

✓ ROLE AND ORGANISATION OF LEPROSY SECTION*

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It is stated by Cochrane and others that leprosy has been known to exist five thousand B. C. and yet now in the 20th century, the disease is sought to be integrated into the skin departments of general hospitals.

The reason for this is the interest in leprosy displayed by medical men, particularly dermatologists—an interest engendered by the discovery of the effectiveness of sulphones in leprosy.

Leprologists have been quick to exploit this interest in furtherance of their objective—the eradication of leprosy by case—detection and treatment. It may be mentioned that at the last International Congress on Leprology at Tokyo the outpatient treatment and not segregation was considered the principal mode of attack on the disease.

The Sub-Committee of the Indian Council of Medical Research have made the following recommendations in this connection :

“In an intensive effort to reduce the incidence of the disease, it will be necessary, in third Five Year Plan, to employ large numbers of para-medical workers and many doctors who will be wholly concerned with leprosy. While endorsing this policy the Sub-Committee urged that this is a special measure to combat an urgent situation and should not replace long term planning and research. On a long term basis, it must be recognised that leprosy should be treated by every general practitioner and by all hospitals along with the treatment of other diseases. Medical College Hospitals must, therefore, be encouraged to admit leprosy patients into wards where medical students will share responsibility for their care. Future doctors will thus be accustomed to treating leprosy as part of their regular responsibility”

This then is the role a leprosy section has to play.

Now with regard to organisation it should be appreciated that as leprosy is not being assimilated by medical men other than Leprologists and as Leprologists themselves have not yet discovered as much about leprosy as other specialists have about their specialities, an elaborate set up in a skin department for leprosy work is not necessary.

The controversies raging over classification of leprosy, the significance of the Lepromin Test etc. and the lacunae in our knowledge even about the standard dose of Dapsone should make us aware of the enormous amount of information still to be gained with regard to leprosy. Hence all that is required in leprosy

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work is dedicated workers and much technical knowledge is not essential to start with.

A Harvard research worker states that "the days of picking gold miggets from the surface of the ground are gone. Now it takes deep digging, which means technical training in non-medical fields, co-ordination of workers and big expenses." In the field of leprosy the days of picking gold miggets are not gone. They can be picked up but they are to be found in unattractive soil and this deters any but the dedicated person from working in the field of leprosy.

It is clear therefore that the organisation for a leprosy section should be simple. There is no need for an army of workers. Even in other fields of investigation the necessity for a large number of technicians is being questioned. It is pertinent to quote the opinion expressed in the book—Medical Research, a Mid Century Survey. Here it is stated that "the kind of group research which would serve best is not the kind where by some dictator in his office directs the energies of an army of research stooges in the laboratory by push button control." It is pointed out further that "partly as a means of compensating for time required for other duties, but more largely to avoid the drudgery connected with research, we have entered an era of research conducted by technicians and mechanicians. In historical perspective this is a backward step; it reverts to the age when anatomists employed prosectors for dissection of cadavers and doctors engaged barbers for surgical work. There may be a lesson in the observation that three Nobel laureates of our acquaintance still carry out their own technical work."

Heads of skin departments should not feel despondent, therefore, if they do not have a large staff for leprosy work. A doctor dedicated to the work, a technician and a health visitor are all that are necessary for the Leprosy Section to start with. Increase in staff will be necessary in proportion to the results achieved. What is very important is the co-operation of sister departments in the hospital in which the skin department exists.

CORRIGENDUM

September 1962 issue: P. 146 Skin Diseases Incidence in All India Institute of Medical Sciences. Instead of "by Gupta" please read "by Prof. K. C. Kandhari".
