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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, for which provision is made elsewhere.

LOCAL OBJECTIONS TO LEPROSARIA

Repeated, and exasperating, has been the circumstance that after plans for an institution to care for victims of leprosy have been prepared, and funds for its establishment have been provided, difficulties then arise in obtaining a suitable location for it. These difficulties are none the less real because they are based on an intangible—popular fear of anything connected with the disease—and they often result in seriously handicapping the work to the extent that it is found necessary to set up the institution in an unsuitable location.

The qualifications of a "suitable" place differ, of course, in different cases. For a simple asylum or refuge of the older type, intended chiefly to take care of people so affected by the disease and by a hostile community that they are forced to go to the institution for shelter and aid, an isolated location far from a populous center may be entirely satisfactory. In establishing a large central colony, the need of ample space for the occupational activities—mainly

agricultural—that are so necessary for the physical and moral well-being of the inmates may necessitate the selection of an isolated location, for suburban land is usually expensive. Furthermore, there may be the factor—happily more important in days gone by than since the advent of improved treatment—of discouraging escape of inmates.

But for a present-day treatment institution of “hospital” type, —especially if it is to be a regional station, a part of the set-up of an active modern antileprosy campaign—the desiderata include not only provisions for employment of the inmates but also reasonable proximity to a center of population, both for medico-technical reasons and for accessibility to friends of the patients. Experience in the Philippines since the establishment of the regional treatment stations there has proved abundantly that at least in that country people do not have anything like the same objection to being hospitalized (i.e., segregated) in a centrally located place that they do to entering one that is inaccessible to their friends; so that very many patients now report voluntarily for treatment instead of evading detection as long as possible.

Yet popular prejudice is often an insurmountable barrier to the proper location of such institutions; at the hint that it is to be built in a given place the people of the locality are roused to vigorous antagonism. Anyone with much experience in leprosy work can recall incidents of this kind. For example:

In 1916 the American Congress made provision for a national leprosarium. For several years the Public Health Service made quiet but unsuccessful efforts to secure a suitable site for the proposed new institution. Ultimately a mixed committee was appointed to find a site and, as Dr. V. G. Heiser relates, it searched the country widely—again without success. No state would agree to being stigmatized with having such an institution within its boundaries, even in an unpopulated district or on an isolated island. Finally the Federal government purchased from the State of Louisiana its long-established Leper Home at Carville, some seventy-five miles up the Mississippi River from New Orleans.

In 1930 Dr. Gushue-Taylor, in Formosa, obtained permission to establish a leprosarium near Taihoku. When a site was finally selected the few people living near the place, and others at a greater distance, protested strongly. While the matter was pending Gushue-Taylor sought opinions of a number of representative leprologists as to the

danger of such an institution in the neighborhood. The opinions received were basically unanimous against there being any danger, and the authorities did not support the protest.

Considerable experience with this sort of thing was had in the Philippines recently. For the Eversley Childs Treatment Station at Cebu a site was chosen early in 1928, but to forestall political complications no announcement was made until after the general elections two months later. At Iloilo every effort to secure a site was checkmated until the district health officer had an option secured by someone not connected with the health service. Both at Cebu and Iloilo protests arose as soon as the plans were announced, but all feeling in the matter soon subsided after the stations were built.

In Shanghai recently the Chinese Mission to Lepers raised funds for the construction of a leprosarium there, and tentatively selected a site some miles down the river, located near a main thoroughfare. They had to relinquish that idea and secure land in the back country, much less conveniently located.

The recent history of efforts to develop a leprosarium system in Argentina affords a particularly striking example of the effects of local prejudice in this matter. Several years ago the central government provided for the construction of a national leprosarium on a large island in the Paraná River, said to be some 50 kilometers upriver from Corrientes, the capital city of the province of the same name. A considerable amount of money was expended in construction, but before the institution could be finished local opposition led to the suspension of the work, and the partially completed buildings were abandoned to the elements for some years. In 1934 it was decided to go head with the project, but this was fought so bitterly that at the end of the year work had not been resumed. A curious development was that the provincial authorities decided to erect a provincial leprosarium of their own, and acquired a site inland from the city much nearer to it than Cerrito Island and of course in much more direct communication.

Perhaps the most extreme example is related in an unpublished report on a recent tour of the West Indies by the Medical Secretary of the British Empire Leprosy Relief Association. The efforts of Lady Denham, wife of the Governor of British Guiana, to obtain funds for a home for children of leprous people sent to the Mahica asylum has already been noted in this periodical. It appears that

there have been such vigorous objections to the location even of a home for nonleprous children of lepers that the project has been held up, and it may be necessary to locate it on the grounds of the leper asylum itself.

The question arises whether there are any grounds other than unreasoning prejudice for the objections that are so commonly raised to the location of a leprosarium in a neighborhood, no matter how carefully selected by the responsible authorities. The opinion seems to be quite general among leprosy workers that there is no real danger. This opinion was adopted recently in a medical congress in Argentina.

It would seem that there have been enough leprosaria established for long enough periods in populous areas to give solid grounds for a definite conclusion in the matter. There are, for example, the Gobra hospital in Calcutta, the Kemmendine asylum in Rangoon, the San Lazaro Hospital in Manila, and—especially good examples though in a very different climate—the old leprosy hospitals in Bergen. Certain it is that people live in close proximity to such places without qualms. The town may grow around them with apparent indifference, as in Manila, or the people near whom they are located grow accustomed and indifferent to them, as at Cebu.

It may be argued, rightly, that complaisance on the part of the people is no proof. It is to be acknowledged that Cebu, one of the three places in the Philippines in which there were leper hostels during Spanish days, is the worst infected province in the island, with the heaviest infection centering around Cebu city. Rodriguez has expressed the opinion that this may have been influenced by the presence of the hostel—but because the people who went to it often left it to live in the community nearby, quite without regard to the status of the disease. It is understood that the most heavily infected community in the Federated Malay States is the kampong adjacent to the old asylum in Kuala Lumpur. But it is also understood on good authority that the inmates used to leave the enclosure, clandestinely but more or less at will. This, of course, is one of the principal elements of danger from a leprosarium, though it is one that could hardly exist if the people of the neighborhood concerned should discourage the rambling patients from mingling with them.

This matter would seem to be of enough importance to justify careful investigation. Before the present Cebu leprosarium was built the writer made inquiries in Manila as to whether there was

any evidence whatever that there had been any special incidence of the disease in the San Lazaro district, for it has been populated long enough for such evidence to have appeared. No such special incidence was known to the authorities consulted. Nor has any indication of such danger been had from inquiries in other places. If, anywhere, there have been definitely untoward effects on a community from the presence of a properly organized and properly run leprosy institution, the fact apparently is not known.

However, extremely little positive information on the subject is available. If a leprosarium is a danger to the community in which it is located the fact should be established positively. If it is not, that fact should be established. The question is offered for the consideration of those who have or can obtain precise data on the matter.

NEWS FROM SOUTH AMERICA

In pursuance of the intention to bring to the attention of our readers at least the more important developments in leprosy activities that fall in the category of "news," the JOURNAL, in 1934, after it had become evident that the original plan for securing such material was not adequate, made arrangements with certain agencies of supposedly international scope to supply news-clippings dealing with the subject. It was soon found that these agencies covered more or less adequately that part of the world in which the nonmedical press uses Western languages, with the important exception of South America.

In view of the active developments in Brazil, and of the attention that has of late been given the leprosy problem in Argentina—to say nothing of matters in the other countries of that continent in which the disease is important—that lack of South American material resulted in a serious failure on our part. Efforts were then made to effect other arrangements to obtain material from that region, and trial subscriptions to news-clipping services were placed, at different times, with an agency in Argentina and one in Brazil. Unfortunately, both of them dealt almost exclusively with periodicals published in their own countries, and in total the expense was prohibitive. During the trial periods large numbers of clippings were received, especially from Brazil. These being in the Portuguese language, they could have been utilized but poorly except for the fact that our Contributing Editor for Brazil, Dr. H. C. de Souza-Araujo, summarized the more important matters in the items that appear in this and the preceding issues. As yet, however, the problem of securing regularly information on the principal current developments in South America is as yet unsolved.