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## EDITORIALS

*Editorials are written by members of the Editorial Board,  
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### ARE WE ACTING WISELY?

The mediaeval type of persecution employed against the person suffering from leprosy until a very few years ago, was an intolerable challenge to the rights of the human being. Sickness is one of the most trying sufferings that man has to endure, but when it is tempered by sympathy, gentleness and the use of modern science to alleviate its aches and pains, physical as well as mental, it becomes more tolerable and human endurance is capable of conquering it. It would be going too far, however, and would endanger the rights of others, to ignore the fact that contagious bacterial diseases must be treated according to the rules of prophylaxis, and that patients suffering from such diseases must be under the control and vigilance of the health authorities.

This rule is rigidly applied to such acute conditions as typhoid fever, diphtheria, scarlet fever, and other contagious diseases the spread of which might endanger the members of a community. The rapidity with which these diseases can become epidemic and the number of fatalities that they may cause, warrant the most strict and severe rules, even against personal liberty, for the protection of the majority of the citizens. No man in his right mind would protest against being quarantined because a member of his family has been stricken with scarlet fever.

When the conditions are chronic, even if dangerous, the resistance to sanitary control increases, and when a disease causes disfigurement and prevents the patient from living in social contact with others we have a difficult problem to cope with. Such is the case with leprosy. In recent years we have gone from the old fashioned idea that *all* leprosy patients must be immediately segregated and treated as severely as cases of plague or more so, to the most liberal policy of freedom without sanitary control.

The writer is against persecution, and against isolation of *all* cases of leprosy. He approves the practice followed in the Philippines for many years of segregating only those which are bacteriologically positive, allowing the quiescent tuberculoïd and the simple macular and other such cases to live at home and seek treatment in their own localities. In 1940 he inaugurated in Cuba the policy of bringing out leprosy patients from their hiding places, offering them protection, medical treatment and instruction and social service for them and their families, as well as examining all their contacts to discover the new early cases. These patients are not forced to enter a leprosarium if their home conditions allow reasonable sanitary control, but such control is insisted upon. The result of this policy has been highly satisfactory, and today there is scarcely a person with leprosy who does not trust the sanitary authorities and does not get medical and nursing care. But *all* patients must be known to the Bureau for the Prevention of Leprosy and receive treatment and medical inspection regularly.

The recent trend towards making leprosy a nonreportable disease, one that needs no sanitary control, under the questionable assumption that it is not contagious in certain climates, in certain cities, and among certain peoples, is to the writer's mind a mistake that may be costly in the future. Three states of the North American Union have now declared leprosy a nonreportable condition and patients are allowed complete freedom to do as they please. Have those states acted wisely? What are the scientific bases on which the belief in the non-contagiousness of leprosy rests in those states? Cannot present conditions change in the future? Is it not possible that under certain conditions of war, depression, immigration of susceptibles, and other factors, leprosy may be found some day to be endemic in areas which today seem free of this disease?

Are not the crowded slums of any city dangerous spots for the spread of leprosy?

A contagious disease such as leprosy is always dangerous; the human being must be protected in his rights and treated according to humane standards; but sanitary control must be maintained and vigilance must never be relaxed.

The example set by some authorities may have repercussions in other areas of the world, and the gains that have been made so painstakingly in the control of leprosy may be lost through a misinterpretation of these present trends on the epidemiology of leprosy.

—V. PARDO CASTELLO