

LETTERS TO THE EDITOR

From:

Dr. H. W. Wade, President ILA, and
Editor, International J. of Leprosy.

CULION SANITARIUM,
PHILIPPINES

THE EDITOR.

Dear Sir,

On August 3, 1959, the World Health Organization convened, in Geneva, Switzerland, a meeting of leprologists—the Second Expert Committee on Leprosy—to consider advances in leprosy work in recent years and to make recommendations for the future. The agenda laid considerable emphasis on antileprosy campaigns, especially those in countries of high endemicity where resources of men and money for the work are relatively limited. Mass campaigns are a relatively new development, made possible by the application of sulphone (DDS) treatment, and WHO is actively supporting such activities in several countries.

On August 10, after the Committee had adjourned, the Division of Public Information of WHO issued a press release intended to give certain high lights of the conclusions which it had reached, since its full report cannot be published for several months. One feature of that statement immediately became the subject of unfortunate misinterpretation in the world press. The pertinent sections of the release are quoted:

“The Members of the Committee recommended that leprosy campaigns now underway be followed up and extended, using ambulatory treatment with sulphones. Ambulatory care is, in fact, the only valid method of dealing with the problem since there are about 12,000,000 leprosy sufferers in the world . . . and not more than 100,000 of them can be hospitalised in existing institutions.” Special legislation requiring segregation of victims of the disease “ . . . should be abolished in view of the relatively low infectivity of leprosy, which should be dealt with as an ordinary public health problem in the same manner as other communicable diseases.”

On August 11, *The Times*, of London, ran an otherwise impeccable dispatch from their own Geneva correspondent under the startling headline, “Lepers need not be isolated”; the story ended with the unrelieved statement that “Ambulatory care is the only valid method of dealing with the problem.” In Paris, it has been learned, a radio broadcast reported that the Committee had recommended that leprosaria be abolished; what appeared in the newspapers I do not know. A UPI dispatch from Geneva distributed to American newspapers began with the totally unjustified statement that the Committee had recommended “the abolishment of all leper colonies” and the home treatment of all cases.

It is readily understandable how such statements about leproseries may be highly disturbing in various quarters, especially to government health services which employ such institutions as one element of their means of controlling leprosy, and to organizations such as the Mission to Lepers and the American Leprosy Missions, Inc., which support leproseries of their own and give aid to others. Patients now in such institutions may very well become apprehensive about their future prospects.

It should be noted that the press release in question made mention of the fact that some 100,000 patients are now hospitalized in existing institutions, but did *not* say that those institutions should be abolished. The intention would doubtless have been clearer if, after "dealing with the problem", the words "of extending anti-leprosy campaigns" had been added.

The day of the leprosarium as a mere asylum is of course long since past, and long experience has shown that segregation in leproseries as the sole method of control is futile. The modern view of the matter is expressed in the following excerpt from the resolutions on Epidemiology and Control of the VII International Congress of Leprology, held in Tokyo last November:

"(b) Hospitals, leproseries and other facilities for inpatient care . . . Although outpatient care is stressed, facilities for inpatient care are necessary for patients in reaction, and they can play an important part in the control of leprosy. In countries with adequate facilities, as many infectious patients as can be accommodated should be induced to enter leproseries on a voluntary basis. The period of hospitalization, however, should be only sufficient to effect clinical regression. A prolonged series of negative smears should not be required. From the epidemiologic point of view it is more advantageous to reduce infectiousness in many patients than to eliminate infectiousness in a few.

The leprosarium may also be a centre for research education of professional personnel, special surgery and vocational training of patients."

As for the view that leprosy should be dealt with as a public health problem on a par with other communicable diseases—which, if the qualifying term "chronic" is added, brings tuberculosis especially to mind—without special legislation but appropriate regulations established under the general public health legislation, that has been developing for some time. It was emphasized by the PASB/WHO seminar held in Belo Horizonte in 1958. The resolutions of the Tokyo Congress referred to include this statement:

"Indiscriminate compulsory segregation is an anachronism and should be abolished. Discretionary authority should be given to the health authorities to require isolation in those instances in which the patient is discharging leprosy bacilli and in which sulphone

therapy is neglected or ineffective and young children are exposed in the home.”

Although it may be taking something of a liberty to do so, I may say with assurance that the WHO Committee took no more radical a stand on either of the points here discussed than did the recent Congress. I am confident that the Division of Public Information of WHO, if asked, will confirm this statement, although it cannot itself initiate any action to correct newspapermen's misconstructions of the necessarily brief statement which it issued.

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