

THE CONTRACTION OF LEPROSY— THE HUMANITARIAN AND CHRISTIAN ASPECT

(The writer of this article has experienced from within the effects of this disease on mind, soul and body and has been symptom free for the past three years.)

“ Who did sin, this man or his parents? ” That is commonly the question about those who contract leprosy, and the stigma is further emphasised by the name “ leper ” applied to him. The urgent need is to convince the world that leprosy is a disease differing from others only in its nature and treatment, and to which is attached no disgrace or shame.

There are few who would not consider the ultimate tragedy that could happen to them would be to contract leprosy; even to one who has worked in Leprosy Homes for many years and who had little doubt that the lepra bacillus was at work when symptoms appeared on himself, even to him the medical pronouncement that “ smears ” were positive came as a shock which called for the help and strength of all his mental and spiritual resources. But the attitude of others—doctors, relatives, friends—can be of immeasurable help or hindrance in those circumstances. The first reaction in the patient is to get away by oneself, to avoid touching anyone, to “ go into one’s shell.” The most helpful attitude on the part of others is to aim to make him feel as normal as possible; this can be done while, at the same time, all ordinary precautions are taken such as avoiding unnecessary contact and keeping special linen and crockery, etc. for the use of the patient—this will always be understood, and will not be resented.

In India and Burma the attitude towards leprosy is generally

the traditional one of horror almost disgust; but on the other hand there are very many who show a remarkable disregard of danger when a son or brother or other relative in the home contracts the disease. He will often live with the family and share the household chattels as if he were perfectly healthy. This does constitute a danger, for the infection passes then from parent to child, from brother to brother, by such carelessness in the home; but it does give the patient a sense of being just an ill man, just as another member of the family may have cancer or tuberculosis or some other disease. In countries where leprosy is less known there are very few who would not be horror-struck by the thought of having a "leper" in the house, for this particular disease is regarded with a repugnance surpassing any other imaginable horror. The stories of the Bible and other traditional viewpoints help to sustain this attitude, and it is difficult to conceive of a time when in England it will be considered less dangerous to have one suffering from leprosy in the home than one suffering from tuberculosis.

The Contraction of Leprosy.

To be told that one has leprosy is to hear, as it were, one's death-sentence; to have heard that the diagnosis was cancer would have been less of a shock. The future is in the balance—will it be possible ever again to join one's family?—where will one have to live?—is it the beginning of a slow death?—these are only a few of the questions that arise. Before the use of the sulphone drugs the outlook certainly was drear, and one had to prepare oneself for a future of suffering and isolation, but always with the hope that injections would arrest the disease and make a return to normal life possible. This is the kind of thing that happens: one boy in India contracted the disease when he was at school, but his mother kept the truth from him. She made arrangements with a doctor to give the necessary injections privately, and the boy was allowed to grow up thinking he was as other boys. He knew he could push pins into his flesh in some places without pain, but this was an accomplishment he was proud to demonstrate to his chums. When he was about 17, and staying in a hostel in one of the large towns of India, it was this parlour-trick of his made the hostel master suspicious, and he was sent to a near-by doctor who revealed to him the truth. This was naturally a mortal shock to him, for no slightest suspicion had crossed his mind that he had leprosy. He went into a sanatorium about twenty years ago but so far, in spite of regular treatment first with chalmogra

injections, and later with sulphone drugs, he has not been pronounced free of the disease. I mention this case because it gives an example of the shame with which leprosy is viewed which caused that mother to hide from the world and from her son the truth: if she had not been so secretive and had given her son the benefit of regular treatment in a Home he might years ago have become symptom free.

Another, a European who was staying abroad in the home of a good Christian couple, began to have suspicions of darkened patches which suddenly developed on his limbs, but said nothing to anyone until he saw a doctor about them. Then one evening he had to report to his host and hostess that the doctor had pronounced that bacteriological examination had revealed active lepra germs. He had dreaded the necessity of disclosing this, feeling that he must at once change his rooms, and not knowing what the immediate future must hold; knowing far less what was to be the course of the later months and years ahead. The good lady without hesitation, after expressing sympathy said, "Of course this will make no difference to us here until you know what you must do—you will stay here until the future is clear." To that patient those words were living water in an arid desert—he had passed through the depths of misery and had discovered how easy even thoughts of suicide can arise under certain circumstances, but with the help of those few words that only a great soul could utter he received new strength, new hope, new resolution, and he was given heart to meet anything that must be met. One could imagine this scene more easily if the patient had been suffering from tuberculosis, but in fact the risk with leprosy was very much less than with many other diseases. The patient was very reluctant to stay, and insisted on his host and hostess seeing the doctor to know what precautions were necessary, and also insisted that two others in the house should be told so that they could have the chance of banning the arrangement, but they took the same attitude. It was two months before the patient could find accommodation in a Leprosy Sanatorium, and he was relieved of many worries and much mental suffering during that time. Of necessity precautions were taken. The patient's clothes and bed-linen were kept away from household linen, and all were disinfected before being laundered—crockery and cutlery were assigned to him and never used by others. Isolation was readily accepted by the patient, and he would have been pleased to confine himself to his room all the time, but all members of the household insisted on his having his meals at their table. This generous

action helped him to look upon himself as not too abnormal and prevented him from hiding himself in his shell.

The Leprosy Home.

It may seem strange, but the arrival at the Sanatorium comes as a relief. Here one is again an ordinary member of the surrounding society—one is known for what he is, and no subterfuge is necessary when meeting others.

To one who has been working in such Sanatoria and Homes in the past there comes the realisation that a new qualification has been attained, a freer intercourse: the handshake is now more intimate, and every approach to the other patients is with far more mental and spiritual understanding. This does not tell the whole story, of course, for it ignores the trepidation with which the future is contemplated, the wonder whether the treatment will have a good result, the sight of the bad cases and the knowledge that one has the disease that has culminated in these disfigurements and sufferings, the readjustment to living at close quarters with "lepers" (a word one soon learns is taboo).

The first thing one realises is that the community is by no means an unhappy one; kinship is cemented by the common experiences. In the majority of cases there is no physical disability apart from possible nerve pains resembling neuritis in the arms and hypersensitiveness in joints, and all activities of life can be undertaken. Patients are glad to be employed in one way or another, and all sanatoria and homes should provide for the maximum employment of all inmates. Farming facilities will enable many to find useful work, and where there are a number of children in the colony those with educational qualifications can spend their time in teaching: some will organise and supervise scouts and guides, and others will find scope for their talents in promoting concerts, drama, music and song. In India and backward countries a night-school for adults is popular, and many patients are taught by others to read and write. For boys past school age a carpenter's shop will provide training which might be under Government schemes, and a diploma given on completion of the course. This is useful when the boys later become symptom-free and re-enter ordinary life. All subjects in a welfare scheme, e.g. spinning, weaving, etc. should be available: some will be employed as injectors, others trained as laboratory technicians, and hospital orderlies and some of the clerks can be found from among the patients. In the evenings tennis,

badminton, football, cricket, etc. will give enjoyment and recreation, and it is surprising how much can be done even by those whose fingers and feet show signs of deterioration. Every sanatorium should have a bus available for the patients so that they can have occasional trips and picnics in some place remote from the Home, for a jaunt abroad from time to time goes a long way to keeping the mind cheerful.

One patient, a Muslim, who returned to his sanatorium after a few days leave to visit his people, said "It is like coming back to my brothers here—I did not feel at all comfortable with my relatives and friends, for I did not know what they were thinking; but here I have none of those worries." It was not so much the fear of infection that had made his home folk cause him to think like that, it was the nature of his special disease and the feeling that he carried a stigma that nothing else is responsible for. It is to the credit of workers in sanatoria for leprosy that for the most part the sense of shame vanishes when a patient enters the portals. Some sanatoria are not yet so advanced, and it has been known for the sanatorium office, pandering to the fears of the outside world, to rubber-stamp patients' letters "Fumigated before despatch." In one home this was discontinued only when the patients made a complaint. It is not necessary to be constantly suggesting to patients that they are "unclean," "untouchable."

The attitude to the circumstances brought about by the contraction of leprosy will differ according to the varied upbringing and religious beliefs of the patients. A calm outlook can be fostered by a belief in Fate just as much as by a belief in God's love. If it is one's "karma" one must bear it, who can change one's destiny. But there is a way in which a Christian can find greater consolation and strength. It is not given to many to have the opportunity of representing Jesus and bringing His message of Divine Love right in the heart of a centre of suffering, and when a Christian contracts leprosy he can see in it a call to show in a practical way his Christian beliefs and teaching; for no healthy worker can get quite so near to the heart of a sufferer as one who is suffering in the same way.

Treatment.

It is not so very long ago that treatment was almost entirely absent from the serious approach to leprosy. From very early times chaulmoogra was known to have some beneficial effects, and was resorted to as soon as the disease presented itself. But there

was little hope of permanent relief, and the patient considered he had had a life-sentence. Where resistance in the body is good the disease will burn itself out in any case, and chaulmoogra might hasten this result. The introduction of intradermal injections brought better results, and certainly changed the outlook of the patient—a new hope was born. “Perhaps two, three, six years hence the disease will be arrested and I may re-enter normal life with my family,” that became the thought. But there was little security, and far too many who were discharged free of the disease had relapses which brought them back to the Home for further treatment. Among the patients themselves there is seldom reluctance to take the treatment, in fact bigger doses are frequently taken than those prescribed by the doctor in the hope that the disease may be conquered earlier. Reactions are endured philosophically, and among the patients there is an idea that the reaction brings all the “germs” to the surface, where they can be dealt with and eradicated. Imagination is given free play to explain what is going on in the body in the course of the disease and its treatment, and the patients get to think that they know more about it than the doctors.

Intradermal and intramuscular injections are a very painful experience, and it is not true that every prick in a leprous skin is painless. There might be a few hundred pricks at one sitting to get 20 c.c. oil through the syringe, and this may take place twice a week. The patient certainly pays heavily for any results obtained, and it is rather remarkable that practically every patient goes through the ordeal so cheerfully and hopefully. No doctor has let the word “cure” be applied, and the best that could be hoped for was to become an “arrested” case with the possibility that no relapse would follow.

Within the last three or four years a new outlook has been made possible, for truly remarkable results have followed the use of the drug diaminodiphenylsulphone and its derivatives sulphetrone, diasone and promin. Patients of course realise that its use is still in the experimental stage and that it does not benefit all cases. Those who have developed extreme symptoms of leprosy often have reactions that make its use dangerous. It is particularly efficacious with lepromatous cases, but those are the cases that previously had the worst prognosis and are the ones that carry infection. It cannot be used yet universally for it has not yet been possible to manufacture and distribute it at low cost. It is not yet known whether it can bring about a permanent “cure.” Doctors are not yet agreed upon the best way to

administer the drug, or the most effective dose. There are many questions still to be decided, but a new hope has entered the ranks of sufferers from leprosy, and if this is indeed a "cure" a new attitude will be adopted towards sufferers by the rest of the world. All patients in all sanatoria are now clamouring to be put on the new treatment, and in some Homes patients have gone on strike because of the delay in providing the new remedy. It may be administered by mouth, or suspended in oil or water and injected; research will reveal how best it will do its work. Clinical and bacteriological improvement often follows in a very short time, and the entire absence of the bacillus has been recorded in more cases, and sooner, than previously. Truly, the Star of Hope has arisen, and salvation seems nearer.

The Future.

The Madras Province of South India, owing largely to a quarter century of guidance and propaganda on the part of Dr. Robert Cochrane, is more advanced than any other part of the world in the attitude and approach to the problem of leprosy. An example will make this clear: some years ago a young scientist from a business firm contracted leprosy, and was sent for treatment to a sanatorium. In the course of three or four years he became bacteriologically negative and symptom free. By the rules of that sanatorium he had to be tested monthly for six months, and each test must prove negative, before he could have a certificate enabling him to leave. After his third monthly test the Firm wrote to the Superintendent saying that they were very anxious to have him back, and asking whether he could be allowed to leave at once—they would send him monthly for the tests until he had completed the six months. Compare this with the experience of a cashier in a well-known Bank in another part of India. When he had contracted leprosy he was dismissed from service with a short period of leave, but he was told that he would not be re-engaged even if he was declared free from infection. The Government of India allows generous sick leave to its servants who contract leprosy that they may have treatment, and re-admits them to service when they produce a doctor's certificate of health.

Anyone who has had the experience of treatment in a sanatorium for some years finds it very difficult to make the readjustments called for for normal life, and an enlightened attitude on the part of those with whom he will live and work would ease his path to rehabilitation and normality. Such an attitude must

start with the knowledge that leprosy is just one of the diseases, oftentimes terrible in its consequences it may be, but with no strange moral significance which is not inherent in all illnesses. Very little is known about how the disease is contracted, but nothing could be further from the truth than that it is a manifest punishment for some disgraceful act. It can fall on rich or poor, Asiatic or European, malefactors or saints. No one would say that there are no moaners and sinners among leprosy patients, but courage is shown in leprosy sanatoria that should be the subject of tales to tell to all generations, and this most particularly on the part of those who are "going down the hill," and who know that before them is nothing but an increase of suffering and disfigurement ending only in death. One such once said that he was so thankful that his deterioration had developed so gradually that he had been able to adjust himself easily through the years to all the changes, and strength had been given him every day. In the common life of a leprosy home are found kindness and goodness in a measure rarely found in a healthy community, and these outshine the deeds of the evildoers and sinners who are no more numerous than in the outside world. "Neither did these sin, nor their parents that they should contract this disease, but that the works of God should be manifest in them."