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## EDITORIALS

*Editorials are written by members of the Editorial Board, and opinions expressed are those of the writers.*

### NOTIFICATION OF LEPROSY

In many countries leprosy, along with other contagious diseases, is notifiable. Within recent years, however, particularly since the introduction of more efficient methods of control, there has been a tendency to modify such regulations or annul them completely. Extreme propaganda in this respect not infrequently emanates from patients themselves who, resenting their enforced segregation done either because of public opinion or rigid legal enactments, over-emphasize the mildly contagious nature of leprosy and demand to be allowed to live as normal citizens. In the case of certain more communicable diseases, such as tuberculosis, legal measures of compulsion are impracticable. With regard to leprosy, however, all too frequently there are applied restrictive rules which are detrimental to public health control and the adequate treatment of early cases. This is because this disease is surrounded by ancient prejudice and ignorance of its real cause and spread. Unfortunately, this hysteria is not altogether absent from the medical profession.

In 1951 the Ministry of Health in England and Wales, for the first time in modern history, made leprosy a notifiable disease, but there were special conditions attached to these regulations. In the first place, the regulations regarding notification contain no statutory powers whereby a patient suffering from leprosy can be removed against his own will to a lep-

rosy hospital. Secondly, the notification does not go through the usual channels, but has to be sent confidentially direct to the Chief Medical Officer of Health at the Ministry in London. Along with the coming into force of these regulations, the Ministry appointed an Adviser in Leprosy to whom certain particulars on the notifications were to be sent in confidence, and also opened a hospital for the treatment of leprosy patients near Redhill in Surrey, some twenty-five miles from London. The Scottish Ministry simultaneously placed leprosy on the list of notifiable diseases, but preferred to make such notifications through the local Medical Officers of Health.

The purposes of these measures can best be described in the official statement issued at the time of notification.

"These three new measures—the notification Regulations, the Adviser in Leprosy, the special hospital—mean that no individual leprosy patient need be left without the best possible medical attention and advice under conditions which will enable him to live a more normal and happier life than is otherwise generally possible for anyone who knows that he has leprosy. At the same time they will operate to remove any risk of infection of others which for centuries now has been negligible in this country. It is equally remarkable that the general public have an exaggerated horror of the disease, and a quite irrational fear of infection. It is important for the public to learn that leprosy is an ordinary medical disease, not highly dangerous or infective, and to extend to the person who has been unfortunate enough to contract the disease, sometimes in the service of the Crown, that sympathy and understanding which he deserves."

It may be well, in this connection, to review the working of these measures during the past two years. To obtain an appreciation of this matter I will discuss it under the following headings: (1) number of cases notified, (2) accommodation and effectiveness of isolation of open cases, (3) relation of the Medical Officer of Health to the notification, and (4) social implications.

1. *Number of cases notified.*—In 1951 leprosy notification was enforced, but the number of cases in England and Wales could only be roughly estimated. The number of known cases is now 144, including some in Scotland. The specialist, and also the general practitioner, is becoming increasingly aware of the necessity to keep a watch for possible leprosy cases in his practice. The majority of these find their way to a dermatological clinic, others seek the advice at one or other of the tropical diseases hospitals. Despite the fact that the total number of known cases in Britain has more than doubled in the last fifteen or twenty years, there is no recent authentic record of a

case arising from a person who has never been outside Great Britain.

2. *Accommodation and effectiveness of isolation of open cases.*—The total accommodations for cases needing hospital treatment is thirty, thirteen at the Homes of St. Giles, a private institution, and seventeen at a new National Health Service hospital, opened in 1951 and called the Jordan Hospital. This accommodation may not be quite sufficient, and at the moment there are still cases which, because of unsatisfactory home conditions, have to remain in an infectious diseases hospital or in a ward of one of the hospitals for tropical diseases. As isolation is not compulsory, persuasion is applied to patients to submit to segregation under hospital conditions only if their social conditions are such that they are likely to endanger children. Prophylactic sulphone therapy, and BCG vaccination for any such children, is being considered, but would only be used under very exceptional circumstances.

Because of the increasing numbers of cases detected, the number of open cases discovered is now greater than the accommodation available. It is, therefore, a matter for consideration whether additional beds should not be provided.

3. *Relation of the Medical Officer of Health to the notification.*—On receipt of a notification the Ministry of Health or its Adviser in Leprosy get into touch with the Medical Officer of Health whenever there is a public health or social problem to be discussed. While it is not obligatory for the Medical Officer of Health to receive notification of a case in his area, he is informed personally whenever a case involves a possible danger to public health.

4. *Social implications.*—If leprosy were not viewed with such horror, the question of treatment and isolation in this country would present no problems whatever. It is right that patients should be reassured that leprosy is less infective than many other diseases, and, in some forms, to all intents and purposes noninfective. On the other hand this attitude is detrimental to the interest of the public, and in the end to the patient himself, for it ultimately retards progress towards his recovery to adopt too light and careless an attitude towards the disease, and further increases the feeling of revulsion on the part of the public. It is an intelligent and understanding attitude that is required from the public, and an acceptance by the patient that for his own sake, and for the sake of children, he should

remember that only slowly will the public learn to shed their unreasoned fears.

A frontal attack on an age-long prejudice defeats its purpose in the long run. Leprosy must not be hidden and thought of as some dark terror stalking the land awaiting to pounce on unhappy and innocent victims. On the other hand, an excessive effort to focus public attention on leprosy, with the pretension that there is no danger of infection even from the more heavily infected cases, is going to the other extreme and is equally undesirable. It cannot be sufficiently emphasized that leprosy must be treated as an ordinary disease, which under certain circumstances can be passed on to healthy persons, although there is no fear that the disease is likely to spread under modern conditions of living. It is this commonsense approach to leprosy that must be stressed.

Because of the special circumstances in which leprosy patients find themselves, it is not always easy to secure the social and financial assistance which would rid their lives of fear of economic disaster, and too often they may have to rely on public charity. In my own view no person with leprosy should find himself economically embarrassed because he is unable to work owing to his incapacity or the advancement of his disease. The usual sickness benefits and assistance are, of course, available to the patient with leprosy, but beyond this he is at a disadvantage because the fact that strict secrecy has to be maintained makes it more difficult to get the widespread sympathy of the public through charitable concerns which set out to help distressed persons.

It will be a long time before the fight for a commonsense and reasonable attitude towards leprosy is won, but to be apprehensive on one hand, and nonchalant with regard to infection on the other, will not hasten the day when leprosy will be treated as an ordinary disease. The confidential notification of leprosy, in order to bring the benefits of treatment to every case, is a measure which has improved the lot of leprosy patients in this country, and, under the conditions in which the act has been in force in Great Britain, it has not made the lot of the sufferer from leprosy more difficult; it has brought help and an understanding of his position so that the patient himself has largely received fair play. The medical profession has become increasingly interested in leprosy as a disease which needs to be approached with common sense and understanding,

and this increased interest in leprosy is to the general benefit of all, and not least to the patient himself. —R. G. COCHRANE