

CASE REFERRALS TO A.I.I.S.H.—A RETROSPECTIVE STUDY

V. Uma

Creating public awareness is one of the prerequisites for proper utilization of services rendered by any rehabilitative and training centre. The All India Institute of Speech and Hearing has both rehabilitative and training programmes. A study was undertaken to find out how far we have succeeded in creating public awareness, and the sources by which the public become aware of the services at our Institute ?

To analyse this the referral columns of the case history files were gone through and the following data were collected. All cases registered at the Institute right from its inception i.e. 9th August 1965 to 30th November 1971 were included. The first case was registered on 18-8-1965. The number of cases who visited the Institute from August 1965 to November 1971 are presented in Table 1.

Table 1. *Showing the total number of cases and increase in the number of cases over the successive years during the period of study*

Year	No. of cases registered	Increase in No. of cases
August '65 to March '66	109	—
April '66 to March '67	409	300
April '67 to March '68	639	230
April '68 to March '69	886	247
April '69 to March '70	1730	844
April '70 to March '71	1860	130
April '71 to Nov. '71	1597	(the figure does not cover cases for full year)
Total	7230	

Miss V. Uma is an Internee at the A I I.S.H.

A gradual increase in the number of cases over the successive years can be seen. A rather abrupt increase during April 1969 to March 1970 could be due to the participation of the Institute in the Dasara Exhibition (October to November 1967), the starting of the school screening of children and Infant Screening at the Cheluvamba Hospital, Mysore.

The sources of referral were grouped into 11 categories and percentage of each category was calculated. The sources could be traced to doctors, students, friends and our own cases, newspapers, magazines, radio-talks, exhibition, screening programmes, All India Institute of Mental Health, Bangalore, Cancer Institute, Madras, and the School for the Deaf and Blind, Mysore. A few other cases were referred by the Government agencies.

The number of cases registered during the period of study were 7230, which includes cases registered both at AIISH clinic and Speech and Hearing clinic at Krishnarajendra Hospital, Mysore.

Table 2. *Showing the total number of cases with their percentages, referred from various sources*

No.	Sources of referral	No. of cases	% of cases referred
1.	Friends/cases	2664	36.84%
2.	ENT specialists/Mysore	2237	30.94%
3.	Doctors	955	13.21%
4.	Self	589	8.14%
5.	Newspapers/Radio talks/ Magazines	214	2.96%
6.	Screening programmes	128	1.77%
7.	Students/Staff of AIISH	124	1.71%
8.	ENT Specialists/other places	75	1.03%
9.	AIIMH	55	0.76%
10.	School for the Deaf and Blind Mysore	67	0.92%
11.	Other Government agencies	4	
12.	Not recorded	118	1.63%
	Total	7230	

As could be seen from the above table, the largest per cent of referrals i.e., 36.84 per cent were from friends of the case or other cases who had already visited the Institute, the next largest bulk i.e. 30.94 per cent of cases were referred by ENT specialists in Mysore city. This mostly includes cases that were seen at the Speech and Hearing clinic of the AIISH, at K.R. Hospital to which the ENT departments of the same hospital referred the cases. The next in order come referrals from the general practitioners and self referrals (screening programmes, includes children who came to AIISH for speech and hearing evaluation under the school screening programmes, infants who were screened at the Cheluvamba Hospital, free screening at AIISH, and those cases who were screened at Davanagere camp).

Table 3. *Showing state-wise distribution of cases, on the correspondence therapy for stammering*

States	No. of cases under correspondence therapy
Mysore	230
West Bengal	91
Madras	17
Kerala	17
Bihar	14
Andhra Pradesh	10
Assam	7
Uttar Pradesh	4
Gujarat	4
Rajasthan	4
Union Territories	3
Madhya Pradesh	2
Haryana	2
Goa	1
Nepal	1
Punjab	1

In the year 1968, the Institute started correspondence therapy for stammerers particularly for those who were not permitted by circumstances to stay in Mysore and have therapy. From the Table 3 it can be seen that Mysore and West Bengal show a larger case representation. The cases from Mysore State were mostly from remote areas of Mysore State and had difficulty financial or otherwise to stay in Mysore for therapy. A total of 408 cases are on our list for correspondence therapy. They periodically report improvement or otherwise and ask for further suggestions.

Table 4. *Showing state-wise distribution of cases*

States	No. of cases
Mysore	6611
Kerala	321
Madras	150
Andhra Pradesh	82
West Bengal	10
Union Territories	10
Gujarat	9
Maharashtra	7
Uttar Pradesh	6
Rajasthan	5
Bihar	4
Madhya Pradesh	3
Orissa	4
Punjab	1
Assam	1
From other countries	6
Total	7230

As could be seen from the above table, the largest bulk of cases have come from Mysore State, the next in order being Kerala, Madras and Andhra Pradesh. The factor of distance is perhaps largely responsible for the small number of cases represented from the other states. It may also be true that sufficient publicity about the institute and the type of services rendered by it have not reached the people from other states.

A number of steps have already been taken in terms of making the public aware of the types of speech and hearing defects and the sort of rehabilitation services available. A series of public education pamphlets with the titles 'Why does a child not speak?', 'About ourselves', 'You can help', 'How » normal child grows up?' etc., have been published which have been distributed free of cost in various places like hospitals, schools for the deaf and blind, educational institutions, ENT specialists etc. Conferences have been arranged for the ENT specialists and other groups who are taken round the various departments of the Institute and briefed about the type of services rendered here. A series of radio-talks about the common problems of speech and hearing have been broadcast. Popular articles on

similar topics have appeared in the newspapers. A documentary film has been taken on the services of the various departments of our Institute.

However, these activities may perhaps be still stepped up so that our services can reach fairly large number of patients representing various states.

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