

## The Leprosy Clinic and the Control of Leprosy

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(Reprinted from "*Leprosy in India*," April, 1933.)

THE great value of special clinics to deal with special diseases is now well established. They have proved their worth in dealing with such diseases as tuberculosis, venereal disease, and other common endemic diseases; it is natural that this method of work should be tried in leprosy, and during the last eight years the generally accepted method of trying to deal with leprosy in India has been that of the out-patient clinic.

In discussing out-patient clinic work it is advisable to try to get a clear idea of what should be its aims and objects. The object of any special clinic should be to try to control the particular disease in the community which the clinic serves. The principal means of control in any disease are (a) prevention, and (b) treatment, and any clinic which is really trying to do its job should exploit to the full both these means.

The relative importance of treatment and prevention in the control of any disease varies somewhat according to the efficacy of the means of treatment and of prevention available, but it is now generally recognized that even diseases for which we have treatments of a more or less specific nature, are best controlled not by treatment but by prevention. For example, it used to be thought that malaria might be stamped out by making adequate quinine treatment available for all. This idea has long been modified. Similarly, the discovery of the marked effect of arsenical preparations in syphilis, led to the hope that this disease also might be stamped out by treatment. This idea also has been much modified.

For diseases such as tuberculosis and leprosy, we have no treatment comparable in efficiency to the treatment of malaria and syphilis. The impossibility of controlling leprosy by treatment alone should be as fully realized as it already is in tuberculosis. This being so, it is surprising to find that in 1925 the following statement was published in India: "It is now certain that leprosy can be eradicated from the country if only adequate arrangements are made for the proper treatment of all persons contracting the disease." We are quite sure that this statement would not now receive the support of a single leprosy worker of

experience. We would quote some recent statements of Muir : " Leprosy can never be stamped out by treatment alone, at least in a country like India ; prevention must be the chief means of bringing about its diminution and in the long run its suppression " ; " The most important factor in stamping out leprosy is the isolation of infectious cases " ; " It is easier to prevent a dozen cases of leprosy than to cure one. " We need say no more regarding the tremendously greater importance of prevention than treatment in the control of leprosy.

In India there are hundreds of leprosy clinics, but we know of few in which any serious attempt is made to organize prevention work. Clinics are treatment centres and little more. It is so much easier to give injections in a clinic than to organise propaganda with a view to prevention in the villages and homes of the patients. We have heard it argued that clinics doing treatment only, may actually tend to cause leprosy to spread, for in some cases, especially under the limitations of out-patient work, treatment does not arrest the disease nor even render the patient non-infectious, but merely enables him to go on infecting others for a longer period than he otherwise would. This may or may not be so, but it is being increasingly recognized that the prime aim of the leprosy clinic is prevention.

How is preventive work to be done ? Unfortunately there is no one outstanding direct way of preventing leprosy. There is, as far as we know, no insect transmitter, the control of which will control the spread of leprosy. There is no one outstanding source of infection comparable to the sputum of phthisis cases, the proper handling of which will markedly reduce the risk of infection.

Leprosy can only be controlled by limiting the opportunity of spreading infection. We do not know the exact mode of spread of leprosy, but certain important facts are now generally accepted. Leprosy is spread by contact of infective cases with healthy people. The more intimate the contact and the greater the period of contact, the greater is the danger. Children and young people are much more susceptible to leprosy than adults. Prevention must aim at preventing this contact, specially with young children. Isolation of all infective lepers in institutions is impracticable in India, but much might be done to carry out isolation in villages and in homes. The type of contact which is most dangerous is the type which is commonly seen in family homes at night, infective lepers sleeping together with healthy members of the family in a small crowded room.

This should, if possible, be prevented. In some villages it may be possible to have huts put up outside the village, where infective lepers should live and sleep. They can go about and work if possible during the day, but they must sleep in separate quarters at night. The same applies to the homes of lepers. A separate room or hut outside the family house, for the infectious case to live and sleep in, is very essential. Even now this is commonly provided by the families of lepers, but only when the patient has become deformed, unsightly, and ulcerated. This is too late. Many patients have been infective for years before they reach this state, and in fact the deformities and ulcerations are often signs that the infective stage is drawing to a close. The village or home isolation must be carried out much earlier and much more efficiently. Too often one sees infective lepers living in a separate hut, but attended by the children of the family. Thus the home isolation is rendered worse than useless, for children are much more susceptible to leprosy than adults. In home and village isolation, arrangements must be made for separate eating and drinking utensils as well as for separate sleeping accommodation, and the importance of protecting children from infection must be realized.

The great predisposing causes of leprosy in India are the bad social and hygienic conditions of the people. Bad housing, bad diet, and debilitating diseases render people susceptible to leprosy and provide the conditions under which leprosy spreads. Therefore all measures which tend to improve social and hygienic conditions and to help people to live a healthy life, will also tend to bring about a diminution in leprosy. Leprosy propaganda should therefore merge into the wider sphere of general public health work.

Propaganda work with a view to prevention should aim at influencing firstly the patient himself, secondly the patient's family and relatives, and thirdly the general public. The teaching of the patients can be done largely at the clinic, where special arrangements should be made to make the propaganda work effective by means of posters, pamphlets, and oral teaching in the vernacular given by an assistant with special knowledge and training. The doctor in charge of the clinic should train a good assistant to do this work.

Propaganda work among the families and relatives of the patients can only be done to a limited extent at the clinic. Only a few of the patients will bring their families for

examination for signs of leprosy and for instruction in prevention. The propaganda work among the families and relatives of lepers will need to be done by visitation of the homes of the patients. This will be difficult work and will need to be done by workers with special knowledge and training and, above all, tact.

If this work is to be attempted seriously, it will mean that to each clinic of any size there would be appointed a man to act as propaganda worker and home visitor. (Similar methods are used in tuberculosis clinics.) These workers need not necessarily have much general education, but they should be able to read and write. In rural areas an intelligent village man with special training, will probably be able to work more effectively than a more highly educated man from a town. His work will be facilitated by posters, pictures, and vernacular pamphlets.

The propaganda work among the general public can be done in many different ways, the best methods varying with local conditions. Articles in vernacular newspapers, public lectures in market places with lantern slides, lectures in schools and colleges, etc., are very useful in towns. In rural areas, propaganda work must be done in the villages, and must be carefully prepared to suit the limited understanding of village people. Lantern lectures are often useful, but to primitive village people they may convey little. Simple dramas sometimes teach much more than lantern slides. Valuable help in leprosy propaganda can sometimes be obtained from organisations such as schools, co-operative societies, boy scouts, or any organization interested in health and social service.

Leprosy prevention is difficult to teach in India, where leprosy is so prevalent in the rural population, who are usually ignorant and superstitious and who do not understand infection, or believe that leprosy is infectious, but attribute it to a visitation of the gods. The practical difficulties in preventive work are very great, and are increased by the very bad social and hygienic conditions of the people, but these difficulties have to be faced and overcome before leprosy can be controlled.

When this work is done effectively the patient himself will have been instructed what to do, and this instruction should be supported by pressure from his family and from the village community. It is possible that in time there may be built up a public opinion that will make the control of leprosy possible.

Another important activity of leprosy clinics is the examination of contacts. Here again it is rarely possible to do this in the clinic, although patients can occasionally be persuaded to bring the members of their families for examination. The bulk of this work must be done in the homes of the patients, and hence it is necessary for the home visitor to be trained in diagnosis of early cases, and he should refer suspected cases to the doctor in charge of the clinic.

Another important part of the work of the ideal clinic is the keeping of records, particularly leprosy registers of the surrounding villages, so that after some years' work it may be possible to estimate the effect of the work on the prevalence of leprosy in the surrounding area.

It is most important that leprosy propaganda work should be built up in co-operation with health organizations, Government and otherwise. In most places the work can best be undertaken by the Health Department of the Government, who would doubtless welcome voluntary helpers. In other places it may best be done by some voluntary organization, but it should work in co-operation with the Health Department.

We consider that there is a great need for making the leprosy clinic not merely a centre of treatment, but a real centre of leprosy prevention. The efficiency of a clinic should not be judged by the number of patients attending, or by the number of injections given, but by the extent and the effectiveness of the preventive work done.

The work of a clinic as here outlined would mean extra staff and extra expense. It needs really keen efficient men animated by the spirit of preventive medicine and social service. There must be a good doctor in charge, adequate assistance, and, above all, a good full-time leprosy propaganda worker and visitor.

Few clinics are being run on the lines we have outlined. Most clinics are engaged mostly on treatment and may do a little propaganda work now and then. They are not staffed adequately to undertake the activities we have suggested. We think that possibly the best policy to adopt at present is what might be summarized as that of fewer and better clinics. A poor clinic may do more harm than good. It raises people's hopes only to disappoint them, and renders good work difficult later. A good clinic working seriously at prevention might do incalculable good, and we hope that work such as we have suggested may be started in a few centres in highly endemic areas under favourable conditions.