



Changing Times



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Opinion

The year was 1963, in the month of November (I clearly remember this year and month when President Kennedy was assassinated). We had just qualified, passing final MBBS examination from a medical college in central India (G.R. Medical College, Gwalior, M.P., India). According to Medical Council regulations we had to do an internship, which was compulsory before the MBBS Degree was awarded. We had to do six months' internship rotating in departments of Medicine, Surgery, Obstetrics & Gynaecology, and Socio-Preventative medicine. In this month of November, my Group was posted for six weeks under the Department of Social and Preventative Medicine. Under this scheme, we had to attend the Primary Health Centre attached to the Department in rural areas. This Primary Health Centre, besides providing the necessary care was also involved in prevention of diseases, mainly the communicable. The spectrum included the vaccination programme for the community, sanitation, inspection of supply of fresh water, family planning, care of the elderly and disabled, etc.

Attached with this Health Centre was a leprosy care centre. Here the established cases of leprosy were admitted. The centre was deep in the rural areas at about four miles from the Primary Health Centre. The centre was not only secluded, but also isolated. Our mode of transport was by a jeep. Around that time, a discovery became known that the BCG vaccination is also effective against the leprosy bacillus. So, during the period of our attachment, it was our task to motivate, educate and vaccinate all the near and distant relatives of the patients who were suffering from leprosy. I think there were nearly 30-35 patients who had

marked visible leprosy with a disfigured hand and face (evidence of burning). We had to talk to these patients, get the details of their relatives and their addresses so that we could approach them for preventative vaccination. Interviewing/talking to these patients was an experience within itself. They were in the hospital because they felt they had been rejected by their own family and society. They were so shy to talk and were depressed, and one could feel the despair in their attitudes. Although they were not suffering from an immediate life threatening disease, they felt deeply hurt as they could not be in the house which they had built, or with the family they helped to grow, and could not enjoy the pleasure of playing with the family children. Overall, they felt socially outcast. Few of them had no relatives whom we could vaccinate. Some had, but they did not visit the hospital, so there was no real contact with the patients. On the other hand, some had very caring relatives, whom we traced and the social worker motivated them to have vaccination. Visits to the centre were short, about seven to eight days, but it left a deep impact in my mind and the injustice of society of rejecting their own flesh and blood. I was young, so gradually the memory faded away but not the impact of the hospital itself and its inhabitants. Almost four decades later, in one of my regular trips to India, I thought of visiting that same centre again. I was told that there is no longer a leprosy centre and there are hardly any advanced cases of leprosy. Some of the early diagnosed patients get treatment in the outpatient's department of the local hospital. I was delighted, but was told that the building is still there with modern amenities, but keeps the advanced cases of HIV. Haven't times changed?



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