The Value of Out-Patient Clinics in Leprosy Treatment.

By Dr. Percy M. C. Peacock,
Medical Officer, Mandalay Skin Clinic.

(This article in a more extensive form has appeared in "Leprosy in India," entitled "Mandalay Skin Clinic." On account of its outstanding importance we are reproducing the main points.)

The scope of an out-patient clinic for leprosy is immense and out of all proportion to what can be accomplished by an in-patient institution alone. There is some hope of eventually getting into touch with the vast leper population of a town by means of the former, but no hope whatever of ever reaching the hundreds of lepers outside an asylum, through the latter.

The type of patient who usually seeks admission into an asylum is an advanced case, with the disease well established, during which period inmates of the house and others have been exposed to infection. A large percentage of the admissions are still worse, being cases on whom the disease, having wrought havoc, has left the patient a useless member of society, a permanent financial burden to the State, but no longer a danger to the community. The Leper Act now in force really affects only these unfortunates. All cases sent in by the police to an asylum, under a warrant of detention, are more or less patients in this inocuous stage of the disease. Contrast this state of affairs with the prophylaxis covered by an out-patient clinic. Here a patient presents himself for treatment with probably just a raised red, or an anæsthetic depigmented patch, of a few months duration, not long enough or sufficiently advanced to have been a source of infection. He is given treatment at the clinic, advised to take exercise, and to keep to his work, and instructed in a few general rules on personal hygiene, and how to live to benefit himself and safeguard contacts. His house is visited and other inmates examined. The very great importance of this last measure, visiting, cannot be too greatly emphasised. Out of several such visits conducted last year, there are three outstanding instances in which, though only one individual sought treatment, in each case it was found on visiting their homes that other members of the family had become infected.

(1) In the first case, Moung Kaung, the family consisted of father, mother, two sisters, and two brothers, besides Moung Kaung, who was the one to seek treatment. A visit proved the two other brothers also infected. All three are now under treatment.

(2) With Mah Aye Yee, a young Burmese woman, a school teacher, the disease had just begun to show on her face. The family consisted of father and nine children, all living, the mother being dead, but not from leprosy. Only the teacher called, and not for treatment, but just for diagnosis. Leprosy was confirmed, the house was visited, and it was found that her next sister and younger brother were also affected. No signs in any of the others. All three are now undergoing treatment.

(3) A Burmese woman, Mah Yin, an advanced case, came for treatment. The house was visited and it was found that the family consisted of father, mother, one other sister, and one brother. The brother, a very far advanced case of leprosy, was advised admission into an asylum, but refused and has since died. The younger sister is soon to discontinue treatment as having become non-infective and completely cleared up. This visit disclosed another leper woman next door, an advanced case, who was advised admission into an asylum, where she remained for a while and then went out to die.

Undoubtedly this visiting of patients in their homes is one of the very greatest aids to be enlisted in any organised campaign against leprosy. In Burma no objection is raised to this visiting of the people in their homes, or to an examination of their womenfolk. This examination of the family is of more importance when instituted in conjunction with an out-patient leper clinic than with an in-patient institution. To illustrate, an advanced case seeks admission into an asylum, his house is visited, other members of the family are detected with early signs of leprosy. The advanced case is admitted ; what is to be done about the others ? It is doubtful if admission into an asylum would be the proper course to take, even if they were willing, though most of these very early cases would be indignant at the suggestion, since only the trained eye detected leprosy in them, and neither they nor others noticed anything wrong. The upshot of this is that the advanced case is admitted and the early cases left unprovided for in their homes, to develop slowly but surely into the advanced type and so perpetuate the disease. On the other hand, with an out-patient clinic, an advanced case seeks treatment, it is seen at once to be unsuitable for out-door treatment, and admission into an asylum is advised. The house is visited, other early cases are detected, who, when advised, are glad to avail themselves of out-door treatment. In this latter case all affected members of that household are effectually dealt with. In this way every early case of leprosy in the district could gradually be reached, and the problem brought under control more rapidly.