

TO THE EDITOR OF THE STAR.* JUNE 30, 1946

I wish to thank you for the collection of THE STAR since it blossomed out in print. I have read them with much interest on more than one count.

The development that has occurred at Carville since the inconsiderate Japanese cut off communications with this part of the world as revealed by the various photographs and the over-all sketch (November 1945) is amazing. My thoughts go back to 1912 when, shortly before graduating from Tulane, for a time I spent the week-ends at Carville in connection with a treatment experiment with a vaccine that Professor Duval had prepared. Going there on Friday mornings with Dr. Hopkins on his weekly visits—the only time, ordinarily, that the patients saw a physician—I would stay on until Sunday, given subsistence by the ever-kindly Sisters and living in a double cottage that, so far as I can tell, was located about where the Protestant Chapel now stands. One side of it was occupied by Father Keenan, a most kindly soul who had a remarkable collection of phonograph records—that being in pre-radio days—and a hound that, I recall, awakened us one night to admire an opossum that he had “treed” in a ditch behind the plantation house. How different is the situation now, with the magnificent layout of buildings and hospital personnel that totals more than one-half of the patient population.

That, however, is incidental. I am writing primarily to congratulate THE STAR first for the spirit and energy that has kept the periodical going and has led to its transformation. It would be worth while, I imagine, if it were nothing more than a means of occupational therapy for a considerable group. Second, and more important, for the objective to which it is dedicated—the development of a more rational view of leprosy and of those afflicted with it on the part of the American public—and for the real progress to that end which is evidently being made. The abysmal ignorance of the disease in the United States, and the consequences of that for many persons with it, has always aroused exasperated wrath in me, as has the commercialization of horror theme. When Mr. Stimson was Governor General of the Philippines, I was enabled under his authority to compel the exhibitors to modify two films that exploited the theme, one a version of “Ben Hur” and the other Douglas Fairbanks’ “El Gaucho.” About that time my wife went com-

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pletely cold on Donn Byrne, whose books she had particularly enjoyed, because of a short story in which an unworthy character was caused to die of "acute leprosy"! I hope your protests against that sort of commercial prostitution will be effective.

Personally, while recognizing that in the United States and "European" countries the Bible stories are mainly responsible for propagating the prevailing idea of leprosy, I have not been able to lay blame entirely on them. To no literature whatever can be ascribed the attitude of many peoples toward members of their communities or tribes who have the disease in advanced forms — peoples who cast such unfortunates forth from their homes or villages, or who actually liquidate them. I was particularly interested to see expressed a point that I have often made, when Sister Laura was quoted (March 1945) as saying in effect that tuberculosis patients "have the disease on the inside" while the ravages of leprosy are expressed externally.

You have remarked how few cases at Carville are leonine. While taking visitors through the busy streets of the "colony proper" at Cullion I have repeatedly been asked in puzzlement where the patients were; but there was no doubt when the more advanced and less active patients were seen in wards, dormitories, and elsewhere. And among neglected, untreated cases outside institutions the numbers that in time become conspicuous and repulsive because of the leonine condition of the lepromatous form and the ultimate mutilations of both forms are not small. Hence the social problem, whatever — wherever — may be the literary background of the people.

One can but heartily agree that the question of what to do about leprosy in the United States is a State and regional one, and not a national one to be dealt with by a Federal rule—except for quarantine at the ports. In most of the country it is absurd and benighted to insist on segregation; cases should be dealt with according to individual circumstances. For those desiring to go to the leprosarium for treatment or haven, that should be arranged; but of others none should be required to go except those of the category of public charges. The problem in areas where the disease is established, endemic, is of course quite different. But even in such areas it is unjustifiable to require segregation of neural type cases, simple or tuberculoid, that are bacteriologically negative on standard examination. It is not done here in the Philippines.

It is interesting to see how rapidly leprosy is increasing in the United States—in print. The estimate of Drs. Denny and Hopkins of 1000-1500 was first stepped up to 2000-3000 — defended by Dr.

Kellersberger on the ground that "one man's guess is as good as another" — and then to 3000 to 5000, finally to be a flat 5000 (Lendrum). Since each new guesser has to increase the figure to make news, and since increases are by multiplication rather than by simple addition, the next "guesstimate" may be expected to be 10,000. The same thing is seen in the total world figure. Some years ago by dint of much guessing and of multiplying the numbers of known cases, the figure reached 3 millions; then 5 millions; and now, by repeated multiplication of the unknown factor, 10 millions. It may be so; but we may be outstripping reality. (I find that I missed one "estimate" of 15 millions.)

The magnitude of educating the American public you fully appreciate. I wonder if it would not be possible to undertake a systematic, direct campaign with the medical profession. You might, I should think, make contact with the secretary of each State branch of the American Medical Association, and perhaps with the editor of each State and sectional medical journal (see the A. M. A. Directory), to solicit their advice and aid with respect to the education — a dangerous word, perhaps — of the sections of the profession they represent. It might pay, in the long run, if every such editor were to be put on your free mailing list. And, too, there is perhaps a possibility of a similar approach to the clergy throughout the country through the national headquarters of the several denominations and their special periodicals. An overwhelming task? It has been attempted?

The least that the medical, if not other, editors could do — and they should do much more — would be to avoid the use of the word "leper." I am interested to learn that Dr. Fishbein has interdicted it for the A.M.A. publications. For the "International Journal of Leprosy" I have preferred not to use it, though perhaps I have not been as rigorous about it as I should have been. For one thing, working among patients who do not hesitate to call themselves "leproso," I have not been as fully sensitized as I might have been. Furthermore, so many writers with whose material we deal use the word freely, and circumlocution is sometimes awkward. The word "Hansenian," used by some South American writers, is certainly that.

The effort to ban the word "leprosy" will, it seems probable, meet with less success. As an editor I must frankly sympathize with Dr. Fishbein in that. Noting that Dr. McCoy has said that a change of name would not be a solution without arousing your disapprobation, and also noting that you quote one William L. White as saying that "the right to criticize is the most important

freedom for which we are fighting," though if I disagree I do not, I assure you, imply criticism—I venture to endorse the view of Dr. Fishbein's associate whom you quote (July 1945.) In the Dorland medical dictionary at hand, under "disease," there are more than 450 person-name items, and I venture to say that few medical men could recognize more than 50 of them. (Incidentally, "Danielssen's disease" is there, defined as "Anesthetic Leprosy," though to my mind his name, historically, is more properly applied to the whole disease than Hansen's.) "Hansen's disease" does not appear. Anyone meeting that name will, if endowed with normal curiosity, ask what it signifies. Will it, in the long run, be regarded any differently than the classical name? After all, the objection to "leprosy" is of a different order from that to "leper," as is evident from your own pages.

The argument that "leprosy" is "unscientific" seems a bit strained. On that ground one might object to "malaria," which means "bad air," a relic of the "miasma" days. Or to "measles" because it derives from the Middle English *mesel*, said to have meant "leprous." Other examples are "smallpox" (once signifying "little syphilis"), and "syphilis" (from the fictional character Syphilus, meaning "swine-loving"). Even scientific "tuberculosis" is applied somewhat arbitrarily, since various diseases give rise to "tubercles," macro- or microscopic.

I hope I will not be held unsympathetic if I venture further and touch on certain of your masthead features. It is said that, "the transmission of Hansen's disease being still unsolved, the medical world classes it as 'feebly communicable.'" (In passing, there is a bit of *non sequitur* there, for—except to young children, at least in endemic areas—leprosy is certainly "feebly communicable" regardless of precisely how it is transmitted.) It is also said that, once the problem of transmission is solved, the practice of segregation will be abolished. It will be noted that the report of the Cairo Congress says, conservatively and fairly, that "so long as the mode of transmission is not known with absolute certainty, any method of prophylaxis is to some extent empirical."

But there can be no serious question that people with leprosy constitute the source of infection to others, whether directly or indirectly, whether through the skin or nasal mucosa or otherwise, and whether insects may occasionally or frequently have anything to do with it. The fact that we can never say in any particular case exactly how or when the effective transfer and introduction of the causative organism occurred—and, I believe, those who hold that there is no single, obligatory way are entitled to the opinion pro-

vided it is not advanced as more than that—surely cannot be held to invalidate what over-all knowledge experience has provided. Suppose the tubercle bacillus happened not to be infectious for experimental animals, would epidemiological evidence be ignored, the assertion upheld that we could have no fundamental knowledge of how the disease is maintained in the population or how uninfected persons might be protected.

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