

## Anti-leprosy Movements in Japan.

(Address (abridged) delivered at the China Leprosy Conference held in Shanghai, Oct., 1932.)

A. OLTMANS.

**W**HILE the leprosy problem in general is the same wherever the disease prevails to any large extent, at the same time it has its special features in every individual country and hence cannot in every particular be effectually dealt with along the same lines and by exactly the same methods. This statement is applicable very decidedly to the leprosy situation in Japan. It even applies to Japan proper as compared with Korea and Formosa.

The history of the importation and earliest development of leprosy in Japan lies shrouded in mystery and myth as is the case with that of all highly infected leprosy countries the world over. Indications of its existence appear as early as the fourth century A.D., again in the eighth century in connection with a famous empress and again in the sixteenth century with the religious activities of the Roman Catholic Church in Japan. But none of these early endeavours seem to have had any permanent effect and there is no regular stream of influence coming down from pre-Meiji times against the ravages of the disease or even in the way of checking up on the actual situation.

Positive anti-leprosy movements by the government in Japan may be said to have begun with the issuing of a "Law for the Prevention of Leprosy" in May, 1907, which was put into effect in 1909 and amended in 1910 and 1916. The first regional Leprosarium called "Zensei Byoin" (Perfect Life Hospital) was also erected in 1909 and was soon followed by four others throughout the country. To these has now been added the "Ai seien" on Nagashima in the Inland Sea, the first Federal Leprosarium in Japan. A second one is in process of erection at Kusatsu in Gumma Province.

But all these government institutions were preceded by private leprosaria for the space of about 25 years. Of these private institutions there are at present eight in operation.

Some years ago there was also organized a "Japan Mission to Lepers" and three years ago there came into existence the "Leprosy Prevention Association" which, according to the latest statistics, has now a membership of about 650.

### *The Task.*

What is the actual task that these various anti-leprosy movements are facing in Japan, and how are they addressing themselves to this task? The answer to the former of these questions must necessarily be somewhat vague.

Firstly, as to the total number of patients at present in Japan proper, neither government statistics nor the opinions of individual experts speak with any great certainty. The latest government census (March, 1930) registers 14,261 patients. It must be borne in mind that the gathering up of these statistics is done in Japan under the direction, not of the medical, but of the police department. This fact at least suggests the possibility of considerable inaccuracy in the results obtained chiefly in the direction of an underestimate. Add to this the considerable number in the initial and non-infective stage of the disease, in many cases the patients themselves not being aware of its existence, also the presumably large numbers that are intentionally hidden from investigation, the numbers of roaming and begging sufferers who are difficult to check up, and one can fairly state that the number of sufferers from leprosy in all stages of the disease is probably between three and four times the official estimate. In fact, government authorities in the Hygiene Department and Japanese leprologists give the total number as between forty and sixty thousand. Taking the latter figure the percentage would be about 0.1 per cent., but this figure is probably too high.

The distribution of the disease throughout Japan is rather remarkably even with the exception of the Northern Island (Hokkaido) where the cases are very few, owing largely to the fact that it is for the most part sparsely inhabited, while the severe winter climate may also have something to do with it. The Island has no leprosarium of any kind, but there is a government one on the Main-island side of the Straits that separate it from the Hokkaido.

As for beggar patients, *officially* they are non-existent, but in reality this is not quite the case. They do appear now and then at prominent places on the streets and especially on occasions of local festivals and at certain favourite spots, viz., on the way to the Kiyomasa temple in Kumamoto. But on the whole Japan may be said to be quite free from this very obnoxious feature. Incidentally it may be stated that such a situation in a really leprous country has its disadvantageous as well as its advantageous side.

Some of the difficulties inherent in the task are peculiar to Japan. One is, seemingly strange, the advanced degree of modern civilization to which the country on the whole

has attained. This may seem paradoxical, because one would naturally conclude that with every step forward in civilization, the task of coping with diseases of every kind, leprosy included, would become easier. While this is true in a general sense, and especially along the line of scientific research and the application of the best methods of treatment, such advance in modern civilization brings added difficulties. One of these is that the more enlightened a community or nation becomes, the more it is inclined to guard against exposure of its ugly sores. The degree of shame for having a leprosy member in a family is in direct proportion, as a rule, to the degree of enlightenment and social standing of such a family. It is for this reason that a very large percentage of patients in the hospitals are from the poorer classes of society. This, by the way, suggests the necessity for devising some means for inducing patients from the better class of society to avail themselves of better treatment for the cure of their disease than they can get by isolation at their own homes, and most of them do not get any.

Another difficulty in a country like Japan is the determined opposition of the government authorities to outside clinic work for leprosy patients, which in some other leprosy countries has in recent years made such rapid strides, and has apparently brought such splendid results. Here again the degree of practical difficulty is in direct proportion to the degree of social advancement. While all leprologists will agree that outside clinics must necessarily lack the important elements of continual oversight and observation, the regulated diet and other physical and mental health features attainable in the hospitals, yet, as hospitalization of all patients is manifestly impossible, it is greatly to be regretted that there are thousands of patients without treatment who might be treated at a comparatively small expense in out-patient clinics.

Still another difficulty that may here be mentioned is the lack of knowledge and training among local physicians in the detection and treatment of patients in the initial stage of the disease. This is proverbial, though probably not unique, to Japan. Such lack prevents the detection of early cases that might be discovered by the local physician and then reported to the proper authorities. Every medical school in Japan ought to provide the opportunity for the student to become acquainted with the leprosy problem. The same holds true in regard to the training of nurses for this particular branch of work.

The "Law for the Prevention of Leprosy" already

referred to in its various sections is quite definite and comprehensive even to the matter of government aid in the erection and maintenance of leprosaria. But, as we all know, the *making* of a law is one thing, and usually not very difficult, but its proper enforcement is another thing, and not such an easy matter.

According to recent official statistics obtained, of the 14,261 patients registered there are 3,638 in the six government hospitals and 632 in the eight private hospitals, a total of 4,270. That leaves just about 10,000 registered patients without hospitalization. Add to these the unknown numbers of unregistered ones and a conservative estimate would lead to the conclusion that for each patient in some hospital there are *ten* outside. It is impossible in many cases to enforce the law on patients not isolated in hospital and for many others there is no hospital provision. Still, notwithstanding this regrettable fact, it is distinctly gratifying to note the progress made in anti-leprosy movements in Japan, especially during the last two decades. This progress has been almost entirely along government lines. Nearly all the private hospitals were established before the first of the government hospitals, and that the former were a spur and an inspiration to the initiation and prosecution of the latter is an undisputed fact.

The figures received from the six government hospitals in preparation of this paper show that the total annual expenditure on these hospitals amounted to just about one million yen.\* Each of the five Prefectural Hospitals is maintained by eight to ten adjacent Prefectures together with at least one sixth of the total expense from the Central Government. The new Federal Hospital (Ai-sei-en) is, of course, entirely maintained by the latter. The expense works out to about 75 sen per day for each patient. The total of 1,000,000 yen does not include new buildings but it does include ordinary repairs.

One of the most pleasing and encouraging features of the anti-leprosy work in Japan is the sympathetic and helpful attitude of the government towards the private hospitals. The various sums of money received by these hospitals from Prefectural and Central Government budgets totals from fifty to sixty thousand yen annually, not counting special amounts granted for the erection of new buildings or the enlargement and improvement of the plant.

Until quite recently the entrance of patients into the Prefectural Hospitals was almost exclusively under the law

\*1 Yen (at par) = 2/-½.      100 Sen = 1 Yen.

of compulsory segregation. But with the establishment of the new Federal Hospital (Ai-sei-en) on Nagashima voluntary segregation is now allowed and this example is being followed in the Prefectural hospitals as well. The advantages of this change need not be enumerated, but they are of prime importance. In order to facilitate voluntary declaration of the diseases popular lectures are arranged, often with moving pictures, in leading cities and towns with the object of acquainting the people with the needs of the work, the various methods used, and the real inside condition of the hospitals. The result is a much wider and more intelligent interest in the problem as well as an increased participation in helping forward the cause.

Along this line of work both the "Japan Mission to Lepers" and the "Japan Leprosy Prevention Association" specially concern themselves. Neither of them aims to set up or maintain under its own auspices any leprosy hospital. They are chiefly for the purpose of anti-leprosy propaganda and for aiding cases of special need. The spread of literature and the holding of public meetings are the two main lines of activities of both these associations. It is being increasingly recognized that the hope of ridding Japan of leprosy has little or no chance of being realized with the means and methods thus far used. It is true that there are positive evidences of a decrease in the number of cases throughout the country during the last two or three decades. One of these evidences, and probably the most reliable, is the decidedly diminished percentage of patients discovered among the young men at the time they are examined for military service. By inference it may be fairly concluded that a somewhat similar decrease in numbers has been going on among the female population. The writer ventures to surmise that this decrease is not mainly due to the segregation and hospitalization of leprosy patients in recent years, but rather to improvements in living conditions. Better enforcement of hygienic laws, use of more proper foods, better homes, more care in avoiding contacts with patients—these things are doubtless largely the causes of the decided decline in the numbers of patients. This is the more evident when we consider the fact that the paroling of patients as "symptom free" or, according to the new nomenclature, "arrested cases" is an almost unheard-of thing in Japan proper.

In the answers to a very recent questionnaire sent to all the hospitals, government as well as private, the total number of paroled cases amounts to only 31 for an entire year and of these 20 are reported from the new Federal Hospital

(Ai-sei-en) alone, due doubtless to its policy of voluntary entrance which naturally leads to the entering of early cases that are amenable to effective treatment over a very short period. The Japanese leprologists as a rule do not favour paroling patients and the authorities in the Department of Health seem to stand behind this policy. Apparently the two main reasons for this policy are strong misgivings as to whether any real patient ever becomes entirely free of the disease, and lack of accommodation outside the hospitals and colonies for so-called "burnt-out" and "arrested" cases that have ceased to be infective. With these ideas and conditions in mind it would seem an unwise and even dangerous procedure to thrust such patients back upon society where they are certainly not wanted and where most, if not all, of them would simply become a burden and a nuisance to the people among whom they would dwell. That this is not an imaginary, but a very real situation, is verified by the experience in Korea where so many patients have been paroled out of the private hospitals. This phase of the leprosy problem, namely, what to do with the paroled patient, is becoming one of the most acute and most difficult questions to solve. In Japan proper a solution of the question is not even sought, but if ridding the country of leprosy is really a definite aim to work for, then some solution of this most difficult phase of the work will also *have* to be seriously considered. Without the earnest attempt at a solution to this question, the task of extirpating from any country this dreadful scourge of leprosy will be most seriously hindered and retarded—nay, it seems to the writer that it could never be wholly accomplished. Separate colonies for these paroled patients, under conditions that would make self-support wholly, or at least in great part, possible, point out one way of possible success. Small attempts at this have here and there already been made but hardly enough to gauge the result.

Another feature of anti-leprosy work, and a very important one which is still largely neglected, is the proper care of the children of sufferers from leprosy. Only 29 such are reported in connection with all the government hospitals, and the total number connected with the eight private hospitals is not much larger. On the other hand, there are over 100 children reported among the hospitalized patients, 85 of whom are in government hospitals. This is a sad state of affairs because by early and proper treatment all these 85 children might have been saved from falling victims to the disease. The well established fact of the non-hereditary

nature of leprosy gives us this confidence in the possible salvage of all such children if taken from all leprous contacts and surroundings in their infancy. The anti-leprosy movement should address itself much more earnestly to this branch of the task, and we are glad to be able to state here that small beginnings have been made.

What is the outlook of the Anti-Leprosy Movement in Japan? Naturally to this question widely differing answers would be given. Those most pessimistic about the outlook I venture to say, are those who know the least about the real situation. At the same time, experts are aware of the fact that the predominant note of leading leprologists in the world has recently been one rather of warning against too optimistic a view of the situation and of the outlook for the future. We in Japan also take this to heart. While rejoicing in many signs of real progress, we do not wish to be blind to the gravity of the task still ahead nor to the many difficulties that must be overcome in order to realize what may truly be called a great success.

(The full address will be found in the Conference Number of the *Leper Quarterly*, December, 1932. Published by the Chinese Mission to Lepers, 20, Museum Road, Shanghai.)