Letter to the Editor

Dr. T. F. Davey's article "Rural Leprosy Control Problems in Biafra and Central India: a Comparison", in *Leprosy Review* (1969) **40**, 197, struck a responsive note in the minds of those of us who are struggling with the problem in South India. The discrepancy between the apparent ease with which the problem could be tackled by those writing of their successes in Africa, and the difficulties we experience here in India is most striking.

In this Centre, we are trying to combine the domiciliary approach to the control of both leprosy and tuberculosis, using the same administrative set-up and the same paramedical field workers for both. Our paramedical workers were given the standard approved short course in leprosy. All that they know about tuberculosis we have taught them here while they are on the job. In their house-to-house surveys and informal contacts in the villages, they give equal stress to detection of, and education regarding, leprosy and tuberculosis. Both groups of patients come to the same roadside clinics for their medicines and laboratory tests.

In theory, the combination appears very logical and should represent a step forward. However, I have been concerned about the lack of convincing evidence that the efforts of the paramedical workers in the villages have actually made a difference in the regularity of attendance of the patients or the results of treatment in either disease. The present programme has not yet been in operation long enough for valid statistical analysis to be possible. However, a review of 15 years' experience in a programme confined to leprosy in another district showed to my dismay that the attendance and results were no better in the control area covered by the paramedical workers than in an outside area with the same kind of roadside clinics but no paramedical workers. My impression here, so far, is that the differences between patients in the control area and those in the other district, both as regards leprosy and tuberculosis, are equally small.

The problem appears to be one of *motivation*—the urge that makes patients come for treatment, and continue treatment. This motivation seems to be easily achieved in Africa, but is achieved only with the utmost difficulty in the villages of South India. The seriousness of the problem is not apparent to those practitioners who sit in their offices in traditional hospitals and wait for patients to come to them, because the only patients they see are the more intelligent and educated, that is, those who are already motivated, or they would not have come in the first place. A study in depth of the psychological and social factors that influence the motivation of these people would seem to be indicated.

The findings of the international team studying the related problems of motivation to accept family planning in the villages of India and Pakistan might well prove helpful to those working in the field of leprosy.

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