After a Year's Work.

Jottings from an Indian Treatment Centre.

F. W. Ross.

A YEAR or so ago I had no intention of starting a treatment centre, and could have given excellent reasons why it was impossible for me to do so. That was because I had had no occasion to come up against the leprosy problem in the villages. As superintendent of a leper home, I was not entirely devoid of information on the subject. I knew the statistics of our district, and suspected that they were inadequate, and left it at that. I had enough work on hand without bothering with what was the responsibility of the health authorities.

One day the magistrate sent us a batch of cases from a place 20 miles away. They were followed by another party, and, in spite of the distance, a few cases began to attend at Raniganj as out-patients. When the total reached a dozen, Dr. Ghose and I decided that it might be interesting to have a look at that area, and in due course we went.

As we had no official standing, our investigation was somewhat superficial, but we solicited the help of one or two local men, and depended on tact and friendliness. Altogether we visited six villages, and incomplete as our survey was, we found on an average four times as many lepers as the number given in the census. In one hamlet of only 250 people, 14 cases were brought to our notice, but that was of course exceptional.

Up to that point I was interested, but not convinced that any obligation rested on me to pursue the matter further. But since no treatment was anywhere available except at Raniganj, it was obvious that something ought to be done. The responsibility for that rested with the District Board, but after making an enquiry from one or two officials it was clear that nothing was likely to be started. Meanwhile the disease would be increasing its hold on cases which were very suitable for treatment. Our Leper Home has a large proportion of cases too far gone for treatment, and the idea of promising cases going untended was bad for our peace of mind. Dr. Ghose and I talked the matter over, and decided that though we had no money for the purpose, and though it was impossible to do any preparatory propaganda, we would give these folk a chance. Personally, I felt uncertain whether we should attract patients, my fear being that they

would dislike the publicity, in which respect I made a big miscalculation.

We started with 30 patients on the opening day, and attendances increased steadily thereafter. Each week I felt sure we had reached the limit, and on several occasions we had to give smaller doses than were required because supplies were running out. When we topped 200 I thought the number would surely drop, but after we had passed 300 I grew fatalistic. The actual high-water mark was 374, but in due course the number attending settled down at about 250. What had commenced in a tentative and experimental fashion had to be tackled seriously, mobilising all the resources possible.

Where did the crowd come from? Generally speaking, they came from places up to 10 or 12 miles from our centre, but some made much longer journeys. Our village is close to the railway, and patients began to arrive from stations all along the line. One group has been attending regularly from a distance of 70 miles, meeting a man who travels 45 miles from the other direction! For the most part we have an area about half the size of an average English county. Thousands of little villages are distributed over the fertile plains of Bengal, and after a time we found that we had 187 of them represented. What should be borne in mind is, that in the district as a whole, as distinct from this corner of it, it would probably be possible to get similar attendances at half-a-dozen centres if they could be opened.

The first thing was to arrange the work so as to cope with the invasion. Various adjustments and modifications were made, and the eventual method adopted was as follows.

On arrival, patients make for our crude oil department. They have great hopes of the injections, but they also believe strongly in the efficacy of chaulmoogra oil for external application. We sell it to them at a loss, and when I look at the queue waiting I think of the man who said: "I sell this article below cost. The reason I am able to do so is because I sell so much of it." Every customer at our "shop" is an expense, but there is no doubt that it does induce people to come more regularly for treatment.

The work is done under a large open thatched shed, about which there is nothing imposing or terrifying. It is the sort of thing they are accustomed to, and they feel at home. After getting supplied with oil, the patient makes for the railed-off space where Dr. Ghose sits with an up-to-date Kardex file in front of him. The patient calls out his name and village, his record is looked up in an instant, and,

after a few questions, he gets his treatment written on a slip of paper, and moves off to the other end of the shed. There he gets patches painted with trichloracetic acid or receives an issue of ointment and a bandage for ulcers, or both. Then he squats down at the end of the line, waiting for injections. We have three people engaged on that work, and they certainly do earn their pay. After receiving the injection he is free to go, unless he holds a separate ticket entitling him to something from the dispensary, which is a separate establishment further down the road. The routine with regard to new patients is much the same, except that they get a handbill printed in the vernacular, telling them what is expected of them if they want to get the best results from the treatment. If they can't read, they are told to take the paper to someone who can read it to them.

The dispensary increased our expenses considerably, but it is really essential for good work. It commenced with issuing things like Volkmann's solution for scabies, and cough and tonic mixtures, but was gradually enlarged to include all the things usually required. Outsiders have been attracted to that, of course, but they are charged a sum sufficient to cover the cost, while lepers are treated free.

After a while I considered the idea of charging something for the injections, and decided to try the following experiment. Anyone who paid an anna would get his treatment written on a red ticket, which would entitle him to immediate attention. The ordinary tickets are white. I was agreeably surprised to find how many people thought their time was worth an anna. A man might have to wait some time, and quite a number of our patients were really glad of the opportunity thus provided. Others evidently regard treatment day as a social occasion, when time is of little consequence, and they stay chatting and watching the work after their own injection has been given. Later on, our colour scheme was further improved with blue tickets. These are given free to patients in whose progress we take special interest. They are entitled to attention after the red ticket holders are dealt with, and the arrangement is very satisfactory to them. In some cases owing to irregular attendance they have forfeited the privilege for a time.

We had one very critical time when a number of abscesses developed, evidently due to faulty oil. When they first began to appear I put it down to incomplete sterilisation of needles, but that was proved to be wrong. Obviously the next thing to query was the oil. We administer hydnocarpus oil with 4 per cent. creosote. I got in a fresh stock from another

supplier, but still fresh abscesses occurred. In desperation I ordered another supply from yet another source, and immediately the trouble began to diminish. Some of the worst cases we had to remove temporarily to Raniganj. There was some falling off in numbers, but it was proof of the confidence that had been engendered that the number of injections given each week remained very high.

All along we have had to put up with an undercurrent of opposition from the people in the village where our centre is located, and they have twice petitioned the District Health Officer to close the clinic or get it removed elsewhere. They do not like the weekly influx of lepers. Considering that cases among their neighbours are improving under treatment, their attitude is not very reasonable. But, generally speaking, there is not enough feeling against leprosy in the area. People are not ostracised as they are in some places. I have again and again tried to persuade people to go to Raniganj, but very few of them do. They feel quite happy where they are. If they got the same treatment as was meted to lepers in England when churches were built with leper windows, it would be a different story.

For instance, the last two or three weeks our numbers have been less because many marriages are taking place in India in anticipation of the Child Marriage Act coming into force. One would suppose that it would be rather difficult to arrange a wedding where there is leprosy in the family. It may be difficult, but it is evidently by no means impossible. I do not object to a little opposition in so far as it indicates a conviction that leprosy is bad, but the local method of expressing that conviction is not one to be commended.

The real objection to our work is not touched on by anyone. That is, we cannot separate infectious from non-infectious cases. They crowd round the barrier, rubbing against one another in a way I do not like at all. To obviate that would mean appointing an additional medical officer, and putting up another shed, which is not practicable. The centre is open only one day a week, hence the crowd. If it could be open, say, three days a week, the problem would not arise.

After managing the work for a year, I have come to the conclusion that it is thoroughly worth while, but there are obvious drawbacks. The chief is that regular attendance cannot be enforced. Some of our cases never fail month after month, others make no progress because they do not come regularly. It is rather a lot to expect that people who have their living to earn will be able to subordinate every-

thing to this one matter, especially when they live at a distance. On the whole, it is surprising that attendances are no worse. We cannot compel people to come, but we can make them feel that we are interested in them, and that their progress is a matter of concern to us. A bit of good-humoured scolding here and a joke there, unfailing good humour and cheerfulness are things which help to make a bond between patients and staff.

Allied with this is the disadvantage that we cannot do follow-up work in the homes. People cease to attend, disheartened perhaps by slowness of results or by reaction, and personal visits of advice and encouragement would probably induce them to continue. Where a full-time man can be appointed with adequate travelling facilities, this would be a normal part of his work. Also many cases in the early stages would be discovered.

So far as the clearing up of patches is concerned, we have undoubtedly made a reputation, but ulcers are more obstinate things, even in a leper home, where they are dressed daily. After a year's work, results are everywhere visible, and what we have to concentrate on now is to inculcate perseverance, and not let people think that they can use their own judgment and stop coming because they think they are cured.

I had hoped that the clinic would have had some effect in arousing the interest of responsible people, official and otherwise. Whether it is due to apathy or whether fear of infection enters into the question I cannot say, but the fact remains that for purposes of demonstration the centre has not had the value which I anticipated. If the need for extending the work is to be realised, people will have to come and see for themselves. I know of one man at least who thinks that it is safest to give it a wide berth.

In the midst of other claims I must confess that I have sometimes felt this work to be in the nature of a burden, but it has also given a sense of great satisfaction. A year ago I could have given reasons why it was impossible to undertake it, but at present I am planning and hoping for an extension of it.