

Banquet Address

Sir Max Rosenheim

Mr. President, Chairman of the Greater London Council, Dr. Browne, Delegates, Ladies and Gentlemen:

I regard it as a great honor to be invited to speak at the banquet of this tremendously important Congress, which, I gather from all that I hear, has been most successful.

I realize, of course, that I have been invited in my capacity as President of the Royal College of Physicians, a college that next month will celebrate the 450th anniversary of the granting of its charter by Henry VIII in 1518. I do, however, have a considerable personal interest in leprosy—an interest that dates back to my service in the Army in South East Asia at the end of World War II. Since then I have been keenly interested both in problems of medical education in the developing countries and in tropical medicine. I have been able to visit leprosaria in India, Indonesia, Malaysia, Uganda and Nigeria, and have seen the wonderful and devoted work that goes on—the superb care, the changing face of therapy, the great efforts at rehabilitation, both surgical and physical, and the research.

You have, I note, had over 200 communications at your Congress. I know that great advances are being made on many fronts and I am sure that the report, when published, will present a very fine review of present knowledge on all aspects of leprosy.

This is the Ninth International Congress and, if the recent plan of congresses every five years continues, the next, the Tenth Congress, will take place in the centenary year of the discovery of the leprosy bacillus by G. A. Hansen in 1873. The Royal College of Physicians has taken an interest in leprosy in the past. I wonder how many of my British colleagues here know that the College published a "Report on Leprosy" in 1867—just over 100 years ago. In 1862, the Governor-in-Chief of the Windward Islands suggested to the Colonial Office in London that reports on leprosy should be obtained from the various colonies and that these should be collated by some professional body in this country. An invitation was extended to the College, and on 14 June 1862 it was agreed that the College would draw up an "interrogatory," or what we would today call a questionnaire, and that the College would collate and digest the

replies and then report upon the disease leprosy.

The College committee had some distinguished physicians on it, including Dr. Milroy, the famous early epidemiologist. A searching questionnaire was drawn up and widely distributed. The replies were published and make most interesting reading. They were analyzed and the report was, as I mentioned, published in 1867.

There was much discussion about the forms of the disease, its etiology, and its mode of spread. There was general agreement about the social aspects of the disease. There was one very surprising conclusion, which I quote:

"The all but unanimous conviction of the most experienced observers in different parts of the world is quite opposed to the belief that leprosy is contagious or communicable by proximity or contact with the diseased."

Even a Committee of the Royal College of Physicians, strengthened by Dr. Milroy, can be wrong. The conclusion is particularly surprising, since, in almost every country, leprosy patients were kept in the strictest isolation. We must remember that this was six years before the demonstration of the mycobacterium of the disease.

There were, of course, in these pre-Hansen days, innumerable theories about the causation of leprosy. A view that seems to have been fairly widely held at one time was that leprosy resulted from eating an excess of fish, and especially bad fish. There was a theory, propounded in 1806, that it was salmon in particular that provoked the disease. Of course if this were the case, Presidents of Royal Colleges, who dine out so frequently, would clearly form a very high risk group.

Let's get back to modern times. There has never been a period in the history of the world when there has been so much

active research going on in leprosy—research in the laboratory, in therapeutic trials, and in efforts at prevention of this dread disease—research of the highest order. The successful transmission of living leprosy bacilli into the foot pad of the mouse by Dr. Shepard marked a tremendous step forward, and now we have the fascinating immunologic implications of the spread of these organisms throughout the body in animals deprived of their normal defense mechanisms. As in so many other conditions, it is clear that immunologists are going to play an increasingly important role in future research on leprosy, both in its prevention and treatment.

I firmly believe that, when the history of medicine during the present decade is written in years to come, it will be recognized that the successful transplantation of leprosy bacilli resulted in far greater ultimate benefit for mankind than did cardiac transplantation. Heart transplantation, wonderful as it is, holds out the hope of prolonging the life of individual cardiac patients; the transplantation of mycobacteria opens up vast new avenues of research, research that may well lead to the control of leprosy and the prevention of untold suffering.

I must apologize, as a nonleprologist, for inflicting more leprosy on you after all your long days of discussion. I do want you to know, however, how deeply interested your colleagues in internal medicine and other specialties are in the great progress that is being made in leprology, progress that will surely influence our understanding of other diseases.

I congratulate you on your present Congress, and wish you all good luck, a pleasant journey home, and success in your researches during the coming years, so that you can report yet further progress to the Tenth International Congress.