

## CORRESPONDENCE

*This department is provided for the publication of informal communications which are of interest because they are informative or stimulating, and for the discussion of controversial matters.*

### THE MEDICAL STUDENT WITH LEPROSY

TO THE EDITOR:

Having sent a paper to the Cairo congress regarding the problem of the medical student with leprosy, which question for some reason unknown to me was not treated by the congress and for that reason did not appear in the published reports of the meetings, I submit the following extract of that paper with the request that it be published in due course. At the same time I would be happy if you would obtain the opinions on this matter, of prominent specialists who are working in leprosy.

*Should a medical student who has contracted leprosy be allowed to continue his course?*

This question has arisen here in Rosario, but the authorities of the Medical Faculty have not as yet made any definite decision, usually relying upon the advice of a dermatologist or a leprologist for their guidance. It seemed to me that the convocation of the Cairo leprosy congress presented an opportunity for arriving at a definite conclusion on the matter, as the problem has doubtless arisen in other countries in which leprosy exists. I realize that in any case of the kind that arises, consideration has to be given to the type of the disease that is exhibited—lepromatous, neural or tuberculoid. It is particularly on this matter that opinions are requested.

The problem has presented itself in two cases. One is that of a student who is just beginning his studies, the other is that of a student who is coming to the end of his course.

With regard to the beginning student, it should be taken into account that the individual works in close contact with his fellow students, and that to complete the course takes six or seven years; also that the number of students with whom he mixes daily is by no means small, since between three and four hundred of them matriculate for the first year alone. Does not this close contact

involve serious risks to others, no matter what the type of leprosy in question?

The case of the student who is well advanced in his studies differs slightly from the previous example because of the fact that the classes which he attends comprise fewer pupils. But when the time arrives for him to live in the hospital, he will be in even closer contact than at present with his companions, professors and other doctors who also work in the hospital. Since this student has so nearly reached his goal, it obviously does not suit him personally to give up his work, and it is possible that he may wish to continue in order that later he may become a doctor in a leper colony. However, once he possesses a medical degree he is a free agent, and if he does not wish to work in a leper colony he cannot be compelled to do so against his will.

The tuberculoid form of leprosy is, generally speaking, accepted as being the least contagious form known, as usually no bacilli are to be found. Sometimes, however, there takes place a temporary change during which we are able to detect the presence of bacilli, which disappear again when the leper returns to his normal condition. Our present knowledge goes no further than this, though in time to come science may make revolutionary discoveries. Nevertheless, the sick student of to-day will become the sick physician of tomorrow, who will be called upon to heal those afflicted by different maladies.

My personal opinion is that the student affected with leprosy should be forbidden to continue his studies, irrespective of how long he has been working. It is to be regretted that it was not possible for the Cairo congress to arrive at a decision which could be considered final, and which would guide universities all over the world where this particular problem may present itself. It is hoped that this inquiry will elicit opinions that will serve that purpose.

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*From Prof. Pedro L. Baliña, Professor of Dermatology and Syphilology, University of Buenos Aires, Buenos Aires, Argentina:*

Students afflicted with leprosy, like those with other contagious diseases, should not be admitted to the university or allowed to frequent it. If the student has suffered from a mild and curable form of leprosy, he may in my opinion be admitted on the following conditions: that a minimum period of five years shall have elapsed without symptoms, and that the leprolin test shall have been constantly positive.

*From Dr. J. M. M. Fernandez, of the Hospital Carrasco, Rosario, Argentina:*

In the case of a person with tuberculoid leprosy, bacteriologically negative and with a positive Mitsuda reaction, it is my opinion that he may be allowed to continue his medical studies, provided always that he undergo intensive treatment with chaulmoogra drugs under the supervision of a specialist who can indicate to the patient the prophylactic measures he should observe strictly.

In the case of a person with lepromatous leprosy, bacteriologically positive and with a negative Mitsuda reaction, either of two situations can occur: (a) If the patient lives in a country with adequate legislation, which establishes isolation for this type of case, he will of course have to submit to the law like anybody else. (b) If the patient lives in a country where such legislation is not in force, the medical studies should be discontinued definitely if they have only just been begun, but only temporarily if the student is near graduation, the hope being that intensive treatment will produce a remission that will allow him to complete the course. In both these cases the patient should be strongly advised to enter a leper colony where he could be useful in the antileprosy campaign.

*From Dr. Mario Bernal Londoño, Chief of the Department of Leprosy Control, Bogotá, Colombia:*

I do not know if in Colombia there has been presented a concrete case of a medical student having leprosy, but I take pleasure in offering my personal opinion on the question raised by Professor Fidanza. I distinguish two phases of the question: (1) Is the case a closed one? (2) Is it an open one?

In the event that the case is closed, the form of the disease noninfectious, I believe the student should continue his studies normally under medical vigilance, as is done with all closed cases of leprosy that live in a community, regardless of the stage of the individual's career when the disease appears. I see no reason why the individual should be discriminated against, so long as there is no imminent danger to the health of others.

In the second case I would not make distinction between the student who has just begun his studies and the one who is about to finish them. The health of others cannot be endangered for the convenience of a particular individual. If he is in the earlier years of his studies his personal disturbance will be less, as is also the prejudice to his associates since his contacts will be with healthy persons—society in general, and his family and schoolmates in particular. I consider this case equal to those most met often among the military, artisans, students in secondary schools, etc., and therefore the general rules of isolation should be applied. If he is advanced in his studies the personal disturbance is perhaps greater, but the danger to society would also be greater if he were allowed to continue, since the environment in which he is working and would continue to work is principally among the sick in the hospital and clinics, people whose resistance to foreign organisms is reduced, making them more liable to become infected. From this it follows that it is more urgent to separate him from the society which he frequents, even if that should be highly prejudicial to him personally.

As a general rule I think that it is possible to have special cases in which it may be possible to harmonize the interests of the student in question, permitting him to finish his studies within the community in which he lives.

*From Dr. H. E. Hasselline, Medical Officer in Charge, U. S. Marine Hospital (Federal Leprosarium), Carville, Louisiana:*

I have discussed this matter with members of the staff here and it is the opinion of the staff that a medical student who develops leprosy should not be permitted to continue his course and get a degree. From the strictly moral or legal side of the matter it might be argued that a medical student who has leprosy is as much entitled to pursue his course as is one suffering from tuberculosis, syphilis, or any other infectious disease. In the United States the question settles itself automatically, for the reason that leprosy is so much feared by people that a physician who has the disease would be unable to make a living in the practice of his profession. Furthermore, most of the graduates of medicine in the United States are now required to have at least one year of internship in an approved hospital, and it is very improbable that any hospital board would grant an internship to a person suffering from leprosy. In the United States the disease is so rare that if a physician with it were allowed to practice, and some of his patients should develop it, that occurrence might do untold harm to the profession as a whole. The chance of a person developing leprosy in the United States is exceedingly remote, but if it were known that the medical profession had graduated a leprosy student, knowing that he had the disease, and had allowed him to go into the practice of medicine, it would certainly be an unsavory bit of publicity for the profession.

I know of one instance in which a physician undoubtedly contracted leprosy while serving in foreign military service prior to his receiving his degree. He practiced his profession for a number of years before any symptoms appeared, and continued to practice for several years thereafter, because neither he nor any of his colleagues recognized the true nature of his trouble. As soon as the correct diagnosis was made he ceased practicing. So far as I know none of his patients has developed leprosy up to the present time.

It is the general opinion of all to whom I have broached the question that the leprosy medical student should not be allowed to complete his medical course.

*From Dr. P. H. J. Lampe, Director, Queen Wilhelmina Institute for Leprosy Research, Batavia, Java:*

The question submitted by Professor Fidanza is of a very delicate nature. In my opinion a medical student with leprosy can only be advised to discontinue his course. Eventually, by way of internal regulations, it might be made impossible for certain cases to graduate.

*From Dr. Fumio Hayashi, Director, Kei-Ai-en National Leprosarium, Kimotsuki-gun, Kagoshima, Japan:*

We leprosy workers in Japan actually have quite often such a problem as that set forth by Professor Fidanza. Generally we prohibit the leprosy student from going to school, and advise him to enter a leprosarium, if possible. But sometimes when the disease is early and the symptoms too slight to be noticed by others, and when the case is bacteriologically negative, we simply observe the course of the disease for a while. When the student is in a college or technical school, and when as in Professor Fidanza's second case he is to graduate in a few months, we allow him to continue his work and obtain his title or diploma.

It is difficult, I think, to decide logically all of the social problems of leprosy. Both the grade of the disease and the social condition of the individual must be considered.

*From Sir Raphael Cilento, Director-General of Health and Medical Services, Queensland, Brisbane, Australia:*

The problem presented by Professor Fidanza is one that to my knowledge has not yet arisen in this country. However, in the event of such a case occurring the matter would probably be governed by general considerations, as follows:

Under section 51 of the "Health Act of 1937" it is mandatory for the Director-General, when report is made to him that any person is suffering from leprosy, to cause an investigation to be made, and it is within his discretion to order any bacteriologically positive leper to be removed to and detained in a lazaret. From such detention a leper is removed only if apparently free from leprosy, and then only on condition or parole; and any failure to honor the terms of his condition or parole is followed by forcible return to the leprosarium.

When a person who is suffering from leprosy has sufficient means to provide for his proper maintenance and for attendance by a medical practitioner, the Governor in Council (*not* the Director-General of Health) may direct that, instead of removing him to a lazaret, he shall be removed to some place to be specially appointed by the Governor in Council for that purpose, and there detained under such supervision and treatment as the Governor in Council may direct. All the provisions of the section relating to lazarets apply to every such place.

It will thus be seen that no provision is made for his normal vocation in the case of any bacteriologically positive leper.

So far as policy action is concerned I can only speculate, in the absence of any instance, as to what the government would do, but my own recommendation would be that the medical student should not continue his course in association with his fellows, and within the clinical hospitals. The other students might well object to his going free among them, and undoubtedly if one of them who had been in contact with him through governmental action acquired leprosy he would be able to bring a civil claim for damages which it would be difficult to refute.

On the other hand, the idea of a leprosy medical student carrying out the duties of surgical dresser or medical clerk in the wards of the general hospitals (which here include an increasing number of all classes of persons) would cause a popular outcry so vigorous that it would doubtless influence the viewpoint of the government. The best that such a student could hope for would be to be permitted to carry out in a leprosarium minor medical duties in respect of other lepers for an adequate wage.

*From Dr. Gordon A. Ryrie, Superintendent, Sungei Buloh Settlement, Selangor, Federated Malay States:*

The question of whether or not a medical student who has contracted leprosy should be allowed to continue his studies is of course a part of the larger question of the employment of lepers in any walk of life involving human contact. Everyone will certainly agree with regard to positive lepro-

matous cases that such contacts are inadvisable, while on the contrary most of us would consider that the person with neural leprosy could continue his studies without danger to those around him. The doubtful case, as Professor Fidanza points out, is the tuberculoid one which is occasionally positive, and here I think judgment should be made on the basis of response to treatment. Most tuberculoid lesions will clear up under intensive modern treatment, the case changing from neural tuberculoid to "residual-neural," to employ the term used here. In these circumstances I do not see that there is any harm in permitting a youth to continue his studies. I think such a student should: (a) sign a declaration promising to refrain from medical work among children, and (b) be exempted from practical training in diseases of children or in children's wards. Treatment should continue throughout the whole period of his studies.

*From Dr. Robert G. Cochrane, Medical Officer, Lady Willingdon Leper Settlement, Chingleput, Madras:*

I do not think there is any reason for dealing with medical students suffering from leprosy in any way differently from other members of the community. Therefore if the student with leprosy is of the neural type, and the lepromin test is positive, I do not think there is any danger of his mixing with other students and continuing his course. If, however, he shows multiple flat macules and the lepromin test is negative, then unless the student can be examined periodically, say monthly, I should hesitate to recommend commencing medical studies. If the student had nearly completed his studies I should allow him to finish, but insist on monthly examinations. I know that I am putting rather a lot of stress on the lepromin test, but I think the existence of allergy in leprosy is the most important factor in preventing the general dissemination of the bacilli and the consequent development of the lepromatous form of the disease.

If the patient is of the tuberculoid type, especially in the condition which we term the "reactive state," then he should not be allowed to proceed with his studies until this condition has completely subsided. I feel that the true tuberculoid type seldom, if ever, becomes lepromatous, and that those lesions which become lepromatous will be found to belong to an undifferentiated intermediate group, and should be viewed in the same light as lepromatous cases as regards treatment and prognosis until further information is available.

The question of deformity or possible deformity must be taken into consideration. Any person with severe deformity or the possibility of severe deformity as shown by gross involvement of nerves should not be permitted to continue his studies.

Turning now to the lepromatous case the question is much more difficult to answer. If the student had not commenced his studies, I should most certainly reject his application, for the relapse rate in lepromatous cases is still too great to permit of allowing a student to embark on a long course of study. If, however, the student had only another year or so to complete and had proved to be bacteriologically negative for a period of six months in rigorous monthly examinations, I should—as I have done in one instance—recommend the student to be accepted; but in this case periodic reexaminations, every month if possible, should be insisted on.

One can only lay down general principles, but I do not think that these principles need be departed from on account of any special employment, except where contact with young children is a possibility.

*From Dr. B. Moiser, Medical Superintendent, Ngomahuru Leprosy Hospital, Fort Victoria, Southern Rhodesia:*

To my mind this question must be approached from a practical point of view, the assumption being that both of the cases mentioned by Professor Fidanza are receiving treatment. It concerns: (a) infectivity, (b) public opinion, and (c) curability.

(a) Infectivity: If in either case *M. leprae* has never been demonstrated in examinations involving many smears, then the person may safely be allowed to continue his studies. If, on the other hand, *M. leprae* has been shown to be present in fair numbers in skin, nasal or palatal smears, I think the student should discontinue his medical work until such time as the disease has become arrested and all smears are negative.

(b) Public opinion: In this part of the world (Rhodesia) there still exists, among Europeans, a horror of leprosy, and if it should become known that a student had contracted the disease there would be an outcry, and he would be forced to retire. If the knowledge can be kept from the public I should have no objection to the student continuing his work, provided that he were noninfectious and remained so.

(c) Curability: If the chances of complete arrest are good in Argentina it should be accounted in favor of the student. If statistics show that very few cases become arrested, then certainly the young student should retire, and probably the older one too.

*From Dr. E. Muir, Medical Secretary, British Empire Leprosy Relief Association, London:*

In the case of a student just beginning his studies, I think that if the disease is in an early stage and the prognosis good, and especially if it is of the neural form, it would be well for the student to suspend his regular studies until such time as the disease is definitely arrested. He might continue to study in private, but his chief concern should be to get rid of the disease. The strenuous and sedentary life of a medical student is not conducive to recovery. Those in charge of the medical school should therefore not encourage him to pursue his studies forthwith.

In a more advanced case or in one with a less favorable prognosis, the above would hold the more strongly; and there would be the additional reason for refusal of a student with open lesions that he might be a danger to his associates.

In the case of a student well advanced in his studies I think the same would hold good; the delay of one or two years in completing his course would be better than prejudicing his final chances of recovery.

[This symposium is summarized and discussed in an editorial note elsewhere in this issue.—EDITOR.]