

CORRESPONDENCE

This department is provided for the publication of informal communications which are of interest because they are informative or stimulating, and for the discussion of controversial matters.

6 THE QUESTION OF ADULT IMMUNITY

TO THE EDITOR:

I was rather surprised to read in the *United Nations World* for January 1951, in an article entitled "A Modern Miracle" under the signature of one Donovan Pedelty, that "unless you were exposed to leprosy as a child it is a 99.9 per cent scientific certainty that you could not get it now whatever you did." I have good reason to doubt of the accuracy of this statement.

1. It is asserted that F. Damien acquired his infection in childhood, in his home in Belgium. This assertion is a very bold one.

I have never heard of any observation of indigenous leprosy in this country in the 19th century. It seems that leprosy disappeared from Belgium one or even two centuries before that. As far back as 1640 there was no more leprosy in Malines (Mechelen), some 25 kilometers from Louvain and Damien's home. In Antwerp the leprosarium was not closed until 1783, under Joseph II, but in 1761 the doctors could not find a true leprosy case, and in 1777 van Munichhuyzen stated that the same had been true for more than 25 years. It may be of interest to note that our Institute of Tropical Medicine is located on the site of the old leprosarium of Terziëken. (Cf. van Schevensteen. *La lèpre dans le marquisat d'Anvers aux temps passés*. Mem. Cour. Acad. Méd. Belgique, vol. 24, 1930.)

I graduated in Louvain in 1910, and in the three years before that I had never an opportunity to see a case of leprosy. In fact, our teachers did not even speak of that extinct disease.

It is therefore quite reasonable to think that F. Damien left Belgium without any trace of the Hansen infection.

2. Beside this negative argument there is a positive one. Since 1933 I have had the opportunity to see in our clinic 12 cases of leprosy, all in European adults. One of the patients, born in Spain, had a remote possibility of contamination during childhood in his country, but it is more probable that he was infected in South America. The others were natives of Belgium

except two, who were from the Netherlands. All had left Europe as adults and in good health, having had medical examinations before departure. One of them—a physician—was infected in South America, the others in the Congo. It is surprising how little “contact” my patients had, even the doctor. It is also surprising to see that the majority of them are strongly built persons, “solides gaillards” (husky guys) as we say in French.

It is therefore certain that there is a possibility of acquiring leprosy in adult life. My theory—it is only a guess—is that among adults many have little or no susceptibility, but that some of them are very receptive. If my theory is correct, the danger of exposure of adults is not very great but it does exist, and one can never tell if one is or is not among the unhappy few.

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