Anti- Tuberculosis League in Bombay City,1912

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Robert Koch's announcement of the tubercle bacillus in 1882 was a landmark, but attention in colonial India moved from the bacillus to the conditions in which it spread. From the turn of the century, tuberculosis was viewed as 'a malady of civilization,' caused by overcrowding and stress associated with urban industrialized life. Tuberculosis was euphemistically referred to as cough and or fever. It was not high on the medical agenda of British India, unlike cholera or malaria, as it did not directly affect the economy or administration [1]. Yet, in Bombay city, tuberculosis came to be recognized as a public health challenge, and it was Sir Ratan J. Tata who suggested the project of the Anti -Tuberculosis League (ATL) at a public meeting in 1912 and promised an annual donation of Rs. 15,000, for ten years. The ATL was an example of a public private partnership. A representative general committee consisting of one hundred and sixty prominent citizens, with J.A. Turner, Health Officer and N.H. Choksy, Superintendent, Arthur Road (AR)infectious diseases hospital as secretaries, and an executive committee, comprising of philanthropists, doctors, the Municipal Commissioner, and the Surgeon General, were appointed. The aims of the ATL were to spread information about tuberculosis through lectures and pamphlets, conduct visits and medical inspections at schools, mills, docks, and factories, to supervise milk and food supplies, and to create 'a special fund, to relieve distress.' Life members and annual members were enrolled into the ATL. A collection of Rs.1,35,000 was made. Donations came from the Western India Turf Club, the Grain Merchants' Association, Tata Sons, David Sassoon, doctors and anonymous donors, who signed as a 'Parsi' and 'a patient.' The Tata Mills, Sir Shapoorji Broacha, Sir Cowasji Jehangir and Narottam Morarji Goculdas promised to contribute, at the rate of one rupee per employee, employed in their industrial establishments.

The Government of Bombay (GOB)and the Bombay Municipal Corporation (BMC) each gave a grant of Rs.10,000 for a period of three years, raised to Rs. 15,000, and Rs. 20,000, respectively. At the inaugural, Turner pointed out that the death rate from tuberculosis in Bombay was 2.92 per 1000 as against 2.17 in Glasgow. Turner suggested enforcement of laws and bye-laws and made a plea against public spitting. Indian doctors endorsed the ATL [2]. Dr. Kashibai Nowrange as a medical woman observed that women more than men were susceptible, because of their 'habits' and the subject was vitally connected with sanitation and hygiene. Dr. B.K. Bhatwadekar ascribed the disease to overcrowding, insufficient ventilation, insanitary conditions and unwholesome food. Dr. T.B. Nariman contended that preventive measures were more effective than the cure for tuberculosis, Dr. A.G. Viegasobserved that tuberculosis was 'the general in the vast army of destruction [3].

The ATL devised the following plan of action: 1)notification of the disease with the cooperation of medical practitioners,2)provision of a central dispensary and information bureau with a bacteriological laboratory, supervised by a doctor assisted by a clerk, and a compounder, 3) examination of the family and contacts, for latent and manifest infection, 4) examination of individual patients at their homes, 5) seeking the co-operation of medical officers of mills, factories, railways and docks, 6) voluntary measures for the supervision of milk and food supplies,7) medical inspection in schools, 8) hospitals for advanced cases, sanatoria and farm colonies, open air schools and segregation of infected purdah women in suitable institutions [4]. Bearing in mind the privation and destitution engendered by the disabling condition, through tuberculosis, of the breadwinner the ATL made an appeal for a special fund to relieve distress, support the family and minimise the risk of infection.

The ATL opened an information bureau and a small dispensary, for pathological examination managed by Medical Officer Dr. Constancio Coutinho, assisted by nurses, Miss Da. Costa and Mrs. H. Pathak. Patients were referred by charitable dispensaries, private practitioners, and municipal dispensaries. A small laboratory was fitted up in the dispensary to examine blood, urine and sputum of the patients and of samples received from private practitioners. Coutinho found that young adults from the ages of 16 to 20 were most prone to the disease and constituted 22.9 % of all cases in 1914, most of them being students or clerks. He observed that the number of persons living in intimate contact with their relatives were an important feature in spreading the disease. One case in a schoolmaster, milk vendor or student was capable of spreading the disease. Besides receiving instructions about regulating their life and habits, patients were treated with inhalations and tuberculin injections. Tuberculin was still on trial at the time [5]. A tuberculin outfit was made by Burroughs Wellcome & Co. Some patients gave up on their treatments when their immediate symptoms were relieved, while some gave incorrect addresses to avoid detection. The dispensary worked in close cooperation with the Municipal Health Department, nurses tracing people with the help of 'birth karkoons,' who made house to house visits to inquire about births and deaths. Nurses demonstrated the urgent need to destroy infected material and the dangers of 'promiscuous' spitting. The ATL maintained a museum, with exhibits of hygienic appliances, models and diagrams purchased from England, and a library. Lectures with lantern slides were organized, describing early signs, providing instructions for consumptives, and explaining the benefits of sunlight and pure air in English, Gujarati, Marathi and Urdu. The ATL showed that scrofulous enlargement of glands, diseases of bones, joints, and the spine, pleurisy and abdominal tuberculosis in infants and children accompanied by swelling and pain, and persistent diarrhoea were all manifestations of but one infection [6].

A branch dispensary was started, in 1915, in the crowded locality of Kamatipura, which had the highest incidence of the disease. Women engaged in beedi manufacture were found to be most vulnerable. In 1921, 1,007 patients, with women outnumbering men, were treated, at the two dispensaries.

Hospitals and sanatoria for tuberculosis patients

The ATL, emphasised the importance of hospitals for advanced cases of tuberculosis. However, the accommodation provided at Jamsetjee Jejeebhoy (founded in 1845) of 20 beds, Cama(1886) of 12 and the Adams Wylie hospitals(1902) of 10 beds proved to be inadequate. The AR hospital admitted tuberculosis patients during intervals between epidemics. Hospital authorities complained that chronic patients, requiring no treatment but shelter, food and nursing, occupied beds in incurable wards, staying even for a year, depriving other acute cases. In 1916, the BMC sanctioned the use of 25 beds at the Maratha Hospital, which had originated as a plague hospital for millhands and became a hospital for all communities. The increase in hospital admissions for the treatment of tuberculosis was attributed both to improved diagnosis and the awareness promoted by the ATL. Sir Ratan Tata's donation made possible a discretionary relief fund to give help to convalescent patients or journey fares to their 'native' places. A tuberculosis ward of 50 beds was established at the King Edward Memorial (KEM) hospital, which opened in 1926.

The Consumptives Homes Society, founded by Behramji Malabari and Dayaram Gidumal in 1907, established a sanatorium at Dharampuri near Shimla. with accommodation for 90 patients, with a free block named after various donors, who included chiefs of Indian states and the general public. Sanatoriums were founded, with private funding, at Devlali, for Parsis, at Karle, by Bhatwadekar, for Hindus, and the St Joseph's Foundling Home, which took in Roman Catholic patients.

It was soon observed that social conditions made it difficult for patients to go far away. Therefore the need was to start an institution in Bombay so that relatives could go and visit them and see the benefits of the treatment. The ATL opened a sanatorium at Parel, in the property known as the 'Aina Mahal,' situated on a hill northeast to where Haffkine Institute is located. The Bhoiwada hill sanatorium, which was opened in 1918 by Governor Lord Willingdon with twenty beds, was made possible due to the generosity of the Western India Turf Club, which donated Rs. two lakhs for purchasing the property and the Bombay Government, sanctioning Rs. 25,000 towards its construction, Rs.10,000 for its maintenance, and an annual grant of Rs.20,000 from the BMC. The aim was to treat early cases, segregate advanced cases, who were admitted to prevent infections from spreading at home and treat glandular tuberculosis in children. The sanatorium provided 'a judicious mix of rest and exercise,' including parlour games, a library and a light physical drill [7]. The ATL installed an X-ray machine at the sanatorium. This was named the Turner sanatorium and was amalgamated with the Maratha hospital to form the TB hospital in 1948, with 458 beds.

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