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### EDITORIALS

*Editorials are written by members of the Editorial Board, and opinions expressed are those of the writers. Any statement that does not meet with agreement will be of service if it but stimulates discussion, to facilitate which the Correspondence section is maintained.*

#### “ARRESTED WITHOUT DEFORMITY”

Sometimes, when watching patients starting home from the leprosy hospital, one is led to wonder whether the present lot of those sent out with deformities is really much better than when they were sent into the hospital as active cases of leprosy. In cases with permanent, obvious stigmata the idea that “once a leper always a leper” is in a way true. This is not only with respect to the physical handicap imposed by the deformity, which may seriously limit an individual’s activities and the possibility of his earning a satisfactory living, but also—and especially—that his previous condition is constantly advertised, and he consequently fails to develop confidence, is more apt to develop a serious inferiority complex. The aversion of those with whom he is trying to live is aroused and maintained, even among those who realize the distinction between the actual disease and its sequelae. Both physical and mental handicaps tend to prevent the deformed ex-leper from ever regaining for himself a normal place in a world which, being active and healthy, is intolerant of those who are not wholly normal.

There come to mind some of the many who, giving up the fight, have taken to the hills to hide, or have gone back into institutions from which they were discharged. Even more poignantly are recalled some of those who are making the best of bad circumstances—as for example a certain young university graduate, technically trained, eking out a bare existence teaching Spanish to ambitious Chinese in their places of business; or the equally deformed lady who no longer attends any social affair whatever but occasionally leaves her home with her daughters—themselves stigmatized by the association—to see a moving picture and perhaps to take refreshment in a secluded corner of a tea-room.

In this handicapped class were many of the cases which, in the days before the improvement of the means and methods of treatment, alone served to prove the curability of leprosy. These were the especially resistant persons, mostly those in whom the disease was limited to the nerves, who were able to overcome the infection though not before it wrought permanent damage. Of this sort were the Norwegian cases of which Lie writes<sup>1</sup>, which in the days of Hansen and earlier recovered entirely, to live for perhaps fifty years thereafter—institutionalized cripples, shunning contact with the world. Of this sort, too, were spontaneously recovered cases mentioned by Rose, of British Guiana, in a recent report<sup>2</sup>; all of the 180 cases of that category were deformed. And of this sort has been an unfortunately large proportion of patients released in recent years from places like the Cullion Leper Colony where, in the course of time, there had accumulated a considerable proportion of mixed cases with the neural element tending to predominate. Such patients were waiting for an improved—one does not say perfected—treatment to help clear up the cutaneous element of their infection, to boost them over the top so to speak, and to permit their release as closed, arrested, apparently cured cases—all too often deformed beyond the hope of normality thereafter. Much has been heard in recent years of the social problem presented by these people.

All of this gives emphasis to the very different picture presented by Rose's data on cases that have become arrested or quiescent at the Mahica asylum in the eight years since the beginning of active modern chaulmoogra treatment there. Of 257 cases classed by him as "early"

<sup>1</sup> LIE, H. P. The curability of leprosy. *This JOURNAL*, page 1.

<sup>2</sup> ROSE, F. G. The curability of leprosy. *Leprosy Review* 5 (1934) 152.

(C1, C1-N1, C2-N1 and N2) who had had more than 100 cc. of drug—surely a small minimum—142, or 55 per cent, had reached that stage of improvement without deformity. Even 30 per cent of the other, more advanced cases (37 out of 124) had done likewise. The importance of the difference from the situation in the past must surely be appreciated by anyone who actually has worked with and for lepers and ex-lepers, and by those people themselves. That difference must be ascribed, it would seem, to some factor other than simple hospitalization, which was operative in both periods. It would be difficult to deny that it is due to the treatment given.

However, the present note is not intended so much to call attention to this further example of apparently beneficial results of modern treatment, at least in some places and among some peoples, as to emphasize the importance of obtaining such results without permanent sequelae. The term "arrested without deformity" is full of significance. It is so significant that one would take wholly amiable issue with Rose with regard to his proposal that it be changed to "arrested and recovered." This latter phrase is ambiguous because "recovered" is so often used in the same sense as "arrested" is used in leprosy. "Arrested without deformity," on the other hand, is direct and simple, to be understood by everyone. It cannot be taken to imply the regaining of something once lost, the fact being of course that the undeformed state is due to the avoidance of a deformed condition rather than to recovery from one.

So important to the patients themselves, and to their friends and the community in general, is the existence or absence of permanent signs of the disease in discharged patients that much more attention should be paid the matter than has been done heretofore. For one thing, if all leprosy institutions in reporting on the results of treatment were to follow Rose's example and distinguish between patients released with and without deformity (also perhaps those with slight and marked deformity) it would be decidedly helpful in evaluating the effects of treatment. But it should particularly be stressed in educational propaganda. It is now urged that patients report themselves for treatment early in the disease because, in general, it is more curable then. It would be simple and might be useful to add that the earlier the treatment is begun the better the chance of the arrest of the disease before the appearance of permanent stigmata.