

NEWS NOTES

Japan to wipe out Leprosy. Thirty Year Objective.

There will be no more leprosy in Japan thirty years from now, it is believed by the Japanese Ministry of Public Welfare, after the materialization of the five-year plan providing accommodation for ten thousand lepers in asylums.

The number of lepers in Japan is estimated at fifteen thousand. The Government has hitherto opened up or has improved five asylums. An additional asylum will be opened this year in accordance with the five-year plan. The law for the prevention of the spread of leprosy has been changed so that patients hereafter are to be sterilized. It is expected that the extermination of the malady will be hastened by this measure.

Leprosy in Jamaica.

The *Daily Gleaner* of Jamaica of 28th March, 1940, reports the following speech by the Governor of the island:—

“ I think it was in September, 1938, soon after assuming office here, that I visited the Lepers' Home in Spanish Town. I was deeply shocked by what I saw and determined to try and do something for the unfortunate inmates. I will not weary you with the details. The Lepers' Home is and for long has been a blot on the administration of this Colony. The relevant Government papers taught me that the question had been anxiously considered without any result for years. Possible alternative sites had been examined and rejected for one reason or another. One of the main difficulties about removal to another site has always been the fierce opposition of populated areas to having it brought near them, and the impossibility of finding an alternative site which was both isolated and not entirely barren. I discussed the matter many times with Mr. Crayford, the T. C. H. representative, who was driven finally to the conclusions, which I also reached, that we should have to make the best of its present location. Three essentials remained, (1) more land, (2) complete rebuilding and (3) re-planning and proper management. The first was settled by the generosity of the United Fruit Company, which gave 20 adjacent acres for the purpose. The second was largely provided for by the existence of a provisional allocation of £12,000 in the Loan. We were then left with the third difficulty that of effective and experienced and continuous management. Mr. Crayford would have liked to be given charge himself, though he admitted that

this was not a solution and that neither continuity nor efficiency could be guaranteed. What was wanted was an organisation rather than an individual. He reached independently the same conclusion as myself, that the only hope of attaining what we wanted was to interest one of the religious bodies who had experience of such work, as a work of mercy on a non-sectarian basis. The field of search was very narrow. As you have been informed by the Hon. Member for St. Catherines various Christian bodies have been informally approached but without result during the past few years.

“ It was here that my own personal experience came in. Leprosy and its care is a subject of which I have had a wide experience, and the importance of the subject will perhaps excuse a brief sketch of that experience and the conclusions to be drawn from it, which are very relevant to this discussion. My first experience was in the Malay States and the Straits Settlements—in the Far East. There we had originally two leper islands where lepers were sent by Government and housed largely in huts of native construction. They had proved very difficult to administer. The lepers were miserable and suitable supervision was very hard to obtain. The Federated Malay States Government then decided to build a model Leper Settlement within ten miles of Kuala Lumpur the capital town of the Federated Malay States. Large sums of money were spent on it and in the end it represented everything that money could buy. But it was not a complete success. It had too much of the atmosphere of a prison, and the difficulties of proper subordinate supervision were immense. Believe me, gentlemen, it requires something more than good housing and the normal performance of duty which a Government salary can buy to make a Leper Home other than a dismal lazaretto.

“ My next experience was in Borneo, where we kept our lepers again on an island, in native huts on the sea shore. There too we could not obtain proper supervision. Money alone cannot buy continuous devotion in such distressing surroundings.

‘ The settlement was, despite visits from kindly persons in addition to the doctor, a place of unhappy exile. I ask you to follow me across the world to West Africa. In my travels up-country in the Gambia I found lepers in every village, sharing the same huts and using the same cooking-pots and spreading contagion. We organised one or two leper village camps and succeeded in a certain amount of voluntary segregation under regular visits from a doctor, but of course there was no proper supervision, and attendants could not be induced to take on the job. These camps did something to prevent the indiscriminate spreading of contagion and helped to arrest the disease in the sufferers, but I cannot claim

that they represented much hope of cure or were really more than a beginning. We aimed at educating the people to regard leprosy as an avoidable thing, to be controlled by segregation, and ultimately to be cured by the institution of a properly equipped Home.

At this stage I must take you across the world again to the Pacific. I found there that one of the Fiji Islands had been set aside as a Leper Home, a small island of great beauty a few hours sail from Suva, the capital town of Fiji. This leper settlement receives lepers from all the Pacific Islands under the jurisdiction of Fiji, New Zealand and Australia. It is managed by the Government of Fiji, with a resident Medical Officer and an administration staff of Marist Sisters. The expense is borne on a *per capita* basis by the administrations concerned and it is run as a Government institution on an entirely non-sectarian basis.

' All denominations of Christianity are represented amongst those inmates and are visited by their respective pastors, and they have their separate religious services. But quite 75 per cent of these inmates are Wesleyan Methodists, since that denomination is the strongest in that part of the Pacific, and most Fijians belong to the Methodist Church. At one time the lay Superintendent was a Scottish Presbyterian.

" I wish you could see those wards, gentlemen, and compare them with the squalid misery of our own Home or even, if that comparison is not fair, with the soulless material efficiency of the Malayan home. Clean, airy, beautifully-kept wards, where the advanced cases are not mixed with those in the early stages—separate children's wards—a dozen or so little cots in each, with the centre tables piled high with dolls and teddy-bears, and toys of all descriptions sent in lavish abundance by the Anglicans of New Zealand and by the Methodists of Fiji—sent to the Sisters to help them with their little charges.

" Gentlemen, it is the birth-right of every child to have a little light and a little laughter. Will you deny it to the sick children of your own race? I am sure you will not do this thing. There is no childish laughter in the Spanish Town Home, nor is there anything but adult depression. The word Home is a mockery. At Makogai in the Pacific, the Sisters radiate their own atmosphere of loving care, of cheerfulness, and of hope. Yes, gentlemen—hope. Because every year the Director of Medical Services holds a Medical Board with the Resident Medical Officer, and half a dozen or perhaps a dozen patients are discharged as cured and restored to their friends.

" And I may say here, gentlemen, lest their cheerful smiling

efficiency and their life-long devotion should obscure the nobility of their work, it has been found that only an exceptional doctor can stand the strain of service on the Leper Island for more than two or three years. He is then changed. Does it matter that the Sisters are strengthened in giving their lives, for it is no less that they give, because of the faith that is in them? Did it matter what were the religious convictions of the good Samaritan?

"You will remember that it was said: 'Greater love hath no man than this, that he should give his life for a friend.' You may also recollect that in Kipling's story the little Indian boy Kim was called 'little friend of all the world.' Gentlemen, that is what the Marist Sisters are—little friends of all the world.

"The Government aims at stamping out leprosy in this island. I have medical opinion solidly behind me in saying that there is no reason why in a period of two or three generations we should not free Jamaica from this scourge. It is perfectly possible in so small an area.

"But an essential condition is a model Leper Home where patients would go willingly in the confident expectation of loving care and reasonable comfort and, for those in the early stages, the hope of cure."

Leprosy in Roumania. E. Szekely carried out an enquiry in this subject and submitted a thesis in 1938. There are in Roumania about 4,000 lepers and this number is tending to increase, especially in certain regions. This process is in progress chiefly in the frontiers of Bessarabia. The devotees of a religious sect who mutilate themselves so as to become eunuchs after the birth of the first male child, are the chief contributors to this malady; the other inhabitants are also attacked but in a less proportion. In Roumania there is no special legislation enforcing the isolation of lepers, as there is for example in Greece on an island in the Archipelago. However, they require the patients to live together at Tichilesti at the side of the Danube. Of the two leprosia, that at Largeance in Bessarabia is a kind of village with 250 patients working in the fields; among them there is a certain number of leper couples. It was founded in 1916, at which time leprosy began to spread considerably to the south of Bessarabia. A leprosy specialist directs the medical service. The leprosarium at Tichilesti, which was destroyed in the last war, is being reconstructed; it is situated in a very favourable climate.

The **Rhodesia Herald** reports: "An interesting tree has been found on a plot at Highlands, and it is probable there are no others

south of the Zambesi. The tree is well known to the natives who come from considerable distances to secure latex from it, believing that it is a cure for leprosy. In appearance the tree resembles a frangipani, but is really a *symadenium*, a close relative of the *euphorbia*. Some years ago the late Mr. Swinnerton reported seeing a similar tree at Mount Selinda, but efforts to discover the tree have failed. It has, however, been reported in the Zambesi Valley. It is probable that the Salisbury specimen was brought down by natives. Almost any part of the tree will grow when planted, and the branches have considerable vitality."

[The milk-like juice of *euphorbia* and other similar trees has a strong caustic action and is used to cauterize tuberculoid leprides with a certain amount of success.—Editor.]

The Anti-Leprosy Campaign in Orissa, by Isaac Santra.

I am writing this note on the 20th May, 1939, sitting in a room where a European doctor sat exactly ten years back. This man sat and meditated how best the problem of leprosy could be tackled in Orissa, a place where the incidence of leprosy is highest in India. There were altogether twelve doctors under his supervision. Long before the sunrise when the men were in bed and the village brides went to the village tank, the party would be seen to go out to find out how many lepers the surrounding villages had, how they got the disease and what could be done for them. They must reach the village before the men left for the fields. By the time they came back the cattle would be seen resting under the shade of trees chewing the cud.

This labour bore fruit after ten years. From the beginning of 1939 the Orissa Government has given effect to an anti-leprosy scheme which in my opinion is the best in India. Most of the other ten provinces of India have made enquiries regarding this scheme. For the benefit of readers I wish to describe the scheme.

In the year 1936 Orissa was constituted as a separate province. Its population is 80 millions and the number of estimated lepers is 60,000, of which 15,000 are supposed to be infectious. It is the poorest province in India. The people's mainstay is agriculture. Many go to the tea gardens, coal mines and factories for labour. Generally the trade is in the hands of merchants from other provinces, yet the Orissa Government spends about Rs. 40,000 annually on an anti-leprosy scheme.

The scheme, in a few words, is to register lepers within a radius of five miles from existing dispensaries, provide for their treatment, and isolate infectious cases. This is done through the Orissa Branch of the British Empire Leprosy Relief Association. Each

district of the province has a district leprosy council affiliated to the Provincial Association. There are a district leprosy officer and three compounders for each district. The medical officers of the dispensaries give treatment to the out-patients at a fixed hour on fixed days, generally two days in the week. Each clinic has a clinic committee and village committees whose main work is to persuade infectious cases to live away from the village. It was a custom in India to ask lepers to live outside the village or spend the rest of their lives within the premises of a temple. The present attempt is to make it more humanitarian. Huts are built, enough land is given for cultivation purposes, and attempts made to make their lives comfortable. To supervise all these works spread over the districts of the province there is a provincial leprosy officer. This officer and myself will be going round all the districts of the province checking survey figures, watching the treatment of clinics, inspecting proposed village isolation centres and colonies, and we hope to benefit the campaign by our advice. The expense, including staff's pay, literature, medicines, isolation huts, food and clothing for isolated cases, is estimated at £452 a year.

According to the estimation, by the end of five years (the plan has been sanctioned for five years) leprosy clinics will have been attached to all the dispensaries, each district will have at least four isolation centres, and a large colony and a central laboratory for leprosy work will have been established. Sufficient data will have been collected to impress the Governments that continuation of the work is necessary.

I have often tried to guess what ideas were passing through the European doctor's mind when he sat in this room. But I am sure he will be pleased that his labour has borne fruit. Orissa will ever remain grateful to him.

The **Field** shows a picture of Chaulmoogra trees (probably *Hydnocarpus wightiana*) at the Government Experimental Station near Rabaul, in the Mandated Territory of New Guinea. These trees are gradually being introduced all over the tropics.

The Federation of Leprosy Relief Associations. This organisation, founded in Brazil in 1932, had then only six groups of voluntary auxiliary helpers. Today the Federation has 78 auxiliary societies distributed throughout the country, lending invaluable help to the Government Leprosy **Board**. Their work is thus described. "The father of the family had some spots on

his face. His ears were reddish and somewhat swollen. His wife remonstrated with him sometimes because he would not see a doctor. 'Oh,' he would reply, 'this is nothing. There are plenty of folks with spots on their faces.' This kind of talk often took place. Then one day he felt really ill. He went to the Health centre. The skin specialist diagnosed him as a leper that required hospital treatment. 'But who will care for my family,' the man protested. 'Don't you worry about that, my friend,' said the doctor. 'Here in the town we have our Leprosy Relief Association. Your wife will be cared for, your family will be sent to the children's home, where they will be kept, and given all their education. Our Association will provide for all their needs and for their mother. She can visit you in hospital, and can always be sure of her children's happiness.'

"Five years passed; the children, well cared for in healthy surroundings, had been saved from the disease and were better equipped for life than if they had remained in their father's home, while he himself was discharged 'cured' sufficiently to warrant a return to the happiness of his home.'

Elephantiasis Graecorum. The name of *leprosy* arose out of a good deal of confusion. According to Liveing's Goulstonian Lecture in 1873, leprosy was not known in Greece in the time of Hippocrates, who described psoriasis as *lepra* (λεπρά). By the time of Aretaeus true leprosy had come to South East Europe, and he described its signs accurately under the term 'leontiasis.' Lecretius and Celsus, the Latin writers, use the term *elephantiasis* or *leontiasis graecorum* for this disease described by the Greeks; and they used the term *elephantiasis arabum* for the filarial disease we now call elephantiasis.

The Hebrew word *Zaarath* was a generic term for various scaly skin diseases which are mentioned in the Bible. It has wrongly been translated by the specific term 'leprosy.'

Constantine Africanus, in the 11th century A.D., in accordance with the theory of the four juices of the body, divided leprosy into four types: *elephantiasis*, *leonina*, *alopecia*, *tyria*; but he used *lepra* as the general term.