EDITORIAL

We publish in this number of the Review a contribution from General Sir William Mac Arthur, who is so well known for his erudite papers and researches in old time diseases. General Mac Arthur has spent many years in delving into old and forgotten manuscripts of the middle ages, and therefore what he says can be taken as highly authoritative. This paper does not, as some may think, take away what many of us feel is a divine call in leprosy, neither does it do despite to anything that is written in Holy Writ. We would remind readers in this connection that in the Old Testament, from where most of the traditional beliefs arise, leprosy comes under the laws and regulations of ceremonial uncleanness. These regulations were divided into those which dealt with what might be called temporary uncleanness, and the rite of washing was all that was necessary to re-establish communion. There were on the other hand certain permanent blemishes listed under the law pertaining to leprosy, which resulted in the dread sentence so often wrongly applied " Unclean, Unclean, without the camp shall be his habitation." We would also draw attention to what we believe is a fact, that disease is a manifestation of a disordered world. Modern medical science is demonstrating more and more conclusively that what are called " psychosomatic factors " have a powerful influence in diseased conditions, and therefore health can no longer be looked upon merely as an adequately functioning body, but the healthy state is that condition in which a whole individual finds himself as a result of the complete integration of his body, mind and spirit. To many the call to heal is a divine call, and those who do leprosy work in the majority of instances do so because in this realm of medicine in particular, the need for reassurance and strengthening by spiritual forces is of the utmost importance. In viewing leprosy from this angle let us remember that, while many cases are healed, those who are casualties in the warfare against the *M. leprae* need honourable mention and care, and it is the particular duty of the Christian church, as well as of all men of goodwill, to bring to those in so great distress comfort and consolation, and when possible all the benefits of modern remedial surgery. Let us not add to their distress of mind by causing such sufferers to feel that they are " lepers." They are victims of a disease which, like poliomyelitis, mutilates at times, and all the forces of rehabilitation, including spiritual and mental, should be brought to their aid to re-establish them as worthy members of the community. Readers will note that the editor has allowed the word " leper " to be retained in this article, for he considers that in the description of leprosy as a

mediæval disease this word is used in its right context. Today all workers are in agreement that this word should be banished from our vocabulary when referring to the leprosy of today, which is a disease like any other disease, contagious in certain forms, chronic in its course, sometimes self-healing, but frequently unless modern therapy (which includes surgical) is carefully applied, mutilating and terrible in its end results. Heroes of warfare are not stigmatised. Let us refrain from labelling these brave casualties in the campaign against disease as " Lepers," for this adds gross insult to injury.

The article by Margaret Barnett and S. R. M. Bushby is most interesting in that it shows that isonicotinic acid hydrazide is active in murine leprosy. Unfortunately evidence at hand does not confirm that it is particularly active in human leprosy, and therefore the time has not yet come to use this new drug on an extensive scale; the sulphone preparations are still the drugs of choice. This work indicates that, while it is of value to use mice infected with M.lepraemurium for trials in estimating the efficacy of drugs likely to be successful in human leprosy, conclusions from these trials, while of great interest, may not altogether be applicable in man. This careful investigation by Margaret Barnett and S. R. M. Bushby well illustrates this.

The article on Leprosy in Scandinavia illustrates that, given an enlightened policy, a keen service, and co-operation on the part of the public, leprosy is a disease which can be controlled, and the control of this disease throughout Scandinavia is one of the greatest triumphs of modern preventative medicine. We are pleased to draw our readers' attention to this work, and to pay homage to workers, past and present, in the Scandinavian countries who have added so greatly to our knowledge of leprosy.

The Medical Secretary has given a summary of his recent West African tour. It is encouraging to read of the success of the Nigeria Leprosy Service. Their methods, the excellency of the research of the workers, and the manifest keenness of the whole Medical Department deserves emulation, and it is hoped that other territories will model their leprosy campaigns along similar lines.

Many will have noted in the New Year's honours that those who have done much to forward the cause of leprosy have been honoured by H.M. The Queen. We would extend to Dr. John Lowe our sincerest congratulations on the conferment of the C.B.E. His outstanding work in the development of oral Dapsone therapy is too well known to need further mention. To Miss Wallich, who has been for nearly thirty years the indefatigable Assistant Secretary of the British Empire Leprosy Relief Association, our warm

good wishes are extended, and hearty congratulations on receiving the M.B.E. It is encouraging to find that a tireless worker who quietly strives behind the scenes also receives recognition.

EDITORIAL NOTE
ON LEPROSY IN SCANDINAVIA

In a recent visit to Scandinavia I had the privilege of visiting Prof. John Reenstierna in Upsala, and Dr. Melsom in Bergen. It may therefore be of interest to readers to have up-to-date information with reference to leprosy in Sweden and Norway. Prof. Reenstierna writes as follows with regard to the present position of leprosy in Sweden:—

"Leprosy came to Sweden by the end of the 13th century. Soon afterwards there existed several small leprosy institutions, called 'spitals,' in this country. The inmates were not numerous.

In the middle ages leprosy was confounded with syphilis. No real statistical reports existed before the end of the 18th century. The largest number of cases known in Sweden was in 1873. It amounted at that time to almost 200. After that there was a steady decrease: 89 cases by the end of 1907 (reported to the 2nd International Leprosy Congress at Bergen in 1909); 37 cases by the end of May, 1923 (3rd Congress, Strasbourg, 1923); 9 cases by the end of 1937 (4th Congress, Cairo, 1938); 5 cases by the end of 1947 (5th Congress, Havana, 1948).

By the end of 1951 the number was 4 cases, all women. Two were Swedish subjects, belonging to the neural form; the other two, Estonian refugees, were of the lepromatous form. Their ages were 77, 69, 64, 44 respectively. The old Swedish leprosarium at Jaervsoe was closed at the end of 1940."

It is gratifying to learn that as a result of measures taken to control leprosy during the last fifty or more years, leprosy can now be said to be practically non-existent in Sweden. Prof. Reenstierna was appointed Inspector of Leprosy for Sweden in 1926, and points out that compulsory segregation did not exist in Sweden. Leprosy has come under control and is now eliminated as a result of humane methods of segregation, in which persons suffering from leprosy were only isolated in institutions on a voluntary basis, and in which home segregation was encouraged, resulting in a minimum of contact of healthy persons, particularly children, with infective cases, emphasising once again that partial segregation with adequate

education of the public is a sufficient guarantee that leprosy will come under control.

Dr. Melsom has kindly given me recent information concerning leprosy in Scandinavia, and has permitted me to reprint an article on "Three New Cases of Leprosy," and also with this has sent recent diagrams showing the rapid elimination of leprosy from Norway.

We take the opportunity once again to acknowledge the work of the great Norwegian leprologists, Hansen, Danielssen and Lie, whose reasonable and sympathetic approach to leprosy has resulted in the conquest of the disease in Norway. It is interesting to note that in 1855 there were almost 3,000 cases of leprosy in Norway, and by 1950 only eleven cases remained. It will be remembered that Dr. Lie contributed an article in *Leprosy Review* some years ago, giving the history and decline of leprosy in Norway. In this article it was mentioned that only those cases of leprosy who were unable to isolate themselves under home segregation were isolated in the leprosy hospital in Bergen. Photographs of the Leprosy Hospital in Bergen, of Hansen's laboratory, and a reproduction of a photograph showing a bust of Dr. Hansen will remind readers of the debt we owe to Scandinavia and to the stalwarts of the nineteenth and early part of the twentieth centuries.

Measures which have been taken in Scandinavia to control leprosy serve as a reminder that similar methods, modified according to existing conditions in areas of high endemicity, should attain their objective, and with the modern therapeutic remedies the elimination of leprosy will be, we feel sure, greatly hastened. In this connection it must be emphasised that, as in Scandinavia, so wherever leprosy is prevalent, reasonable measures of segregation must accompany treatment. We already have instances of the success of partial segregation, leading to the control of the disease, and need only refer to the work in the Eastern Province of Nigeria, the Eastern Province of Ceylon, and certain villages in India, in which the experiment of night segregation was inaugurated.

With reference to my recent visit to Scandinavia, I was privileged to have the opportunity of seeing Prof. Reenstierna's and Dr. Halberg's work on the bacteriology of leprosy and tuberculosis, and we hope to publish a summary of these researches in a forthcoming number of the *Review*. Let us, in the present encouraging phases of leprosy work, maintain our perspective and not forget the brilliant pioneer workers, for the better understanding of their work may lead to still further advances, and hasten the day when this age-long scourge will be controlled and ultimately eliminated.

R. G. COCHRANE.

Entrance to St. Jorgen's Hospital showing plaque presented by the 2nd International Leprosy Congress held in Bergen in 1909.

Armour Hansen's laboratory in St. Jorgen's Hospital, Bergen.

Bust of Armour Hansen in Bergen.

St. Jorgen's Hospital