

'DSWC'

Phone: 2723

DAMIEN SOCIAL WELFARE CENTRE
P. O. BOX-17
DHANBAD
BIHAR-826 001
INDIA

(1964-76)

BRIEF REPORT

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BRIEF REPORT

D. S. W. C. AT A GLANCE

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Administration

St. Anthony's Church.

Medical	Control	Welfare
Hospitals :		
Nirmala Leprosy Hospital, Govindpur	9 zones with total	22 colonies —
Baramasia Mercy Post, Dhanbad.	population enumerated 1,80,486	Community Development & welfare Sources.
Bhowrah Field Hospital	Health Education	Hostels for boys and girls at Gomoh & Govindpur
Clinics :		
45 clinics at 21 locations		Baramasia Rehabilitation Centre, Dhanbad.

MEET THE CHALLENGE

James Mattathilani

Community Development Officer

If we were invited to a party, we would joyfully accept the invitation. At the same time when we are asked to share a few hours and part of our belongings with those around us who are needy we find excuses. We are not prepared to meet the challenge of the today in which we are living. We may say that our time is destined for higher and more noble things and our belongings are distributed at a high interest rate. We try to win unjust demands out of ignorance and apathy which results in a lack of organisation for justice and marginalized groups in society. Feudalistic structures isolate us from two thirds of the world population which still lives in poverty. If we are ready to meet the challenge we should turn away from the so called higher groups to the villages far from the main roads or to the slums of our cities where there is no power, no justice, no nutrition, no knowledge, no shelter, no medicine, no clothing, no organisation, no employment and no security of life.

A Spark In Darkness : The great majority of people wander in darkness. Some find the light, but turn away from the light. Some find the light, but dislike being in the light. Some find and like the light, but the social set up does not allow them to embrace the light. There are still many who prefer the light, but cannot reach the light—the light of spirituality, the light of truth and the light of just human relations. It is our duty to help them to respect the dignity of mankind and the fundamental freedoms. Damien Social Welfare Centre is focusing its whole attention on the most needy and abandoned section of mankind, the crippled and destitute leprosy patients who have lived for centuries because of tradition and even now live in the darkness of human injustice, disparity and antipathy. Amidst the various welfare activities, we are bold enough to say that the two hostels conducted by Damien Social Welfare Centre are the sparks in the darkness which will enlighten the hostilities to be free from prejudice, superstition and inferiority. All of them are the children of leprosy patients who otherwise would have lived doing the traditional work of leprosy patients—begging—with no opportunity for education or guidance.

The Beginning & Its Growth : Damien Social Welfare Centre is running two hostels, one for boys at De Britto House, Gomoh and the other for girls at Nirmala Ashram, Govindpur. The girls hostel began in November 1968 with 35 girls and the boys hostel in August 1972 with 40 boys. The present strength of the girls hostel is 90 and of the boys hostel 180. Now the hostels are too cramped for us to function well without an extension to our facilities.

The Aims of The Hostels : These hostels were begun with a three fold aim. The first aim is medical. By proper diet—three meals a day—correction is made in any cases of malnutrition. Proper treatment is given for non-infectious leprosy with a careful check-up every month. Health Education and therapy are given for those children with loss of sensation and all the children are educated well in leprosy to enable them to recognise the symptoms and treat leprosy. The second aim is to give at least primary school education to everyone. After the primary school education they are sent to the local high schools. The third aim is to rehabilitate and to give vocational training which will enable a child, when he leaves the hostel to find suitable employment outside the leprosy colonies. This will help them to live an ordinary social life and care for their parents, who ultimately will become too crippled to beg. So every one at the hostel is exposed to as many trades as possible and is expected to become skilled in at least two. To our present training in bamboo and cane work, tailoring, masonry, agriculture, rickshaw driving, cooking, haircutting, tin cutting, music and arts, we are planning to add embroidery, carpentry and smith shop in our production centre.

The Job Opportunities : It is characteristic of an Industrial area to have a large number of unskilled labourers who become the worst sufferers when there is an increasing demand for skills of various sorts. In such a situation these people need some body else's help to face their problems. The same work can be done in the home and one can earn one's livelihood without depending on others. This attempt will be a great help especially to those who want to work but can't find work as they lack vocational training. These children when they have learned the crafts can supplement their family income as they will be gainfully employed in tailoring, embroidery, etc. at home in their leisure hours as well as doing some gainful work outside.

Conclusion : Why can't we—individuals, groups and organisations—allow at least one person in need, to share our time and belongings to enable them to develop their human dignity as participants in fundamental freedom and justice? If we are ready to recite the first stanza of the credo of the hostel children together with them in one voice with a sincere heart—we believe in the dignity of all work and all men, and the right

of all to justice, freedom and equality—we can be sure that we are brave enough to meet the challenge of today.

I. LIFE DAMIENS OF RS. 1001/-

1. Narendra Kumar Bole
2. Manik Chand Laoria

II. SENIOR DAMIENS OF RS. 101/- For 1976 :

1. Mr. V. M. Kewlani
2. P. M. U. Menon
3. Mrs. Urmila Gutgutia
4. Mr. Maman Ch. Agarwalla
5. Mr. Dwarka Das Agarwalla
6. Rev. John Kenny, S. J.
7. Mr. R. Prasad Agawalla.

DAMIEN CREDO

As a responsible citizen a DAMIEN understands that leprosy is a community problem and so has pledged to assist in the control and the treatment of the disease.

As a DAMIEN he believes that everyone should know the facts about leprosy.

1. Leprosy is curable,
2. It is not hereditary or venereal in origin,
3. Like other diseases it is caused by a germ,
4. It is not very infectious,
5. Isolation is seldom necessary,
6. It is spread by prolonged skin to skin contact,
7. Deformity is not infectivity,
8. Deformities are due to ignorance and carelessness,
9. Early treatment is the answer to the problem.
10. Leprosy is preventable.



LEPROSY—A PROBLEM FOR OUR CONCERN

BY : Dr. B. P. Das

Leprosy is a disease which has been found among us since time immemorial. For some time it was thought impossible to find a satisfactory solution for this problem. The peculiarities of this disease complicated this to considerable extent. Even though leprosy has not been completely wiped out in Europe its incidence is higher in other parts of the world especially in Africa and Asia. In India it is estimated that 30 lakhs of people are suffering from this disease. In Dhanbad District of Bihar about forty five thousand suffer from this disease. These figures are sufficient to tell us the magnitude of the problem.

In India Leprosy has existed for thousands of years. Leprosy was mentioned in *Sutrata Samhita* which was compiled about 600 B.C. In those days it was known as *Kushtha* and *Vat-Rakta*. It is interesting to note that the old traditional treatment of leprosy with *chaulmoogra* oil originated in India and till recently was the only remedy for this disease.

One may ask, "Why is this particular disease endemic in our country?" "Isn't there any way to control this disease?" It is very difficult to answer these questions satisfactorily. There is no one cause for its high prevalence, but we can say that ignorance about this disease is one of the main causes for its spreading. People do not know the various aspects of the disease. It is often found that an infectious leprosy patient moves in society without being recognised either by the public or the patient himself. Many of us don't know the exact cause or the early signs of leprosy. The picture of an advanced leprosy patient is quite different from one who is suffering the earliest symptoms of the disease. A layman often imagines a leprosy patient to be a highly deformed and mutilated person with ulcers on his body, loss of fingers and toes and a deformed face. But they do not know that this stage has come about on account of several years of carelessness and negligence at the beginning of the disease. Several years earlier when the disease had just started the picture was completely different. Probably it started with a patch or two.

A leprosy patch has several characteristics. Generally speaking a patch is a variation of texture on some part of the skin. The variation may be of colour, thickness or vascularity. Skin patches may be due to vitamin deficiency, fungus infection or it may be the cateneous manifestation of various systemic diseases such as syphilis, Kala-azar, urticaria or leprosy. Each has got its peculiarity by which we can recognise it. Leprosy starts with cateneous patches which sometimes resemble the patches of other skin diseases. The main characteristics of leprosy patches are described below.

Though leprosy is considered as a systemic disease it is manifested mostly in the skin and nerves. At the early stage of the disease skin patches which are less pigmented than the surrounding skin appear on some parts of the body. These patches look lighter than the surrounding area. Another important feature of the patch is the anasthesia or the lack of sensation in the patch. In patches of fungus infection there will be itching on the patches. In other patches itching may not be present and the sensation may remain intact. If we notice any skin patches where the sensation is absent we should suspect leprosy and the person should consult a doctor without any delay. The delay in doing so will increase the disease process and may lead to more severe complications like deformities or ulceration. The cause of ulceration and deformities in leprosy is mainly the

anaesthesia. As there is no sensation on some part of the skin, for example the toes and fingers, the patient does not feel any injury to these parts. He thus neglects the injury which becomes infected and gradually the deeper tissues of the bone are involved. As a result of this the bone comes out of the wound in pieces. We have often seen beggar type of leprosy patients without toes and fingers. Sometimes the infection may spread to such an extent that amputation of the infected limbs is necessary. So we see that simple anaesthesia may lead to various complications which stigmatise the patients permanently.

In some cases there may not be any skin patches but there may be anaesthesia in some positions of the skin. In such cases the adjacent nerve is thickened and painful. This is yet another variety of leprosy which is termed as polyneuritic. We should be very careful in such a condition and should consult a doctor immediately. In some other cases the patches are not so distinct but faint and ill defined. Since pigment loss is also not marked these patches are easily missed; even the patient may not be aware of such patches. It is interesting to note that these indistinct patches are often infectious and so dangerous. These patients are really a problem in a leprosy control programme, since these patients move about freely in society without being recognised and spread the disease to others. In these patients the patches are reddish and appear oily and shiny. Sometimes the ear-lobe may be reddish and thickened. In more advanced cases the eye-brows may lose their hair.

The patches which are clear and well defined are on the other hand non-infectious. The patches beside may show loss of hair, loss of sensation and also loss of sweat. These are important signs of non-infectious patches. If the patient does vigorous exercise he may sweat all over the body but the patch remains dry.

These in brief are the signs of leprosy. One should be careful about the early signs of leprosy and should not neglect them. An early diagnosis will lead to a definite cure of the disease provided a patient takes regular treatment. By early treatment he not only helps himself but also the society in which he lives. First, by early treatment he is cured of the disease and deformities are avoided; second, the infectious patient becomes non-infectious, and he cannot spread the disease any more. It should be the task of all the patients as well as the public, to contribute to the cause of the leprosy control programme. General consciousness about the disease, recognising its early symptoms and receiving early treatment will go a long way towards eradicating this disease.



INFECTIVITY RATE

Date upto 29th February, 1976

S. No.	Project Area	Population Enrolled	Population Examined	Total cases Detected	Lepromatous		Borderline		Non-lepromatous		Total	
					No.	%	No.	%	No.	%	No.	%
1.	Baliapur	26,956	16,276	681	205	30.1	10	1.5	466	68.4	4.2	
2.	Benguria	26,377	17,092	339	79	23.3	11	1.2	249	73.5	1.9	
3.	Dhanbad	12,518	9,672	365	77	21.0	—	—	288	79.0	3.7	
4.	Digwadih (Palatand)	6,042	2,598	270	36	13.3	6	2.2	228	84.5	10.4	
5.	Jharia	5,395	4,253	378	106	28.0	4	1.1	268	70.9	8.8	
6.	Kaliacol	26,575	16,138	676	205	30.4	11	1.6	460	68.0	4.1	
7.	Nirsa	32,076	20,292	755	191	28.3	8	1.1	556	73.6	3.2	
8.	Pradhankhunta	16,447	11,441	238	75	31.5	3	1.3	160	67.2	2.0	
9.	Sindri	16,250	11,286	669	227	33.9	13	1.9	429	64.2	5.9	
Total		168,636	109,046	4,371	201	26.6	66	1.3	3,164	72.1	4.9	

Governing Body Members, 1976

DAMIEN SOCIAL WELFARE CENTRE, DHANBAD

1. Patron :	Rt. Rev. J. Rodericks, S.J.	<i>Bishop of Jamshedpur</i>
2. President :	Mr. P. L. Robinson	<i>Principal Laxmi Narain Vidya Mandir Dhansar, Dhanbad.</i>
3. Vice-President	Mr. M. Kindo	<i>Magistrate, Dhanbad.</i>
4. Secretary :	Rev. L. J. Hunt, S.J.	<i>Director, D.S.W.C. & Principal, De Nobili School, Digwadih, Dhanbad.</i>
5. Treasurer :	Sr. Lily Aloysia, S.S.	<i>Sister Superior Nirmala Ashram, G'pur.</i>
6. Members	Dr. A.K. Mukherjee	<i>Private Practitioner Hirapur, Dhanbad.</i>
	Dr. P.N. Gutgutia	<i>Patliputra Nursing Home Dhanbad.</i>
	Mr. J. Sabarwal	<i>Contractor, Dhansar, Dhanbad.</i>
	Mr. S.S. Bedi	<i>Businessman Naya Bazar, Dhanbad.</i>

GENERAL BODY

1. Mr. K.P. Rathore	..	<i>Rathore Trading Corporation Rathore Mansion, Bank more, Dhanbad.</i>
2. Mrs. I. Callaghan	..	<i>Matron S.S.L.N.T., Hospital, Dhanbad.</i>
3. Mr. A.P. Rao	..	<i>Executive Engineer Coal Mines Welfare Dept, Dhanbad.</i>
4. Mr. D.V. Pichamuthu	..	<i>Asst. Chief Mining Engineer Jamadoba P.O., Dhanbad.</i>
5. Mr. S.P. Ahuja	..	<i>Professor, Indian School of Mines, Dhanbad.</i>
6. Dr. S. Mukherjee	..	<i>Eye Surgeon Verma Mansion, Bank More, Dhanbad.</i>
7. Dr. A.K. Chatterjee	..	<i>Private Practitioner Verma Mansion Bank More, Dhanbad.</i>
8. Dr. (Mrs.) B. Chandra	..	<i>Indian School of Mines Dhanbad.</i>

9. Dr. B. P. De	.. Medical Officer Nirmala Leprosy Hospital, P. O. Govindpur, Dhanbad.
10. Miss. J. D'Souza	.. Principal Rly. School, New JI aria Road, Dhanbad.
11. Miss. A. Bahadur	.. Teacher Rly. English Primary School, Dhanbad.
12. Miss. I. Condrad	.. Central Hospital Dhanbad.
13. Mr. J. K. Thomas	.. K.K. Chandra Buildings Durga Mandir Road, Hirapur, Dhanbad.
14. Rev. Mohan Lall	.. Pastor Central Methodist Church, Gomoh, Dhanbad.
15. Rev. A. Topno	St. Mary's Church Dhanbad.
16. Mr. K. A. Mathew	De Nobili School F.R.I. P.O. Digwadih, Dhanbad.
17. Mr. S. Z. Rahman	.. P.O. Wastaypur Bhuli Road, Dhanbad.
18. Mr. K. L. Seth	Chartered Accountant D-94, Himalaya House, Kasturba Gandhi Marg, New Delhi.
19. Mrs. S. P. Ahuja	.. Indian School of Mines Dhanbad.
20. Sr. M. Alcidia, A.C.	.. Principal Carmel School, Dhanbad.
21. Mr. Joseph Soy	.. St. Anthony's Church Post Box No. 17, Dhanbad P.O. & Dist.
22. Fr. Rakesh Kindo	.. St. Anthony's Church Post Box No. 17, Dhanbad.
24. Fr. S. David, S.J.	... Clergyman Catholic Church, Kumardhubi Dhanbad.,
25. Sr. Annie Helen, S.S.	... Nirmala Leprosy Hospital P.O. Govindpur, Dhanbad.
26. Sr. Ann Leoni, S.S.	... Nirmala Leprosy Hospital P.O. Govindpur, Dhanbad.
27. Mrs. T. A. S. Amma	... Principal Women's College, Dhanbad.
28. Mr. Jose Nampeli	... Administrative Officer Damien Social Welfare Centre Post Box No. 17, Dhanbad P.O. & Dist.
29. Mr. S. K. Rastogi	... Damien Social Welfare Centre Post Box No. 17, Dhanbad, P.O. & Dist.
30. Mr. Julius Bara	... Dist. Welfare Officer Qr. No. D/12, Officer's Colony, Dhanbad.



Our concern is to see that

NO ONE

Anywhere

Within our possible Reach

Should Die of Hunger

Or want of Care

**Happy The Feet of Those who bring
Good Tidings**





—45 Clinics
treat
7000 Patients
per month.

—13 Para-
medicals
surveyed
1,50,000 Peo-
ple in 1975.

—1500 Patients
live in
20 Colonies
maintained
by DSWC.

**FAITH
IN
ONE
SELF**



**FAITH
IN
OTHERS**





DSWC.

**Helps Disabled
Patients
Maintain their own
Homes.**



Our Present Staff, 1976

ADMINISTRATION

Fr. L.J. Hunt, S.J.
Fr. J. P. Lacey, S. J.
Mr. Jose Nampeli
Bro. Anand A. Prabhu, S. J.
Sr. Lily Aloysia, S.S.
Mr. Rajendra Sharma
Mr. James Mattathilani
Rev. C. Sylum
Mr. Rajkumar Robinson
Mr. Agapit Nawrangi

Director
Asst. Director
Administrative Officer
Asst. Administrative Officer
Sister Superior, **Nirmala Ashram**
Office Manager cum-Accountant
Community Development Officer
Health Education Officer
Steno
Office Boy

MEDICAL STAFF

a) Doctors

Dr. B. P. De
Dr. A. K. Mukherjee
Dr. S. Mukherjee
Dr. P. N. Gutgutia

Medical Officer
Part Time Medical Officer
Part Time Eye Surgeon
Part Time Surgeon

b) Hospital & Nursing Staff :

Sr. Annie Helen, SS	Staff Nurse
Sr. Tresa Protecra, SS	Nurse
Mrs. Nora Purty	Nurse
Sr. Carmel	Nurse
Sr. Elizabeth Agnes, SS	Lab. Technician
Sr. Tresa Agapita, SS	Physiotherapist
Mr. Daman Tirkey	Physiotherapist
Mr. D.S. Chatak	Asst. to Eye surgeon
Mr. Jadu Mahato	Dresser
Miss. Mariamma	House Keeper
Miss. Jennie	Cook
Miss. Bina Tirkey	Cook
Mr. Ram Bahadur	Night Watchman
Mr. Damodar Bahadur	Night Watchman
Mr. Hussain Ansari	Peon
Mr. Manbhula	Sweeper
Mrs. Sabi	Sweeper

c) Field Staff

Mr. Sandeep Kumar	Field Supervisor
Mr. Sukumar Sandil	Paramedical Worker
Mr. William Mundri	" " "
Mr. Satya Prakash Lakra	" " "
Mr. Budhram Purty	" " "
Mr. Peter Claver Lakra	" " "
Mr. Augustine Toppo	" " "
Mr. S. K. Seagupta	" " "
Mr. Ramesh Chandra Mandal	" " "
Mr. Nityaranjan Subarno	" " "
Mr. Mathias Kujur	" " "
Mr. James Nag	" " "
Mr. Joseph Beale	Junior Social Worker
Mr. Santosh Parmanik	" " "
Mr. Ram Prasad	Field Dresser
Mr. Ram Podo	" " "
Mr. Ajit Lohar	" " "
Mr. Lazrus Kiro,	" " "

HOSTELS

a) Girls Hostel—Govindpur		Mrs. P. Mott	Teacher
Sr. Elizabeth Uriel, SS	Hostel Perfect	Mr. Tota Ram Mahato	Head mali
Sr. Cecily Martina, SS	Vocational Training	Mr. Daulat Mahato	Mali
b) Boys Hostel—GOMOH		Miss Assunta Baxla	Cook
Mr. Peter Toppo	Headmaster	Miss Leela Gupta	"
Mr. E.L. Perry	Manager	Miss Agnes Swami	"
Mr. Petrus Hembrom	Teacher	Mr. Naresh Mahato	Night Watchman
Mr. Lawrence Honhaga	"	Mr. Michael John	Store Keeper
Mr. Bonke th Singha	"	Mr. Winston D'Ranzo	Helper
Mrs. S. Toppo	"	Mrs. Philomina	Washer Woman

GENERAL SERVICES

Mr. D.P. Gilbanks	Rehabilitation Asst.	Mr. Md. Sabeer	Driver
Mr. Ashim Chatterjee	Rehabilitation Atts.	Mr. Md. Saleem	"
Mr. Stanislaus Tirkey	Agrit. Gomoh	Mr. Cyril D'Souza	"
Mr. Emmanuel Kujur	Agrit, Govindpur		

With best compliments from:

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Rajdoot Motor Cycle	1.75 HP
Rajdoot Scooter	1.75 HP
Rajdoot Gts Bike	1.75 HP

(Also available on Hire Purchase System)

OUR MEDICAL PROGRAMME

Our medical programme attained its professional basis with the coming of the Samaritan Sisters in 1967. Today we have one full time doctor and three part time doctors to carry on this work through our indoor and outdoor clinics. We run three hospitals with a total capacity of eighty nine beds. The twenty one clinics conducted in various parts of the district have treated or are treating 7,150 patients.

Nirmala Leprosy Hospital : This forty bed hospital which is situated along G. T. Road at Govindpur is managed by the Samaritan Sisters of Kerala. Thanks to the generosity of our benefactors the hospital is well equipped. It has an operation theatre, pharmacy, physiotherapy department, X-Ray unit, laboratory and shoe department. Dr. B. P. De, our Medical Officer, oversees the medical program. Dr. P. N. Gutgutia performs reconstructive and occupational surgery and Dr. Mukherjee performs eye operations.

Bhowrah Hospital : This field hospital with a capacity of 20 beds was inaugurated on 8th November, 1970. This is mainly meant for invalid patients who need extra care. Sr. Carmel sees to the welfare of all the inmates.

Baramasia Mercy Post : It was built with the assistance of the Dhanbad Rotary Club and was inaugurated on 8th May, 1971. It is situated in the old cemetery where Fr. Kavanagh first started his anti-leprosy work. Here the patients are admitted for temporary hospitalisation. If the patients need special treatment they are shifted to the main Nirmala Leprosy Hospital at Govindpur. Mr. Ram Podo has responsibility of the running this field hospital and Mrs. Nora Purty is the nurse-in-charge.

PATIENTS ADMITTED IN 1975

	Male	Child	Female	Child	Total
1 Nirmala Leprosy Hospital	126	13	71	4	214
2 Baramasia Mercy Post	150	—	50	—	200
3 Bhowrah Hospital	55	—	36	—	91

No. of Reconstructive Surgery

No. of Amputations

Others : Excision of Glands

Bone Extraction

Gynecomastia

No. of Smear Tests Lepromatous

Non-lepromatous

Plaster of Paris supplied

No. of Eye Operations

No. of M. C. Rubber shoes

SETH TANEJA & CO.

Chartered Accountants

DAMIEN SOCIAL WELFARE

INCOME & EXPENDITURE ACCOUNT

EXPENDITURE

To Hospital			
Salaries		44,645.75	
Medicines		28,646.10	
Hostel		14,535.87	
Staff Training		1,796.20	
Patients Maintenance		30,585.88	
Coal & Fuel		8,408.19	
Electricity		13,357.11	
Vehicle Running & Maintenance		57,143.30	
Miscellaneous		1,157.57	2,00,275.97
" Rehabilitation Programme			
Baramasia Post		5,412.50	
Food For Work		1,53,260.00	
Shoe Industry		5,175.80	
Bamboo Craft		50.00	
Cane Industry		5,939.89	
Brick Industry			
Opening Stock	8,160.00		
Add : Manufacturing expenses of fresh Bricks	74,376.31		
	82,536.31		
Less : Value of bricks self used adjusted in respective accounts	12,588.82		
	69,947.49		
Less Stock in Hand	46,433.25	23,514.24	
Poultry Farm		44,040.66	
Agriculture		5,263.60	2,42,656.69
" Welfare Projects			
Old & Infirm		25,150.35	
Eye Clinic		2,818.34	
Food		7,771.30	
Alms & Rehabilitation		1,329.75	
Education		11,798.66	
Repairs		3,075.50	
General		4,873.73	56,817.63
" Gomoh-Basic Education & Craft			
Salary		25,694.00	
Hostel Food etc.		75,032.77	1,00,726.77
" General Administration			
Salary-Hospital, Relief, General		1,10,846.52	
Contribution Thrift Fund		2,379.00	
Travel & Transport		14,032.55	
Carried over		1,27,258.07	6,00,477.06

CENTRE, DHANBAD

TRUE COPY

FOR THE YEAR ENDED 31st December, 1974

INCOME

By	Donations		
	German Leprosy Relief Association	2,59,440.00	
	Catholic Relief Services	1,60,010.00	
	Lepra	10,274.11	
	St. Francis Leprosy Guild	7,450.17	
	Individuals	2,86,721.83	
	Local & others	32,251.00	7,56,147.11
„	Rehabilitation Programme		
	Shoe Industry	1,718.94	
	Poultry	26,480.35	
	Agriculture	3,074.35	
	Brick Industry	20,881.72	
	Cane Industry	3,452.91	55,608.27
„	Interest from bank		468.41
„	Miscellaneous		4,530.45

Carried over

8,16,754.24

brought forward		1,27,258.07	6,00,477.06
To Tractor Maintenance	INCOME	3,582.54	
Printing & Stationery		2,530.95	
Publicity		999.08	
Public Relations		1,864.15	
Books & Periodicals		341.75	
Postage & Telephone		786.40	
Rent		1,893.52	
Repair & Maintenance		16,855.90	
Survey Education		603.21	
Miscellaneous		4,728.51	
Difference in books		59.77	1,61,503.85
Depreciation			
Buildings		16,194.22	
Electric Fittings & Fans		4,645.47	
Furniture		2,340.42	
Equipments		7,013.40	
Sewing Machines		62.30	
Eye Clinic		71.50	
Tiller Tractor & Tractor		6,641.99	
Duplicating Machine		430.31	
Pumps		937.65	
Vehicles		16,058.73	54,395.99
Excess of Income over Expenditure for the year			377.34
		Total R .	8,16,754.24

Compiled from books of accounts and information furnished.
For Seth Taneja & Co.

Sd/- Illegible
(K. L. SETH)
Partner

Rubber Stamp
4-12-75

Income & Expenditure of Damien Social Welfare (2)

brought forward

8,16,754.24

EXPENDITURE

	To Hospital
22,000.00	Salaries
22,000.00	Doctors
10,000.00	Patients' Allowance
25,000.00	Gifts House
1,000.00	Coal and Fuel
10,000.00	Electricity
15,000.00	Medical Supplies & Materials
1,000.00	Medical Attendance
1,00,000.00	

Balance

	To Hospital
10,000.00	Salaries
10,000.00	Doctors
10,000.00	Patients' Allowance
10,000.00	Gifts House
1,000.00	Coal and Fuel
10,000.00	Electricity
15,000.00	Medical Supplies & Materials
1,000.00	Medical Attendance
1,00,000.00	

Balance

Total Rs. 8,16,754.24

Sd/- K. P. Rathore

President

DAMIEN SOCIAL WELFARE CENTRE

Post Box 17, Dhanbad 826 001

Sd/- Sr. Lily Aloysia S.S.

Treasurer

DAMIEN SOCIAL WELFARE CENTRE

St. Anthony's Church, Dhanbad

Income & Expenditure Of Damien Social Welfare

EXPENDITURE

To Hospital

Salary	67,934.75	
Medicines	24,490.49	
Patients Maintenance	40,173.57	
Girls Hostel	39,052.62	
Coal and Fuel	2,395.00	
Electricity	9,090.50	
Vehicle Running & Maintenance	72,009.50	
Hospital Maintenance	3,510.99	
		2,58,656.98

Rehabilitation Programmes

Baramasia Rehabilitation Training Centre	14,018.45	
Brick Industry	1,488.00	
Shoe Industry	5,455.98	
Cane Industry	6,644.00	
Bamboo Crafts	1,354.00	
Poultry Farm	20,023.59	
Agriculture	3,322.00	
		52,306.02

Welfare Programmes

Old & Infirm	17,432.00	
Eye Clinic	1,704.00	
Food	336.30	
Alms	2,137.20	
Education	3,085.03	
Repairs	10,560.44	
Food For Work	1,15,346.50	
General	6,070.64	
		1,56,672.11
Carried over		4,67,635.11

Centre—Dhanbad, For The Year 1975

INCOME

Donations

By	German Leprosy Relief Association	3,19,814.00	
	Catholic Relief Services	1,37,184.78	
	Lepra	18,144.89	
	Butler Trust	8,650.00	
	Misereor	3,000.00	
	Christoffel Bhinden Mission	7,450.00	
	Bihar Government	6,720.00	
	Individuals	2,58,339.41	
	Local & others	33,879.72	
			7,93,182.80

Rehabilitation Programmes

Brick Industry	7,237.50	
Shoe Industry	1,203.60	
Cane Industry	1,745.00	
Bamboo Crafts	101.94	
Poultry Farm	15,729.18	
Agriculture	622.49	
		26,639.71
Interest from Post Office		120.00
Miscellaneous		.82

Carried over..

8,19,943.33

brought forward		4,67,635.11
To Gomoh Hostel		
Salary	41,778.66	
Hostel—Basic Education & Crafts	99,845.88	
Hostel Maintenance	414.40	
		1,42,038.94
General Administration		
Salary	1,46,853.59	
Contributory Thrift Fund	5,656.09	
Travel & Transport	12,830.46	
Printing & Stationery	4,264.82	
Publicity	2,072.30	
Public Relations	1,813.61	
Books & Periodicals	119.10	
Postage & Telephone	2,259.35	
Rent	6,000.00	
Survey Education	829.18	
Repairs & Maintenance	16,309.13	
Training	8,555.35	
Miscellaneous	2,706.30	
		2,10,269.28
Grand Total Rs.		8,19,943.33

With best compliments from:

brought forward

8,19,943.33

UNITED STORES

Branches:

Branches: Kanungah
Phone: 60023
2534

Head Office:

Head Office:
Phone: 250

Branches in the kind of phone from:

One Agency line:

- 1. TIZOL / TIRI
- 2. PAYER / TIRI / GARRIS
- 3. SUPER-24 / OIL / SEIZ

With best compliments from:

Phone: 4323

Grand Total Rs.

8,19,943.33

MOTI MEDICAL HALL

Pharmaceutical Distributor & Stockist

Prepared from the Book of accounts
For:—Damien Social Welfare Centre

Sd/- R. K. Sharma

Rajendra K. Sharma

Office Manager-cum-Accountant

DAOR BHATAK ROAD

DHAZBA-856001

OUR SURVEY & HEALTH EDUCATION WORK

If all the early cases of leprosy are detected and treated leprosy can be wiped out by the end of this decade. Our Health Education and Survey work is geared towards this goal. It is a very time-consuming work with slow results. We have just ventured into this great task and hope to reach our targets in the near future.

Efforts at systematizing our survey work were made in 1971 when Sri. Sukumar Sandil, a paramedical worker, was hired for this purpose. The results of the modest survey conducted at Moko encouraged us to employ other P.M.Ws and send more for training. Today we have eleven paramedical workers stationed in nine centres in different parts of Dhanbad District. There are two more under training. So far they have covered a population of 168,636 and examined 109,046; 4371 cases have been detected. This means that about 4.1% of the population of Dhanbad District suffers from leprosy.

In the area of Dhanbad District assigned to us we have these types of population to cover:

- (i) Rural Population
- (ii) Urban Population
- (iii) Industrial & Colliery workers.

- (i) **Rural Survey** : Our PMWs have succeeded in surveying quite a few villages. The initial suspicions of the villagers is overcome by proper approach especially by meeting the village elders.
- (ii) **Urban Survey** : We have not made much progress in this field on account of lack of personnel. The urban work now mainly consists of the examination of school children.
- (iii) **Industrial & Colliery Survey** : Dhanbad is situated in the heart of the mining belt. Thousand of workers are employed in collieries and other coal related industries. With the co-operation of B.C.C.L. authorities our PMWs examine the workers at work site just before or just after their shift.

All the cases detected by the PMWs are confirmed by the Medical Officer and are registered. The medicines are distributed either through the dispensaries attached to these collieries or during our out station clinics.

Health Education : This part of the work goes hand in hand with survey work. Village meetings, talks and slide shows on leprosy have been conducted in several villages. Our Health Education Officer Rev. C. Sylum who recently joined us hopes to make everyone leprosy conscious. He has just launched his intensive urban health education programme scheme.

What we have accomplished is still far from our target of surveying a population of seven lakhs assigned to us. With the dedicated staff and the co-operation of the general public and government agencies we hope to cover the whole population assigned to us and detect all the early cases of leprosy.



SAVE OUR SOCIETY

From

LEPROSY BY KNOWING THESE SIMPLE FACTS

FACTS ABOUT LEPROSY

CAUSES

1. It is caused by a germ, transferred by prolonged contact with infectious patients.

EARLY SIGNS

2. A patch on the skin with the loss of sensation, sweat and hair, numbness or swelling of parts of the body may indicate leprosy.
3. Not every patch on the skin is leprosy. Get your doctor's diagnosis of any doubtful symptom.

CURE

4. With regular modern treatment leprosy can be fully and finally cured.
5. By starting treatment in the early stages it can be cured without any signs of deformity.

INFECTIVITY

6. All cases of leprosy are not infectious; only 20% of all leprosy patients in India are infectious.
7. There is no need to fear patients suffering from leprosy, nor to turn them out of their homes.
8. Patients with deformities or ulcers are of no danger to the public.
9. Most leprosy patients can live at home and continue their normal home life and work while taking their treatment.
10. By regular treatment infectious become non-infectious.

HOSPITALIZATION

11. Very few patients need to be admitted to the hospital. They are only admitted for special troubles for a short time. Clinical care should be taken for ulcers.

ACCEPT A PATIENT BACK TO SOCIETY WHEN HE IS CURED

Know More & Fear Less

TIME and time again when walking along the streets of any of our cities we are sure to come across someone suffering from leprosy, a disease widespread in India but little known to the public. The nature of this disease makes some think that it is a curse of God. This attitude which is the result of ignorance and superstition is the main cause for the prevalence of this disease in India. The stigma that is attached to leprosy victims and the fear of being thrown out of society prevent people from taking early treatment.

Causes : Like other diseases leprosy, known as Hansen's disease, is caused by a germ called the leprosy bacillus. Not all leprosy patients can communicate the disease to others. Infectious patients through close contacts spread the disease to others. It is now believed that leprosy germs enter the body of healthy persons through the mucous membranes of the nose and throat. It is also suspected that flies, rugs and mosquitoes spread the disease.

Infectivity in India : Only about 20% of all leprosy patients are capable of communicating this disease to others. The rest of the patients can not harm others whatever be the stage of the disease or extent of deformity. The leprosy germs do not survive outside a human body for a long time. Over 90% of the people have natural immunity against this disease. It is often found that typhoid, cholera and small pox are more contagious. Very seldom do leprosy patients need isolation; they can remain at home and continue to take treatment. Only those infectious patients should be extra careful in dealing with others.

Leprosy is Curable: Leprosy can be completely and fully cured at any stage. But in a disease which we call cured certain structures if they are damaged sufficiently are lost forever. If parts cannot be replaced their functions cannot be restored. For example even though a burn is cured the hair less scar which does not sweat will continue to remain. Leprosy can be cured but not all the deformities. If the sensory nerves are damaged resulting in lack of sensation in the limbs there is still the danger of getting ulcers and deformities even after the cure.

The presence of deformities and ulcers in the cured patients does not mean that they are not cured. These cause no danger to society and they should be accepted like other deformed victims of polio, blindness or accident.

The best medicine available at present is dapsone and its derivatives. By regular treatment the infectious patients become non-infectious. The cure is slow but definite; it may take 2 to 3 years in the early cases and as long as 8 to 10 years in the more advanced cases.

Deformity in Leprosy: If the patients is cured in the early stage of the disease no deformity remains. Deformity is not due to leprosy as such but it is on account of the misuse of toes and fingers which have become numb on account of the damage caused to sensory and motor nerves. Leprosy affects the nerves

at the elbows, wrists, ankles and knees. Deformity is not an indication of infectivity.

Beggar Leprosy Patients : The beggar leprosy patients are no danger to society as they do not mix with the general public. The only contact they have with the public is through currency which is not harmful. Thousands of medical and non-medical staff handle the articles touched by leprosy patients and yet they do not get the disease. It is the non-beggar type of infectious patients who are really dangerous as they come in contact with others without being recognised as such.

Solution to our Leprosy Problem : Several solutions have been proposed in order to wipe out leprosy from India, compulsory sterilization of all leprosy patients, segregation, legislation to make treatment obligatory. These methods are either unethical, impractical or undemocratic. These drastic solutions and more problems to the already existing ones without any chance of success.

Leprosy cannot be wiped out without the co-operation of the general public. Healthy people run the danger of getting the disease as long as infectious patients are not cured. But these infectious patients are reluctant to come for treatment fearing ostracism from society. It is in the interest of the public to change their attitude towards leprosy patients and treat this disease like any other disease. Hence society should accept leprosy patients back into their communities once they are fully cured.

It is also suggested that all the general public undergo regular medical checkups for the diagnosis of the early symptoms. Leprosy should be the concern of all doctors. All general practitioners should treat the disease in their private clinics and general hospitals. No disease can be wiped out if the general public is ignorant about the disease and all the various symptoms.

With best compliments from:

Phone : 61844

RANA JANG BAHADUR SINGH

PATHARDIH.

Damien Social Welfare Centre : Today

Damien Social Welfare Centre, founded in 1964, was registered in March 1969 under the Registration of Societies Act of 1860. It has a Governing Body of nine members and a General Body of forty. The day to day administration is done by the present director Fr. L. J. Hunt, S.J.

What was originally intended to be exclusively a welfare work for the most down trodden people of society has grown into a scientific and systematic venture to eradicate leprosy in the district of Dhanbad in Bihar. Now the accent is on survey, education and treatment programme, without of course neglecting the welfare and rehabilitation of the present patients.

Here is a bird's eye view of our activities :

1. No. of Hospitals	3—89 beds
2. No. of places where clinics are held	21—7151 patients
3. No. of project centres for survey work	9—11 P.M.W's
4. No. of colonies getting medical assistance & rehabilitation facilities	22—581 families 1354 members
5. No. of hostels for the children of leprosy patients	2—280 children
6. Vocational Training Centre	2

We have the following targets to be achieved in the near future :

1. To survey systematically the population of seven lakhs assigned to us in order to detect early cases of leprosy,
2. To teach the public the early signs & symptoms of leprosy so that they will come for general check-up,
3. To educate the public that leprosy is an ordinary skin disease; unless the social stigma that is attached to this disease is removed it will be difficult to persuade the people to come for early treatment.
4. To persuade all the general practitioners in this area to take up the treatment of leprosy in their private clinics.

The above goals cannot be achieved by this agency alone. The Government, other voluntary agencies and the general public must co-operate in order to wipe out leprosy.

