

How to Maintain Attendance.

A TREATMENT CENTRE PROBLEM.

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AFTER managing a treatment centre for more than a year I am convinced that the problem of maintaining attendance is *not* one that looks after itself. In almost any infected area it is possible to get a good attendance when a centre is opened. Even without preliminary propaganda, crowds of people will present themselves in the hope of being cured. But how many of them persevere? Apparently only a minority.

At our place we have 1,080 names on our records of lepers who have been diagnosed as such and who have taken treatment. After a year's work our usual attendance is about 250. Of course it is not the same 250 every day. Roughly speaking, about 350 are attending. What of the remainder? Granted that of the missing 730 quite a number are incapable of benefiting by injections, the residue is still large enough to cause disquiet. It should be stated that in our special circumstances we cannot do follow-up work, visiting the homes of those who have ceased to attend and persuading them to continue. But such enquiries as I have made lead me to the conclusion that our figures compare favourably with other places where those facilities exist. The problem is not one that concerns us alone, it probably concerns all centres more or less.

The primary reason why patients get discouraged is, of course, the slowness of results. At the present stage of knowledge, treatment is a lengthy business, demanding a fair degree of pertinacity on the part of the affected person. If the centre is a long way off, entailing an absence from home of several hours each treatment day, then more than ordinary perseverance will be required, especially as patients generally have work of their own to see to.

The urgent need is obviously to find a remedy which is quicker than any in use at present. The problem would then become very much simpler, but even now a great deal may be done, and is done, if only people can be induced to keep on attending. The question is, what methods will produce that result? There is no short cut to success in that direction, but there are some elementary things which should constantly be borne in mind.

First of all, great importance should be attached to establishing a cordial relationship. Let it be quite clear that those who come are welcome. Cheerfulness and friendship cost nothing, but they make all the difference to the atmosphere of a place. Other things being equal, the medical officer who has a pleasant manner and a sense of humour will get better attendance than the man who ignores the personal factor. Village people especially are very informal, and like to be treated informally. The official manner is nowhere popular. We have one patient who travels regularly from a place 70 miles distant, and there are others who come from a town more than 30 miles away. These people could get private treatment from local practitioners for the same expenditure of money, and with very much less trouble. That they come to us is due, I think, to the personal factor.

We sell crude oil, for external application, at less than cost price, and this is a great attraction. I should recommend it where possible. The medical value is slight, but the mental effect is more than slight. I do not grudge the amount this costs us annually, because I know that it has a real effect in inducing people to come.

A small dispensary with stock mixtures is not expensive to run, and medicines may be given free. Since stress is laid on general physical condition in connection with leprosy treatment, it is obvious that such an arrangement should be made wherever possible. Leaving aside the consideration that results will be better, it cannot but improve attendance.

A treatment centre should be a propaganda centre. If it is not feasible to utilise the bioscope, or if no magic lantern is available, still other resources are open. Even the illiterate eagerly accept a copy of any leaflet which may be issued, and bear it off to someone who will read it to them. There are the excellent productions of the B.E.L.R.A., and since printing in India is cheap, it is possible to issue something specially adapted to the locality from time to time. A keen man will find plenty of opportunities of using the special set of posters, to great advantage. Activity of this sort gives

a good impression, and has a stimulating effect on those who have commenced treatment.

A method of our own for encouraging people to attend is as follows. Every dose of 7 c.c. or more (we use hydno-creol), is written on a slip of blue paper. This entitles the recipient to immediate attention whether he arrives early or late. Where the crowd is considerable a man may have to wait some time, but the possession of a special ticket exempts him from that. This is a privilege which is much appreciated by our people, but there is no particular point in applying it at a centre where the number is small and the work quickly finished.

Naturally every effort should be made to study the convenience of patients, both as regards hours of work, and also for their comfort. If adequate provision is not made for shelter from sun and rain a good attendance can hardly be expected. During the hot weather our practice is to make arrangements for drinking water and we also give away a handful of *batasha* to everyone. That is a small point, but it is appreciated by the man who has a total journey of ten miles on foot.

Where possible, patients who have ceased to attend should be looked up and the reason enquired into. It may be that they have allowed other interests to oust this special matter, or they may have become alarmed because of reaction, or an inflamed arm. It must be urged with sympathy as well as firmness that in this respect a man has to consider the danger to which he is exposing other inmates of his house, so long as he remain infectious.

Lastly it is hardly necessary to stress the importance of exercising utmost care in the actual work. Nothing less than the highest standard of efficiency should be tolerated.

Treatment is free, and theoretically the question of attendance ought to be left to the people concerned. But let me take an illustration from another field of activity. I know of village primary schools where the attendance is good because the teacher is constantly visiting homes and reminding parents of their responsibility in sending their children to school. And I know of other schools where the attendance is meagre because the teacher assumes that his job is merely to be at the school between specified hours to give instruction to such as like to come. The aim in leprosy work is to rid the world of a terrible disease, and those who engage in that work should be willing to do more than the necessary minimum. Until a more rapid cure is available there will be big demands on the keenness and resourcefulness of local

workers. Regular and continued attendance is ultimately the responsibility of the leper patient alone, but it should never be forgotten that the worker can help a great deal in bringing about that desirable state of affairs.