN
17. Sri A. L. NAYAK
18. Sri T. S. RADHAKRISHNAN
19. Dr. R. V. RAJAM
20. Sri K. S. RAMANUJAM
21. Sri R. S. RAMASUBBA IYER
22. Sri RAMNATH GOENKA
23. Sri K. P. RUNGACHARY
24. Dr. K. S. SANJIVI
25. Mrs. SANTHA RUNGACHARY
26. Dr. (Mrs.) T. S. SOUNDARAM RAMACHANDRAN
27. Sri M. K. SUBRAMANIAN
28. Sri H. SUNDARA IYER
29. Dr. N. VAIDYANATHAN
30. Sri P. VEERARAJU
31. Messrs. WILFRED PEREIRA

HONORARY SECRETARIES OF DISTRICT BRANCHES

OF THE

KUSHT NIVARAN SANGH, MADRAS STATE BRANCH

WITH THEIR ADDRESSES

1.	**Chingleput :**	Sri N. Ramakrishna Ayyar, M.A., B.L., M.L.A. "Sundarasram", Adambakkam, Madras-16
	L. Kancheepuram Branch :	Sri R. Varadathathachariar, 36, Sannadhi Street, L. Kancheepuram
2.	***Malabar :***	*Dr. A. K. Menon, Poor Home Society, Kozhikode-5*
3.	***Madurai :***	*Dr. H. Shama Rau, Leprosy Department, Erskine Hospital, Madurai*
4.	**North Arcot :**	Dr. R. P. Nathaniel, 3, Officers Line Vellore
5.	**Ramanathapuram :**	Sri V. Shanmugasundaram, Shenoynagar, Madurai
6.	**Salem :**	District Health Officer, Salem
7.	**South Arcot :**	Sri R. V. Sundara Reddiar, B.A. B.L., 6, Pugh's Road, Cuddalore N.T.
8.	**South Kanara :**	Dr. A. F. Coelho, 'Melrose' Falnir, Mangalore
	Udipi Branch :	Dr. K. Ramachandra Rao, Sri T. A. Pai } Joint Secretaries, Udipi
9.	**Tanjore :**	Sri N. Ramadasa Ayyar, B.A. B.L., 41, Bhakthapuri Street, Kumbakonam Sardar A. Vedarathnam, Vedaranyam
10.	**Tiruchirapalli :**	Dr. P. A. S. Raghavan, Williams Road, Tiruchirapalli-1
11.	**Tirunelveli :**	Sri R. Ramasubramanian, Sathupathu Village and post, Ambasamudram Taluk
12.	**Madras City Branch :**	Dr. J. J. Joseph, 45/A, Mowbrays Road Madras-18