

HISTORY OF LEPROSY IN THE NEW ENGLAND STATES*

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At the present time, January 1944, patients admitted to the National Leprosarium at Carville, Louisiana, have been received from 40 states, the District of Columbia, Hawaii, Puerto Rico, and the Philippines. Of the states from which no case of leprosy has been sent to the leprosarium, three are in the extreme northeastern region of the United States (Maine, New Hampshire, and Vermont). No case was admitted from Rhode Island until 1940.

Leprosy has been known to exist for nearly a century and has spread to a slight extent in parts of eastern Canada, the chief Canadian focus being approximately 100 miles from the United States border. Therefore, information on reported cases of leprosy in New England has been collected in view of the fact that cases might have occurred that are not included in the list of admissions to the National Leprosarium.

The earliest reference to leprosy in New England is found in a report published in 1879, that a patient formerly in the leprosy hospital at Tracadie, New Brunswick, had appeared in Providence, Rhode Island (1). No further details are given. The earliest case report of leprosy in New England is found in Massachusetts in 1880, six years after the discovery of *Mycobacterium leprae* by Hansen (2). The period covered by this study is, therefore, that in which the infectious nature of leprosy has been accepted by science, though its mode, or modes, of transmission have not been proved definitely.

Until 1943 no person who was born in the New England states, who had lived his entire life within these states, had been known to develop leprosy. In 1943 a young man 24 years of age, who was born in Massachusetts of foreign-born parents and who had never been outside of the state, was found to have leprosy. He was sent to the National Leprosarium at Carville, Louisiana. His father was known to have had leprosy and had returned to his native land where he died in 1941.

The data given herein have been obtained chiefly from State Department of Health records. Occasionally an individual case has been reported in more than one of the states. Such duplications have been eliminated in compiling the total number of cases in New England as a whole. Table 1 shows the number of cases in each of the six New England states, 1880 to 1943 inclusive.

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TABLE 1. *Cases of leprosy in New England states.*

State	Number of cases	Chargeable to other N.E. states
Maine	0	0
New Hampshire	0	0
Vermont	0	0
Massachusetts	60	1
Rhode Island	4	1
Connecticut	8	0
Total	72	2
Corrected for residence	70	

Maine, New Hampshire, and Vermont

The State Health Commissioner of Maine reported that no leprosy has been reported in that state. The State Health Officers of New Hampshire and Vermont also reported no cases though the history of one case, apprehended in Massachusetts in 1910, showed that the man had lived for short periods in Keene and Claremont, New Hampshire, and in Barre, Vermont.

Rhode Island

The Rhode Island Director of Health reported three cases in that state. One was reported in 1917 but its history and subsequent disposition were unknown. Another proved to be a patient originally from Massachusetts who had absconded from the National Leprosarium, was again apprehended in Rhode Island in 1927 and returned to segregation. The remaining patient, a Chinese male, was discovered in 1941 and was sent to the leprosarium at Carville where he is at present.

In searching for information on leprosy in Massachusetts, it was found that one case belonged to Rhode Island. The diagnosis was made at the Massachusetts General Hospital May 21, 1911, and the patient was discharged to return to his home in Pawtucket, Rhode Island. The patient was a white boy, 15 years old, who was born in Louisiana and had lived there until five years of age, when the family moved to Pawtucket. Apparently the case was not reported to the Rhode Island State Department of Health (no. 25 in table 2). Massachusetts records also show that a leprosy Chinese patient, sent to Penikese Hospital in 1912, had lived in Providence, Rhode Island, for about seven months. There is nothing to indicate that he showed evidence of leprosy while in Providence.

The only native of Rhode Island known to have contracted leprosy was a man who left the state when three years of age and lived in a western state until he was about twenty years of age. He enlisted in the U. S. Army for the Spanish-American war and served in the Philippines and Hawaii. His leprosy was undoubtedly acquired while in military service.

Connecticut

The State Department of Health advised that their records show: one case reported in 1916, two in 1918, one in 1919, one in 1920, one in 1921, one in 1922, and one in 1927. No details were available except for the last four cases. The patient found in 1920 was a Greek male, laborer, 42 years of age, who was admitted to the National Leprosarium at Carville on March 14, 1921, and who died there in 1941. The case reported in 1921 was in a woman who later disappeared. The patient reported in 1922 was a man who later (1935) was admitted to the leprosarium at Carville where he died in 1938. He was a native of Russia, a butcher by occupation, who had served three years in the U. S. Army in the Philippines. The 1927 case was found in a 38 year old laborer born in Italy. He was sent to the leprosarium at Carville, Louisiana, where the disease became arrested. The patient was discharged on parole in 1932. In 1937 he suffered a relapse and returned to the leprosarium where he remained until his death in 1943.

In addition one man who was a native of Spain, and who was admitted to Carville Leprosarium in 1927 from New York, is known to have resided at Waterbury, Connecticut, at the time of draft registration for World War I, but there is no evidence that his leprosy was recognizable at the time he lived in Connecticut.

Massachusetts

Records of 60 cases of leprosy in Massachusetts have been found. Information on these cases is presented in table 2. In addition, one native of Massachusetts, who migrated to New Orleans and lived there for many years, is known to have contracted leprosy and was admitted to the Louisiana State Leprosarium in 1909.

In 1903 there was not a known case of leprosy in Massachusetts. However, in slightly over one year, 1904-1905, five cases were discovered. None of these were local residents of any place so they became state charges. The problem of maintaining these individuals became so troublesome that ultimately a state institution, Penikese Hospital, was provided for their care and treatment. Thus Massachusetts became the second state to establish a hospital solely for those suffering from leprosy. Louisiana, the first state to take such an action, established an institution at Carville in 1894, which later (1921) became the National Leprosarium. The patients of Penikese Hospital were transferred to the National Leprosarium in 1921 and Penikese Hospital was closed.

The circumstances leading to the establishment of Penikese Hospital, and its history, are interesting. In 1882 a native of Salem returned from the Sandwich Islands suffering from leprosy in an advanced stage. The case presented a new problem to the local health authorities. Unsuccessful efforts

were made to have the patient admitted to the leprosy hospital at Tracadie, New Brunswick, Canada. However, the patient died about four months after he returned from the Islands.

In 1889 a case of leprosy was detected in an immigrant by Boston quarantine officials. She was detained at the Gallops Island Quarantine Station until deportation was effected, approximately one month later. In 1895 a leprosy sailor was isolated at Gallops Island where he died in 1898. In 1896 another leprosy patient was found in Boston and also placed in detention at Gallops Island where he died in 1897. In 1900 another seaman, suffering from leprosy, was isolated at Gallops Island; in 1903 he escaped and was not heard from subsequently.

At that time, the Gallops Island Quarantine Station was maintained by the city of Boston, and though these persons with leprosy were charges of the State Board of Charity, the city of Boston allowed them, all discovered in Boston, to remain in isolation at the Quarantine Station at a compensation agreed upon.

In April 1904, another case of leprosy in a native of the Cape Verde Islands was found in the town of Harwich. The State Board of Charity assumed full charge of the case, but the people and town authorities of Harwich protested against allowing the patient to remain at home, even though isolated.

In June 1904, another case of leprosy was found in a Chinese in Boston and was isolated at Gallops Island, but the city requested that he be removed to a state institution. A conference was held with the trustees of the State Hospital who opposed the transfer of leprosy cases to the State Hospital, but their final decision was postponed to a later date. During September 1904, letters were received from several physicians expressing the opinion that cases of leprosy could be cared for at the State Hospital if properly isolated, with complete safety to the other inmates. One of these physicians stated that "the disease (leprosy) is by no means as contagious as many other affections, such as syphilis for example, about which few precautions are taken" (3).

The above quotation is of interest in that it indicates that physicians familiar with leprosy were fully aware of its relatively low degree of contagion. Yet in the forty years elapsing since that statement was made, and despite its frequent repetition by other qualified experts, little progress has been made in dispelling from the public mind the extreme and unwarranted fear of leprosy. From the records available it is apparent that the State Board of Charity was opposed to the establishment of a separate institution for leprosy individuals, feeling that such patients should be cared for in the already-established State Hospital.

In October 1904, another case of leprosy in a native of Cape Verde

Islands was reported in Chelsea. The patient was sent to Gallops Island for isolation. Later in October 1904, the trustees of the State Hospital refused to consent to admission of cases of leprosy to that institution. Thereupon the State Board of Charity purchased a farm of seventy acres with its buildings in the town of Brewster, for the purpose of providing an institution for the care of leprosy patients. Owing to strong protests from the inhabitants of Brewster and neighboring towns, a hearing was held on January 18, 1905. At this hearing it was urged that the State Board of Charity purchase an island for the establishment of such an institution. On the day this meeting was held, another case of leprosy in a Chinese was reported in Boston and sent to Gallops Island. The city of Boston consented to continue detention at Gallops Island until other arrangements could be made by the Board.

The protests in Massachusetts recall the experience of Louisiana in the nineties. There the citizens not only protested but resorted to violence by burning the buildings on the proposed site for the hospital. Considerable opposition was encountered also by the Federal Government when it sought a suitable place for the National Leprosarium.

A few days after the hearing, the State Board of Charity voted to petition the Massachusetts Legislature to ask Congress to provide for a national institution for the care and treatment of persons afflicted with leprosy. This was one of the numerous memorials to Congress which ultimately resulted in the passage of an act, approved February 3, 1917, providing for the establishment of the National Leprosarium.

On April 17, 1905, the Governor sent a message to the legislature recommending the purchase of the island of Nashawena to provide a place for the proposed state institutions, among which was a hospital for cases of leprosy. During the discussion of this proposed legislation, it was brought out by the State Board of Charity that if a mainland site were obtained for the hospital, \$25,000 would probably be sufficient, but if an island site were decided upon the cost would probably be double that amount. On May 26, 1905, the Massachusetts Legislature passed "An Act to Provide for the Care and Treatment of Persons Infected with Leprosy."

PENIKESE HOSPITAL

"In July, 1905 . . . the Board re-sold to the inhabitants of Brewster the land and buildings purchased for a leper hospital for the exact amount of money paid therefor.

"Later in July, 1905, the Board, under the provisions of chapter 474 . . . purchased the island of Penikese for the sum of \$25,000 for the purpose of establishing and maintaining an institution for the care of lepers, to be known as Penikese Hospital. This island, one hundred acres in extent, is one of the Elizabeth group, being thirteen miles south of New Bedford and fifteen miles

southwest by south from Woods Hole. After a careful study of various plans, and consultations with hospital authorities, it was decided to erect four cottages, each being thirty-six feet long, twenty-seven feet wide, and one story in height and containing four rooms, viz., a general sitting-room, two bed-rooms, and a kitchen, besides a bath-room and closets. They are situated on the westerly side of the island, and are well protected by the natural conformation of the land from the prevailing winds and winter storms. On the easterly side of the island, at the time of the purchase, were a farm house, somewhat out of repair, and a good barn. The necessary alterations and repairs have been made at the farm house to adapt it to the needs of the Superintendent, Dr. Louis Edmonds, and his two assistants. Work was begun on the cottages about the middle of August last, and they were finished Nov. 16. Upon an elevation between the cottages and the administration building a reservoir, with a capacity of 10,000 gallons, has been built, into which water of a good quality is pumped, supplying the various buildings, and having sufficient pressure to answer all needs in case of fire.

"Two days after the completion of all the construction work, the five lepers in the custody of the Board, viz., three in Boston, one in Harwich, and one in Wareham, were safely removed to their new quarters. The two Portuguese live in one cottage; the two Chinamen in another; the Portuguese woman, with her attendant, in the third, while the fourth is occupied at present by the male attendant only, but is completely furnished and equipped for the reception of any new case" (4).

The following historical information on Penikese Island is of interest.—
"In the early seventies it was the property of John Anderson, merchant, of New York. He gave it to Louis Agassiz for the establishment of a school of biology. That eminent scientist in conjunction with others, set up a dormitory and school just above the cove and began a summer school of Biology. This flourished for a couple of years but declined, mainly because of the illness of its founder. Eventually the property went back to Anderson who later (1883) disposed of it to those in whose possession it was at the time of purchase by the State" (5). (Agassiz' project was known as the Anderson School of Natural History and was a forerunner of the present Marine Biological Laboratory at Woods Hole.)

When acquired by the State, "There were a short stone-filled wharf, a farm-house (see illustration), and a barn. The stone foundation of the Agassiz School remained, but the dormitory had been destroyed by fire. The single well furnished water that was not fit for use" (5).

Apparently there was neighborhood opposition to the placing of the hospital on Penikese island as shown in the 1915 report of the State Board of Charity: "This lack of friendship was not confined to island neighbors. Grumbling has been frequently heard on the mainland that Penikese employ-



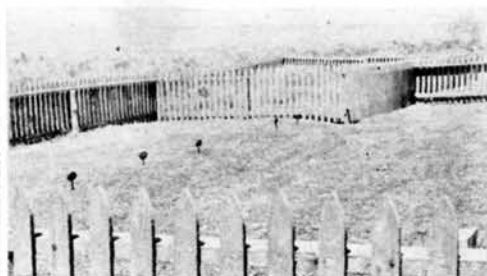
Original farmhouse used by the Agassiz School of Biology, later by the Penikese Hospital as administration building and superintendent's residence. Destroyed by fire in January, 1912.



Second administration building and superintendent's quarters built in 1912 to replace the one destroyed by fire. The annex at the right, added to provide laboratory facilities.



Hospital building (rear view).



Cemetery for leprosy patients.

Views of Penikese Hospital, Penikese Island

ees are permitted to come off the island and are even given a week's vacation" (5).

Thus Penikese Hospital for the detention and treatment of persons afflicted with leprosy became established and was operated and maintained by the State Board of Charity of Massachusetts for over fifteen years. Leprous persons who had a legal residence at any place in Massachusetts were cared for at Penikese at the expense of the town or city in which they held legal residence. Most of the patients, however, were aliens or persons who had not established legal residence at any place and were therefore wards of the state.

In the first annual report of Penikese Hospital Dr. Louis Edmonds stated: "The last few months we have given very little to the patients in the way of medicine, and have been watching the effect of good food and outdoor work, as the patients have worked out in all seasonable weather, helping in the construction of buildings. The result has been marked improvement in their general appearance and moral" (6). This is another instance of the often-reported observation that institutional care usually produces improvement in leprosy patients, regardless of any medical treatment.

Through the more than fifteen years of existence of Penikese Hospital, the problem of an adequate and suitable water supply was always troublesome. At times it was necessary to bring water by boat from New Bedford; frequently it was necessary to restrict use of water to two hours daily, one hour in the morning and another in the evening. To assist in water conservation, salt water was used for bathing. In the summer of 1907: "The average daily supply of water during the past six months had not been over 250 gallons" (7). Census of the hospital at that time listed 10 patients and about 6 employees. On January 1, 1907, Dr. Frank H. Parker succeeded Dr. Louis Edmonds as Superintendent,

The following tabulated statement from the 1915 report of the State Board of Charity indicates roughly the chronology of improvements and additions to the institution (5).

YEAR	ITEM	AMOUNT
1905	Penikese island	\$25,000.00
	For remodeling and improving existing buildings and building four cottages	24,999.56
1907	Further improvement and one new cottage	8,498.34
1908	Catboat	1,943.25
1909	New hospital building	12,000.00
1910	Additional for hospital building	4,000.00
1911	Addition for hospital building	573.92
	Water supply, wells, etc.	1,790.37
	Furnishings for hospital building	1,330.89
1912	New administration building and equipment	29,645.42
	Electric light and refrigerating plant	500.00
1913	Additional on wharf and wells	1,257.95
1914	Laundry building and equipment	2,424.61
		<hr/> \$118,464.31

Grand total, construction, maintenance and upkeep from the time of finding first patient — \$274,732.01.

The following extracts from the Superintendent's reports are of interest:

"Farming operations were begun during the year (1907) with great expectations, and the results, while falling far short of calculation, have been very fair" (7).

"The Superintendent has under consideration a plan of supplying the patients' food to them at regular hours instead of allowing them to prepare their own food, a process which has proved not only needlessly expensive but unsatisfactory from the point of view of their physical condition" (8).

"The difficulty of enforcing discipline and carrying out any system of regularity in the living of the inmates of this institution is a serious one. The inmates have a feeling that they are entitled to a freedom of action and to privileges which inmates of no other State institution enjoy, and their feeling has been encouraged by the publishing of indiscreet newspaper articles and the writing of letters to the patients by well-meaning, but injudicious, friends" (9).

In the 1909 report mention was made of the visiting of Catholic patients in the hospital by priests from the mainland; also the hoped-for connection of the island and mainland by wireless telegraph, resulting from the interest and work of one of the patients in wireless communication. In this report, dredging of a channel and construction of an adequate wharf were recommended, improvements which were never realized as far as can be ascertained.

In the 1910 report, the opinion of the State Board of Charity that a mainland institution was preferable, was reiterated. "The Board has always regretted that public opinion forced these sick people upon a somewhat distant island; it continues convinced that the more humane, as well as economical, way would be to care for them on the mainland" (10). The Post Office, rec-

ommended in 1908, was established; the wife of the Superintendent was appointed Postmistress.

In 1911 the Superintendent recommended replacement of oil lamp lighting by electricity, citing the possibility of adding a refrigerating plant if electricity were provided. During the year, an Advisory Medical Commission of five physicians was appointed. In January 1912, the original farmhouse, occupied by the administrative offices and the superintendent and family as living quarters was totally destroyed by fire. It was replaced by a fire-proof structure of concrete which, in addition to the offices and living quarters, contained a kitchen and dining room for all employees and some needed laboratory facilities.

With the progressively increasing disability of patients, it became apparent that hospital facilities, rather than asylum or home accommodations, were needed. The institution, originally begun on the cottage plan with patients generally doing their own work, preparing their own meals, etc., gradually changed into the hospital type of institution. Therefore the greater portion of improvements were designed to increase hospital and research activities, though cottages were still available for patients who desired to use them. "Out of these considerations has grown the Board's conviction that Penikese must hereafter be regarded as a hospital and conducted upon a hospital basis, rather than as an isolated colony of houses. To this feeling is added the further belief that every State institution for the care of such persons should be a station or laboratory for scientific research" (11).

Dr. James A. Honeij was appointed as Assistant Resident Physician in 1912.

In 1913 the Massachusetts Legislature amended the law of 1905 providing for the parole of any patient not deemed dangerous to the public health and welfare. During the year one patient was released under the provisions of this amendment. Trained nurses were added to the staff, and the electric light and refrigeration plant, recommended in 1911, was put into operation. In 1914 a small laundry was constructed and equipped. In 1915 a general dining room for patients was opened. Heretofore the patients had had their meals served in their rooms or cottages. In 1916 Dr. Honeij resigned and Dr. William J. McDonald was appointed to fill the position of Assistant Resident Physician.

Early in 1917 the law providing for a Federal Leprosarium was passed by Congress, and hopes were entertained that the patients at Penikese would soon be transferred to the Federal institution. However, the World War and other circumstances delayed the establishment of such an institution for four years. Since the Federal institution was expected soon to be in operation, it became difficult for Penikese Hospital to get appropriations for further improvements. In 1918 another patient was released on parole.

On December 1, 1919, Penikese Hospital was transferred from the jurisdiction of the State Board of Charity to the State Department of Health because of a reorganization of the Massachusetts State Government Departments (12). Furthermore, the Act of Congress establishing the Federal Leprosarium provided that patients from various states could be received on request of the State Health authorities. Therefore the transfer of Penikese Hospital to the State Department of Health placed the patients under the jurisdiction of the office which would ultimately effect their transfer to the Federal Leprosarium.

In 1920 two patients, veterans of the World War, were admitted to Penikese Hospital under contract with the U. S. War Risk Insurance Bureau (now U. S. Veterans Administration). On March 10, 1921, the thirteen patients in Penikese Hospital were transferred to the U. S. Federal Leprosarium at Carville, Louisiana, and Penikese Hospital was closed (13).

Table 3 gives some statistics on Penikese Hospital. These may not be complete, but it shows that Massachusetts made a successful, though costly, effort to provide its unfortunate leprous patients, adequate, though at times tardy, living facilities and adequate medical care. In reading the report of the State Board of Charity for 1915 in which the various problems connected with Penikese Hospital were discussed exhaustively, one cannot fail to recog-

TABLE 3. *Statistics of Penikese Hospital*

Year Ending Nov. 30th	Ad- mitted		Died		Dis- charged		Appropriation	Expended	Medical Officer on Duty
	M	F	M	F	M	F			
1905	4	1	0	0	0	0	\$ 50,000.00	\$ 49,999.36	Dr. Louis Edmonds (1905-1906) Dr. Frank H. Parker (Jan. 1, 1907-Mar. 10, 1921)
1906	1	0	0	0	0	0		5,000.00†	
1907	2	2	1	0	0	0		9,989.38	
1908	0	0	0	0	0	1	6,000.00	8,498.34	
1909	3	0	0	0	1	0	10,000.00	9,999.13	
1910	0	1	0	0	0	0	11,546.48	11,466.70	Dr. Jas. A. Honeij, Asst. Res. Physician (1912-1916)
1911	1	1	0	0	0	0	11,285.00	11,976.91	
1912	4	0	1	0	1	0	13,369.00	14,838.92	
1913	2	0	1	0	1	0	22,650.00	23,390.83	
1914	0	0	1	0	1	0	28,000.00	27,998.69	Dr. Wm. J. McDonald, Asst. Res. Physician (1916-
1915	1	0	2	1	0	0	27,950.00	28,949.98	
1916	2	0	3	1	1	0	28,233.00	28,228.61	
1917	3	1	1	0	0	0	28,500.00	28,498.68	
1918	2	0	0	0	2	0	31,220.00	31,165.10	
1919	2	0	0	0	0	0	33,700.00	33,703.21	
1920	4	0	2	1	1	0	34,820.00	35,692.67	
1921	0	0	0	0	11*	2*			
Total	31	6	12	3	19	3	\$337,273.48	\$359,396.51	

*Transferred to National Leprosarium.

†Estimated.

nize that the Board exhibited a much more enlightened knowledge of the subject in hand than did the leprophobic general public which actually forced the Board to establish and operate Penikese Hospital. The same report speaks volumes in commendation of Dr. Frank H. Parker, Superintendent of the hospital, whose kind and humane attitude is reflected in this and other reports.

Following the closing of Penikese Hospital, the island was offered for sale, but the old unwarranted fear and abhorrence of leprosy again became manifest in the lack of purchasers. In 1924 it was turned over to the Massachusetts Department of Conservation and has been made into a bird sanctuary. All buildings used by Penikese Hospital have been removed. The Conservation Department kept a custodian on the island, housed in a newly-built cottage, but recently he has been transferred elsewhere, and the reservation is guarded by the Department's Marine Fisheries Patrol boat. The Department of Conservation has kept the cemetery where fifteen patients were buried, properly fenced and free of weeds and brush. Now the gulls (Wilson's terns) that formerly lived on the island in great numbers have a favorite nesting and breeding place returned to them, undisturbed by any activity of man.

ACKNOWLEDGMENTS

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- (4) Twenty-seventh Annual Report of the State Board of Charity of Massachusetts for the year 1905, pp. 21-23.
- (5) Thirty-seventh Annual Report of the State Board of Charity of Massachusetts for the year 1915.
- (6) Twenty-eighth Annual Report of the State Board of Charity of Massachusetts for the year 1906, p. 12.
- (7) Twenty-ninth Annual Report of the State Board of Charity of Massachusetts for the year 1907, p. 72.
- (8) Thirtieth Annual Report of the State Board of Charity of Massachusetts for the year 1908, p. 98.
- (9) Thirty-first Annual Report of the State Board of Charity of Massachusetts for the year 1909.

- (10) Thirty-second Annual Report of the State Board of Charity of Massachusetts for the year 1910, p. 94.
- (11) Thirty-fourth Annual Report of the State Board of Charity of Massachusetts for the year 1912.
- (12) Annual Report of Massachusetts Department of Public Health for the year ending November 30, 1920.
- (13) Annual Report of Massachusetts Department of Public Health for the year ending November 30, 1921.

TABLE 2. CASES OF LEPROSY IN MASSACHUSETTS

Number	Sex	Age when diagnosed	Nativity	Occupation	Marital status	Nationality	Place and date of discovery	Status (1944)	Arrived in U.S.	Travels	Type of leprosy*	Remarks
1	M	30	Cuba	*	*	*	Sept. 1880	Left state, 1884	*	*	A	*
2	M	*	Mass.	Gardener	S	American	Salem Dec. 11, 1882	Died at Salem, March 1883	Birth	Sandwich Is. for 30 years	N	First symptoms in Islands. Sought adm. to Tracadie, N.B. asylum.
3	F	44	Sweden	*	*	Swedish	Boston Apr. 28, 1889	Deported, May 9, 1889	1889	From Sweden	*	Apprehended at Quarantine. Deported without landing.
4	M	29	*	Seaman	*	American	East Boston Sept. 1895	Died, Gallops Is. May 19, 1898	Birth	Seaman all his life	N	Lived and worked in Hawaii.
5	F	42	Scotland	Housewife	*	*	Boston Feb. 8, 1896	Died, Gallops Is. May 8, 1897	*	*	*	*
6	M	24	Br. West Indies	Seaman	*	Negro	Boston Nov. 27, 1901	Escaped, May 8, 1903	*	*	A	Escaped from Gallops Is. Not heard from thereafter.
7	M	38	Cape Verde Is.	Laborer	M	Portuguese	Harwich Apr. 22, 1904	Died, Penikese, Nov. 19, 1914	1891	*	N	First symptoms, 1894
8	M	23	China	Laundryman	M	Chinese	Boston June 6, 1904	Died, Penikese, Dec. 6, 1920	1902	Returned from China, 1902	N	Claims he was born in U. S.
9	M	34	Cape Verde Is.	Seaman	S	Portuguese	Boston Aug. 14, 1904	Died, Penikese, June 21, 1907	1890 1904	Shipped in & out of U.S. for 14 yrs.	N	Sought treatment at Providence, R. I.
10	M	25	China	Laundryman	S	Chinese	Newburyport June 18, 1905	Died, Penikese, Oct. 23, 1917	1900	Went to China; returned in 1900	N	Claims he was born in U. S.
11	F	26	Cape Verde Is.	Housewife	M	Portuguese	Wareham Apr. 22, 1905	Died, Penikese, March 13, 1915	1901	*	N	Has 3 children. Fourth child born at Penikese.
12	M	41	Louisiana	Clerk	M	American	Hyde Park Oct. 29, 1906	Died, Penikese, Nov. 7, 1912	Birth	Always in U.S. Ark., Tenn., Tex.	N	In Mass. 18 yrs. Attributes infection to handling of dirty paper money as express messenger.
13	M	23	Trinidad	Clerk	S	Negro	Somerville Feb. 1, 1907	Died, Penikese, Aug. 8, 1913	1904	Montreal a few weeks	M	*
14	F	27	Russia	Domestic	S	Lettish	Brookline July 22, 1907	Died, Penikese, Nov. 5, 1916	1901	*	N	Worked in Concord and Brookline.
15	M	41	Russia	Leather worker	M	Hebrew	East Boston Aug. 27, 1907	Died, Penikese, Oct. 27, 1915	1903	*	N	In Lynn 4 yrs; 4 months in Boston.
16	F	19	Russia	Domestic	S	Lettish	Brookline Sept. 2, 1907	Deported, May 10, 1908	1905	*	N	To Penikese Dec. 3, 1907.
17	M	64	Russia	Waiter	M	Hebrew	Boston Mar. 19, 1909	Died, Penikese, Aug. 16, 1916	1899	*	N	In Boston since 1899.
18	M	17	Br. West Indies	Student	S	Negro	Upton Mar. 22, 1909	Died, Penikese, Feb. 17, 1915	1902	*	N	First symptoms 3-4 years before apprehended.
19	M	25	Greece	Cook	S	Greek	Tewksbury Apr. 24, 1909	Deported, Oct. 15, 1909	1907	*	N	Inmate of state infirmary when apprehended. Lived in Haverhill. To Penikese Apr. 24, 1909.
20	F	*	West Indies	*	*	*	Fall River 1909	Disappeared	*	*	*	Escaped local authorities; supposed to have returned to W. Indies. Never in state custody.
21	F	44	Cape Verde Is.	Housewife	M	Portuguese	New Bedford Dec. 16, 1909	Died, Carville, Apr. 27, 1925	1902	*	A	To Penikese Dec. 19, 1909. Transferred Carville Mar. 10, 1921
22	M	23	Syria	Laborer	S	Syrian	North Adams May 19, 1910	Disappeared	1906	Had lived in N.Y. Keene & Claremont, N. H., Barre, Vt.	N	Escaped from local authorities. Never in state custody.
23	M	36	Japan	Laborer	S	Japanese	Boston Jan. 17, 1911	Died, Penikese, June 7, 1916	1908	*	N	Entered U.S. at Seattle, Wash.
24	F	47	Italy	Housewife	M	Italian	Boston May 10, 1911	Died, Penikese, June 23, 1927	1907	*	N	To Penikese May 15, 1911. Transferred Carville Mar. 10, 1921.
25	M	15	Louisiana	Student	S	American	Boston May 21, 1911	Returned to his home in R.I.	Birth	Lived in Louisiana until 5 yrs. of age	N	Came to Boston seeking medical aid. Diagnosis at Mass. Gen. Hospital. Returned to home.
26	M	55	Russia	Painter	M	Hebrew	Boston May 11, 1912	Discharged for treatment outside state, May 21, 1913	1892	*	N	To Penikese May 11, 1912. Released on bond not to return to Mass.
27	M	30	China	Restaurant helper	M	Chinese	Boston June 13, 1912	Discharged for voluntary deportation to China, Jan. 3, 1914	1902	Lived in Providence R.I. for 7 months	A	Claims he was born in U. S. To Penikese June 15, 1912.
28	M	26	Cape Verde Is.	Laborer	S	Portuguese	New Bedford June 26, 1912	Deported, Aug. 13, 1912	1910	*	N	Employed 2 yrs. at New Bedford's almshouse.
29	M	24	Cape Verde Is.	Laborer	S	Portuguese	New Bedford Nov. 11, 1912	Absconded from Carville, Mar. 27, 1927	1908	*	N	Had engaged passage to Cape Verde Is. Transferred Carville Mar. 10, 1921.
30	M	38	China	Cook	S	Chinese	Boston Mar. 17, 1913	Died, Carville, Dec. 10, 1927	1905	*	N	Entered U. S. at San Francisco.
31	M	26	Lithuania	Brushmaker	S	Hebrew	Boston Nov. 7, 1913	Hospitalized at Carville	1906	*	N	To Penikese Nov. 12, 1913. Transferred Carville Mar. 10, 1921. Paroled Dec. 8, 1921. Readmitted Dec. 19, 1924.
32	M	27	Crete	Dishwasher	S	Greek	Boston Nov. 8, 1915	Died, Penikese, Mar. 12, 1920	1911	*	N	Entered U. S. at N.Y. To Penikese Nov. 18, 1915.
33	M	72	Mass.	Storekeeper Seaman	M	American	Bourne Dec. 9, 1915	Died, Penikese, Jan. 23, 1916	Birth	In Rocky Mt. region as gold prospector. In youth visited S. America and many places	A	*
34	M	40	Armenia	Tannery worker	M	Turk	Salem Apr. 16, 1916	Died, Carville, May 5, 1926	1914	*	N	Entered U. S. at Providence, R.I. To Penikese Apr. 16, 1916. Transferred Carville Mar. 10, 1921.
35	M	28	Cuba	Student	S	Cuban	Boston Aug. 7, 1916	Released to return to Cuba, 1916	1912	*	*	Not sent to Penikese.
36	M	28	Turkey	Tobacconist	S	Turk	Salem May 20, 1917	Paroled, Penikese, June 21, 1918	1913	Spent 2 yrs. in Mex. & Cent. Amer.	A	Mild case with slight evidence of the disease.
37	M	21	Palestine	Butler	S	Syrian	Springfield May 23, 1917	Deported Sept. 11, 1920	1914	Various cities of Pa., N.J., & N.Y.	N	To Penikese May 16, 1917.
38	F	53	Florida	Housewife	M	American	Gosnold (Penikese) July 24, 1917	Died, Penikese, Dec. 27, 1920	Birth	Came from Florida solely to enter Penikese	N	Parents were natives of the Bahamas. Family lived at Miami, Fla.
39	M	23	*	*	*	Portuguese	Lowell Oct. 1, 1918	Disappeared	*	*	*	Was receiving treatment at Lowell when leprosy was suspected. He disappeared and was not heard from.
40	M	23	China	Student	M	Chinese	Boston June 12, 1918	Discharged to enable return to China, Nov. 15, 1918	*	*	N	To Penikese June 24, 1918. Disease nearly arrested when discharged.
41	M	26	Cape Verde Is.	Laborer	S	Portuguese	Boston Nov 15, 1918	Absconded, Carville, Sept. 25, 1921	1912	*	N	To Penikese Nov. 15, 1918. Transferred Carville Mar. 10, 1921.
42	M	23	China	Farmer	M	Chinese	Needham May 25, 1919	Died, Carville, Mar. 8, 1934	1917	Vancouver, B.C. Montreal, Boston	N	To Penikese May 25, 1919. Transferred Carville Mar. 10, 1921.
43	M	24	Greece	Baker	S	Greek	Chicopee Nov 8, 1919	Absconded, Carville, Nov. 24, 1921	1911	*	*	To Penikese Nov. 8, 1919. Transferred Carville Mar. 10, 1921.
44	M	32	Italy	Cement worker	S	Italian	Boston June 27, 1920	Paroled, Carville, Apr. 6, 1929	1906	Lived in Baltimore, N.Y. City, New Bedford	N	To Penikese Jan. 1920 Transferred Carville Mar. 10, 1921.
45	M	23	Italy	Candy dipper	S	Italian	Boston Jan. 21, 1920	Died, Carville, Dec. 8, 1938	1917	*	M	To Penikese Apr. 27, 1920. Transferred Carville Mar. 10, 1921.
46	M	27	Philippine Is.	Steward, U.S.N.	M	Filipino	U.S. Vet. Bur. June 18, 1920	Absconded, Carville, Feb. 15, 1923	*	*	A	Entered Penikese under contract with U. S. Vet. Bur. Transferred Carville Mar. 10, 1921.
47	M	24	India	Student	S	American	U.S. Vet. Bur. June 18, 1920	Died, Carville, May 22, 1939	*	*	M	Entered Penikese under contract with U. S. Vet. Bur. Transferred Carville Mar. 10, 1921.
48	M	28	Br. West Indies	*	*	Negro	Boston Apr. 3, 1921	Disappeared	1916	*	*	*
49	M	16	Portugal	Cabinet maker	S	Portuguese	Cambridge Oct. 14, 1922	Hospitalized at Carville	1909	Lived 2½ yrs. in Warwick, R.I.	*	To Carville Oct. 20, 1922.
50	M	21	Portugal	Laborer	S	Portuguese	E. Wareham Nov. 1, 1923	Deported June 17, 1924	1921	*	*	Not sent to Carville.
51	F	28	Portugal	Housewife	M	Portuguese	Ludlow Apr. 22, 1926	Disappeared	1920	*	A	Believed to have gone to Portugal
52	M	35	Italy	Farmer	M	Italian	Watertown Apr. 5, 1928	Paroled, Carville, July 2, 1935	*	*	N	To Carville Apr. 14, 1928.
53	M	25	Cape Verde Is.	Laborer	M	Portuguese	Boston Apr. 12, 1928	Deported, Oct. 2, 1934	1921	*	*	To Carville Apr. 14, 1928.
54	F	36	Br. West Indies	Housewife	M	British	Boston Jan. 10, 1929	Hospitalized at Carville	1917	*	M	To Carville Jan. 25, 1929. Paroled Feb. 6, 1935. Remained at hospital voluntarily.
55	M	42	Br. West Indies	Laborer	M	Negro	Boston Mar. 31, 1931	Died, Carville, 1940	1920	*	N	To Carville Apr. 18, 1931.
56	M	47	Russia	Salesman	M	Hebrew	Boston Sept. 1932	Died, Carville, July 29, 1941	*	*	N	To Carville Sept. 3, 1932. Diagnosed in 1918 and was supposed to have left Mass.
57	M	37	Turkey	Restaurant keeper	M	Greek	Westfield June 19, 1934	Absconded, Carville, Nov. 21, 1934	1917	*	N	To Carville July 2, 1934.
58	M	47	Portugal	*	M	Portuguese	New Bedford, Nov. 27, 1937	Disappeared	1917	*	*	Later heard from at Lisbon, Portugal, where he died in 1941.
59	M	40	China	Laundryman	M	Chinese	Medford Jan. 18, 1940	Hospitalized at Carville	1920	*	A	To Carville Feb. 20, 1940.
60	M	24	Mass.	None	S	Portuguese	New Bedford June 18, 1943	Hospitalized at Carville	*	*	N	To Carville Aug. 2, 1943.

*Unknown

**As records give types as (N) Nodular, (A) Anesthetic, or (M) Mixed, this classification has been used.