

# Vocational Leprosy Distributors.

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THE question is still discussed in some quarters as to whether leprosy is always spread by contagion or not. The chief ground for doubt in this matter is the absence of evidence that the infected has ever come in contact with a case of leprosy. The six cases described are sufficient to demonstrate some of the ways in which members of the general public may become infected with leprosy without having any idea of any direct or indirect contact with cases of leprosy. Perhaps some of those who read this article will ask why I have not taken means to have these people deterred from carrying out their vocations which are such a danger to the public. The answer is that I have done my best to explain to these patients

their duty to the public. In some cases of employees we have notified the public health authorities and the sufferer has lost his employment. It is questionable however if the public taken as a whole is always benefited by such dismissal as the transmitter of infection is still at large and still a potential source of dissemination. Patients often allay the suspicions of their employers by giving out that they are suffering from syphilis. Very often a false address is given and, if efforts are made by the doctor to locate his dwelling, the patient will disappear and all hope of benefiting him and rendering him a non-infectious case is lost. In fact, short of an adequate and efficient staff of leprosy registrars, it would be difficult to control leprosy infection, and even with such a staff working, many of the most infectious cases would slip through their fingers ; for many of these cases are not conspicuous lepers, and in some cases their condition could not be recognised even by an expert apart from a bacteriological examination.

*Case 1.*—House servant. C3 case. Duration of disease 15 years. Was working in a boys' boarding school for about eight years. Subsequently he was taken on as a house servant by a gentleman. He must have been highly infectious during many of these years, but it was only when a lepra reaction came on that his master suspected that something was wrong and came to enquire what the disease was. On hearing he was infectious, his employer dismissed him.

*Case 2.*—Washerman. C2 case. Duration two years. Is still washing clothes and carrying them to where they are ironed.

*Case 3.*—Grocer. C2 case. Duration two years. He is still carrying on his trade and selling food to purchasers.

*Case 4.*—Durzie. C2 case. Duration two years. He sews dresses and supplies them to respectable firms in the City of Calcutta. He has a name as an expert at making ladies' and children's dresses. He is still at work.

*Case 5.*—Cook. C2 case. Duration five years. He is cook to a respectable Marwari gentleman and still prepares food for the family. He refuses to give his correct address.

*Case 6.*—Maid servant. C3 case. Maid servant in a doctor's house. She is probably still working but refuses to give her correct address. She is a highly infectious case.

These six cases are typical of many others known to me. The fact that I was able to secure their co-operation to the extent of getting them to come and be photographed shows that they are not by any means the most dangerous cases. The photographs of others could not be obtained ; they are even less amenable to reason and, therefore, all the more dangerous to the public.