

Tuberculosis in India

(*Extracts from Paper presented at the London Conference, by*

Dr. P.V. Benjamin, India.)

Dr. Benjamin outlined the tuberculosis problem in India and the means being employed, or expected to be employed in the near future, for its control. During the last few years, he said, a clearer picture of the problem in India had been emerging. This was largely the result of the tuberculin testing connected with the B. C. G. campaign, and also of a limited number of mass miniature X-ray surveys in various parts of the country.

Reports had shown that tuberculous infection was widespread, and no part of the country had been shown to be free, or even relatively free.

Institutions for the diagnosis, treatment and isolation of tuberculous patients were still very few, there being only 130 clinics and 14,000 beds in the whole of India in sanatoria and hospitals. Some progress had been made in the last five years, approximately 4,000 beds having been added.

Finances for dealing with the tuberculosis problem were completely inadequate, especially when not only other medical needs, but also the needs for development in all other departments of the Government (including those urgently needed for food production) were taken into account.

Plans for Control

Referring to plans for T.B. control in India, Dr. Benjamin said that while India had taken note of what had been, and was being done in other countries, it had also been realised that with the limited resources available, an anti-T.B. programme on the same lines as in, say, Great Britain or Canada, was impossible. Even if the money were available, such a campaign could not be possible because of the general socio-economic conditions in India.

A scheme with the possibility of being introduced within a few years,

and which was within the country's financial means, had been drawn up by a specially constituted committee of the Planning Commission appointed to consider development schemes. In this, emphasis was laid on measures considered immediately possible, especially those pertaining to prevention of the disease.

In these plans, B.C.G. vaccination was given top priority, for two main reasons: preventive measures were cheaper and more effective in the long run than curative measures; and it was a method which could be cheaply and quickly applied.

In some countries in the West which had achieved a large measure of T.B. control, extensive B.C.G. vaccination might not have any place as a major control measure. In India and other countries similarly placed, B.C.G. vaccination seemed to be the method for rapidly stemming and controlling the increase of T.B. It was introduced in India in 1948 and extended on a large scale in 1951. Up to the end of April, 1952, 78,33,000 persons had been tested and 24,88,000 vaccinated.

More Clinics

It was fully understood in India that much more was required than a B.C.G. programme for the control of the disease, and the plans included the provision of more clinics, hospitals and training centres. Although aftercare-colonies and rehabilitation centres could not be developed on a large scale at present, it was suggested that attempts be made to stimulate voluntary organisations to set up, with State aid, such colonies or work centres in association with tuberculosis institutions.

There was also a vast field for research, particularly on specific problems connected with T. B. peculiar to India, and also into

problems for which research opportunities might not be available in some of the countries where T.B. had already been controlled.

Touching on the work of non-official organisations, Dr. Benjamin said, there was wide scope for them to supplement the efforts of the Government. Their main function would be that of educating the public and the administrators on the seriousness and urgency of the tuberculosis problem. Though a large field remained to be covered, the Tuberculosis Association of India and its branches since their inception in 1939, had succeeded in creating in the minds of the public an appreciation of the seriousness of the problem.

All S.E. Asia Affected.

"We realise," said Dr. Benjamin "that such a problem is not confined to India only, and that most of the

countries in the South-East Asia region are in the same, or an even worse, predicament than India. While the Governments and tuberculosis workers in these countries are beginning to realise the seriousness and the magnitude of the problem, and are doing all they can with their limited resources, it is very heartening to note that tuberculosis is being now recognised as a world problem and attempts are being made to deal with it in this light by international bodies like the World Health Organisation (WHO), the United Nations International Children's Emergency Fund (UNICEF) and the International Union Against Tuberculosis.

"Let us, therefore, hope that with the united efforts of all, the apparently impossible task of controlling tuberculosis in all the countries of the world will be achieved earlier than would be possible by isolated efforts."

The Seals Campaign

[A Broadcast Talk by Rajkumari Amrit Kaur]

The T. B. Seals Campaign which was inaugurated three years ago has now, I am glad to say, become an annual feature. It begins every year on an auspicious day—the birthday of our beloved Bapu—and ends on another auspicious date, namely Republic Day.

Ever since I became the first servant of health in Independent India, I have been greatly troubled about the large incidence of T. B. in our country and the very inadequate means at our disposal to combat the menace, for menace it undoubtedly is. It has, therefore, been my constant endeavour to make the people T. B. minded and T. B. conscious and to bring home to the Government as well as to the people, the urgent necessity of such action as will enable us to put up a fight on all fronts.

We have to battle against ignorance and, therefore, educative propaganda has to be carried out on as intensive a

scale as possible.

We have to battle against under-nutrition and, therefore, the standard of life has to be raised.

We have to battle against overcrowding and, therefore, one room tenements have to go and the housing problem has to be solved.

We have to battle against the lack of beds in our hospitals, against the poverty of our sufferers, against the lack of domiciliary service, against the dearth of facilities for rehabilitation of T. B. patients, against not only the ignorance but also the prejudices that exist about the disease. In fact, we have to battle against the menace on both the preventive and curative sides.

It is obvious that in a poor country like ours we cannot hope to achieve victory overnight against all the formidable forces arrayed against us which I have mentioned. Nevertheless, it is our duty to be more than vigilant, more than active and more than