

CONTACT CASES OF LEPROSY IN THE BRITISH ILES *

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At a recent meeting of the Dermatological Section of the Royal Society of Medicine a contact case of leprosy was shown in a boy, aged 14, who was born in England, had never been abroad, and who contracted the disease from his father, a leper, who died four years ago. This is the first case which has been exhibited at the Section in which the disease was contracted in this country.

Within the last few years I have seen three other similar cases, and in view of the impression, not only among laymen but even among certain members of the medical profession, that leprosy in this country is either non-contagious, or its contagiousity is so slight as to be negligible, I have considered it advisable to put these cases briefly on record.

CASE I.—A boy, aged 12, with nodular leprosy, was born in a southern county in Ireland, and was never out of Ireland until he was brought over to London for advice with regard to his disease. His father was a Russian, who had emigrated to Ireland, and who was in comparatively poor circumstances. When I saw the father he was suffering from nodular leprosy in an advanced stage, and had had the disease when he reached Ireland. As far as I could ascertain, the mother was not infected.

CASE II.—A boy, aged 15, was admitted to the St. Giles's Homes for British Lepers in 1920, suffering from nodular leprosy, with ulcerated lesions. He was born in a town in Lancashire and had never been out of England. His parents were healthy and came from British Guiana, bringing an elder son who had nodular leprosy. The boy was born a fortnight after their arrival in England. During his childhood he had been in close association with his infected brother, with whom he had slept for five years, and from whom he contracted the disease.

* This article, which appeared in the *British Medical Journal* 1 (1925) 107, is not very recent; it is reproduced here in a slightly condensed form because of the prevalent and persistent idea that leprosy is not transmitted under conditions that prevail today in Great Britain and certain other temperate zone countries. This report indicates definitely the contrary, and contributes evidence of the special susceptibility of children.—EDITOR.

He died in the St. Giles's Homes after being there seven months, two years after the death of his leper brother.

CASE III.—A married woman, born in Belgium, who suffered from leprosy of the mixed type, with both nodular and anaesthetic lesions. She was married in England and had lived here since then. She contracted the disease from her husband, who had nodular leprosy, and died in the St. Giles's Homes in 1916. Down to the time of her husband's admission to the Homes, she had taken no precautions to avoid infection, and had lived with him.

It was not until 1897, at the first Leprosy Congress held in Berlin, that leprosy was definitely agreed to be a contagious disease, and resolutions were passed recommending compulsory notification and segregation. In Great Britain, largely owing to good hygienic conditions, leprosy has come to be a rarity, though at one time it was common, and the cases which exist here, with few exceptions, are exotic lepers who have come home from different parts of the empire where they had become infected.

The last place where a leper settlement of any importance existed in this country was in the Shetland Islands. There the disease seemed to have been rife, possibly because the natives were of Scandinavian origin, and were in more or less frequent communication with Norway and Iceland, where leprosy was prevalent. The value of segregation was early appreciated by the Shetlanders, and several centuries ago a leper colony was established in the island of Papa Stour, to which all suspected cases were sent. This is a remote island situated to the west of the Shetland group, and separated from the mainland by a stormy sound, which effectively isolates it in anything but fine weather. The last case of leprosy in Papa Stour—as far as I have been able to ascertain—died more than a century ago, and the disease seems to have been exterminated there, probably on account of isolation and acquired immunity. At the present time the natives of the island are a hardy race, and show no trace of the scourge which prevailed amongst their ancestors, in spite of the fact that in winter their diet consists largely of dried, partially cured, and imperfectly cooked fish, a diet which was once believed to be responsible for the propagation of leprosy.

The contact cases here recorded show the danger of belittling the contagiousity of the disease in this country, and of gainsaying the risk connected with intimate association with lepers.