



Dr. Jo Robertson: dedicated researcher

whenever possible either in villages, homes or colonies.

The records from this collection tell an amazing story of Indian responsibility for leprosy work and there are so many facets of this story that need to be told, not least of all the stories of the paramedical workers who went out into the villages to administer medication and also the stories of the people in the villages who were both involved in this work and were also recipients of treatment. As far as I'm concerned the paramedical workers were heroes at the "cutting face" of leprosy.

In this instance, the compound at GMLF, Wardha, and most of all, the people who have been associated with this work, provide indispensable insights into that story. In this case, the archive is much more than documents — it is a living one.

What impact is the project having?

Although there is much more to find and add, the database has attracted a good deal of attention and has begun to stimulate historical research.

The website itself has already attracted many visitors, some of whom have made contact with the project and indicated that they have embarked on history projects. These include academic researchers in countries as diverse as Colombia and Taiwan. Some are

established scholars while others are post-graduate students looking for projects to research for doctoral and masters dissertations.

The website is also increasingly attracting requests from the general public for information about leprosy in addition to offers of assistance from those who have direct experience of leprosy work in many different parts of the world. Offers from China, Japan, the Philippines, and from Yemen (for the Arab and Islamic countries) are some of the most recent.

Do you notice many differences from country to country in the way people with leprosy were treated by society?

Not really. Isolation of people with leprosy seems to have been widespread, with similar effects, worldwide. As a result of my work for the project, I've had the opportunity of visiting some of the places where people with leprosy have been isolated. People still live in these places, their lives and those of their descendants irrevocably affected by the leprosy control policies of the past. Cuttack in Orissa, India, for example, has well-established communities of second and third generation people.

What advice do you have for people who may have access to records or be in a position to contribute to the project?

It is vitally important for people who have worked in the field to preserve the documents that have resulted from that work so that its existence can be documented on our database. Those who have been involved in leprosy research and leprosy control, may have compiled material of importance for the writing of a history of the disease. Primary documents such as organizational, policy, scientific and medical reports, photographs, film, and correspondence are all of great value to history researchers. I hope people who have had experience of leprosy will take this opportunity to put their experiences on record. ■

Anyone who would like to make a contribution to the work of the project should contact Dr. Jo Robertson (Research Officer) at the following address:

ILA Global Project on the History of Leprosy
Wellcome Unit for the History of Medicine
45-47 Banbury Road, Oxford, OX2 6PE
United Kingdom
Tel: +44 1865 284628
Fax: +44 01865 274605
jo.robertson@wuhmo.ox.ac.uk
www.leprosyhistory.org