

TO THE EDITOR:

I have read Dr. Robertsen's abstract of the article on Leprosy and Psychosis by Dr. P. Lowinger [p. 122-123], and would like to add some informal comments that may help the reader to interpret the data and evaluate the conclusions drawn in that interesting paper.

The patients at Carville are those most in need of hospitalization: (1) those isolated from their households while undergoing treatment to bring disease under control; (2) those resistant to treatment; (3) those with complicating diseases; (4) those who have deformities or disfigurements due to the disease and are now undergoing surgical treatment for the management of such sequelae; (5) those with severe deformities, disfigurements, or handicaps not amenable to correction; (6) and those who, after long hospitalization, are unable to return to life outside the hospital for a number of reasons.

The majority of persons with leprosy in the United States are not at Carville. The current patient load is 285, and at least 1,000 more can conservatively be estimated to be outside of the hospital. Some of these have been discharged for follow-up treatment or observation in outpatient departments, some have never been to Carville and are being treated by clinics or private physicians, and some have not yet been discovered. It is apparent that data collected at Carville now or in the past cannot be extrapolated by any method of extension to represent the current status of leprosy patients in general, or even the status of the totality of leprosy patients now in the United States.

Another important factor for selection is to be noted. With other diseases, provisions are generally made to handle social or psychiatric problems which complicate their management. The patient with tuberculosis who has a psychiatric problem is admitted to the psychiatric ward of the tuberculosis hospital, or the tuberculosis ward of the mental hospital. The drug addict with tuberculosis is treated in the tuber-

culosis ward of the hospital for addicts. The prisoner with a communicable disease is treated in the prison hospital. The leprosy patient with psychiatric problems, however, is generally not accepted in any institution except a leprosarium. Leprosy does not affect the central nervous system, although the disease invades the peripheral nerves, and provisions for a full-time psychiatric service in a leprosarium are not justified by the natural history of leprosy alone. However, leprosy does not confer on its victims an immunity to mental disturbances or the processes of senility, and in addition the very idea of leprosy can cause depression and changes of behavior.

The primary reasons for admitting patients to Carville are the diagnosis, management, and study of leprosy and its course, sequelae, and complications. Concurrent mental or social ills unrelated to leprosy and properly manageable elsewhere than in a leprosarium do not justify refusal of admission to Carville. Factors of case selection operate in this hospital that do not operate in other specialty hospitals.

Note is also made for an apparent lack of familiarity, or of sympathy, with the anxieties and problems of the patients at Carville by the frequent use of the word "leper" in the original article.

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