

LEPROSY IN GREAT BRITAIN

THE ST. GILES HOMES FOR BRITISH LEPERS

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At the present time the number of cases of leprosy in Great Britain is comparatively small. Since the Middle Ages, when it was rife throughout the country, when lepers were common, when the churches had their leper windows through which the leper could peer in and alms and food be passed out, and the great abbeys and cathedrals had their leper funds, the disease has gradually diminished until it has almost died out.

A century or two ago it still prevailed in the outer islands of Scotland—the Shetlands, the Orkneys and the Hebrides. In the seventeenth century it was common in the Shetland Islands, where the lepers were segregated on the island of Papa Stour, which is situated to the west of the Shetland group and is separated from the mainland of Shetland by a stormy sound that effectively isolates it in all but fine weather. The last person with leprosy in Papa Stour died about a century ago and the present people, many of whom are descended from lepers, are a hardy race of healthy crofters.

It is not possible to estimate the exact number of cases at present in the country, and such numbers as fifty to a hundred, sometimes quoted, are mere guess-work. This want of precise knowledge is largely due to the fact that the disease is not notifiable in Great Britain, and in consequence patients are liable to be hidden away and their existence carefully concealed. Cases also are apt to go unrecognised, as the disease is so rare that only the few medical men who have practised abroad are capable of diagnosing it.

Almost all the cases seen here are in British subjects who have come home to settle from some part of the Empire where the disease is common, either with the knowledge and obvious signs of their affliction or in the incubation period with symptoms appearing later. However, in 1925 I reported a series of four contact cases contracted

in this country. Three of them were in persons born here who had never been abroad, who had become infected by prolonged intimate association and actual contact with leper members of their families who had contracted it abroad. But such contact cases are the rare exception.¹

Up to the year 1913 there was no provision for the housing of lepers in Great Britain, and this defect was a matter of the gravest concern to those who had to look after them. There was no means of preventing cases coming into the country, but their return by ship to where they had come from was fraught with difficulties. Advanced and helpless cases were too often liable to be neglected by their relatives at home. Lodging-house keepers naturally refused to take them in if aware of their condition. Only in rare instances would the general hospitals receive them, and when they did so it was apt to create such excitement as to lead to the rapid discharge of these patients. Their only remaining shelter was the municipal or county infirmary, where they were regarded as unwelcome guests. If they developed mental disturbances the difficulty of housing was further increased for every obstacle was put in the way of their admission to a mental asylum.

These difficulties led, in 1913, to the foundation of the St. Giles Homes for British Lepers. This is a charitable institution which was founded by a group of philanthropic people. It is entirely supported by voluntary contributions and is in no way subsidized or governed by the State, the inmates themselves contributing to the funds to the extent of their ability. The idea in the minds of its founders was the provision of a home for such patients as were homeless and uncared for, where they could spend their lives in segregation and peace. As time has gone on, the medical side of the work at the Homes has been more and more developed, until now it combines home life with the advantages of a hospital, with skilled and up-to-date medical supervision and regular treatment.

The Homes are situated in a remote part of a home-country, some fifty miles from London. Originally the place was simply a farm, but by converting and improving the existing buildings, erecting cottages on the bungalow system and a medical block, utilizing the near fields as gardens and as pastures for cattle, the Homes have

¹ Because of the special interest of the report referred to, it is reprinted in condensed form in this number of the JOURNAL.—EDITOR.

been developed into a pleasant sanatorium amid picturesque surroundings in an attractive country side.

These Homes provide accommodation for twelve male and two female patients, and are usually full. In addition, there are cases that have been in-patients but are now living out and come up for periodical inspection or treatment. The patients enter the Homes voluntarily and conform readily to the regulations for their conduct, and since their lives are made as pleasant for them as is humanly possible they rarely show any desire to leave. Those who end their journey there are interred in their own cemetery.

The management and finances of the Homes are in the hands of an Executive Committee and a Council, over which Her Highness Princess Marie Louise presides, in succession to Her Royal Highness the late Princess Christian, who gave so much encouragement to the Homes in their early days. The Homes are non-sectarian, the only qualification for admission being that the applicant is a British subject and resident in this country; people living abroad in the Empire or elsewhere, though British subjects, are not eligible.

The nursing and attendance are carried out by a community of Anglican Franciscan Nuns under a Mother Superior who has charge of the internal administration. The whole of the medical work is done by the medical officer, Dr. Ivan Pirrie, and the visiting medical officer, Dr. R. G. Cochrane, under the supervision of my consulting colleague, Dr. George Carmichael Low. In addition to the purely medical aspect of the treatment every effort is made to maintain the general well-being of the patients, both mental and physical, by encouraging those who can to engage in useful occupations such as gardening, the keeping of poultry, pigs and various domestic pets, and to indulge in both out-door and in-door games.

In time, and as funds permit, it is hoped to extend the Homes so that they may be adequate to deal with all of the cases of leprosy in this country.

DESCRIPTION OF PLATE

FIG. 1. The original farmhouse of the estate, now the Community Home, the residence of the nurses.

FIG. 2. General view of the bungalows for the male patients. At the extreme right the medical block.

FIG. 3. The medical block, showing a typical men's bungalow and beyond it the clinic building, which contains the treatment and operating rooms. The single dormitory for female patients is much the same as this bungalow.



PLATE 1.