

## The Leper Situation in Japan.

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In Japan, as in all other leprosy infected countries, complete statistics of the disease are still lacking and difficult to obtain owing mainly to the fear of exposure, resulting in social ostracism not only of the individual patient, but also of the family to which he or she belongs. Making due allowance for hidden cases, an estimate of between 50 and 60 thousand lepers in Japan proper, will probably not be far from the real mark.

The laws of Japan for the control of lepers and leprosy are quite excellent, but the efficiency in carrying them out is much hindered by the people's attitude of indifference and carelessness on the one hand, and by an inherited abnormal fear of the disease on the other hand. To this must be added general ignorance of the people regarding the newest and best methods of combatting the disease, and the hopeful features resulting from such methods. There is also a lack of full provision, on the part of the Japanese Government, for adequately meeting the present situation in the way of both preventive and curative measures. At present provision is made for housing only one out of every 15 to 20 estimated leper patients in all the Government and private leper hospitals in the land. Still, even that is encouraging when one remembers that it is only about thirty-five years since the first private leper hospitals in Japan was opened, and only twenty years since the Government first undertook this work.

The distribution of leprosy throughout the various parts of Japan is remarkably even, with the exception of the most northern island, Hokkaido, where there are but few lepers owing mainly to the fact that with the exception of the "Ainu," the original inhabitants of the island, the people are mostly colonists from other parts of Japan, and among these people there would naturally not be many lepers. Besides, the severe northern climate, especially in winter, offers no attraction to leper patients. Among the original "Ainu" the disease is said to be practically unknown, as is the case with the aborigines of several other leprosy infected countries. The largest numbers of lepers on record in Japan are found in two of the most southern provinces. Certain places famous for hot springs, notably Kusatsu in north-west Japan, draw numbers of lepers by reason of the real or fancied medicinal virtue in the spring waters.

The locations of the five Government leper hospitals in Japan have been wisely chosen, each one being more or less in the centre

of from eight to ten provinces by which it is supported, and from which, as a rule, the patients are taken into these respective hospitals. To the provincial support of each hospital about one-fifth is added from the budget of the Central Government. The physical, or material, condition of these five institutions, as far as ample grounds for labour, equipment, official personnel, hygiene, etc. are concerned, is in many respects praiseworthy, and improvements of various kinds, especially in the way of commodious, well-lit and well-aired houses for the patients are almost continuously made. At every new visit the writer of this article sees something new and attractive along these lines.

The leper policy of the Japanese Government is that of compulsory segregation, but carried out with several serious limitations. The first and foremost of these is the subsidiary policy, at least in practice, of taking into these five hospitals only such patients as are indigent and practically homeless. Hence it follows, that the class of patients in these hospitals is largely that of vagrants and beggars—a class that is used to a roaming life, especially the men—and therefore not a few of them try every means of escape from compulsory confinement. Two of these hospitals are on islands, which makes flight more difficult, but even from these means are found, in some way or other, to get away. However, with improved physical conditions, and especially with the recent rapid improvement in health resulting from the latest medical treatments, escapes are becoming gradually less. Another limitation upon carrying out the compulsory segregation policy is the lack of sufficient accommodation for all that are discovered as being lepers and ought to be segregated. Of those officially registered as such, only about one-fifth can at present be accommodated in the five Government hospitals, while the combined capacity of all the eight private hospitals is only about 700.

One bad result of the compulsory segregation policy is that the great majority of patients placed in these hospitals are advanced cases, not a few in the final "burnt-out" non-infective stage, the segregating of whom does not materially lessen the spread of leprosy in the land. This is especially the case with the beggar class, picked up on the streets by the police, who appeal to the pity and generosity of passers-by through their maimed and repulsive condition. And to mention still another limitation, the discovery of lepers in the homes as well as on the streets, falls within the scope of police duty, and policemen are not qualified to make thorough examinations along medical lines. Another and smaller group of lepers placed in hospitals are from among those accidentally discovered at ordinary hospitals. These are more often in the early stages of the disease. The law is that such must at once be reported by the physician in attendance to the authorities of the

Department of Health, but it is a serious question whether in the majority of cases this is actually done.

Rules for house isolation of leper patients exist, but it is difficult to know to what extent such Rules are actually enforced. As a rule ordinary physicians are not keen on treating leper patients especially when the latter are known to be such by the people of the place. There is a crying need along this line for special medical inspectors and physicians employed by local governing authorities.

Clinical work for leper patients is incidentally carried on by Dr. I. Toyama, a noted skin disease specialist at the Imperial University in Tokyo, though the work is not done under that name. "Treatment Centres" for lepers, such as are now being carried on by the British Empire Leprosy Relief Association in Africa and elsewhere, are still non-existent in Japan, and the plan has not yet found favour with the civil and medical authorities. Their contention is, both in Japan proper and in Korea, that if such "Treatment Centres" became popular, they would tend to spread the disease as a result of the travel of patients to and from such Centres, or it would lead to the settling down of leper groups around these Centres. Both of these dreaded results could of course, be quite effectually prevented by strict police supervision which is so very adequate and efficient along almost every line. What is needed is the knowledge and conviction that any such fancied dangers would be more than counteracted by the results of treatment, for large numbers of cases would become free of their disease in the initial and early stages. At least 90 per cent. of these under the present policy receive little or no medical or hygienic attention.

The key to the situation regarding leprosy in Japan, as anywhere else, lies in an intelligent and sympathetic co-operation of the public, and especially of leper patients and their relatives, with the Government authorities in carrying out a vigorous and progressive campaign against the disease at its every stage.

The support of Government patients is, of course, assumed by the Government, as indicated before, but the Japanese Government's concern for maintenance of leper patients does not stop with those in her own hospitals. From various Government sources, both Central and local, the eight private leper hospitals also receive considerable financial assistance. In the matter of material improvements of these private plants also, such as new buildings, equipment, major repairs, etc., the Government of Japan is very sympathetic towards appeals for help. This makes the task of those responsible for the private hospitals not only more easy, but also much more pleasant.

On the whole the outlook for work for lepers in Japan is decidedly encouraging. The Government is gradually extending its operations,

the people are being more widely informed, and are therefore beginning to take a more intelligent interest in the anti-leprosy campaign, and the international movement with its motto, "Ridding the World of Leprosy" is finding a constantly increasing echo among the Japanese people as a whole. There is also talk of a National Conference on Leprosy in Japan in the near future.

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## Literature.

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**Leprosy : Summary of Recent Work**, No. 16. This is a reprint of the Leprosy sections from the Tropical Diseases Bulletin.

**Leprosy in India**, No. 1. July, 1929, issued quarterly by the Indian Council of The British Empire Leprosy Relief Association.

**Report, 1928.** Annual Report of the Indian Council of the British Empire Leprosy Relief Association.

To be published shortly :—

**Leprosy in the Far East.**—A Survey. By Dr. R. G. Cochrane.

*N.B.*—The following journals issued by the Association are now out of print : "*Leprosy Notes*," Nos. 1, 2, 3, 4, 5. "*Leprosy, Summary of Recent Work*," Nos. 1, 2, 5, 6, 8, 12, 13, 14. "*Leprosy—Symptoms, Diagnosis and Treatment*," by Dr. R. G. Cochrane. A new issue of the latter is in course of preparation and will be issued shortly.

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## A Story from Dichpali, India.

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"Two boys were observed together. One was weeping bitterly, tears raining down his horribly scarred face. He had only just come. At first it was thought that the other, an old inhabitant, a good-looking lad with a healthy face, was teasing the youngster. So he was asked about it.

'Oh, no ; I'm not teasing him. He was crying because his face was so ugly, and I was telling him that mine was worse than his when I came in.' "