OUTPATIENT CLINICS OPERATED BY THE CHIENGMAI LEPER ASYLUM*

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Leprosy constitutes a real social and public health problem in Thailand, though as elsewhere it is one difficult to evaluate. Various estimates of the number of cases have been made from time to time, none of them accurate. Few doctors are able to recognize the disease except in the advanced stages. There has never been a comprehensive survey, and any attempt to make one would meet with many difficulties. Among them are fear of discovery, leading to ostracism, persecution, and much suffering; this causes large numbers to go into hiding, or to cover all signs of the disease as long as possible—which is successfully done in many cases. Furthermore, there are available no medical men trained in leprosy survey work.

For many years an estimate of 20,000 leprosy patients was accepted as approximately correct. However, a recent trial survey of Kengtung, in the Southern Shan States of Burma, to the north of Thailand, showed a mean incidence of 6.1 per cent of leprosy. This finding makes the old estimate for Thailand no longer tenable. It would seem reasonable to assume that there are from 100,000 to 150,000 leprous persons, i.e., about 1 per cent of a population of approximately 15,000,000. This estimate is of course pure conjecture.

The number of patients being treated at present in leprosy hospitals in Thailand is probably not in excess of 1,500, a small fraction of the existing total. There seems to be little likelihood that this

* This article, written on request, was submitted with a covering letter dated October 20th, 1941, and received but a short time before the outbreak of war in the Pacific. It is extremely improbable that any vestige of the effort which is described survived the war period. However, the clinic system described was established on a basis that is, so far as is known to us, unique and has elements of interest. Mr. McKean, who for some time had worked under an increasing handicap of a progressive incurable disease, escaped from Thailand but died a few months later in a mission hospital in India. Nothing is known at the present time (March 1, 1946) regarding the fate of the clinics, but the Asylum was reported to be in the hands of the Thai government (not the Japanese) and under the supervision of a German refugee doctor.—Editor

small number will be increased to any great extent for some time to come. It is evident that the problem of reaching the other thousands must be solved by other means.

For several years prior to the establishment of the first out-patient clinic of the Chiengmai asylum, in July, 1934, it had been clear that this institution had reached the point where, due to lack of funds and accommodations, further expansion was impossible. Suitable building space is limited and the total number of patients who can readily be accommodated does not exceed 500, or about 50 more than the present number. The need for some other means of meeting the growing demand for hospitalization became acute when we were no longer able to receive new patients.

Out-patient clinics have been successfully established in other countries. These are, as a rule, opened after an adequate survey by qualified medical men. Our problem was to find some way of starting clinics without any preliminary survey and without any personnel trained in leprosy work. Our own small staff of three men made it necessary to forego all of the preliminary work that is usually required in such a venture.

Patients returning to their homes after hospitalization gave us our first idea of a way in which the problem could be met in part. The majority of them on leaving asked to be supplied with complete equipment for treating themselves at home. It was impossible to meet these demands, but the possibility occurred to us of using these patients as a means of establishing clinics where others afflicted with the disease might also be treated. To their demands for provisions whereby they might be treated at home we countered by laying down three conditions, and when these were met medicines and equipment for injections were given out.

The conditions laid down for the establishment of clinics were as follows: First, they must be as widely distributed as possible in order to reach the largest numbers of patients. Second, they must be operated at minimal expense, as there were no funds specifically allotted for such work and any expense involved had to be met from the regular appropriation for this institution. Third, they must be established only where there is a demand for treatment; and as a prerequisite we have demanded that a list of patients desiring treatment—generally fifteen or more—be submitted.

The first condition has been met in part. In only five provinces in the north of Thailand have we been able to make a beginning.

The second condition has been fully met, and it does not seem possible that the expense involved can be reduced if any degree of

efficiency is to be maintained. The only costs involved are that of medicines, which are supplied free to the patients, and the salary of an injector, a former patient whose disease has been arrested and who holds a second-class medical certificate. All injectors are leprosy patients trained by us in our own hospital. No wages are paid, no clinic buildings are built, no extras of any kind are given. On the other hand, we require monthly reports of the numbers of patients treated, the total number of injections given, and other information as needed; and, most important of all, it is required that the patients be regular in attendance. No medicines are given to any group which does not meet these simple requirements. This is the only means we have of controlling the clinics and of judging their value and popularity.

The third condition, that there must be a sufficient demand for treatment, is in many ways the most important. This has been proved to our satisfaction in several instances where clinics were opened for our own convenience, with no previous request from the patients; such clinics have practically ceased to function. On the other hand, where there was a demand we have regular attendance and increased enrollment. The fact that there are a number of leprosy patients in a certain district does not, in itself, justify the opening of a clinic.

The response to this program was most gratifying. In less than two years 20 clinics were opened, all under the supervision of former inmates, treating more than 500 patients. Two of these centers were soon closed as they did not conform to the simple requirements demanded. By the end of 1938, 33 clinics had been opened and the enrollment had risen to some 1,400 patients. During the past eighteen months some of them have been closed on account of insufficiency of funds, due mainly to the increased price of drugs. There are at this writing 25 active injection centers with an enrollment of 1,301. In each of these clinics there is a nucleus of former patients in the Chiengmai Asylum and any success so far attained is due entirely to their efforts, for they not only believe in treatment but are able to persuade others to join them.

It goes without saying that, in operating these centers, the object is to bring some measure of relief to this growing number of leprous people who cannot come to the asylum and who could not be admitted if they did come. But there are other aims as well. One is the acquiring of further information regarding the incidence of leprosy in the districts covered. As has been said there is practically no information regarding the incidence of the disease in Thailand, and no adequate plan for controlling it can be formed

until more is learned about its prevalence and distribution in all parts of the country. Another aim—and a most important one—is the education of the public, as well as the leprosy patient, to the possibility and the desirability of the medical treatment of leprosy, an idea as yet wholly foreign to their understanding and belief. Superstition and fear still play a large part in the attitude toward persons afflicted with this disease. Persons with leprosy still hesitate to declare themselves, and this condition will not be corrected until they have assurance that treatment and care will replace persecution and abuse.

It is extremely difficult to make any definite statement about the value of these clinics. They are so widely scattered and so inaccessible by ordinary means of travel that close supervision is not possible. However, there are features which encourage the belief that they are of value and that the treatment given is beneficial.

The attendance has been good, and practically every clinic has shown an increase in enrollment. In more than one-half of them the increase has amounted to over 100 per cent. The treatment of leprosy being a long, tedious, and painful procedure, it is not likely that these patients would submit voluntarily to such a routine for a period of months or years unless they believe that they are being benefited. Reports from many institutions, even where supervision is good, have shown that it is difficult to induce their patients to take adequate treatment, the usual reason being that they do not feel that they are being benefited. The fact that these outpatient clinics have shown not only regular attendance over a period of years but an increase in enrollment seems to indicate that the patients believe the treatment to be beneficial. The statistics of the monthly clinic reports for the twelve months period ending March 31, 1941, show that 1,301 persons received 82,465 injections, or an average of 6.3 injections per person per month.

Most people, when the word "leper" is mentioned, have in mind the mutilated and distressing figure of the beggar, who is a far too common sight in the cities of the East. A survey of our clinic patients reveals that a very large majority of them are not indigent beggars but are much like others save for their disease. Most of them are farmers, gardeners, carpenters, and day laborers, capable of maintaining the same standard of living as their neighbors. It has been our aim in this work to aid these people without pauperizing them. All that they need is the opportunity of finding work The value of work is always stressed in our monthly letters to them: work, cleanliness, good food, good habits, etc. It is understood that

free medicines only will be given. The responsibility of operating the clinics falls entirely on them, and this has been one of the most important factors in the successful operation of the scheme. The continuation of the work depends entirely on how well they accept their responsibility.

The cost of treatment is exceedingly low. Chaulmoogra oil, supplied at cost price by the Government Laboratory, is cheap. Sufficient oil for the treatment of one patient for a year in the Chiengmai Asylum does not exceed one tical ($0.36). In the out-patient clinics it amounts to about one-half that figure. This is because smaller doses are given and because the attendance, while satisfactory, is not as regular as in the asylum. Other medicines such as quinine, aperients, tonics, and sedatives are much more expensive, but they are just as essential as the chaulmoogra oil; leprosy thrives in the presence of other ailments and no amount of injections are effective until other diseases are put under control. Equipment for injections—syringes, needles, etc.—makes up the rest of the expense. To date the total cost of treatment is less than three ticals per patient per year as compared to 75 ticals in the asylum. The services given and the results are of course not comparable. Many of the patients show little if any improvement because they do not appreciate the value of right living and proper sanitation, and to educate them is slow, tedious work. Advice given is not readily accepted by persons whose standards of living are low and whose ill health makes them indifferent. We feel, however, that the small cost brings ample returns in benefit to the patient and to the community.

A considerable degree of interest in the work has been aroused. The first clinic, opened in a village some fifty miles south of Chiengmai, was held in a small building in the compound of the *Kamnan*, the local official, who had become interested in the idea of a treatment center for leprous patients in that district when one of our injectors made a survey of patients there. His offer of his compound as a gathering place for these patients greatly facilitated the work. Since that time the patients have built their own clinic building and the original number of 16 is now more than 100. This spirit of cooperation on the part of local officials has been almost universal. They have helped to secure suitable land outside congested areas where the patients may meet for their treatment without endangering the rest of the community. Medicines for distant clinics are sent direct to some local official, who makes delivery to the head injector of the clinic. Leaflets telling of the location of the clinic and emphasizing the desirability of treatment are distributed

by them. At no place have we met with opposition. All of this is distinctly encouraging and leads us to believe that such clinics will have a definite place should any comprehensive program of leprosy relief work be contemplated by the government.