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## EDITORIALS

*Editorials are written by members of the Editorial Board, and opinions expressed are those of the writers. Any statement that does not meet with agreement will be of service if it but stimulates discussion, to facilitate which the Correspondence section is maintained.*

### CELIBACY AMONG LEPERS

We are accustomed to condemn the hysterical attitude of the general public on leprosy, and the hasty and too often inhuman legislation that has resulted therefrom, but is it certain that we ourselves have escaped the contagion? Are not the rules that govern many of our leper colonies of the nature of a rather unworthy compromise?

A recent editorial in the JOURNAL<sup>1</sup> mentioned the difficulties of the problem of preventing cohabitation between inmates, and emphasized the fact that many people have little realization of the problems of control of large institutions and colonies. We should like to go further than this and ask whether it is reasonable or logical to demand celibacy from large groups of people over a period of many years, when they are in the prime of life and when a large proportion of them are doing a full share of active work towards their own support. Such an attitude may be possible, however illogical, in countries where leprosy is scarce and the enforcement of laws efficient. But in a country like China, where it is probably an under-estimate to say

<sup>1</sup>The children of leprous parents. This JOURNAL, 2 (1934) 97.

that there are a million sufferers from leprosy, the bulk of whom are in the years of early manhood and womanhood, and where law is not yet supreme and problems of distance and transportation hamper all schemes for their relief, such a requirement is frankly impossible.

One may ask whether it would be really desirable, were it possible financially and otherwise, to condemn more than half a million men and women in China to celibacy. This is a complicated matter, and one concerning which it is peculiarly difficult to get dispassionate, balanced opinion. It is of much interest, however, to note that at the great Culion colony attempts have twice been made, at widely-separated times, to enforce celibacy—or at least to prohibit marriage—and that both times the effort was given up. But the conditions there, with a population now numbering over 6,500 inmates, are certainly unusual and intimate control and supervision of the inmates impossible. It is perhaps more significant that in India, where the leper asylums are small and most of them are mission-supported and operated by missionaries, those in charge of one such institution concluded long since, in the face of much criticism, that marriage should be permitted there and have maintained that policy.

A still further question might be asked. Is it even reasonable that we should attempt to enforce celibacy among lepers, in view of our increasing knowledge of the disease? More and more the close similarity of leprosy to tuberculosis becomes impressed on us as we compare the two diseases—the same widespread early infection most of which fails to develop, the same greatly increased liability to infection in early childhood, the same rise of incidence at puberty, the same dangers of exacerbation in the pregnant and parturient woman, and finally the same definitely higher incidence in males during the prime of life. The similarity of the two diseases is striking, the advantages being all on the side of leprosy except as regards disfigurement. Yet who in the case of tuberculosis would insist on celibacy in any except active cases, or would imagine that even in these cases celibacy, however desirable, could be enforced by law. Certain it is that this factor has had no place in the phenomenal fall in the incidence of tuberculosis of recent years in such countries as Great Britain. This being so, what right have we to attempt it in the less infective disease of leprosy, especially as the disease itself causes sterility in the male in a proportion far higher than that caused by tuberculosis. This may seem a purely academic ques-

tion for wealthy countries with few lepers; it is very much the reverse in poor countries where the disease abounds.

If there is any weight of reason in the foregoing arguments, it is of interest to note two lines of advance which are being tried out in a small way in the Orient at present. One of these, under way in Kiulungkiang, on the southern border of China, consists in a deliberately organized village for married lepers, without any interference with family life beyond medical treatment and the removal to uninfected surroundings of infants at the age of one year. Utterly heretical as it may sound we confess to a great pleasure in Dr. Galt's work in Yunnan, a brief account of which appears in this issue of the *JOURNAL*. We visualize it as bringing within the reach of efficient treatment a larger number of sufferers from leprosy than is at present possible in these lands. It is quite in line with a plan that is being contemplated at least informally in a certain country where the financial burden of leprosy work has become distressingly heavy for the times—the possibility of establishing agricultural colonies, the lepers to be accompanied by one or more relatives, if desired, in order that they may be self-supporting.

Recently we have been told by the man in charge of a leper colony of between seven and eight hundred persons about a rather different plan that he himself was developing. Selected cases from the colony are offered vasectomy and then are allowed to marry female inmates. A cottage and sufficient land to allow of self-support is provided for the couple, while to meet the desire for a family they are allowed to adopt a leper child. Three individuals are thus removed from the payroll of the institution, while continued treatment is still provided.

It seems to us that both these methods of dealing with the problem, with perhaps further modifications, are at least worthy of extended investigation.

J. L. M.