

In 1982, Chakraborty and others published a report on the population of the longitudinal survey resurveyed 16 years later (1961-77). The population sample was restricted to 22 villages of Bangalore district. Even this repeat survey showed that the prevalence of cases did not differ significantly from survey to survey. The variation from first survey to fifth survey was 3.96 to 4.92 per thousand. However, there was a shift in the mean age and better survival rate of cases diagnosed at later surveys⁹⁰.

3.10. Sub studies

Subsidiary papers began to be published from 1965 onwards (Annexure IV). Several penetrating investigations and studies within studies were carried out concomitantly to seek answers to a variety of pressing questions. A few examples: *Enhancing of tuberculin allergy by previous tuberculin test (1966)*. *Resistant and sensitive strains of M.tb found in repeat surveys among south Indian rural population (1968)*. *Prevalence of non-specific sensitivity to tuberculin*

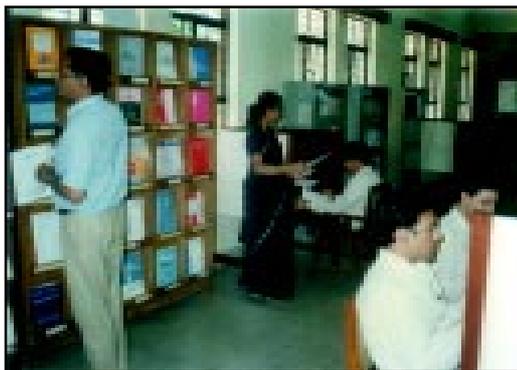
in a south Indian rural population (1976). *Estimation of the number of repeat examinations required to detect all TB cases in the community (1976)*. *Incidence of TB among newly infected population and in relation to the duration of infected status (1976)*. *Relapse among naturally cured cases of pulmonary TB (1976)*. *Use of 20TU RT23 and 5TU Battey antigen for estimation of prevalence of non-specific tuberculin sensitivity (1977)*. *Incidence of sputum positive TB in different epidemiological groups during five year follow up of a rural population in south India (1978)*. *A comparison of new cases (incidence cases) who had come from different epidemiological groups in a rural population (1978)....the list steadily grows.*

3.11. Accomplishments in knowledge dissemination

The steadily growing knowledge in TB control brought with it a type of pressure that urged the NTI to find newer paths to tread than lecturing, teaching, training, conducting seminars and writing papers because every path had its own objective oriented limitations. The NTI had ambitious plans to



Old Library in 'Avalon' Building



New Library in 'Dr. PV Benjamin' block

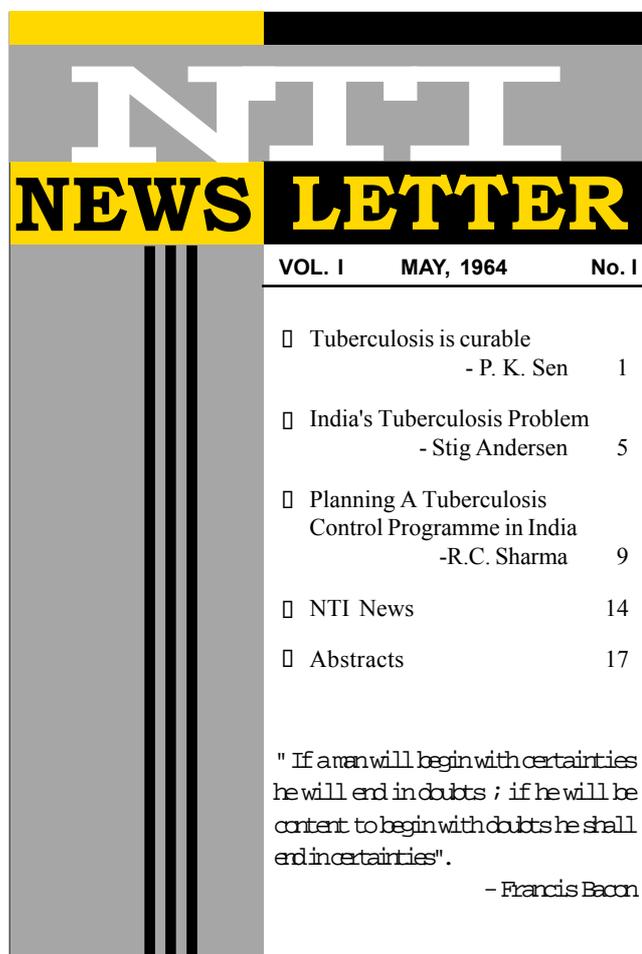
reach out. One thing it did on priority was the expansion of library facilities. By 1970, its annual budget was doubled to one lakh rupees and its floor area more than doubled. In addition to the regular services, the library started the following activities: current awareness service, indexing service, selective dissemination of information, compilation of mailing addresses, user education programmes and systematising information to different levels for e.g., programme supervisors, state TB demonstration and training centres, health institutions, academic institutions, functioning health centres, allied teaching and research institutions. The library and dissemination services rapidly became a cynosure for all the trainees, visitors and distinguished TB workers. In fact, its services contributed to the growth of the NTI by taking cues from contemporary events elsewhere and helpful to inform others.

A disease like TB cannot be tackled by a few, however dedicated. The methodology discovered by NTI had to be widely disseminated. Hence

an idea of starting a *new medium* to inform others began to germinate in 1963. Dr Nagpaul lost no time and brought out the maiden issue of the NTI Newsletter in May 1964. In the editorial he wrote the following memorable lines:

“Placing the first issue of the NTI

Newsletter in your hands has given a sense of achievement. Hereafter our energies will be directed towards making the Newsletter a worthy instrument of communication between the Institute and the growing circle of our well wishers and alumni. Through the Newsletter, the Institute becomes an open letter to you to comment upon, suggest, inform or criticise.”



*Facsimile of NTI Newsletter
Maiden issue*

The newly founded Newsletter was designed for administrators, research workers, policy makers, NGOs besides programme workers. Its users would be both medical and para medical personnel. It would not become too technical and high-brow. It would be a quarterly. Besides publishing what NTI wanted to report about programme information, it would contain popular articles, abstracts, select

bibliographies, news about the NTI, readers forum, question and answers. It would also contain messages. A sample:*

Set against odds, it broke new ground and traversed different paths. Therefore, its reputation spread far and wide. Especially, TB workers of long standing repute came from all over the world. A sample – Dr MD Deshmukh, Dr PK

**Dr Cheera Chamnanvanakit
Khon Kaen Chest Clinic
Thailand*

I am grateful to receive the NTI Newsletter as an alumnus and am especially happy to read the editorials. Having gone through the article, "Results of chemotherapy under programme conditions", I now feel that implementation of the TB programme needs to attend to many factors in order to reach the expected efficacy of chemotherapeutic drugs. How can this be done, when perhaps the greatest barrier is fear on the part of the medical professionals themselves? They are afraid of TB patients, of examining sputa etc., on account of infection. How can our programme go forward?

I am the editor of our Regional TB Newsletter. My main purpose is to sell new ideas, change old concepts and motivate the workers in the TB field for greater efforts. I feel that to influence the behavioural pattern of our doctors, including professors in medical colleges, one must decide conclusively on the endogenous exacerbation or exogenous superinfection controversy, to allay their fears of infection.



*Dr. Sushila Nayar
Union Health Minister 1964 &
Founder Director, MGIMS, Wardha,
Sevagram*

Sen, Dr BK Sikand, Dr J Frimodt Moller, Dr K Toman, Dr J Guld, Ms Leela Dushkin, Dr Gallagher, Dr SP Gupta, Mr A Billington, Dr Carroll E Palmer, Dr Shirlee H Ferebee, Dr Susheela Nayar, Dr KN Rao, Dr GM Berg, Dr Egger, Mr Garden Carter, Dr JB Srivastava, Dr SP Tripathy, Dr Stefan Grzybowski, Dr Karel Styblo, Dr F Polansky, Dr Johns Holm, Dr KL Hitze, Dr Olakowski, Dr Wallace Fox.

3.12. Disturbing developments

Two events deeply affected and touched the emotional chords of

NTI. The first was the untimely demise of Dr James O'Rourke in 1965. Dr O'Rourke joined NTI in October 1961 and was actively associated with the development of DTP in India. A pleasing and amiable personality, he donned the mantle of leadership of the WHO participation in NTI, from Mr Andersen in 1963. Till the day he died he worked for better deals for NTI under WHO and more effective functioning of DTCs. He died suddenly due to cardiac arrest. Dr D Savic took over from him as SMO. The second was a disturbing decision of a high powered, three member work study team under Mr TR Tiwari in September 1968. The work study team was instituted to review the functioning of NTI. Its recommendations on the technical functioning did not force major changes, but its administrative recommendations, especially with regard to cutting the staff strength of different technical cadres, had adverse consequences. The government which was eager on reducing costs did not comprehend the implications. There was also a ban on filling up posts falling vacant. Situated in the south, NTI