

The Leprosy Mission A Century of Service

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During the past hundred years, The Leprosy Mission has played a significant role in all the major advances in the treatment of sufferers from leprosy. Sympathetic custodial care was at first the only way of helping the individual and of alerting the conscience of Christendom and of governments. Workers of The Mission have been foremost in the use of modern medication, reconstructive surgery, domiciliary treatment schemes, rehabilitation, and vocational training, and have made important contributions to the literature of leprosy. The emphasis throughout has been compassionate caring for the individual afflicted by leprosy.

“The Leprosy Mission, as it is now known, has probably made a greater contribution to the cause of leprosy in its hundred years’ existence than any other organization” (Day, 1974).

The centenary of The Leprosy Mission affords a fitting occasion for a salutary review of this “greater contribution”, particularly in respect of the influence exerted by the Mission down the years on the attitude of men and women the world over to leprosy and its victims. Far from being an insignificant collection of sentimental do-gooders, actuated albeit by high principles of altruistic service, The Leprosy Mission has been the pioneer and catalyst in practically every major field of activity on behalf of the leprosy sufferers (Askew, 1973).

Out of a wealth of historic detail, a selection will be made of those events and policies that have proved to be of prophetic or potential importance.

It may be difficult for modern research workers surrounded by complicated investigative apparatus in their air-conditioned laboratories to picture the grim harsh world of leprosy in which the Mission first saw the light of day in 1874. Contemporary descriptions of neglect and cruelty and callousness, of deep-seated fear and helplessness in the face of an incomprehensible terror—increase one’s admiration for the handful of Christians who risked misunderstanding and ridicule by daring to help.

Despite ingrained beliefs concerning leprosy and its differences from conditions regarded as “diseases”, it is remarkable that as early as 1875 Wellesley Bailey, the schoolmaster-missionary founder of the Mission, ordered from the Andaman Islands a 54-gallon cask of Gurjan oil, since he had read that it might be a good treatment for leprosy and that leprosy might indeed prove to be treatable in the same way as other diseases. It is not surprising to learn that after an initial stage

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of apparent improvement, this remedy—like hundreds that were tried subsequently—had to be abandoned.

The Mission—then known as “The Mission to Lepers in India”—soon embarked on a policy of encouraging by means of financial grants any medical worker who was interested in leprosy. Thus, Neve of Kashmir applied his not inconsiderable surgical skills to the relief of nerve trunk pain in leprosy, and the Mission in 1883 backed his efforts with grants of financial assistance. It was not only in the operating theatre that Neve broke new ground: he was among the first to admit leprosy patients to the general wards of a hospital, making the most of the opportunities afforded to instruct his medical staff and to attack the unwarranted prejudice of fellow-patients against the victims of leprosy.

Soon after this, in 1888, we read of trials of chaulmoogra oil being conducted in the Mission’s hospital at Purulia in West Bengal. Years before Leonard Rogers popularized this ancient Indian and Burmese remedy, the physicians at Purulia were reporting good results in certain forms of leprosy.

The policies of the Mission reflected the changing patterns of knowledge (or of ignorance and prejudice) current at the time. After the discovery by Hansen of *Mycobacterium leprae* in 1873, the concept of leprosy as a contagious disease gradually gained acceptance. The emphasis was thus increasingly placed on segregation of leprosy sufferers, and the separation of infants from mothers who had the disease. The Mission’s influence was exerted to ensure that the panic measures of government were tempered by humanitarian kindness, and that education and care were provided for the “orphaned” children of patients. The obvious and only logical way of controlling a contagious disease seemed to be the exclusion from the community of the mutilated and ulcerating victims of leprosy.

At this stage, the Mission—now established as a serious organization with a reputation for cooperation with government—offered to set up in every State in India a model institution for the care of leprosy sufferers. On its part, the local and central administrations showed their appreciation by making financial grants available—a happy augury for future cooperative working.

In the early days of this century, Purulia was the leading centre for drug trials—chaulmoogra oil and its derivatives, Nastin (also investigated at Chiangmai in Siam, and Canton), guaiacol and other remedies with short-lived vogue. The Indian government aided the research at Purulia with encouraging grants-in-aid.

As the Mission’s sphere of activity widened to include China and Japan, its title was changed to “The Mission to Lepers of India and the East” (1893), and then to “The Mission to Lepers” (1914). Similarly, its influence on government policies was becoming more apparent. In Japan and Korea, the public conscience was aroused, and in the United States of America the Mission was influential in establishing Carville as a Leprosy Hospital and in fostering the passage of legislation in aid of leprosy sufferers.

At the first International Leprosy Congress, held in Berlin in 1904, the only non-medical delegate was Wellesley Bailey, Founder-Director of the Mission, and he was actually invited to read a paper to the participants. Five years later, at the second Congress, held in Bergen under the Presidency of Hansen himself, Bailey was an honoured visitor. He afterwards reported that “the belief is induced that the disease is not incurable”—prophetic words in the light of the synthesis of diamino-diphenyl-sulphone in Germany the previous year.

In the early years of the century, solid, unspectacular work was undertaken in many lands as the Mission extended its sphere of helpfulness, aiding doctors and

nurses of an increasing number of missionary societies and establishing more centres in its own name. But it was in the years following World War II that the Mission saw its biggest development. Retaining its spiritual ideals of compassionate assistance for the individual, it added new dimensions of service for the "whole man". It encouraged Ernest Muir, Robert Cochrane and others in their early investigations of the sulphones at Purulia, Chingleput, Vellore and elsewhere. It backed Paul Brand and his colleagues in their application of the principles of orthopaedic surgery to the deformities of leprosy. In cooperation with the American Leprosy Missions, Inc. (originally an auxiliary of the Mission to Lepers), it founded the teaching and research centre at Karigiri in association with the Christian Medical College and Hospital at Vellore, where surgeons, physicians, pathologists and research workers in many branches of medicine profited from courses and in-service training.

Occupational therapy, shoes and prostheses, a small factory for making microcellular rubber, farming, cookery classes—were all developed at Karigiri. A huge and highly populous area in Gudiyatham was selected for epidemiological investigations.

A succession of high-quality scientific papers came from Karigiri, Vellore and other Mission centres.

Medical auxiliaries, nurses, laboratory technologists and shoemakers were not forgotten in the teaching activities at Karigiri, nor was the provision of suitable literature.

In the Far East, the Isle of Happy Healing (Hay Ling Chau) was demonstrating that government and Mission could cooperate happily, to the benefit of the patient and the community.

The Mission was also responding to other calls—in many countries in the African continent, in Thailand, and elsewhere. Invitations from Nepal, Indonesia and Bhutan met with a ready acceptance from the Mission, its workers and its supporters in an ever-widening international family.

A change in the Mission's name to "The Leprosy Mission" in 1966 reflected a growing feeling that the old name might suggest an outmoded attitude to those suffering from a specific mycobacterial infection. Later, a change in the constitution enabled The Leprosy Mission to diversify its activities and treat patients suffering from other diseases than leprosy—a change consonant with the newer ideas on the integration of leprosy into general programmes of health care.

One of the founders of ALERT in Addis Ababa (the All-Africa Leprosy and Rehabilitation Training Centre), of ELEP (the Federation of European Leprosy Associations), and of ULAC (the United Leprosy Aid Committee) and a consistent supporter of the International Leprosy Association, The Leprosy Mission is showing its capacity for cooperation and adaptability to the changing patterns of knowledge and resources.

The teaching activities of the Mission have been extended by the organization of seminars in various countries by the Mission's Medical Consultant, Dr Stanley Browne, and (in reconstructive surgery) by Dr Grace Warren.

In the past 25 years, the old "Homes" have become hospitals; the "asylums" are now centres for out-patient programmes; "lepers" are "leprosy patients". Amid all the changes, however, the Mission and its growing band of national and expatriate colleagues insist that the most important person in all its activities is the individual suffering from leprosy who must be helped in all ways, in the context of his family, his work and his community. This salutary emphasis is still

needed today, in the mass treatment/control schemes and the integrated programmes.

At present, the Mission is responsible for the treatment of about 240,000 sufferers from leprosy in 30 countries, and assists in the leprosy programmes of about 90 Protestant missionary bodies—a far cry from the handful of pathetic beggars that moved Wellesley Bailey to action a century ago.

As long as governments cannot or will not realistically and adequately face the problem of the leprosy sufferer, a Christian Mission furnished with the expertise and experience of a hundred years, and motivated by high standards of medical competence and compassionate caring, will still play a significant role in the struggle against leprosy.

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