

THE MEDICAL STUDENT WITH LEPROSY

The question of whether or not a medical student who has contracted leprosy should be allowed to continue his course, raised by Professor Fidanza, of Rosario, Argentina, is the subject of a symposium of opinions published in the correspondence section of this issue. This is a problem of some interest from both the legal and social points of view, one that pertains to more than the medical student alone, and one that will be answered in various ways from different viewpoints.

The reply of the administrator, from the legal viewpoint, will depend upon whether or not provision is made for the control of leprosy by means of control of persons who have it. Where all known lepers are taken under charge and kept so until there is reason to believe the disease is overcome there is of course no problem; such an individual will not be at liberty to continue his university work. Where, on the other hand, "selective" isolation is practiced, it will depend upon the form or stage of the disease whether or not the individual may be given an opportunity to continue his studies. The student with the disease in open form will have to submit to the law like anyone else, as Fernandez points out. On the other hand persons with the disease in closed form will not be debarred by the public health regulations, and it is in such cases that the problem passes to the university authorities.

Where segregation by law is not applied at all, the question that the university faces is of course broader, though perhaps no more difficult. Quite reasonably, the opinion is universal that a person with the lepromatous form of the disease should withdraw from his work as a student, at least until such time as it may reasonably be concluded that the infection has been overcome. Mention is made of danger to fellow students, and also of risk to patients with whom the medical student deals in the later years of his course, though the latter is probably of less concern because of brevity of contact, despite the possible factor of lowered resistance.

With regard to closed cases—those of the neural type, including the tuberculoid subtype if not of the reaction kind with bacteriologically positive lesions—Fidanza, Baliña, Hasseltine, Lampe and Cilento would not allow even such students to continue their work, regardless of whether they are advanced in the course or not. On the other hand an equal number of con-

tributors to the symposium—Bernal Londoño, Fernandez, Ryrie, Cochrane and Moiser—are inclined to be liberal and would permit a person with the disease in that form to continue his studies under medical supervision; one or two say that they see no reason why he should be discriminated against. According to Hayashi it is the custom in Japan to allow technical students who develop leprosy to finish their work. Fernandez, also of a country where segregation is not applied generally even to lepromatous cases, would even permit one with that form of the disease, if near the end of his course, to finish it.

But a factor that in many a country would probably lead automatically to an answer to the problem in the case of any person with noticeable manifestations of leprosy, a point mentioned by Cilento and seemingly had in mind by Moiser, is that of objection on the part of the other students and the public that they represent. It is difficult to conceive of any such group, with anything like the usual attitude toward this disease, being subjected to the association of student life in lecture rooms, laboratories and elsewhere with a leper without there being voiced a protest that would move the university authorities to action. Apparently public opinion in Argentina, including that of the student body, is tolerant; otherwise the practical answer to the question would come from that source.

It might be expected that more thought than is evidenced in the opinions recorded would be given to the immediate welfare of the individual, and to the question of the future of a leprosy medical student who gains his diploma. Only Muir mentions the important fact that the modern medical curriculum is a heavy burden, the work sedentary and "not conducive to recovery." Not infrequently students who start the medical course in good health have to drop out because of tuberculosis. For his own sake the one with leprosy should not subject himself to such a strain even if permitted; he should devote himself to making the most of what chances he has of overcoming the infection. That matter naturally pertains mostly to the student who is not near the stage of graduation.

The other point applies more generally. What could a physician do once it became known that he was leprosy? The question is, as Ryrie says, a part of the larger one of the occupation of lepers in any walk of life involving human contact, but it has features peculiar to itself. Perhaps most of us would give little weight either to the vague possibility of his actually

transmitting the disease to any patient, since his contact with them would be only occasional and relatively brief, or to the possibility that the profession as a whole would suffer any opprobrium because he had been graduated and admitted to the practice of medicine. It is nevertheless true, as Hasseltine points out, that the authorities of no hospital would give such a graduate an internship or staff appointment; no other physician would refer a private patient to him or call him in consultation; and the public if aware would shun him like the plague that leprosy is generally held to be.

As Fidanza observes, once such a student is qualified to practice medicine he cannot be compelled to work in a leper colony, though he may be advised to do so, as Fernandez suggests, and though of course he would be as subject as anyone else to segregation regulations where such control exists. The leprosy physician might be able to get by unnoticed for some time. In the instance mentioned by Hasseltine even the victim himself remained ignorant of his condition for several years. But deliberately to conceal such a condition from people who call on him for the particularly intimate and personal services that the physician renders would be most culpable, however slight the actual danger. Sooner or later with progression of his disease he would be found out; he would forfeit respect and lose his practice and would be driven into the purlieu—or into the service of a leprosy institution, if such service should be open to him. Even there his usefulness might well be limited. He could be helpful, as in the case of a physician—and also a dentist—in one colony that we happen to know of. If, however, he should be put in charge of a leprosarium, as in another actual instance, his influence with his patients—his fellow inmates—might well be minimal. The average patient needs encouragement in connection with treatment, and he could hardly get it from a physician who has not cured himself.

From the discussion on the whole, material support is to be found for the conclusions (a) that a student with the lepromatous form of leprosy should be required to discontinue his medical course, regardless of how advanced in it he may be; (b) that a student with the benign form of the disease might be allowed to continue, provided that he submit to proper medical supervision and that opinion of those with whom he comes in contact is not adverse, but that even in such a case the individual concerned should give serious consideration to the limited

promise that the future would hold for him professionally should the disease not be overcome early in its course; (c) that in any case it would be preferable for the individual to give up the burden and strain of student work in order to concentrate his efforts on combatting the infection, and (d) that once that is accomplished successfully he might be permitted to resume his course should he then consider it desirable to do so.

—H. W. W.
