

EDITORIAL

The Problem of Leprosy in Britain.

There has been a considerable amount of interest in recent months over the problems raised by the increasing incidence of leprosy in Great Britain. Proposals are under consideration by the Ministry of Health (a) to provide a home at a converted fever hospital in Reigate, near London, for cases requiring hospital treatment or observation and (b) for making the disease notifiable. These proposals merit very careful consideration.

What are the reasons for making a disease such as leprosy notifiable? The first and most important reason is that thereby we are enabled to afford the maximum protection to any children liable to infection from contact with active cases; and to provide the mechanism for the examination of relatives, and the repeated examination of children who may have been already infected with the disease, but who at present show no symptoms. This obviously means that notification in itself is but the first step towards some method of segregation in cases where this appears to be necessary from a public health point of view.

A second reason for notification is the desirability of knowing the incidence of actual leprosy in the country, of the infectivity of such notified cases, and the likelihood of its further spread. A third, and equally important reason, is that the latest and most modern methods of therapy can thereby be made available to patients who might otherwise get treatment which is out of date.

There are, however, a number of points with regard to the notification of leprosy in Great Britain which are not always appreciated.

Notification, if it is to be of real value, must reach an expert fitted by training and experience to give effect to all the measures outlined above. In view of the obstinacy of public abhorrence and prejudice, notification to any intermediate official, or body, would almost certainly tend to drive the disease underground.

Hence, in order to be successful in Britain, notification would first have to be under conditions that would ensure absolute privacy. Few people can understand the degree of terror, the fear of publicity, and the dread of social ostracism which exists in the minds of those who are suffering from leprosy in Britain.

Secondly notification of the disease should only be made to an experienced leprologist, and its chief function, from the point of

view of the patient, should be one of reassurance and the provision of modern treatment.

The need for complete data of the incidence of leprosy in Britain would also be served. It is only right that the British Government should know the incidence of leprosy in this country. It is only right that they should know whether the disease is spreading or not. They are further entitled to know how much infection is coming from abroad, and what infection, if any, is indigenous. But these statistics do **not** necessitate the docketing of names and addresses in a Whitehall file. They are far more likely to be comprehensive if suspected patients are assured of secrecy, and such details only as are essential are officially classified, without revealing identities.

There remains the question of the segregation of severe or dangerous cases at Reigate, or wherever it may be. Here the problem of anonymity becomes acute. How can one ensure that the stigma of having been isolated in a known leprosarium will not follow patients home on their release?

Further, is segregation of infective patients to be enforceable by law, or can it be left to their own discretion and the persuasion of their expert medical advisers? There is also the need to provide against the difficulties which must arise when persons of varying tastes and social grades, and very different degrees of infectivity, are lumped together in a limited area. These are particularly liable to cause trouble where leprosy is the sole common factor, as its effects on the susceptibilities of its victims is apt to be acute.

In the present state of public opinion in Britain it is obviously impossible for anyone suffering from leprosy to attend the open surgery of a private practitioner, even if that private practitioner had the available knowledge and experience for treating the disease. Yet the provision of a leprosy home can only solve a minor part of the problem. It will be seen that the matter bristles with difficulties, and no really satisfactory answer can be adumbrated at present.

It would appear that the best way of meeting the problem would be by the appointment of a whole-time Leprosy Officer for Great Britain. By means of such an appointment, knowledge of the names and addresses of individual patients could be limited to a single expert. The patient could be given the fullest and most adequate modern treatment, and he could have the comfort of knowing that his childre

skilled in the early diagnosis of the disease. Such an officer would need to be given wide powers of discretion, and would require the

necessary tact and sympathy for dealing with cases of leprosy, as well as the power, perhaps, to enforce segregation where children are definitely endangered.

Provision should also be made for the care and maintenance of dependents of those who, temporarily at least, require such segregation. The number of known cases is increasing in this country, and the need for legislation, dictated by a wise humanity and a profound knowledge of the disease, is only too manifest.