

## BROADCAST ADDRESS—*They Walk Alone*

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The title of this series of broadcasts, speaking as it does of the condition of those who for various reasons, usually unjustly, have been ostracised from ordinary society, has possibly been inspired by that fine book, "Who Walk Alone,"

recently written by my friend Mr. Perry Burgess, President of the American Leprosy Foundation. In this book he depicts something of the agony of mind a man goes through when he discovers that he has leprosy. The central figure in the book is that of an American soldier who served in the Philippines and, years afterwards, discovered to his horror that he had leprosy and dared no longer live with others as an ordinary member of society. The case, of course, could be paralleled scores of times in this land of India, and in our hearts when we hear of sufferers from leprosy a deep sense of pity is aroused. Yet to be pitied is the last thing a person with leprosy wants. It is not sentimental expressions of compassion that are needed, but an understanding of the sufferers' position, an overcoming of our secret fear of such a person, and a giving up of the old practice of treating sufferers from leprosy as outcasts. These changes alone will enable men and women with leprosy to regain their self-respect and will encourage them with the hope that their return to social fellowship is possible, and is desired by their friends.

In introducing to you the subject of leprosy I have no intention of showing you that side of the subject which arouses pity and a sense of fear and horror. There has been more than enough of what some people would term "sob stuff" written about leprosy. Let me approach the subject from the angle that my listeners are understanding men and women who wish to know facts about leprosy and how they can co-operate in altering the mind of the public, and so pave the way to a more intelligent attitude towards the disease.

In approaching this problem the first thing of which we should try and rid our minds is what might be termed "the leper complex." Therefore, I make an appeal to all who hear this talk that they endeavour to refrain from using the word "leper." Such words as "LEPER" and "UNCLEAN" are relics of the middle ages and should be no part of our vocabulary. Let us, by all means, fight the disease, but let us not ostracise and stigmatise the person who has leprosy, for he is not cursed by God neither has he a disease which is the result of immoral living or other sins. Some may say one cannot get rid of the word "LEPER," for it receives sanction from sacred books, but it must be borne in mind that in early times when diseases were not differentiated as they are to-day, much that was called leprosy was not leprosy at all. Many of these diseases which were grouped under the name "Leprosy" were highly infective and hence leprosy was con-

sidered to be a deadly disease, from which no recovery was possibly except by Divine intervention. For this reason there was and is a great fear of leprosy. Another reason for the fear of leprosy is that it is in some forms a mutilating disease; but while that is true many of the worst deformities and ulcers are not infective and need not be shunned. How frequently persons with such ulcers are avoided and their wounds neglected, whereas if the usual cleanliness and care were used they could quite easily be treated in ordinary dispensaries and hospitals and leprosy institutions would not be besieged with cases for which they have not accommodation and which could be treated equally well elsewhere.

Now let me endeavour to pass on something of the findings of the past few years and so help you to understand that this is indeed a subject worthy of study, a disease possible of prevention, a campaign profitable to support.

The British Empire Leprosy Relief Association in this province through its various investigation units, and particularly as a result of its Child Investigation Centre, has contributed much towards elucidating some of the problems which have, up to now, been little understood. Evidence has been gradually built up indicating that leprosy is largely a disease which spreads among children, and that the adult seldom acquires it, and that while certain forms of leprosy are serious and dangerous particularly to children, much is innocuous and of no danger to the public. Childhood and overcrowding are the main factors in the acquiring of leprosy. Defective diets as far as can be ascertained, plays little part in the acquirement of the disease, and the part played by diet in relation to the treatment of the disease has been over-emphasised. Air, food and water, as far as we know, play no part in transmitting the disease. As far as our present evidence goes it can only be acquired by persons, especially children, being in close contact with someone who has infective leprosy. If this contact is close and prolonged then the disease is acquired in a large percentage of children, but so low is the infectivity of leprosy that probably even under the most favourable conditions for infection 15—20 per cent. of children escape. Not only may some 15—20 per cent. of children who come into contact with leprosy escape the infection, but of all the children who acquire the disease at least 50 per cent. show a form which spontaneously recovers without treatment. We are now more able to recognize in children those types which are comparatively benign and those which are more serious and tend to develop into the rela-

tively dangerous and difficult cases to treat. If then much leprosy is benign—dangerous neither to the person with it nor to those around—it means that vast though the problem is looked at as a whole, there is a fair prospect, given adequate training of medical men and adequate resources, of bringing the disease under control. If every mother in India would resolve that no child must be handled or picked up by any person with leprosy this would do more than any other measure to bring the disease under control. While this statement is true it cannot be too strongly stressed that leprosy should not be looked upon as a disease with a social stigma. Not only is it encouraging to remember that probably 50 per cent. of all children who acquire leprosy throw off the disease before adult life is reached, but there are certain forms of leprosy which appear to be very severe yet clear up almost miraculously and that without treatment. When one realises that such spontaneous “cures” occur one can readily understand that if these forms are not recognized success may quite honestly be attributed to a drug or other form of treatment, and yet the form of treatment suggested may have nothing to do with the subsidence of the disease. Therefore, in all cases the important question is not just whether a person has leprosy or not but whether he has a serious form of the disease requiring immediate, intensive and expert treatment.

I am often asked, is leprosy on the increase or decrease in India? The answer is “Yes” and “No.” There are certain villages where leprosy is of negligible moment, whereas there are other villages where the incidence may be 5—6 per cent, 8 per cent. or even more. We are beginning to be able to say that given certain conditions leprosy is not likely to spread in a village, whereas under different conditions the disease is likely to increase. The main factors in the spread of the disease are: (1) the percentage of infective—or as we call them “open” cases in the village—and (2) the extent to which children are in close contact with such open cases. Remember that one open case coming into contact with many children may be more responsible for the spread of the disease than a greater number of open cases not in contact with children. It cannot be too strongly emphasised that you as a healthy adult are very unlikely to acquire leprosy, but for goodness sake shield your children from infection, and if there is a known case of leprosy in your house, street or village, if you value child-life let him not handle, touch or have any dealings with children.

You will note I have said very little about treatment. I

have purposely avoided doing so because leprosy, though easy to prevent, is, if it develops seriously, difficult to treat. Yet in the hands of those who understand and have studied the disease the results of treatment are not discouraging. During the past six years in the Lady Willingdon Leprosy Sanatorium the discharge rate among the more serious forms of the disease has increased more than eight-fold. Relapses do occur all too frequently, but there is considerable hope of recovery if intensive treatment is commenced early.

Finally, a few hints to those who wish to share in the fight against this disease:—

1. FOR DOCTORS. If a doctor, try and get some special training so that you will come to understand the disease better and develop a real interest in its prevention and treatment.

2. FOR OTHERS. (a) If you, or anyone you know, has the disease, do not resort to remedies which claim dramatic cures, for dramatic improvement in leprosy is deceptive. Remedies which show steady progress are more reliable than those others which appear to give remarkable results. Only those who understand all the vagaries of leprosy can properly appraise the value of any given remedy.

(b) If a person has been declared non-infective by a competent authority and capable of mixing with the public without danger, do not penalise the person or dismiss him from employment or ostracise him, but let him live and work as a normal individual in society. Remember to have had leprosy is no more of a disgrace than to have had measles, and of the two, measles is much more infective.

3. FOR THOSE WHO SUFFER FROM LEPROSY.  
Here are some simple rules:—

(a) Keep away from children.

(b) Make arrangements to sleep apart from other people and keep all clothes or personal utensils separate from those of the others in the house.

(c) Seek medical advice and, if necessary, adequate intensive treatment.

I trust that those who have had the patience to listen to this broadcast will realise that our knowledge of the disease is steadily growing. Those who have the privilege of waging warfare against this age-long disease are determined to carry on

in spite of limited resources and in spite of the difficulties of the present international situation, for this warfare will continue long after the present world conflagration has ceased. We are studying the disease in the child, we are studying it in the village environment, we are studying it in the institution and colony, but we need men of good will everywhere to co-operate to their utmost, so that in the not too distant future the day may dawn when this fair land will no longer be haunted by the fear of leprosy, and when we shall understand the disease more fully and have taken effective measures to banish it from our midst.

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