INTERNATIONAL JOURNAL OF LEPROSY

PUBLISHED AS THE OFFICIAL ORGAN OF THE
INTERNATIONAL LEPROSY ASSOCIATION
WITH THE AID OF THE LEONARD WOOD MEMORIAL

Postal Address: P. O. Box 606, Manila, Philippines
Office at the Institute of Hygiene and Public Health
Entered at the Post Office at Manila as second-class matter

Vol. 8 APRIL-JUNE, 1940 No. 2

EDITORIAL

Editorials are written by members of the Editorial Board, and opinions expressed are those of the writers. Any statement that meets with disagreement will be of service if it but stimulates discussion.

TRAVEL BY PERSONS WITH LEPROSY

It has been proposed that a "British Empire Leprosarium" should be established at the Ngomahuru Leprosy Hospital, for British subjects who have the disease and who can meet the expenses of going to Southern Rhodesia and of their maintenance at the institution. The idea, apparently, is based on the belief that that region is particularly favorable for the treatment of leprosy, and that persons of British nationality who have acquired the disease in other parts of the world may be expected to do better there than where they were infected or at home.[1] Difficulties in connection with the foreign travel of such persons, however, constitute a primary obstacle to the realization of any scheme of that sort. This has led Dr. Bernard Moiser, whose proposal it is, to seek opinions through the medium of THE JOURNAL regarding its legal aspects, in particular with regard to the formal diagnosis of "closed" cases. He holds the view that patients with clinical manifestations that "resemble those of the disease known as leprosy," but whose lesions are bacteriologically negative, cannot legally be deemed to be suffering from leprosy and are therefore free to travel anywhere. This request for opinions, submitted to a number of persons of various experiences and viewpoints, has resulted in a sympo-

[1]See summary report by B. Moiser, THE JOURNAL 8 (1940) 69-70; also a news item in this issue (223-224).

sium of considerable interest (pp. 214-220). Covering a wider field than was contemplated by the inquirer, it serves to show among other things the prevailing attitudes regarding transportation and immigration of lepers that are held by officials and others who might conceivably be interested in the matter.

Regarding the entry of leprous individuals into a country, there are of course essential differences in the attitude toward (*a*) persons actually native of the country who have acquired the disease elsewhere and who are attempting to return home, (*b*) persons native of other territories which are politically subordinate to the country in question, and (*c*) persons of entirely foreign nationality. Since the first class has inalienable rights of citizenship, it is the other two that are involved in the present question, with some variations with regard to the status of the second class.

As for the countries themselves, it might reasonably be expected that regulations would differ according to their condition with respect to the epidemiology of leprosy therein. Recognizing that we are dealing with political rather than epidemiological units, there are three categories: (*a*) countries where leprosy does not become established and is not propagated despite the presence of cases, (*b*) countries where the disease exists in endemic form in limited areas, and (*c*) countries which are more or less generally infected. Differences of regulations based on this factor are not always evident.

Of the first category England, France and Germany are examples, and none of them has regulations specifically prohibiting the entry of lepers. The rough estimate usually given for the number that are in England is one hundred.[2] In France, which has certain territorial possessions overseas in which there are relatively numerous infected persons of continental origin, the number of imported cases is much higher. Recent investigations[3] have shown that there are even more cases in Paris alone, and that several persons have become infected there in recent years. As will be seen from quotations from a report by Delinotte and the procès verbal of the Commission Consult-

[2] MacLeod, J. M. H. Leprosy in Great Britain. The Journal 3 (1935) 67-70.

[3] Flandin, C. and Ragu, J. Origine, mode de contagion, durée d'incubation de la lèpre dans 95 cas dont 6 contractés dans la région parisienne. Bull. Acad. Méd. **117** (1937) 337-343. *Also* Flandin, C. Recent advances in leprosy, and the methods adopted for dealing with the problem in France. British Jour. Derm. & Syph. **50** (1938) 399-411.

ative, there has been some agitation for prohibition of entry into France of lepers other than French nationals and for the exclusion of foreigners, including the natives of French colonies, though there seems to be little chance of such legislation being enacted.

Of the second category the United States is an outstanding example, with only two or three limited endemic leprosy areas in the southern part of the country. The quarantine regulations as cited by Denney and by Hasseltine definitely prohibit the entry of lepers other than returning nationals, and they are held under control. So far as the North is concerned the regulations would seem to be unnecessarily drastic, but a person once in the country may settle anywhere and one with leprosy might do so in a region where the disease is transmissible. The same prohibition is applied in other American territories, as Denney shows regarding the Canal Zone, and as can be said of the Philippines though Aguilar does not mention the fact. That territory, at least, comes into the third category.

Regarding countries of this last class, those in which the disease is more or less prevalent, there is not the same reason for absolute prohibition of the entry of lepers. Certainly the occasional one who might come in from time to time under the usual circumstances would hardly add perceptibly to the public health problem; the principal objection would be—since most lepers sooner or later become public charges—that of having to take care of persons who have no claim to such care. That point is touched on in more than one comment. In Malaya, of which MacGregor writes, that circumstance exists to a degree that is unique; there is heavy immigration from southern India and southern China, both highly infected areas, and the leprous immigrants in Malaya constitute an overwhelming majority of the patients under care in the leprosaria, besides being a source of contamination of the actual natives.

No such circumstances exist in heavily infected Nigeria where, Briercliffe writes, the leprosy ordinance goes so far as to provide severe penalties for conveying a leper to the country or for assisting him to enter, or in Southern Rhodesia itself, where Moiser states the entry of lepers is also prohibited. In view of the actual endemic dissemination of the disease in those countries it is difficult to see why the prohibition of entry might not be qualified as in Malaya where, MacGregor writes, it is provided that the Governor may exempt a foreign leper from being returned to his place of origin.

In the matter of transportation of lepers from one country to another, which in the present connection refers almost exclusively to transit by sea, there are conspicuous anomalies between actuality and, so to speak, theory. The principal steamship line to Nigeria, Briercliffe was told, would require, besides strict isolation of a leprous passenger, that he be "accompanied by suitable attendants," and that the charges for the journey would amount to several times the ordinary passenger fare; in other words, the company concerned would deliberately set virtually prohibitive conditions. No less unreasonable an attitude toward leprosy was shown after an American leper had been transported across the Pacific on a noncommercial ship; all of the equipment that he had used, including sterilizable articles such as the tableware, was condemned and given to him at the end of the voyage. The situation is not different with respect to land transportation. Hasseltine tells of the limitations of interstate travel in the United States, only patients who have been formally declared not a "menace to public health" being allowed freedom of travel. Elsewhere[4] he has written that a patient on temporary leave from the leprosarium has to travel by private automobile, may not enter another state without special permit, and if to arrive at his destination he has to cross another state he may not stop therein. In South Africa a leper can be transported by rail from his home place to where the leprosarium is located only in a chartered coach, though there is no reason to believe that if a case of any type or stage were to be taken in a compartment of an ordinary coach the passengers in other parts of the coach would be subjected to any risk, and that simple disinfection of the compartment afterward would not be ample protection for later occupants.

These examples illustrate the official or "theoretical" attitude regarding travel by lepers—the while persons with active open tuberculosis, vastly more dangerous to others, travel unhindered.[5] The actual fact, however, is that persons with leprosy do travel, by ship and train, unknown and so without hindrance—not every day, perhaps, but frequently. Such persons from distant parts of the British and French empires show up

[4] HASSELTINE, H. E. Institutional segregation in leprosy. *In:* Tuberculosis and Leprosy, the Mycobacterial Diseases. Symposium Series Vol. I, American Association for the Advancement of Science. The Science Press Printing Co., Lancaster, Pa., 1938, pp. 119-122.

[5] Dubois points out that persons with open tuberculous lesions are not allowed entry into the Belgian Congo.

in the metropolises and report to physicians for treatment without disturbance of equilibrium on the part of the transportation or health authorities. Such persons from South America travel to Europe in the search for cure. Travel by land, within a country, is of course easy. It can hardly be maintained by the most optimistic official that lepers in Japan, of whom only a small proportion are in institutions, do not travel by rail at will, though as Hayashi indicates they are supposed not to do so. The rejoinder is, of course, that such travel is clandestine, not countenanced by the authorities, and wrong. But is it not encouraged, if not made humanly unavoidable, by unreasonable, medieval restrictions? Is there not, in many places, a wide gulf between the actual regulations and what would be reasonable ones?

It is this obstacle that Moiser would seek to get around by a device of diagnosis—or, rather, of nondiagnosis—of closed cases. Sympathetic though the contributors to the symposium may be toward the objective, only a minority of them agree to the proposed means of attaining it. Maxwell does so conditionally, holding that while such a case can correctly be diagnosed as suffering from "peripheral neuritis" it could not honestly be certified that the neuritis was not due to leprosy; that while the individual would not be obliged to affirm that he had leprosy he could not deny it. Muir goes farther, being of the opinion that with a closed case the physician concerned could refuse to make a definite diagnosis and could label it "neuritis or dermatitis or any other general term," thus overcoming difficulties due to unreasoning prejudice.

It is pointed out by Muir that much depends upon the definition of "leper" in the laws of the country concerned. Aguilar agrees, though with qualifications, that because an "early neural case" is not infectious the individual may not legally be called a leper, and Burnet is in agreement with this general attitude. On the other hand the American immigration laws, as interpreted by both Denney and Hasseltine, make no distinction between open and closed cases. The same is true of those of the Belgian Congo, according to Dubois, who points out that there is a "by no means negligible possibility" that a closed case may become an open one, which point is also mentioned by Aguilar. Muir notes that the Indian Leper Act, which formerly applied only to persons with open sores, now applies to anyone suffering from any form of the disease. MacGregor regards it as

undesirable to encourage the suggestion that a person who is suffering from any form of the disease should be considered legally not a leper; a proposed revision of the laws of Malaya goes so far as to include in its definition persons who are maimed or disfigured by the disease, even though the infection has been overcome. Briercliffe holds flatly that if a patient is diagnosed as having leprosy—and, it may be interpollated, if that had not been done he would not be seeking admission to a leprosarium—it would be an evasion and prevarication to label him otherwise regardless of stage or type. Dubois considers the proposed alternative diagnosis a misnomer and misleading; peripheral neuritis, he holds, is a symptom or syndrome and not a disease, the definition of a disease being etiological.

Though Burnet agrees with Moiser's thesis that closed cases should, from the administrative point of view, remain free and be at liberty to travel as proposed, he points out that if they have symptoms of the disease which may attract the attention of the sanitary officials difficulties may arise. He, as do Briercliffe and Hayashi, considers the danger of infection by such cases very slight. Briercliffe, however, believes that because of the feelings of others they should be permitted to travel only in special circumstances and under special conditions of isolation, whereas Burnet feels that the individuals concerned should be facilitated in their efforts to travel to Ngomahuru, or to any other place where they may find asylum, provided that they go to such a place not to live at liberty but for the purpose of voluntarily entering an institution for lepers. The difficulties that are interposed are such that the question is complex; "il est necessaire d'y préparer les esprits."

That would seem to be an unavoidable prerequisite to the establishment of an international leprosarium anywhere. First, the government of the country concerned must be definitely in sympathy with the plan, if it is not actually its sponsor. Provision must be made for the entry of the patients, under obvious conditions and restrictions, which as MacGregor indicates should cover both the risk of spreading the disease and that of the individual becoming a financial charge on the country. Certainly, as Maxwell says, patients could not come into a country to enter a leprosarium for foreigners without the authorities becoming aware of the fact. It will be noted that Muir, who was in Southern Rhodesia when he wrote his comment, states that the authorities there were disposed to permit the entry of British

lepers who are considered suitable from other viewpoints than that of the disease, and from another source it has been learned that one European patient from England has already been granted entry and is making very good progress toward recovery.

With this preliminary disposed of, the main task would be to bring the transportation authorities into line. That would apparently not be difficult with French shipping companies, but would evidently be decidedly so with others if the one referred to by Briercliffe is at all typical of them, as undoubtedly it is. It is this prejudice, actual and effective no matter how benighted and deplorable, that makes it possible to argue strongly, in the interests of the persons afflicted, for what must be admitted would be an evasion.

From the practical viewpoint it is difficult to see how those persons could travel to a far country to enter a leprosy institution without it being recognized, by those who should know of it, that they have leprosy. Under present-day conditions overseas travellers are usually required, if not when purchasing transportation at least when filling in the ubiquitous immigration forms, to state the purpose of their voyage. Then follows another practical question, that of the scope of usefulness of a central "empire" leprosarium. If all obstacles could be overcome for the travel of closed cases—whether only those with nothing more than peripheral neuritis (i.e., the "pure" neural or Na group, a small minority even of the neural type) or also those with the more common simple macular (Ns) and tuberculoid (Nt) forms of the disease—the institution would still be open only to those least in need of it and least likely to take advantage of it. It may be that the proposed limitation is regarded as unavoidable at the outset, until such time as a viewpoint can be developed that will permit the expansion of the plan to include those most in need of the benefits of such an institution. If, as Burnet suggests, this matter should be submitted for discussion at the next congress of the International Leprosy Association it might prove helpful. —H. W. W.