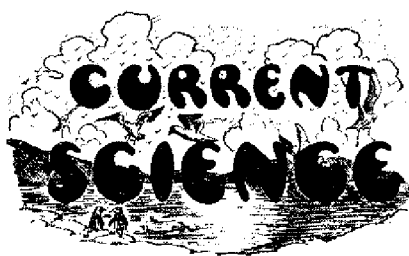


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FROM THE ARCHIVES



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Tuberculosis in India

The *Indian Medical Gazette* has for the third year in succession published a special tuberculosis number, The editor, Dr L. E. Napier, sums up the reasons for this departure from the usual practice of the *Gazette*, which is a journal for the general practitioner in India and in no sense a specialist journal. He points out that a special effort is being made by the whole nation to tackle the tuberculosis problem and he feels that everyone should join in and support Lady Linlithgow's movement. The second reason is to show the practitioner in India what is being done, both in this country and abroad, for the tuberculous patient, to impress upon him

that a very great deal can be done and that practically no case is hopeless, so that he in turn will pass on the information and will counteract a spirit of hopelessness which would be fatal to the movement.

He writes, 'A perhaps not unnatural reaction to the enthusiasm of the early days of the launching of the appeal is now appearing and the people who helped to raise the fund are asking how the problem is going to be tackled, some in an interested and helpful spirit, others querulously and with a suggestion of hopelessness. 'What is the good', the latter say, 'of pointing to the successful campaigns in other countries, countries that are able and prepared to spend hundreds of pounds per tuberculosis death in sanatoria and tuberculosis hospitals, when we cannot afford as many pice for this special purpose?' But we shall not tackle the problem on the lines that they are doing it in Western countries and we should not do so even if we had the necessary resources; we shall devise means suited not only to our limited resources but to the special conditions of the country. Whilst the balance is certainly in favour of the richer Western countries,

we have some factors that work in our favour, the sun, for example, and the relatively small proportion of our children that live under the conditions comparable to those of the grinding poverty and squalor of the overcrowded, sunless slums of many large European cities'.

He continues, 'The control of the disease is so closely associated with the treatment of the existing cases that one cannot dissociate the two ideas. The anti-tuberculosis programme will of course include the building of sanatoria, up-to-date and well-equipped dispensaries, and after-care settlements, to act as models and to show what can be achieved under the most favourable conditions, but in such institutions, as with the funds available we could hope to found, scarcely one per cent of our patients could be accommodated, and we shall certainly not be content to leave matters there: something must be done for the remaining 99 percent and tuberculosis dispensaries, conducted on more modest, but still we hope up-to-date lines, will have to be established, not only in every province and district but eventually in every *thana* or *taluk* in the country'.