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**EDITORIALS**

*Editorials are written by members of the Editorial Board, and occasionally by guest editorial writers at the invitation of the Editor, and opinions expressed are those of the writers.*

**Hawaii—A Historical Note<sup>1</sup>**

On 6 January 1866, nine men and three women were beached on a rocky, isolated peninsula on the north shore of Molokai, one of the Sandwich Islands in the mid-Pacific. All were "lepers," the first boatload to be shipped to the new leprosy colony in those islands. The subsequent tragic saga of lives sentenced to that peninsula is well-known. Hawaii has contributed little to total leprosy morbidity in the world and in historical perspective has been only recently affected. Nevertheless, Hawaii's leprosy sufferers in many ways have symbolized the plight of those afflicted with this disease everywhere, in part because of several familiar books, such as *Damien the Leper* by Farrow, *The Path of the Destroyer* by Mouritz, *Brother Dutton* by Case, *Molokai* by Bushnell, *Samaritans of Molokai* by Dutton, and *Hawaii* by Michener. Father Damien, Brother Dutton, and Kalaupapa or Kalawao Settlement are familiar to much of the world and symbolize the admixture of dedicated service, self-sacrifice, suffering, prejudice and social disruption attending this disease.

<sup>1</sup> Guest editorial.

After 1866 the prevalence of leprosy in Hawaii increased markedly until 1870-1880 when there were over 1,000 cases per 100,000 per year. Control centered on an official policy of mandatory isolation of all cases. Despite the example of Father Damien and others, patients with leprosy were ostracized by the general populace, a prejudice given the sanction of law by the Territorial Government. This official policy gave rise to a complex, legal, leprosy code interspersed throughout the laws of Hawaii, much of it designed to help as well as isolate patients with leprosy. In addition to legally enforced isolation of patients, there was special reference to leprosy in laws pertaining to marriage and divorce, estate and income taxation, claims against estates, absentee balloting, employment rights and state pensions of patients, fishing rights in waters off Kalawao, separation of infants from mothers, penalty for concealing persons with leprosy, rights and duties of kokuas (helpers), the oath of loyalty, the practice of medicine, the sentence of convicts, and the term Hansen's Disease instead of leprosy. Thus the legal, social, and medical history of leprosy in Hawaii is complex, and an integral part of

the historical fabric of those islands—in fact such an integral part that changing treatment policy depended on major revision by legislature of the entire health code and sections of the legal codes affecting many areas other than health.

As early as 1902 the decision to isolate a patient was routinely determined by the presence or absence of leprosy bacteria on microscopic examination of the skin. However, prior to 1911 persons were classified simply as being “a leper” or “not a leper.” All lepers were committed to mandatory, usually life long isolation and released only upon re-examination and re-classification as being “not a leper.” In 1911 and again in 1929 the Legislature of the Territory of Hawaii passed Acts giving the Board of Health the authority to grant temporary release to patients on the basis of laboratory findings without re-classification as “not a leper.” These legislative steps in the decline of isolation as a control measure paralleled recognition of the fact that patients with a certain type of leprosy were not communicable and did not require isolation. In 1946 sulfone drugs were introduced into Hawaii as routine therapy, only three years after initial clinical trials of this drug at Carville, U.S.A. In 1965 and 1966 the present Director of the Hansen’s Disease Program in Hawaii took several further steps toward earlier release of isolated patients and in 1968 his efforts resulted in a limited but significant improvement in laws existing from the past.

In 1968 this trend culminated in a Committee on Leprosy composed of six physicians and nine laymen, representing the diverse ethnic and employment groups in Hawaii. Endorsed by the Hawaii Department of Health, the University of Hawaii School of Public Health, and the *Honolulu Star Bulletin*, its members reviewed the medical literature, heard testimony from experienced leprologists and deliberated on policy over a period of five months. This committee unanimously concluded:

In general, without consideration of the circumstances in any particular geographic area, the principles for the management of leprosy can be summarized as follows. Once adequate treatment has been estab-

lished and is maintained by outpatient supervision, leprosy patients pose no risk to the public health. Under such conditions, isolation either in a hospital or at home is not a desirable public health measure with the present availability of effective drugs. However, patients may need hospitalization on a voluntary basis for medical reasons or for problems requiring special inpatient services. Either a general medical ward or a special facility for leprosy is acceptable for such patients from a public health point of view. However, the potential social problems arising from outpatient therapy or from admission to a general hospital in certain areas and the availability of physicians experienced in leprosy should be considered in selecting the type of facility for the care of patients with this disease. The medical and rehabilitation problems associated with leprosy should be handled as part of a general public health program for chronic diseases. Laboratory measurements of the per cent of solid staining forms are useful as a guide in evaluating response to therapy, but are not a reliable measure of infectiousness unless standardized with direct measurements of viability in experimental mice. Special disinfection of mail, clothes, linens or other soiled articles is unnecessary. Household contacts of lepromatous cases should be investigated and treated prophylactically with drugs and/or BCG vaccine. Isolation facilities or special precautions are unnecessary for travel on public carriers by patients maintained on therapy. Legally enforced separation of a newborn from an infected mother who is established and maintained on therapy is not a desirable control measure. However, a separation of several months, until therapy is established, may be advisable if acceptable to the mother and to the physician on a voluntary basis. Physician education and outpatient education are crucial elements in control and treatment. For this reason training should be an integral part of any program, particularly for outpatients. The term Hansen’s Disease in place of leprosy only intensifies the problem it is supposed to eliminate—a centuries-old fear of the disease. The solution to this problem is

proper education of the medical and lay community, not a supposedly innocuous euphemistic term.

The decisions of this committee are of little practical significance outside Hawaii and obviously the problems of patients with leprosy remain. However, these deci-

sions, made in a former bastion of the isolation approach, are worth this brief historical note. A step has been taken toward the day when a patient with leprosy will be nothing more than an average citizen with a disease needing medical treatment and possibly a brief, voluntary hospitalization.

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