

## 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.*

### TRAVEL BY PERSONS WITH LEPROSY

TO THE EDITOR:

I write to ask opinions on the medico-legal aspect of foreign travel by persons who have leprosy in its "closed" form.

It is proposed that a British Empire Leprosarium be established at Ngomahuru, for any British subjects who have contracted the disease in any part of the world and who can afford to pay expenses. Under the Southern Rhodesia immigration ordinance, however, lepers are prohibited from entering the Colony, and I believe that many other countries have similar laws.

Now, in the case of patients in whom *M. leprae* has been demonstrated, the case must legally be called one of leprosy. But in early neural cases, in whom the bacilli have never been found, I hold the view that such patients cannot legally be deemed to be suffering from leprosy, and that they are not under any obligation to sign any document stating that they are suffering from that disease, and therefore that they are free to travel anywhere, no matter what leprosy laws happen to be in force locally. My view is that such early cases can only be said to have peripheral neuritis, and they cannot legally be said to be lepers at all, although the signs may resemble those of the disease known as leprosy.

This question is one of great importance in this case, and I should be grateful for the opinion of others. I am not concerned with actual practice, but with the legal aspect of the matter.

*Ngomahuru Leprosy Hospital  
Southern Rhodesia*

B. MOISER  
*Medical Superintendent*

*From Dr. R. Briercliffe, Director of Medical Services, Lagos, Nigeria:*

The Nigeria Leprosy Ordinance provides severe penalties for conveying a leper to Nigeria or assisting him to enter the country and it gives powers for the summary arrest, detention and deportation of the leper.

I find myself in disagreement with the views set out by Dr. Moiser in the third paragraph of his letter. If a diagnosis of leprosy is made, however early the lesion may be and whether or not it is bacteriologically positive, the patient must be regarded as suffering from leprosy. To label such patients "peripheral neuritis" to enable them to travel to and enter a country in order to receive treatment at a leprosarium would be prevarication and an attempt to evade the laws of a country which prohibits the entry of lepers.

My personal opinion is that while it would be perfectly safe for an early noninfective case of leprosy to travel by ship or by train, other passengers would object so strongly that lepers, whatever the stage of their disease, should be permitted to travel only in special circumstances and under special conditions of isolation.

I have consulted the agents of the principal line of passenger ships calling at Lagos and they state that they would be prepared to carry a leper in their ships only under conditions of strict isolation, and if accompanied by suitable attendants, and that the patient's cabin would need to be stripped and fumigated afterwards. They consider that their charges for the journey would come to several times the ordinary passenger fare.

*From The Secretary for Public Health and Chief Health Officer for the Union of South Africa, Pretoria, Union of South Africa:*

I have the honor to acknowledge the receipt of your letter of May 9th, 1939, forwarding an enquiry from Dr. B. Moiser of Southern Rhodesia regarding the question of foreign travel by persons who have leprosy in its "closed" form, and in reply to state that the Department is not prepared to express an opinion on the legal points raised therein.

*From Dr. R. B. MacGregor, of the Medical and Sanitary Service, Singapore, Straits Settlements:*

While I am in sympathy with Dr. Moiser's objects, I do not agree with the method which he suggests for overcoming the difficulties caused by the immigration laws. The diagnosis of an early case of leprosy, or a purely neural case in which *M. leprae* cannot be demonstrated, may be difficult or it may be obvious. In many cases there may be a reasonable difference of opinion. But it seems to be very undesirable to encourage the suggestion that a person who, in the opinion of a competent medical examiner, is suffering from any form of leprosy should be considered legally not a leper.

In the existing law in the Straits Settlements and Federated Malay States a leper is defined as "any person suffering from any variety of leprosy." The word "leprosy" is not defined. In revised legislation which is now under consideration the definition is wider, and "leper" means "any person suffering from any variety of leprosy and includes any person who although he is no longer suffering from leprosy in an active form, is maimed or disfigured as a result of the disease."

The quarantine laws of the Straits Settlements provide that the port health officer may detain at the quarantine station any passenger who is found, on arrival in the Colony, to be suffering from leprosy. If the diseased person is not a native of the Colony the law provides that he shall,

unless specially exempted by the Governor, be returned to his place of origin or embarkation at the expense of the agents of the ship by which he arrived.

The decision as to whether any person is a leper must rest with the health officer, and no suggestion that the leper could be said to have only peripheral neuritis would enable him to pass the quarantine barrier. In this country, where there is immigration on a large scale from China and India, the examination for lepers at the ports is very necessary and any proposal which would reduce the powers of the health officer is most undesirable.

The proposal to have a British Empire Leprosarium in Southern Rhodesia may be very desirable, but the way to overcome the quarantine restrictions is to obtain permission to admit suitable patients, provided that they comply with prescribed conditions, which should cover both the risk of infection and the risk that they may become a financial charge on the administration of the country to which they are admitted.

*From Dr. A. Dubois, Institut de Médecine Tropicale Prince Léopold, Anvers, Belgium:*

In answering Dr. Moiser's question I will take into consideration the laws of the Belgian Congo and the necessity of a sound policy towards Dr. Moiser's aim: the foundation of a leprosarium for people of outside countries. For the following information I must thank Dr. Duren, of the Ministry of Colonies, whose views coincide with mine.

Actually the law which prohibits immigration of lepers in Belgian Congo (Ord. 8 mars et 8 août 1922, Ord. 6 mars 1929) does not differentiate between open and closed cases, though such a distinction is made for persons with tuberculosis, immigration being prohibited only to people with open tuberculous lesions. Since there is a by no means negligible possibility of a closed leprosy case becoming an open one, I fail to see the advisability of being more lenient toward the former case than the latter.

There is another point to be considered. Any person liable to become incapable of self-support is prohibited entry to the Belgian Congo. This may well be the case with any leper.

We believe the legal definition of any disease is based on its "caractères de certitude," these being either clinical or bacteriological. This is particularly true of leprosy. Consequently, it seems to me that the term "peripheral neuritis" used to define a condition arising in leprosy is both a misnomer and misleading. Peripheral neuritis is a symptom or syndrome, and not a disease. The definition of a disease is etiological.

Now let us consider the matter from the practical viewpoint. The natural thing to do for any country wishing to build a leprosarium for aliens is, first, to make any necessary corrections to its immigration law, and, second, to admit lepers under the true diagnosis and under suitable regulations concerning conveyance, residence, supervision, etc.

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

Regarding the question whether a case of leprosy in which bacilli cannot be found but which has been definitely diagnosed by clinical methods as legally one of leprosy, the answer must depend upon the law of the

particular country concerned. Formerly in India a leper was considered in the Leper Act as one with open sores. This was changed later so that a leper was anyone suffering from any form of leprosy. It is up to the country concerned to make its own definition. I understand from the medical director of Southern Rhodesia that no objection will be raised to British cases of leprosy being admitted if the individuals are considered suitable from other viewpoints than those of the disease.

In a "closed" case of leprosy it is always possible for the physician concerned to refuse to make a definite diagnosis of leprosy, and to label the case as one of neuritis or dermatitis or use some other suitable general term. In this way any difficulty due to unreasoning prejudice attached to leprosy might be overcome.

*From Dr. James L. Maxwell, Mission to Lepers, Union Hospital, Hankow, China:*

I feel that to certify that a patient such as Dr. Moiser describes in his letter as suffering from peripheral neuritis is perfectly correct, but I do not see that anyone could honestly sign anything that would imply that such neuritis was not due to leprosy. I agree that such a person is not under obligation to sign any document affirming that he is suffering from leprosy, but on the other hand I cannot see that he could sign a paper stating that he was not a victim of the disease.

It seems to me that the question is hardly a practical one, for surely the authorities in any country where there is a leprosarium for foreigners will want to know where the foreigners come from and will immediately trace any new patient. So whether he has or has not signed any such document, they will soon be aware of the circumstances.

*From Dr. O. E. Denney, Chief Quarantine and Immigration Officer, Panama Canal Zone, Balboa Heights, C. Z.:*

In response to Dr. B. Moiser's request for opinions on the medico-legal aspect of foreign travel by persons who have leprosy in its "closed" form, I am submitting the United States quarantine regulations concerning the transportation of lepers into the United States and its possessions or dependencies:

122. Alien lepers should not be permitted to embark at a foreign port for a port of the United States, its possessions or dependencies, either as a passenger or as a member of the crew.

123. Vessels arriving in quarantine with leprosy on board shall not be granted pratique until the leper and his baggage has been removed from the vessel to the quarantine station.

124. No alien leper shall be permitted to land, and to this end the case shall be certified as a leper and reported to the nearest commissioner of immigration.

125. If the leper be a citizen of the United States, the case shall promptly be reported to the Surgeon General for further action.

From this it will be seen that an alien leper entering shall be removed from the ship to quarantine and removed therefrom on the out-bound trip of the same ship.

The quarantine regulations of The Panama Canal read:

Regulation 116.7, *Leprosy*: A vessel arriving with leprosy on board shall not be granted free pratique until the leper and his baggage have

been removed from the vessel, but vessels repatriating lepers may be permitted to transit the Canal and transact business at Canal Zone ports or the ports of Panama or Colon, Republic of Panama, under provisional pratique. An alien leper may be debarred from landing and may be required to proceed in isolation with the ship, the circumstances being noted on the bill of health, or he may be detained at the expense of the interest controlling the ship until he can be returned to his native country.

From the above regulations it will be noted that neither the Quarantine Service of the United States nor that of The Panama Canal (including the Republic of Panama, for which The Panama Canal Quarantine Service acts) makes any distinction between "open" and "closed" cases of leprosy. The general interpretation of a leper is a human being presenting a symptom complex considered generally as diagnostic of leprosy. Under my jurisdiction, therefore, an alien "closed case" would necessarily be excluded from admission.

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

Concerning Doctor Moiser's inquiry about travel of persons having leprosy in its closed form, it is my personal opinion that an individual who has leprosy, even though it is not in such state as to permit of bacteriologic diagnosis, must be considered as suffering from leprosy and under such conditions would be excluded from the United States under the immigration laws. However, in interstate travel within the United States, a person who has had leprosy but has succeeded in arresting the activity of the disease, may travel in interstate traffic after being passed upon by a board of officers, convened at the National Leprosarium, who have examined the case and recommended conditional discharge upon the grounds that the case is not at present a menace to public health.

*From Dr. E. D. Aguilar, Director of Health, Manila, Philippines:*

The leprosy segregation law in the Philippines is still based on the general belief of leprologists that only bacterio-positive cases are infectious. Leprosy workers have observed that while many of the so-called early neural cases remain negative for *M. leprae* for many years, some do become bacterio-positive. They have also observed that histologically there is no fundamental difference between bacteriologically positive and negative lesions, particularly those signs that resemble "the disease known as leprosy." Therefore, while I can agree that at a given moment an early neural case is not infectious and consequently may not legally be called a leper and should be allowed freedom, the fact that the case may become an infectious one, must oblige him to submit to a periodical bacteriological examination in whatever country he may be.

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

Dr. Moiser's question has been forwarded to other authorities for comment, but I may say that from the legal point of view in Japan lepers are not allowed to go to foreign countries, and it would be difficult to make exceptions legally. Inside the country they are not allowed to travel freely by train, but early cases, whose symptoms are too slight to be de-

tected by others, do sometimes travel that way, without danger to others. On the whole, I think, the problem is one to be solved from the practical point of view in each case.

*From Dr. Etienne Burnet, Director, Institut Pasteur de Tunis, Tunisia.*

Le Décret du 8 mars 1922, qui régit la lèpre en Tunisie, est assez libéral à l'égard des lépreux du pays lui-même, puisqu'il prévoit pour eux trois situations, entre lesquelles le choix sera fait par le Directeur de la Santé publique et les médecins: la surveillance médicale, l'isolement à domicile, et l'isolement dans un établissement spécial. Mais le décret est très rigoureux à l'égard de lépreux de l'étranger:

ART. 3. L'accès du territoire tunisien est interdit à tout individu atteint de lèpre. . . . Aucun lépreux trouvé à bord d'un navire ne sera autorisé à débarquer; il devra être renvoyé à son pays d'origine. . .

ART. 4. Tout étranger à la Tunisie trouvé atteint de lèpre sera expulsé et refoulé vers son pays d'origine dès son arrivée ou s'il ne peut justifier d'un séjour de plus d'un an en Tunisie. . . Si pour une cause quelconque, ce lépreux ne peut être refoulé hors de la Tunisie, il sera traité comme un lépreux autochtone, soumis à la réglementation intérieure, ayant toutefois le choix, soit de se soumettre à toutes les mesures prescrites pour les lépreux en Tunisie, soit de quitter la Régence (Régence de Tunis), avec interdiction d'y rentrer.

Si je comprends bien le Dr. Moiser, il se demande d'abord comment un lépreux *avéré* pourrait se rendre d'un point quelconque de la terre à Ngomahuru. Ce lépreux ne pourra pas voyager s'il n'existe pas des dispositions légales, spécialement pour ce transfert, nationales et internationales. Ensuite, le Dr. Moiser pense qu'il est logique d'excepter de ces dispositions les individus qui répondent à cette définition: "early neural cases, in whom the bacilli have never been found."

Je suis de son avis. De tels individus doivent, au point de vue administratif, rester libres; et surtout (c'est la pensée du Dr. Moiser) libres d'aller se faire traiter à Ngomahuru. Il me semble que sur ce point il n'existe aucune difficulté. La question ne se pose même pas. Comme "they cannot legally be said to be lepers at all," ils ne tombent sous le coup d'aucun règlement et peuvent voyager comme ils veulent.

Le point délicat est celui qui est impliqué par ces mots du Dr. Moiser: "...although the signs may resemble those of the disease known as leprosy." S'ils présentent des symptômes qui attirent l'attention des médecins d'un service sanitaire, ils seront *suspects* de lèpre et il sera difficile de les soustraire aux lois et règlements. Les individus atteints de "peripheral neuritis" sans symptômes étant libres par définition, la question posée par le Dr. Moiser se ramène à celle-ci: Prendre des dispositions nationales et internationales, permettant à un lépreux de voyager pour se rendre en Afrique du Sud (ou tout autre pays qui offrirait un asile aux lépreux), *non pour y vivre en liberté, mais pour se faire volontairement interner dans une institution pour lépreux.*

Il y a lieu de prévoir deux cas: celui de lèpre ouverte, celui de lèpre fermée. La question implique donc une définition de la lèpre fermée. Personnellement, je pense que les chances de contagion par une lèpre fermée, sans contact prolongé, sont si faibles qu'elles sont pratiquement nulles et je suis d'avis qu'on devrait faciliter dans ce cas le voyage pour Ngomahuru.



Mais on rencontrera l'opposition de l'opinion publique, qui est très imparfaitement instruite, et des administrations sanitaires, qui auront une conscience exagérée de leurs responsabilités.

La question est complexe. Il est nécessaire d'y préparer les esprits. Je pense qu'il serait sage de la déléguer à la Société internationale de la Lèpre, qui en confierait l'étude à un rapporteur et l'examinerait à la conférence prochaine.

*Excerpt from original manuscript of article by Med. Lt-Col. H. Delinotte entitled "La lutte contre la lèpre dans les territoires français d'outre-mer," published in translation in THE JOURNAL 7 (1939) 517-547:*

[La] question... du transport des lépreux à bord des navires de commerce présente un intérêt primordial. Elle a été posée, pour une mise au point, le 5 Février 1937, devant le Comité permanent du Conseil d'hygiène de la Marine Marchande, le Dr. Clerc, conseiller technique sanitaire maritime, étant rapporteur. Après une intervention du Pr. Marchoux, au nom de la Commission consultative de la lèpre, il a été convenu que l'admission des lépreux à bord des navires marchands est subordonnée en définitive à la décision du médecin du bord, après une enquête menée par lui, conduite dans l'esprit le plus large et le désir de donner satisfaction à la demande d'embarquement. De nouvelles instructions ont été prescrites à ce sujet par le Ministre de la Marine Marchande aux Compagnies de navigation.

*Summary of a discussion in the Commission Consultative de la Lèpre, meeting of March 30th, 1939:*

Attention had been called to the facts that cases of infection in France have been found recently, that more and more lepers are coming to the country from overseas, and that their entry cannot be forbidden. It was suggested that the Commission might invite the navigation companies to be more rigorous with regard to the transport of persons with this disease. It was agreed that not to permit European [i.e., French] lepers to reenter France would be a violation of their rights, but that such a measure could, and should, be applied to foreigners. A proposal to request the navigation companies to restrict the transport of lepers was voted down, but the following was adopted:

Demander aux compagnies [de navigation] de faire une discrimination entre les lépreux d'origine métropolitaine et ceux d'origine coloniale, les malades restant dans leur pays d'origine.

Because of the importance of the matter of immigration of lepers into France, a special committee was appointed to study it. On June 8 the following conclusions of this committee were adopted, to be transmitted by the Minister of Colonies to the Minister of Public Health:

(1) Que cette affection soit comprise dans la liste des affections contagieuses qui sera fixée par décret, en application des décrets-lois du 7 Juin 1938;

(2) Que ces décrets-lois soient rendus applicables dans le plus bref délai.

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