

Newspaper Cuttings

Victories over disease. "It is not so many centuries ago, that leprosy was common in Britain. In the reign of Edward III. it was so widespread that an ordinance was passed insisting on the exclusion of lepers from London; and there were at that time at least two hundred "leper houses" in Britain. The horror in which this disease has, throughout history, been held may be gathered from mediæval records. We learn from these records that a person on being recognised as a leper "shall be approached by the priest and by him told of his condition and fate. Before he is outcast he may make his last confession in the church, and afterwards he is led out into the

churchyard as one dead. After being comforted by the priest, the earth from the churchyard is cast over his feet with the words: 'Be thou dead to the world but alive to God'; and all may pray for him then, even as he asks. Then the leper is led out into the open field and left alone." In Britain leprosy is a thing of the past; and few of our doctors have ever seen a case of this disease."

Where lepers grow their own food. "On the little-known coast of Pondoland at the mouth of the Umsikaba River, is one of the five leper institutions controlled by the Union Government.

Most of the food for the patients is grown or produced on the estate, the extent of which, fully 67 square miles, provides ample sustenance for the 2,000 head of cattle and 400 sheep. In fact the country has proved so suited to ranching that the herd has become a source of revenue to the Government through the sale of cattle, besides providing all the needs of the Institution as regards slaughter stock and dairy produce.

The mealie lands also produce revenue apart from the value of mealies required for local consumption. Finally the successful cultivation of several acres of land set aside for vegetable gardening ensures an adequate supply of green food all the year round, both for patients and staff. In recent years, however, much difficulty has been experienced in keeping the mealie-lands and vegetable gardens free of locusts.

By the adoption of the well-known Transkeian native council system the control of the natives is considerably simplified, as only **disputes** or complaints which the headman is unable to settle are referred, for final decision, to the able Superintendent. On the whole the patients seem well contented despite their afflictions. They are encouraged to work in the lands as far as their physical disabilities allow, in return for nominal monetary compensation or for certain privileges, the idea being that healthy manual labour is one of the best antidotes to the disease of leprosy."

Leprosy in Madras Presidency. The group leprosy scheme sanctioned by the Government was very useful in carrying out intense anti-leprosy campaigns. The group leprosy officers continued to carry on propaganda work in addition to the instructions they were imparting to medical officers on the latest methods of classification, diagnosis and treatment of leprosy.

Sixteen District Leprosy Councils were formed in the districts in accordance with the resolutions of the Calcutta and Madras Leprosy Workers' Conference held in 1933. It is a matter for gratification that the council at Salem has done much to stimulate public interest in the campaign to eradicate leprosy and the Government trust that the other district councils will emulate the good example set by Salem.

Lepers escape and hold town at bay. Bucharest. Maddened by hunger and cold, between 100 and 150 lepers, including nearly 150 women, who found themselves isolated in the Tichilesti Hospital, ran amok.

Making their escape from the hospital, they found their way into the neighbouring town of Isacea, where the townspeople, horrified

at the gruesome sight, rapidly quitted the streets and barricaded themselves in shops and houses.

The lepers advanced on the Town Hall, where they demanded food and fuel. The authorities promised that their demands should be met on condition that they immediately returned quietly to their quarters.

In the meantime a strong detachment of police was summoned and surrounded the malcontents and herded them back to the hospital.

120,000 lepers in Nizam's State? The Superintendent of the Leper Home and Hospital, Dichpali, in his report for the year 1935 says:—'With no foolish optimism we must face the fact that it is never likely that Hyderabad (Dn.) can be cleansed of its leprosy till the food of the people is more strengthened and their living conditions more hygienic.'

'No one can tell,' he says, 'how many lepers there are in this great State of Hyderabad,' but he roughly estimates them at 120,000 taking the proportion in the villages in an area around Dichpali as the criterion. He remarks that although this is staggering, it would still be stupendous even if it were half that number.

Lepers as carriers of contraband. An unusual method of carrying contraband silk has just been detected by the Calcutta Customs staff. The smugglers in this instance engaged the services of several men suffering from a virulent type of leprosy, and they had yards of silk tied round their waists. They appeared with the contraband material in prohibited territory, apparently with the object of begging alms, but the fraud did not take long to be detected, and as a result of a search a large quantity of silk has been recovered from their possession."

India. An interesting report of the anti-leprosy campaign initiated by the Leprosy Association in the small State of Mayurbhanj in Orissa, India, tells of the practical methods adopted. Careful surveys of 300 villages showed leprosy in over 30 per cent. "Propaganda was conducted by means of wall charts and distribution of leprosy pamphlets explaining the mode of infection, the nature and course of the disease, desirability of segregation and other preventive measures with special reference to local figures and facts. Lantern lectures were also delivered at important centres such as Baripada, Udla, Baisinga, Bangriposi, Sirsa and Joypur.

Two full courses of training on leprosy were held for a month each. The instructions consisted of a series of six technical lantern lectures on clinical stages, diagnosis, pathology, etc.

A leprosy clinic was conducted at Baripada twice a week and also served as a training centre. Laboratory work and preparation of special drugs for injection were systematically done once a week.

Seven hundred and ninety-three fresh cases were found in the three leprosy clinics at Baripada, Baisinga and Bangriposi and also in the State Leper Asylum. The total attendance of both old and new cases was 16,728, of which 11,640 were men, 4,555 women and 538 children.

The State sanctioned a grant of Rs. 6,425, for the anti-leprosy

campaign of which Rs. 6,156-2-8 was spent, leaving a balance of Rs. 268-13-4 at the end of the year."

Western Australia. "The Public Health Department of Western Australia, responsible for an area nearly equal to that of Western Europe and a population slightly below that of the city of Leeds, issues biennial reports which it presents to the Minister of Public Health. The latest, that for 1933 and 1934, was published recently and, though naturally not comparable with reports of fully-developed parts of the earth, contains matter of great importance to epidemiology. The actual population in 1934 was 234,913 males and 206,794 females, a total of 441,707. The birth-rate, which has been somewhat rapidly declining in recent years, was 18.30 in 1932, 17.95 in 1933, and 17.66 in 1934. The death-rate has increased in recent years, that for 1934 was 9.23, the highest in the past ten years, except that for 1929, when it was 9.34. The infant mortality shows an irregular fall, for the present decade it averages about 40. Maternal mortality is about the same as that of England, but its distribution is rather different. In 1933 the total rate was 5.21, in 1934 it was 4.87. Both these rates are above average. In 1934 the rate was made up of 0.90 septicæmia, 1.92 abortion, and 2.05 other causes. The high toll of abortion is noteworthy, for it is general throughout Australia of recent years. The matters of chief epidemiological interest in Western Australia are enteric, typhus (Brill's disease), leprosy and malaria. Western Australia is a vast territory, of which only a few small spots are developed, but civilisation is slowly pushing its way further inland. There is, so far as is known, no native disease which the pioneers are likely to meet; their danger, which is enteric, they bring with them. In a civilised community the enteric rate is the measure of sanitation; in a developing country it is also a measure of pioneering, so, in Western Australia, increase in enteric may be merely an index of penetration. In 1932 the enteric incidence was the lowest on record, but 1933, with 81 cases, and 1934, with 87 cases, show advances. The economic condition of the state in the three years adequately explains the rise, which was general, apart from an epidemic of 27 at Boulder in 1933, and another of 19 in 1934 at Kalgoorlie. The Australian form of typhus (referred to in the report as endemic typhus, or Brill's disease) is apparently increasing, the notifications for the past four years being 52, 36, 51, 63. The Australian form is believed to be spread by rat fleas and has a low fatality, which is not increasing.

Leprosy, which is not a native Australian disease, is becoming a serious problem, but the apparent spread in recent years may not be genuine, but the result of greater vigilance. In 1933, some 39 cases were brought to light, and in 1934 the cases known were 45. The patients are mainly aboriginals, but two whites in Perth were found to be suffering from the disease in 1934."

Derby Leprosarium, Australia. "The Minister of Health expressed satisfaction at the action of the Federal Government in agreeing to contribute £5,000 to the cost of the institution.

One of the main reasons that it was decided by the State Government to provide the leprosarium at Derby, Mr. Munsie said, was

the cost and difficulty of transporting patients to Darwin. The Government's proposals involved an expenditure of £10,000 and the Commonwealth's contribution was the outcome of representations made by the Premier (Mr. Collier).

Referring to the Commonwealth's expressed inability to contribute to the cost of maintenance, of the leprosarium, Mr. Munsie said that this was not a serious matter, as maintenance costs would not amount to much more than that of transport now being met.

New Zealand. The report of the leper station at Makogai Island in the Pacific, which is under the jurisdiction of New Zealand "indicates that, since the opening of the station in 1911, till the end of 1934, of the 1,761 patients isolated on the island, 434 have died and 340 have benefitted sufficiently from the curative treatment to justify their discharge, in most cases on the condition that the patient must have been free from all signs of active leprosy, and bacteriologically negative for leper bacilli for two years, must reside in a prescribed area, and not engage in listed callings, and present himself for inspection by a Government medical officer every three months. The conditional discharges from Makogai station, already mentioned, do not include 420 Indians, who, although not yet entirely free of the disease, by treatment and care have been rendered fit, and have at their own request been repatriated to India, where the Indian Government will look after them."

Spain. "According to an Exchange Telegram from Madrid martial law has been proclaimed in Alicante. Senor Portela, the Premier, stated that this step had become necessary to deal with the disorders created by the extremists who, among other things, had opened the gate of the leper colony and let the inhabitants loose."

Silver Jubilee Fund in India. "It is understood that the total allocation to the Indian Red Cross headquarters is Rs. 18,57,000 of which sum Rs. 1,00,000 is earmarked for distribution to hospitals in Delhi and Simla, Rs. 10,000 to assist hospitals bearing Her Excellency's name, and Rs. 3,13,000 for the British Empire Leprosy Relief Association, leaving Rs. 14,33,000 for Red Cross purposes."

China. "Four Chinese lepers in the C.M.S. leper hospital at Pakhoi, recently wrote a letter to a former missionary who was revisiting the city, enclosing a contribution toward relief work in Quetta (India). They wrote: 'We who know what suffering is and what Christian love and medical assistance mean, most sincerely hope that our Heavenly Father will soon provide the necessary means to rebuild the hospital there, so that those who are sick and needy will not be left uncared for. As an expression of our sympathy with the Quetta sufferers, appreciation of the Christly service of Dr. Holland and his faithful colleagues, and thanksgiving to God for our happiness to see you again among us, we, the patients, have subscribed \$19.42 in local currency. On behalf of the patients, we, the undersigned, respectfully request you to kindly help us to forward the money to the proper quarters for the rebuilding of the hospital.'"

Lepers in Congo. "More than 100,000 lepers are to be found in the Congo. The Protestant Missions are doing more for them than any other body in Congo, but much remains to be done, especially in some areas."

Korea. "It is reported that there are more than 14,000 known lepers in Korea. Four thousand of these are being cared for in the public hospital on Little Deer Island, while over 1,000 are being treated in the two Christian leper hospitals at Soonchun and Taiku. The remaining 9,000, more or less, are at large, uncared-for, homeless beggars."

Father Damien. We quote the following from the 'Pacific Islands Monthly':—"On November 18 cables from London announced that the body of Father Damien, the Belgian priest who laboured for 16 years among Hawaiian lepers on Molokai Island will be taken to his native land, for reburial in the chapel of St. Joseph at Louvain. The President of the United States, Franklin D. Roosevelt, has authorised the conveyance of the body to Belgium in an American warship.

The life of Father Damien (Joseph de Veuster) is one of great self-sacrifice and simple heroism. Setting himself the task of ministering physical and spiritual healing to the unfortunate lepers, he toiled faithfully for long years in an atmosphere of filth and squalor, eventually contracting the ghastly disease himself. He died of leprosy among the other sufferers in that little settlement on Molokai which was described as a "pitiful place to visit and a hell to dwell in."

Born of middle-class parents on January 3, 1841, at Tremeloo six miles from Louvain, he commenced his community life at the age of 18 as a drawer of water and a hewer of wood. Owing to his ignorance of Latin and Greek his superiors decided he could not take holy orders. Damien, however, begged the Fathers to permit his brother, who was about to be ordained, to instruct him. This was granted, and he studied with such voracious diligence and made such progress that he was allowed to prepare for the priesthood.

Shortly afterwards a party of missionaries of the Society of the Sacred Heart of Jesus and Mary was making ready to leave for the Sandwich Islands (Hawaii). Amongst them was Damien's brother, then a priest, but he was seized by fever before the departure and Damien besought the authorities to let him take his brother's place.

He was sent, and in 1873 arrived in Honolulu where he was ordained, and given charge of an outside district on Oahu Island. At the dedication service of a new church at Maui some months later, Damien met the Bishop of Honolulu and appealed to him to be allowed to work among the native lepers at Molokai, the state lazaret. Receiving the Bishop's sanction, he left the same day, travelling on a cattle boat to the prison he had voluntarily chosen.

Housing conditions on Molokai were deplorable and the moral plight of the lepers was even worse than the havoc wrought by the disease. Damien commenced work immediately and finding the settlement unsuitable built a new one. He created a permanent water supply and made so many improvements in health conditions that the death-rate dropped perceptibly and the patients sufferings were eased.

His life was a busy one, full of rough hardships and privations. Often the colony ran out of provisions and Damien was the first to go short.

One day after years of toil as he sat instructing a group of lepers, a coal fell from the fire upon the palm of his hand. He did not notice it and felt no burn—and then he knew that the fearful scourge had come upon him. After much suffering he died on April 15th, 1889.

Father Damien and his work among the Molokai lepers was the subject of a vitriolic pamphlet vigorously penned by the great Robert Louis Stevenson in reply to an attack upon the Belgian priest by Dr. C. M. Hyde, a Presbyterian minister of Honolulu. On February 24th, 1890, Stevenson who was recovering his broken health in New South Wales, was shown a copy of the *Sydney Presbyterian*, dated October 26th, 1889, in which Dr. Hyde cast grave aspersions upon Damien's moral character.

After reading the paper, Stevenson leaped to his feet in furious anger, declaring that he must reply at once to smash the traducer of a dead man for whom he had conceived an ardent admiration. Next morning he wrote the famous defence in his room at the Union Club, Bligh Street, Sydney. It was the work of only a few hours and stands now almost exactly as it was in the first hastily written draft.

Stevenson wrote graphically of his own feelings and observations when he visited the leper station. In masterly style he soundly denounced Damien's detractor, handling words, as he expressed it, "to convey truth and arouse emotion." With the skill of a scientist, he dissected and criticised Rev. Hyde's letter and drew a portrait of the missionary as a noble hero labouring among the afflicted lepers.

By and by, after his letter had been published in England, Australia, and New York, Stevenson himself regretted its violence. He confessed that it was "barbarously harsh," and that he might have defended Damien equally well without inflicting pain on others."

Trinidad. "In the glamorous Caribbean Sea, a mile or two from Trinidad, lies a Garden of Eden inhabited by lepers.

It is in the island of Chacachacare, one of the most vividly beautiful spots in an essentially beautiful region. Chacachacare, Island of Lepers.

Green clad slopes receding into innumerable bays with water as clear as crystal and foliage of that intense quality of green that only the sub-tropics know; white buildings with red roofs against a background of coconut and royal palms, the pale haze of the Venezuelan mountains, just nine miles off, hanging on the skyline. Such is Chacachacare, the leper colony of Trinidad.

It is indeed hard to believe that living in this beautiful spot are men and women suffering from the most loathsome disease known to man. To combine ugliness, and leprosy is as intensely ugly as it is pitiful, with beauty is incongruous, but it is a very humane procedure here.

Years ago lepers were shunned as pariahs and unclean persons. In their own interests a humanitarian government stepped in and Chacachacare is one of the results.

The Colony of Trinidad maintains a settlement of no less than 425 men, women and children lepers at Chacachacare, in various stages of the disease. They are governed by a Chinese doctor who has made a life study of this dread disease. The settlement is spotlessly clean, there is no dust, no dirt, everything is washed and scrubbed with meticulous care.

But the inhabitants. Gone are one's first impressions of beauty, cleanliness, of the goodness that is nature, when the lepers come into view. Hopeless cripples, features horribly marred and distorted, sightless eyes, hands without fingers and feet without toes : a mass of bandages comprise what was formerly a man who had been something of an athlete in his early youth ; bodies covered all over with huge, festering sores. And on every face a haunting look of hopeless despair.

Such is leprosy at its worst. There is no cure for these people ; they are simply waiting, waiting, knowing that some day they will once and for all be relieved of their troubles.

There are others who, to the uninitiated eye, appear perfectly healthy and uncontaminated. But they also are victims, and they receive the very best medical attention in order that they might not get worse, or, in a very minor case, be cured.

Those who are able, are set to work on cultivation and around the institution. For such labour they get paid and are allowed to do what they like with the money ; naturally it does not go into circulation on the mainland. The vast majority are glad of the work not so much because of the money it brings in but otherwise the time would lie only too heavily upon their hands, and time goes slowly when one awaits the end, a lingering, ugly, but inevitable end.

The lepers are afforded every possible convenience. They have their own gramophones, their own wireless installations, and even their own motion-picture show. Concerts, dances and amateur theatricals are also held on certain gala occasions for the less-affected sufferers.

There are two churches on the small island, one Roman Catholic, the other Protestant, and services are held regularly at each.

Looking after the women lepers are Sisters of the Dominican Order under the guidance of a Pole, who came to Chacachacare from Switzerland. It is a far cry from snow-clad hills to the burning sun of the sub-tropics, but she is only typical of many who have devoted their lives for the relief of sufferers of the dreaded leprosy. The sisters live in a small convent situated on a lovely promontory across the minute entrance bay, and as one leaves the island the last thing to catch the eye is their convent with its verandah-hidden facade of purple bouganvillea and scarlet hibiscus.

For the men there are cricket and football pitches and they manage to put up quite good games between the inmates. Pigs and goats are kept, the latter for milk and the former in case the supply of fresh meat from the mainland runs out.

In the event of a child being born in the settlement, an extremely rare occurrence, the newly-born infant is taken away from the mother immediately and within two or three hours is in an institution in Port-of-Spain, Trinidad's capital. There every effort is made to free the child from any contamination it may have."