

*Leprosy in Great Britain at the present time

J. M. H. MACLEOD.

When the Chadwick Trustees conferred on me the honour of inviting me to give the Malcolm Morris Memorial Lecture I was in the unique position of having no difficulty in the choice of a subject for the discourse. The subject which I speak is one in which the late Sir Malcolm Morris was specially interested, and in his work in connection with it I was closely associated during the last decade of his life. It has now fallen to my lot to carry on the work which he inaugurated, helped and stimulated by the inspiration of his memory.

To many people it may come as a surprise to be told that leprosy, a disease which, from the deformities and mutilation associated with it, has been regarded with dread "all down the ages" is still present in our midst.

Fortunately the cases are now comparatively few and are usually imported cases occurring in British subjects who have come from abroad to settle at home, either with the knowledge and obvious signs of their affliction, or in the incubation period before the symptoms have developed sufficiently to be noticeable.

Leprosy may occur at any age but children are far more susceptible to it than adults. Like tuberculosis it is not congenital, though the predisposition to it may be transmitted from parent to child. It always seems to have been more common in males than females and at present in this country the majority of the imported cases are in adult males.

It is a disease which is no respecter of persons and in the past even royal personages such as King Robert the Bruce and Henry IV are believed to have suffered from it. In this country at the present time it may be met with in all grades of the social scale from artisans to professional

and forest department, planters and sailors of different races and colour who have come into the docks with it and have found their way to the hospitals for tropical diseases and elsewhere.

The majority of the cases seem to have come from the

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West Indies, British Guiana, South Africa and India.

The women suffering from it, who have come under my observation, have returned home from residence abroad in a district where it was endemic, and may possibly have contracted it from leprous servants. Some years ago a case in a woman from a colony who attributed it to infection from a mosquito bite on the face which refused to heal, a theory of the method of transmission which is improbable.

In addition there are occasional contact cases in which the disease is contracted in this country as the result of contact with infected persons. I have reported three such cases in individuals who had never been abroad.

One case was that of a boy who, born in Ireland, had never been out of that country till he reached the age of 12 years, when he was brought to London by his father to seek advice with regard to his disease. His father was a Russian who had emigrated to Ireland suffering from leprosy. When I saw him he was in an advanced stage of the disease and I have little doubt that he was the source of the boy's infection.

A second case was that of a boy aged 15 years who was born in Lancashire and had never been out of England. During his childhood he had been in close contact with an elder brother who suffered from leprosy which he had contracted in, and brought from British Guiana.

Another case was that of a boy aged 14 years who, born in England, had never been abroad but who contracted the disease from a leprous father. (*Vide* Brit. Med. Journ., January 17th, 1925.)

These cases are highly important as they indicate the possibility of infection and the advisability of measures being taken by the Health Authorities to prevent such a terrible occurrence.

It is impossible to estimate the exact number of cases now existent in this country, and such numbers as 75 or 100 which are usually given, though possibly not far out, are simply guess-work.

The following reasons are responsible for this lack of precise knowledge of the number of cases.

- (1) Because cases of leprosy are liable to be hidden away and their existence carefully concealed both by the patients themselves and their relatives; for example some years ago a male leper was found who had been hidden away in a mortuary for nearly two years where he was imprisoned and never allowed out.

(2) Because they are apt to go unrecognised, as in these days the disease is so comparatively rare in the British Isles that only specialists in tropical medicine, dermatologists, and a few men who have been in practice abroad where the disease was endemic, are capable of recognising it.

(3) Because at the present time the Government has not considered it of sufficient importance as a menace to the public health to have included it in the list of notifiable diseases.

It will not be possible for me to do more than refer briefly to the intriguing subject of the history of leprosy in this country but it will be of interest for me to recall a few of its salient features.

The disease leprosy was known in very ancient times, possibly in Egypt even as early as 3000 B.C. in the reign of Husapti, and described in Egyptian papyri; it is certain that it was known in India and China long before the Christian era. From Egypt and the East it was carried westward by the Roman Soldiers, traders and crusaders and gradually spread over Europe. In Britain it was certainly recognised as early as the tenth century and probably before then.

It is to Aretaeus in the first century of the Christian era that we are indebted for the first description of the disease as we now know it. It is the disease known by the ancient Greeks as Elephantiasis (a name now applied to quite another affection) and by the Arabian translators as lepra.

In these early days and even up to a century ago owing to the imperfect knowledge of the causation of the disease the name leprosy was used in a wide sense to include a variety of disfiguring skin diseases of a totally different nature from true leprosy, and many of the people who were incarcerated in lazarettes both in this country and on the Continent and who were subjected to the stringent and cruel regime and regulations enforced on the leper were suffering from skin affections of a far less serious character.

In this country it gradually increased up to the 15th century when it became a veritable scourge. Leper hospitals were everywhere established, leper slits or windows appeared in most of the churches and sums of money were given to endow leper charities; but in spite of it all the leper population became so great that the available accommodation was quite insufficient to house them.

In Scotland the earliest leper house or "spital " as it

was called was founded in Berwickshire in the 12th century in the reign of William the Lyon, and in Ayrshire at Kingcase a lazaret-house was established in the 13th century by King Robert the Bruce. Subsequently numerous hospitals sprang up all over England and Scotland which are described in the classical essays by Sir James Y. Simpson in 1872, and by Sir George Newman in the volume of *Essays on Leprosy* published by the New Sydenham Society in 1895.

It is of interest to note that St. James Palace in London is built on the site of the leper hospital of St. James the Less which housed "sixteen leprous maidens."

In London one of the largest leper hospitals was the Hospital of St. Giles, situated in the fields to the north west of the city. It was founded through the munificence of Matilda daughter of Malcolm King of Scotland, the queen of Henry, and housed about forty lepers. As the original endowment was only £3 it was necessary to allow the lepers to augment it by begging and receiving alms, a custom which became generally prevalent but one which led to abuse as so-called proctors and self-appointed people began to go round churches and through the streets begging for lepers without the supervision exercised in connection with a flag-day in modern times.

In the north of England the largest lazarette was the Sherburn hospital near Durham which accommodated 65 lepers. It was founded by Hugh Pudsey, Bishop of Durham, and was richly endowed. This hospital still exists, though no longer as a lazarette, but from its endowment-funds a sum of £200 is now allocated annually by the governors to the Homes of St. Giles for British Lepers, of which I have the honour to be chairman.

The leper houses in the middle ages were not hospitals in the modern sense of the word for no attempt was made in them to cure lepers but they were simply housed, clothed and isolated. Many of them were religious establishments with chapels annexed, where religious observances were strictly enforced. It is recorded that in one of them the Lepers had daily to say for morning duty, a paternoster and an Ave Maria thirteen times and to repeat them seven times at vespers. If they failed to do this they were severely punished by having their diet reduced to bread and water, and if the offence was repeated three times they were expelled.

The cost of these **religious** establishments was sometimes considerable, for example, it is recorded that at the St. Giles hospital for lepers at Norwich a large and costly staff

was maintained consisting of a prior, eight regular canons acting as chaplains, two clerks, seven choristers and two sisters to attend to the bodily and spiritual needs of eight poor bed-ridden lepers.

After the 15th century leprosy began to decline not only in Great Britain but throughout Europe. Although it had died out to a large extent in England by the 17th century it still continued in the northern islands of Scotland, especially in the Shetland Islands. There the lepers were segregated on an island to the west of the Shetland group named Papa Stour which is separated from the mainland by a stormy sound effectively isolating it in anything but fine weather. The last case of leprosy in Papa Stour as far as I have been able to ascertain died over a century ago, and the present people, some of whom number lepers among their ancestors are hardy

The chief influences which lead to the decline of leprosy in Europe were the stringent and too often cruel methods of isolation of lepers, enforced alike by church and state, which compelled them to make known to the people the use of wooden clappers or the ringing of bells, banished them as mendicants beyond the city walls, and even performed over them a burial service depriving them of citizenship and condemning them to a living death.

Apart from these influences in this country there was the gradual improvement in the general health and hygienic conditions of the people, and the recognition as belonging to a different category, of diseases wrongly diagnosed and previously treated as leprosy.

When the disease ceased to be endemic in Great Britain the remaining cases, being few in number came to be regarded as negligible, a policy which has been maintained up to the present time; but even though the cases are few in number, in view of the serious nature of the disease and the possible danger of unrecognised cases in an active phase infecting children it is surprising that the present policy is maintained.

There can be no doubt that leprosy is an infective disease but the danger of infection from it in countries like ours where only a few cases exist, though quite possible, is comparatively slight and for it to take place it seems necessary that there should be close contact with an infected person over a prolonged period. The casual contact entailed in nursing and tending lepers with ordinary precautions is free from risk of infection. It is advisable, however, for nurses to wear overalls while on duty, gloves while doing dressings and to cleanse their hands carefully and rinse them in an

antiseptic lotion afterwards, to use a mouthwash and to avoid unnecessary contacts either direct or indirect with the patient. If such common-sense precautions are taken, the risk of infection is no more, and possibly less, than that entailed in nursing cases of tuberculosis.

In the middle ages the contagiousity of leprosy was stressed to exaggeration and the belief that it was contagious has persisted in most countries in Europe to the present day, but for some strange reason in this country about a century ago an erroneous idea took root that not only was leprosy not contagious but that all methods of se unnecessary and cruel. A committee to enquire into the matter appointed by the Royal College of Physicians of London in 1862 unfortunately corroborated this mistaken view, and the results of their finding may be traced in the attitude held towards leprosy to-day.

In 1909 an international congress on leprosy was held in Bergen at which authorities on leprosy from all over the world assembled and the following resolution was passed :—

“Leprosy is a disease which is contagious from person to person, whatever may be the method by which this contagion is effected. Every country in whatever latitude it may be situated is within the range of possible infection by it and may, therefore, usefully undertake measures to protect itself.”

The lapse of more than a quarter of a century has borne out the wisdom of that resolution.

In this country in modern times until 1913 there was no special provision for the housing of lepers and this has been a matter of grave concern to all who have had to deal with them. The result is that lepers generally hide themselves in their own homes tended by their relatives and are apt to be neglected by them when they become helpless. Lodging houses and hotels naturally refuse to take them in if they are aware of their affliction. The general hospitals are averse to admitting them in case their presence should cause panic among the other patients or even among the nurses, and their last r

council hospital of the district in which they reside, but in these institutions they are unwelcome guests and the authorities and guardians are apt to do all in their power to block their admission. When cases become mental the difficulties of finding a home for them are further increased, as every obstacle is put in the way of their being admitted

to a mental asylum owing to the excessive cost of providing special attendance and seg

In this country there is no embargo to the admission of lepers, and they are liable to come in unrecognized at the ports, but there are endless difficulties in getting them shipped out of the country to return to the colony from which they have come where they would be compulsorily segregated in a lazarette. This state of things encourages lepers to come here.

At the present time lepers can travel freely in public conveyances, can sit with their neighbours in places of entertainment, and may even live with their families in close association

of health becomes cognizant of their existence and somehow manages to provide suitable accommodation for them.

So long as the cases are in a quiescent phase especially nerve cases, there is comparatively little risk of infection from them and there is no urgent need for their isolation, but in active cutaneous cases with ulcerating sores, it is quite another matter, and some form of control and supervision is demanded.

Some years ago certain medical men interested in the leprosy problem tried to deal with those difficulties and among their number was the late Sir Patrick Manson. A meeting was arranged by them with the principal medical officer of the then Local Government Board at which he was urged to use his influence with the authorities to induce them to consider the situation and to take measures to remedy it even to the extent of making the disease notifiable; for certain reasons this was met with completely negative results.

In 1913 as no assistance was obtainable from the Government a further meeting of those interested in the matter, both medical men and laymen, was called, when it was decided to try and raise a fund to provide a home where helpless lepers could be voluntarily isolated and housed and where they could be nursed and cared for and could live a community life a

the late Sir Malcolm Morris was closely associated. The fund collected at that time was employed to found the present leper colony in Essex known as the Homes of St. Giles for British Lepers.

The story of how the colony grew from its inception in a little farm near Chelmsford to its present state of efficiency and usefulness is an epic worthy of that great physician.

The colony which plays such an important part in the

protection of the public health is situated in a peaceful upland country, surrounded by old trees and pleasant pastures, and with its bungalow settlement for the patients, its community house for the Anglican sisters who nurse its chapel a converted old Essex barn, and its cemetery for those who, relieved of their sufferings, have passed on, is one of the most peaceful spots in the countryside.

The work of the colony is done by the Anglican community of the Sacred Passion which has its English home at St. Giles and its chief centre of activity and motherhouse in Africa in Tanganyika.

In the colony the patients have the advantages not only of a pleasant home in healthy surroundings but of skilled medical attention, and as one of the honorary staff is Dr. Ernest Muir, a leprologist of world-wide reputation, they have the further advantage of treatment by the latest methods.

At the homes not only are the physical and medical needs of the patients supplied but every devoted sister to render their lives as bearable as possible and to distract their minds from their affliction by getting those of them who are sufficiently fit to be interested in out-of-door occupations such as gardening, keeping hens and the like, and to indulge in indoor recreations such as billiards and other suitable games. They are encouraged to read, and some kind person is provided to read to those of them whose infirmity or blindness prevents them from doing so.

In this way their time passes peacefully, and as an indication of the success of the sisters in their efforts, not long ago a distinguished foreign leprologist on visiting the homes declared that he had never been at a leper colony where the inmates were so well looked after and so happy.

At the present time the homes can only house 12 cases but when funds permit they will be extended. A considerable number of cases have passed through them since their inception and there have been 12 deaths.

They are entirely dependent, like the great voluntary hospitals of this country on a charitable public and a grant or subsidy whatever from the state. The good they are doing is incalculable and a living tribute, better than any statue or cenotaph however inspired, to the memory of Malcolm Morris.