Eradicating a Social Stigma : The Leprosy Mission of Almora

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Abstract

Leprosy was a stigmatic disease in Kumaun and all the leprosy patients were thrown out of their homes and society and treated badly. Despite advances in all spheres of medical science, leprosy continues to be a public health challenge in countries like India.The Leprosy Asylum Almora has completed 184 years in the Kumaun region towards its mission for improving the lives and status of person affected by leprosy. The stigma of leprosy is still prevalent in the society to some extent .People hide this disease and when the condition is critical , they go for the treatment. At present, this is the only Leprosy Hospital and Home in Uttarakhand. The focus of Government on this disease is lacked for such stigmatic disease. This research paper is based on objective and empirical study .The empirical study is mainly based on the sources of regional archive and government reports. This paper highlights on the initiatives of Christian missionaries and government efforts for the public health and hygiene in British Kumaun.

Key Words – Leprosy , British Kumaun , stigmatic disease, health and hygiene .

Introduction

Though the advent of Christian missionaries had been in India since the sixteenth century yet the Charter Act of India 1813 proved a clear declaration of welcome of missionaries in India during the British rule. Therefore various missionaries like American Episcopal Mission,London Missionary Society began their work in various parts of British Kumaun with modern views and education . They also brought a new concept of modern medicine in India.The people in Uttarakhand were literate since ancient time. The Pandukeshwar copper plate, Bageshwar stone inscription and the inscriptions of Katyuri kings clearly indicate that Sanskrit was the official language during Katyuri rule. Good care of education was taken during the Chand period also, Raja Rudra Chand sent some students to Banaras for higher education at the royal expenses however education had to suffer a lot during the Gurkha rule.[1] Though the Katyuris and the Chand rulers patronised scholarship yet the education was never considered to be a duty and responsibility of the state .The thought of Female education was not there in the British Kumaun. People of lower strata were the helpers of the upper strata so they were also deprived of education.

The educated class understood the importance of hygiene and maintained it in their day today life , as for personal hygiene -bathing daily ,cleaning and plastering of mud floor of their houses with cow dung . Washed and clean fuel wood was used in a kitchen ,while for cooking and having food they used to change clothes .They were very particular regarding the use of utensils, no one could enter in kitchen area or touch the utensils without their permission . They could not dine with everyone plus could not eat at any place. There was a trend in society of carrying kitchen while long journey to maintain the health and hygiene.In case of child -delivery in a home , special hygiene was a part of daily routine in most of the houses . 'Gomutra' use was done to prevent the infection to newly born baby and the mother.

As the lower strata of Kumaun society remained deprived of education so could not understand the importance of hygiene and ultimately it affected their health and honour in society. Though they helped in the household management of higher classes like collecting fuel and fodder yet they were not supposed to enter their houses and could never ever sit and dine with them . The infringement of caste by Dom ,such as touching the pipe (Hukka) of a Brahman or Rajput ,were also punishable to death[2]

The climate of this region since earliest time, is considered excellent for health and hygiene. But if we look the past history of the rulers of this area,find that local government was no way responsible for the health and welfare of the common man.[3] By the end of the Katyuri and Gorkha rule in British Kumaun there was no

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example of any General Hospital for the common people which we may say was established by the rulers of the region .

Missionaries' Initiative For The Public Health In British Kumaun

In 1850, the Reverend John Henry Budden was stationed with the London Missionary Society at Mirzapur, came to India from London in 1841. He visited the Himalaya hills for his health, and there met Captain (later Sir Henry) Ramsay, who was a Christian officer then resident atNainital. In 1850, John Henry Budden was offered a missionary position in the Kumaon Hills by Captain Ramsay and Mr. J. H. Batten.[4] Born in 1813 in London, Reverend John Henry Budden spent most of his adult life working as a missionary in Almora first under the direction of London Missionary Society and later the American Methodist mission.. The Budden family worked in Almora / Pithoragarh area for over 80 years. They founded several schools, medical dispensaries and hospitals. The Christian missionaries focused on the downtrodden sections inhabiting separately from the main villages in Kumaun and gave them all the facilities through their activities. They wanted socio-cultural empowerment of this section. For that they used the mechanism of conversion. They converted them into Christianity and provided them education, medical support, financial support. This all eventually brought a drastic change in the hills of Kumaun where a new English educated class emerged that challenged the social dogmas of conservative society.

The work of Christian missionaries has the positive and negative aspects .Their contribution for the promotion or growth of modern education and public health has always been commendable till today. They not only accelerated the promotion or growth of socio-religious reform movements in India but also contributed national awakening, rural urban population integration. Their social work subdued and highlighted the various social evils prevalent in Kumaun during the nineteenth century and played vital role to change the scenario. The Christian missionaries quickened task of Indian reformers through their activities. They focused on the promotion of modern education and propagated the ideas like unity or may be equality,universal brotherhood , liberalism, rationalism, single God worship. They established many schools, dispensaries and hospitals affiliated to Christians Churches in Almora, Pithoragarh, Nainital, Ranikhet and Pauri districts of British Kumaun. They promoted the western ideals through their education .They promoted women education, liberalism and democratic values in Kumaun. Most of our reformers in Kumaun were motivated by these western ideas. This all was the eye-opener for various reformers of Hinduism, Islam, Sikhism and also among the Parsis who contributed to the Indian Renaissance. Christian missionaries reached in the remotest regions . They were in the forefront in providing the medical aid to the leprosy patients . This was the issue, the source of inspiration for many other reformers to undertake or to educate the people such kind of charity activities.

Leprosy is one of the oldest diseases known to man and was the stigmatic disease in India. Nobody would go near a leper. Despite advances in all spheres of medical science, leprosy continues to be a public health challenge in countries like India.[5]

Antileprosy Work In India - Mission To Lepers

The first known leprosy asylum was established in Calcutta early in the 19th century. In the later years numerous other institutions were established by missionaries, local authorities and private benefactors.[6] But systematic attempts to bring medical relief to leprosy patients started with the foundation of the Mission to Lepers by Mr. Wellesley Bailey, who , coming to India in the Indian Police Service in 1869, was soon attracted to leprosy work and threw himself whole heartedly into it. He established the Mission to Lepers and founded its first leper institution in Chamba in Punjab in 1875. In succeeding years the mission extended its activities to such an extent that, in 1937, when Mr. Bailey died, there were 32 institutions in different parts of the country under its control providing accommodation for 8,000 patients.[7]

Certain Inquiries Regarding Lunatic Asylum

In order to bring into force the provisions of the Leper Act , No.III of 1898 ,certain inquiries were made from Commissioners of Divisions regarding the lunatic asylums established in North –Western Provinces and

Oudh .It was suggested that one institution should be constituted for each division a leper asylum for the purposes of the Act. In reply it was found that no asylum in the province except that at Almora. As per the provision of the Act the lepers were sent to the asylum and an escaped leper may be rearrested by any police officer without a warrant and taken back to the leper asylum.[8] The Almora Leper Asylum appointed to be the asylum where lepers from the other district like Srinagar were sent . Almora was 108 miles from Srinagar where lepers were examined. The journey to Almora was difficult on account of peculiar circumstances of the hills. Three lepers were ordered , under section 8 of the said Act to be sent to Almora in the beginning of September last . But they were physically unfit to perform such a journey, while no coolie could be found to carry them on Dandia. According to Garhwal census of 1880 the number of lepers was 719(518 male, 201 female). As per the rate of increase in the number of lepers in 1888 was 1000. They could be seen in Rishikesh begging of the alms from pilgrims and were the nuisance to community in which they lived. A petition was received that some troublesome leper to be compelled to live apart and desist from using the same water place as the other inhabitants as well the establishment of an asylum at Srinagar was to be made. [9]

Leprosy Mission In Almora 1836

Leprosyasylum of Almora is older than Mr. W.C. Bailey's 'Mission to lepers'(1874) and completed 175 years in Kumaun region towards its mission for improving the lives and status of person affected by leprosy. It is the only Leprosy Hospital and Home in Uttarakhand. It covers a vast area of 23.4 acres or 450 nali of hilly terrain at Karbala 2km away from Almora where the historical buildings of hospital, eight wards and a Church are located at different levels.[10]

Leprosy was a stigmatic disease in Kumaun and all the leprosy patients were thrown out of their homes and society and treated badly. Nobody would go near a leper. In 1892,Rev.G. Mccallum Bulloch of London Missionary Society writes “It is impossible for anyone to move about the Province of Kumaun without coming across forsaken and outcast lepers .In the Almora subdivision alone , out of a population of 201,801, there are 1039 lepers, and besides these , numbers come over from Doti, district of Nepal, where the treatment of the leper is said to be very inhuman. Such a large number of diseased persons wandering promiscuously throughout the province is a source of great public danger and it desirable that means should be adopted for separating them from the healthy population, and placing them in Asylum where they may cared for and receive such medical relief as is possible”[11]

Foundation Of Leprosy Asylum

When the Commissioner of Kumaun Division Sir Henry Ramsay was serving as an ensign in the Gorkha Regiment in 1835, he caught sight of a man with ulcers wrapped in strips of worn cloth, entering the cantonment area. The Gurkha soldiers tried to stop the man in distress and the commotion drew the attention of Ramsay. He was appalled to see the pathetic state of the leper and is said to have followed him on his way back. This leper came to his destination, called “Ganeshi Gair ”near Dharanaula, Almora where Ramsay saw people similarly affected staying in a den, called “Udyaar” in Kumauni lingo. These people were living in dreadful conditions. After seeing this distressing sight, Ramsay decided to provide temporary accommodation to the lepers in1836.[12] In 1836, twenty huts were made for twenty lepers as well as some arrangement was done for their basic amenities from 1835 to 1861. In 1851, he chose a site away from the town known as Karbala, a burial place for local Muslims, located on the southern tip of Almora was ideal for this sanatorium Ramsay succeeded in his design with financial help from his friends. . During the late eighteenth century this dwelling place was called “ Leprosy Ashram” which later changed into Leprosy Hospital and Home.[13]

Financial Helpers Of The Institution

1. Sir Henry Ramsay and his friends from 1835 to 1861
2. London Missionary Society from 1862 to 1926
3. Methodist Church from 1926 to 1989
4. The Leprosy Missionfrom 1989 to so far full financial support[14]

Main Hospital Building And Patient Wards

In 1835, twenty huts were made for twenty lepers as well as some arrangement was done for their basic amenities from1835 to 1861. In 1866, the number of inmates had risen to upwards of 100 , and accommodation provided had increased to 45 houses in 9 rows of 5 houses each, built parallel and right angles on successive terraces of the hill side and a large piece of ground suitable for cultivation had been enclosed. During this year an appeal was circulated for help in erecting other buildings necessary for carrying out improved internal arrangements for cleanliness and comfort. This was liberally responded to, and a school room, store room , washing houses and some other necessary out offices were completed. In 1869, a further addition was made to the premises in the hospital, and a residence for the native Superintendent who was also the first time a medical practitioner. In 1875, a plot of land near the Asylum was made over by the Malguzar for the burial purposes, on condition that the plot in question be never cultivated.[15]

In the mean time the London Missionary Society started a dispensary and also constructed some more wards. During the late eighteenth century this dwelling place was called " Leprosy Ashram" which later changed into The Leprosy Mission Hospital and Home.In 1931 ,there were76 patients in 9 rows of solidly structured building. Full capacity was 80.It was funded by United Provinces Government, Mission to Lepers and local donations.16In 1941 the leprosium had accommodation of 110 patients and was run by a mission.17At present it is60 bedded hospital on the hilly terrain where the buildings of hospital, eight wards (only five are running) and a Church are located at different levels .It has the laboratory for the testing . The residents of the Snehalaya (Home for patients) are located in 4 main wards, each having 10- 12 beds .Patients kitchen and store room is also located near the wards. These wards were built again in 1978, 1982 and 1988 with donations by Hans-Herter- Indienhilfe, a German Baptist organisation. Presently there are 35 inmates with 23 males and 12 females. Two natural step-wells ,locally called naula are provide for drinking water.

Out Patients(health Care)- The OPD building is just near the Church Theout patient department of TLM Almora is catering to the population of Almora districts besides other from districts of Nainital , Bageshwar and Pithoragarh.

In Patients(Health Care)- TLM Alomra has 2 female and 3 male wards with a total bed strength of 60. Out of the 60, 40 beds are allotted to the permanent residents and 10 bed for the short term patients . At present, this is the only Leprosy Hospital and Home in Uttarakhand.

Medical Superintendent/ Incharge And Nursing Staff

When Sir Henry Ramsay returned to England , he handed over the reins of this hospital under the charge of Rev. J.H. Budden of the London Missionary Society. It was managed by London Missionary Society from 1851 until 1926.[18] Through the efforts of this society, this hospital started progressing day by day. In the mean time the society started a dispensary and also constructed some more wards. In 1862 an Irish teacher Wellesley Cosby Bailey accepted the challenge to start a mission for leprosy patients in India called 'Mission to Lepers ' in 1874. This mission started extending the financial aid to this hospital. In the year 1887 Rev.J.B. Budden retired and handed over the charge to Rev. J.M. Bulloch. During the time of Rev Bulloch , Babu Everest Bond was a Christian native doctor who, besides providing medical treatment , saw to the proper sanitation of the whole compound, taught with the assistant of one of the lepers those who wished to learn, to read and encouraged those who were able to do little cultivation, repair the road and walls and any other little job within their power.[19] Rev E.S. Oakley joined the asylum in 1926. All these people served as superintendents of this hospital . Dr.A.Miller served this hospital from 1916 to 1923.It was managed by Methodist Episcopalian Churchfrom 1926.[20] Dr. E. M. Mouffat was the in charge of the hospital as well as the Methodist Church in Almora . In the year 1929 Dr Manohar Masih became the first Indian medical superintendent of this hospital.[21] In 1931 it was directed by Rev JN Hollister. Medical care was provided by Dr. Manohar Masih and one assistant.[22] In the beginning Dr. Masih opened many small dispensaries .He travelled on the horse back to attend these dispensaries. His efforts and hard work resulted in the establishment of the hospital on a summit. With Dr.Manohar getting old, Dr. Silas Singh joined as the medical officer. He was a famous surgeon and was performing surgeries in different hospitals of the Methodist Misssion. Dr. Manohar Masih retired and was succeeded by Dr.S J Selvanyagam[23]

In 1941 the leprosium had accommodation of 110 patients and was run by a mission.[24] In 1989 the Methodist Church handed over the whole hospital to the management of the 'Leprosy Mission'. Dr. Selvanyagam retired in the year 1991 followed by Dr . S. Hamilton who remained here till 1996 . During 1997-98 Dr Ommenthom was the medical officer followed by Dr Sudhir Kapalkar. In 1999 a government doctor Dr R.N. Mishra joined here on a part time basis and continued till 2003. At present Dr.Lalit Pant is the visiting medical officer while nurses(Mrs Kholi Ladrick from Tripura and Mrs Pushplata Markees from Andhra Pradesh) and Anup Singh (MHW) Rajan Rana are in para-medical staff.[25]

Visit Of William Bailey

TLM Almora was visited by The Leprosy Commission in 1890 with William Bailey . Sir Henry Ramsay was still there as was Mr. Budden, Rev G.M. Bulloch and the LMS.[26]

Methods Of Treatment And Medicine

Leprosy is associated with poverty and rural residence.[27] Leprosy is a bacterial disease caused by a germ Mycobacterium Leprae. It is the least infectious of all disease like cold , T,B, etc. and can be caused due to nasal discharges from untreated infectious leprosy patients. Personal hygiene is very important. Presently besides the treatment of leprosy, diagnosis and treatment of skin diseases, medical services through OPD counselling, reconstructive surgery referrals and physiotherapy falls in the charter of functioning of the hospital. All specialized care patients are referred to our nearest centres for further treatment.

The Asylum afforded good opportunity for the testing of supposed cues of leprosy.

1.Cashewnut Oil - In 1873 , Dr. Watson superintended the application of cashew –nut Oil, several patients were specially treated and watched ;but as the efforts were apparently successful in mitigating the severity of the disease, yet no case was cured or was even permanent good secured.

2.Gurjan Oil – In 1875 , the Gurjan Oil treatment was first to put into operation , A first class hospital assistant was appointed to apply the remedy under the supervision of the Civil Surgeon of Almora , Dr. Govan, to whom the institution is greatly indebted for most kind and gratuitous professional assistance given during his whole term of office in Almora. Government made a grant to meet the expenses of the arrangements necessary in order to carry out a thorough test of the Gurjan Oil Treatment .After about a year no definite result coming apparent , the Government withdrew the hospital assistant and its grant. But the mission on its responsibility carried on the experiment for several years longer, as it appeared that the aggravating symptoms of the disease were to some extent alleviated.

3.Aristol and Unna 's Treatment –In 1890, a supply of Resorcin and Ichthyol was sent by the Inspector General of Civil Hospitals, N.W.P. and Oudh, with a request that selected cases should be put under the treatment as recommended by Dr. Unna . Seven cases were chosen , four of the anaesthetic and three of the tubercular type , and carefully treated and watched for several months, until the supply of the remedies was exhausted.[28]

4.Later Chalmogra oil (Chalmogra is a fruit grows in south India is and oil prepared by its seeds) was applied on the affected areas.

5.Dr. Robert Greenhill Cochrane was the one who first found out that Dapsone (in 1907) is the treatment for the leprosy and still used today.

6. In 1952 DDS (Diamino Diaphynel Salphone)was introduced and it was used till1982 . MDT (Multi Drug Therapy)was used in 1983 and since then it is in use. MDT proved 99% fruitful in the treatment of Leprosy. MDT KHAO, KUSHTH MITAO is the slogan of leprosy mission, says Anup Kumar (MHW) here.

Reconstructive Surgery – The facility of reconstructive surgery is available time to time in TLM Almora. Leprosy patients who have anaesthetic feet and hands get accidental injuries and wounds repeatedly. Thus, such patients require minor ulcer surgeries or major reconstructive surgeries. Depending upon the severity of the case, the relevant care or surgical care is provided to them at TLM Almora. Son of missionary parents and born in India Dr Paul Brand was the one who introduced surgery for the leprosy patients with deformities. He saw the horrors of untouched leprosy and associated stigma. He introduced the Tendon Transfer technique still

used today so that people could use their hand and feet once again.

Physiotherapy And Prevention Of Deformity- TLM Almora facilitates physiotherapy and plays key role in preventing the disability. Theleprosy patients with disabilities perform self-care activities on a daily basis to prevent further damage and deformity of feet, hands and eyes. Moreover dressing is done by nurses on a regular basis to avoid exasperation in wounds and ulcers. Regular health education sessions regarding prevention of disability and self -care are also conducted by the nurses on duty.

Artficial Limb Centres And Shoe Department- Anaesthetic feet need special MCR and special leather shoes, slippers and sandals which are made in every hospital. These are soft and without nails to protect the patients feet, specially sole. Every Leprosy Hospital has a shoe department. Leprosy Patient , who had anaesthetic feet and hands are benefitted with MCR (MICRO-CELLULAR RUBBER)footwear to prevent them from accidental injuries and wounds . Negligence may cause damage to an anaesthetic foot which may need amputation, hence specially designed limbs are made to fulfil the leprosy patients' need. This foot wear is distributed to the patients based on the severity of the cases time to time in TLM Almora .

Ophthamology – Special eye care is required for some patients in leprosy .The facility of ophthalmology is there in this hospital. Regular eye camps are held here with the help if Ophthalmologist of Leprosy Mission Trust Hospitals. Field staff are also regularly trained to see to the eye care of the patients, in the field.

Laboratory And Testing

Serodiagnostic Test facility is available at TLM Almora and Mr Anup Singh is the in-charge of the laboratory here for last 20 years .

Old Age Home (snehalaya)for Leprosy Patients

The people affected with leprosy were rejected by their families and community due to social stigma and discrimination prevailing in the social system. People when rejected by their own families and community at large , become homeless, feel redundant and abandoned. An elderly leprosy affected, being old, they could neither work nor earn for themselves nor can be trained in a vocation or to be inducted in to any productive , profitable work. Snehalaya (as the place is called) provides socio economic rehabilitation to needy patients affected by leprosy through different activities of rehabilitation program.

Rules

There were certain rules in this asylum not in any way vexatious; the principal idea being to render the institution as orderly and comfortable as circumstances would permit:-

1. The conditions of admission were simply that the applicant was a destitute leper, and promised that he or she would obey the regulations in force to maintain cleanliness and good discipline and abide the rules instructed to all.
2. Friends of inmates were not allowed to visit them on application being made to the resident caretaker.
3. A roll was kept and called daily, to enable the caretaker to find out any absence, and the reason of absence.
4. Food is given out daily in the morning according to a fixed scale. This consists of rice and flour on alternate days, with dal and salt. Those who smoked receive a small allowance of tobacco. A few annas per month were allowed to each wood , which they purchased from villagers who received permission to supply it. A small weekly allowance of soap was also provided.
5. The following regulations for cleanliness in person , clothing and habits were enforced –
   One Padhan or Padhani for each set if five rooms including ten occupant, was appointed to look after those in his or her allotment of rooms, to see that the rooms were kept clean , the courts swept, the trenches dug for the “conservancy” and filled daily, to see that those under their charge attended to the washing of their clothes and bodies at the times appointed for this purpose, also to see that the sick

were carefully tended and reported on daily to the caretaker, who also makes a personal inspection of all the rooms daily.

6. The cooking of food to be done by the inmates themselves, and the Padhans or Padhanis to be required to see that those unable to cook , should have it done for them by others able to do so.
7. One suit of clothes and one blanket was provided yearly for each inmate, and should anyone leave the institution, these to be returned.
8. All cases of sickness to be reported daily to the native doctor , who supplies the requisite remedies and keeps a detailed register of all cases of sickness and remedies supplied.
9. All disputes to be referred to the Superintendent who if thinks necessary may call a Panchayat to decide on the matter of dispute

Segragation

In 1876, the Government proposed that a strong effort should be made to segregate the sexes, and with this object in view suggested the establishment of a separate asylum for women . It was thought that a good site had been obtained in the abandoned small tea garden at Lachmashwar, but difficulties arose regarding this site and no other suitable site being obtainable, it was decided to erect a wall in the existing Asylum , which should separate the buildings occupied by the males from those occupied by the females. Very strict rules were adopted for the enforcement of the segregation. To the great extent the efforts had been successful. No child was born in the Asylum during last 15 years. Still has to be confessed that assignments were made , and are occasionally the cause of inmates leaving the Institution altogether[30]

Christian Works

The place also promotes Biblical study, prayers and social welfare activity. As the origin of the institution for the relief of the physical ailments of the lepers was the outcome of practical Christianity; it was not to be wondered at ,that when it came under the control of 'The Missionary Society', efforts were made to instruct the inmates (who were willing to be instructed) in the teachings of Christianity. Voluntary Christian religious had , therefore , always been an important element in the arrangement of the Institution. Yet no compulsion was ever made .In 1892 there were 96 Christians, 37 Hindus and no Musalman.[31]Thus Old Age Home in Almora managed by Leprosy Mission comes to rescue with a mission “Home of Hope , Love and Happiness” for such dejected people. For recreation the inmates do gardening, play games or watch television. Thus TLM Hospital and Home not only attends to their physical , mental, social and spiritual needs but also provides a quality comprehensive care and rehabilitation to the inmates residing in hospice.

Leprosy Asylum In Chandag, Pithoragarh 1886

Located in Shor valley of Pithoragarh on the summit saddle shaped ridge, Lepers Asylum at Chandag has a large area of sixty acres where stands Miss Reed's house and men and women's quarters of leper Asylum as well as the neat and white church of the institution. The Leper Asylum at Chandag was opened in 1886 ,building capable of sheltering forty inmates having been erected by the Mission to Lepers. In 1888 Dr. Dease was the Superintendent of the Chandag Leper Asylum . In 1891 Miss Budden a missionary at Pithoragarh rendered valuable service in the work of Asylum . There were 500 lepers in the Shor Pargana alone. The census of 1891 gave the number of lepers in Almora sub-division as 1,039 in a population of 201,801.(conti...)

Chandak had a larger percentage of lepers than any other district in India. In 1891 Miss Reed was appointed Superintendent of the Asylum by the Methodist Church and in the following year reported 38 inmates of whom all but one had become Christian . Men's quarters of lepers Asylum were called 'Panhgah'[32] At present this asylum has been closed and all the leadership of the lepers Asylums in Uttarakhand has been transferred to TLM Almora.

Conclusion

In India, the National Leprosy Eradication Programme (NLEP) is the centrally sponsored health scheme

of the Ministry of Health and Family Welfare, Government of India. The NLEP in its recent evaluation have acknowledged that there are cases occurring in the community and detection capacity is not matching the level and intensity of disease occurrence. The office of the Dy. Director General for leprosy (India) in a directive in August 2016 drew attention to the following four alarming trends. One, there are pockets of high endemicity in the country where there is ongoing transmission. Two, here are many hidden cases in the community as revealed by the sample survey conducted by Indian Council for Medical Research (ICMR). Three, the new case detection rate has remained almost the same since 2005, and four, the disability rates in new cases has been rising due to a delay in diagnosis. To address these challenges NLEP advocated a three-pronged approach of (a) "leprosy case detection campaign (LCDC)" in highly endemic districts; (b) focused leprosy awareness campaign using ASHA and multipurpose health workers in "Hot Spots," where new cases with Grade 2 Disability (G2D) are detected; and (c) area-specific plans for case detection in hard to reach areas. Despite the successes, the fact remains that India continues to account for 60% of new cases reported globally each year and is among the 22 "global priority countries" that contribute 95% of world numbers of leprosy warranting a sustained effort to bring the numbers down. In the year 2007, new cases detected in India were 137,685, and nine years later in 2016, the number remained almost the same at 135,485, a significant increase over the 127,326 new cases detected in 2015. This increase in new cases is attributed by NLEP to their recent strategy of innovative Leprosy Case Detection Campaign (LCDC), which resulted in the detection of 34 000 new cases in 2016 from highly endemic pockets, which accounted for 25% of annual new cases.It was felt that the major cause of hidden cases is low voluntary reporting in the community due to a lack of awareness as well as the continuing fear, stigma, and discrimination against leprosy. The SPARSH Leprosy Awareness Campaign (SLAC) was launched on 30th January 2017 and is a program intended to promote awareness and address the issues of stigma and discrimination.[33]

TLM Almora has completed 184 years in the Kumaun region towards its mission for improving the lives and status of person affected by leprosy. The stigma of this is still prevalent till today in the society to some extent .The lack of awareness, diagnostic skills and commitment to leprosy among general health personnel, and the ignorance about the disease in the community that continues to contribute to a delay both in diagnosis and patient self-reporting, need to be reversed.[34]People hide this disease and when the condition is critical , they go for the treatment. At present, this is the only Leprosy Hospital and Home in Uttarakhand.Two natural step-wells ,locally called Naula are provide for drinking water.Mr Anup Kumar (MHW)says ' …earlier the stigma was so much that people were scared of residing in the adjoining area of the hospitalbut now the condition has changed and the people of adjoining area even use the water of Naulas located in the premises of the hospital'. The focus of Government on this disease is lacked and there is no Government medical officer permanently at this centre allotted for such stigmatic disease which have been worked well over by Christian missionaries as I found in Leprosy Asylum Almora.

References

1. Mittal A. K, British Administration in Kumaun Himalayas , Mittal Publications,1986, pg 114 .
2. Mittal A. K, British Administration in Kumaun Himalayas , Mittal Publications,1986, pg11
3. Dabral , S.P, Uttarakhand Ka Itihas, Part VII, pg 434.
4 Missionaries Work In Northern India Article By Tara Van Brederode wwwbritishempire.co.uk/article/almora cited on dt 23.3.19
5. Rao P. Narasimha andSuneetha Sujai , article : Current Situation of Leprosy in India and its Future Implications,Indian Dermatol Online J. 2018 Mar-Apr; 9(2): 83–89.
6. Report of the Health Survey and Development Committee, Vol. I, The manager of Publications , Delhi , 1946, Pg 119
7. Ibid
8. Regional Archive: Records of Almora Collectorate, File no 2, (1899-1900) Box 48
9. Regional Archive: Records of Almora Collectorate, File no 2, (1899-1900) Box 48.
10. Records of TLM Almora
11. Regional archive of Almora Collectorate , Box 48. File no : 2, Bulloch Rev.G. Mccallum , 'The Asylum For Lepers at Almora' N.W.P.India ,London Missionary Society1892.

12. Source:League of NationsArchive: File 29098
13. Records of TLM Almora
14. Ibid
15. Regional archive of Almora Collectorate , Box 48. File no : 2, Bulloch Rev.G. Mccallum , 'The Asylum For Lepers at Almora' N.W.P.India ,London Missionary Society1892
16. Source:League of NationsArchive: File 29098.
17. Source: A report on Disease of Leprosy and its Control in India by the committee appointed by the Central Advisory Board of Health(1941) Government of India Press, New Delhi 1942,p 59
18. Source:League of NationsArchive: File 29098.
19. Regional archive of Almora Collectorate , Box 48. File no : 2, Bulloch Rev.G. Mccallum , 'The Asylum For Lepers at Almora' N.W.P.India ,London Missionary Society1892
20. Source: League of NationsArchive: File 29098.
21. Records of TLM Almora
22. Source:League of NationsArchive: File 29098
23. Records of TLM Almora
24. Source: Report on Disease of Leprosy and its Control in India by the committee appointed by the Central Advisory Board of Health(1941) Government of India Press, New Delhi 1942,p 59.
25. Records of TLM Almora
26. Bailey,W ,The Lepers of Indian Empire: A Visit to Them: 1890-91,London ,John Shaw,1891.
27. Robert H. Gelber , Leprosy, pg 626,Harrison's Infectious Diseases, 3rd edition McGraw Hill Education (India) Pvt Limited ,Chennai
28. Regional Archive of Almora Collectorate , Box 48. File no : 2, Bulloch Rev.G. Mccallum , 'The Asylum For Lepers at Almora' N.W.P.India ,London Missionary Society1892
29. Ibid
30. Ibid
31. Ibid
32. Jackson John,In Leper Land (3rd edition),London , Mission to Lepers,pg 130
33. Rao P. Narasimha andSuneetha Sujai , article : Current Situation of Leprosy in India and its Future Implications,Indian Dermatol Online J. 2018 Mar-Apr; 9(2): 83–89
34. Ibid