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EDITORIALS

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LEPROSY IN HISTORICAL PERSPECTIVE

Among the manuscripts inherited by the present editor of THE JOURNAL from the previous editor H. W. Wade, was an article for partial reprinting, written by one of the world's foremost students of syphilology and related treponematoses, Dr. Ellis Herndon Hudson. As professor of medicine in the American University at Beirut, Syria, while serving collaterally in other medical fields in that country, Dr. Hudson, in his early years, acquired a familiarity with tropical disease that furnished a rich background of experience when he made the treponematoses one of his principal fields of research. In his longest academic tenure he was director of health and professor of hygiene at Ohio University in the United States, but he continued in his chosen field, travelling widely, as occasion permitted, on projects designed to increase our store of knowledge of the malady that had attracted his special interest.

One of these assignments was as director of the bejel syphilis project of the World Health Organization (1950-51). The studies made in that project resulted in a better appreciation than had been current previously of the nature of bejel and other forms of endemic, non-venereal syphilis. Endowed from his early training with strong historical interests, Dr. Hudson has been able to relate these exotic forms of syphilis to epidemic syphilis of past years and set them forth in proper perspective in relation to the great pandemic of syphilis that startled the world in the opening years of the sixteenth century, a pandemic that left, as an aftermath, in several parts of the world, those curious forms of chronic, endemic, nonvenereal syphilis known by a variety of names today. Some of his reflections, set forth in one of his papers on the subject, are reprinted in this issue of THE JOURNAL. They are of special interest to readers of the *International Journal of Leprosy* because Dr. Hudson drew attention to a concept once widely prevalent, if vague in fact, of a relationship between syphilis and leprosy. Diagnostic difficulties are great enough today to make it understand-

able that centuries ago some confusion existed. And if those two diseases were confused in Europe, it is not surprising that leprosy and some of the other treponematoses, notably yaws, have not always been readily distinguished in parts of the world medically less developed where both diseases are endemic today.

An ill-defined social and demographic correlation of syphilis and leprosy, which had little to do with etiology, impressed not a few medical writers four hundred years ago. It seemed to some of the more penetrating analytical students of the time that one disease, leprosy, was going out, while a new one, first known under a variety of names, and later as the "morbus gallicus" and "lues venerea," was coming in.

In the classic pioneer treatise on syphilis by the Italian physician who gave the disease its name, Hieronymus Fracastorius, there is considerable discussion of diagnostic criteria for distinction between the two diseases. Some of his remarks, from his celebrated *De Contagionibus* (1546) are worth recalling ⁽¹⁾.

"When this new disease (syphilis) appeared for the first time, at once a great controversy arose among medical men, some contending that there was no mention of it by the ancients, others on the contrary contending that there was, some of these thinking that it was elephantiasis, others what was called by the Arabs, safati, by others lichenas. The first to solve the difficulty was Nicholas Leoniceus, a man most profoundly learned, and of great weight, who clearly showed that it was none of these, but that the disease had not been mentioned by the ancients, although, indeed, some later writers, rather obstinately than reasonably, disagreed with so great an authority, and asserted it to be simply elephantiasis. . . ." Elsewhere Fracastorius had much to say about elephantiasis, which as "elephantiasis Graecorum," was generally equated with leprosy ⁽²⁾.

Much has been written in later times on the respective histories of syphilis and leprosy, but little has been added on any supposed correlation in our day when the diseases seem far apart clinically and pathologically, as well as in their etiology, which is readily established in the case of either disease by suitable laboratory procedures. But it remains of some interest to the physician concerned with the history of his science, to remember that in days of simple classification based on gross characteristics, leprosy and syphilis seemed to have much in common. Not a few went so far as to consider the latter an outgrowth of the former, not, to be sure, as a specific pathologic entity, but in a more general way as a social phenomenon.

For a discussion of this point those interested may return with profit to the authoritative *Geographical and Historical Pathology* of August Hirsch ⁽³⁾, whose account of syphilis includes the following: "This confounding of leprosy with syphilis has been the source, in my view, of the opinion which I have already mentioned [i.e., in Hirsch's account

of leprosy] as being held by contemporary writers, that 'lepra' became widely diffused at the time of the Crusades and in consequence of them; the same explanation applies to the doctrine held by several of those who witnessed the epidemic outbreak of syphilis toward the end of the fifteenth century—a doctrine rigidly maintained down to recent times—that the disease at that time began to develop out of leprosy, and that it is to be regarded as an 'offshoot of lepra.'” One writer of much later date went so far as to call it “the daughter of leprosy, which under certain circumstances could return to its mother” (4).

Fanciful as these tenets now seem in the light of later understanding, there remains a fascination for amateur as well as professional medical historians in attempting to unravel the history of each disease. The almost insurmountable difficulties of the task have been cited many times, and not infrequently in the pages of the *International Journal of Leprosy*. Terminologic confusion—which brings us back to Dr. Hudson's paper—has compounded the perplexities (5, 6). To attempt something new in retrospective historical research requires not only courage and dedication, but an unusual understanding of the intricacies of language.

In addition to these frequently emphasized difficulties there remains one other. Chronic diseases have a notable tendency to change in pathologic character with the passage of time. In the course of centuries of “survival of the fittest,” in spite of the counter-effect of modern therapy on natural selection, a trend toward predominance of types characterized by host resistance is apparent.

Syphilis is different in many respects from its character four hundred or even fifty years ago. So, too, is tuberculosis, especially in races that a century ago were exceptionally vulnerable. In the case of leprosy also it is reasonable to suppose that search of ancient case records, including scriptural accounts, will go astray if too rigid dependence in retrospective diagnosis is laid on the pathologic and clinical features characterizing the disease today. This will surely seem a trite statement to those leprologists, with whom we are well blessed in the International Leprosy Association, who have a good understanding of the pitfalls of retrospective medical research. But most of us are amateurs who need reemphasis from time to time on our fallibility in this field.

—ESMOND R. LONG

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