Maritime Medical News Vol. XV, No 4, April 1903.

Correspondence.

LEPER HOSPITAL.

KINGSTON, JAMAICA, B. W. I., Feb. 28th, 1903.

TO THE EDITOR MARITIME MEDICAL NEWS:

DEAR DR.—I had the melancholy satisfaction of visiting this institution at St. Jago de la Vega—in ordinary parlance *Spanish Town*, the old capital of the island.

This old city, founded by Columbus, is hoary with age and very quiet since the government offices were removed to Kingston, and there are no manufactories except a works for making extract of logwood, which wood is very abundant in this vicinity. Around the old city there is a good deal going on that does not attract special notice, for there is a well developed canal and irrigation system which makes the dry Liguanea plain a forest of bananas and cocoa-nuts.

The banana has filled the place once occupied by the sugar-cane, and is in fact the chief wealth of the island at present, assisted by oranges, ginger, pimento, coffee, cocoa bean, logwood, fustic, lignum vitæ and quassia, or as it is called here *bitter-wood*.

Spanish Town has a good water supply, is a clean and well kept little town, seven miles from the sea at Port Henderson opposite Port Royal, and twelve miles from Kingston and is a railway junction. It prides itself on its past greatness, its Rodney statue, Parliament buildings and old cathedral, all of which are of more than passing interest. But to the medical man the *Leper Hospital* or *Home* (as it is called officially) is of special moment.

This Institution is particularly well managed, if we consider its straitened financial condition, and the afflicted are made as comfortable as their disease and life long imprisonment will permit. It is particularly sad because with their bodily infliction, their mental condition is not impaired. I send you a report from which you can cull a lot of items which I will try to supplement.

Dr. Niesh (of Kingston, Ontario) is the physician in charge and devotes all his time to the 120 patients under his care. There are more men than women and but few whites, the negro, the coolie and the Chinese make up the bulk, chiefly negroes and half caste. The

average residence in the hospital is about fourteen years, but I saw one woman who has been 50 years there and many 30 to 40 years.

There are two types of the disease—the *tubercular* and the *anesthetic*, often associated in the same individual. Mutilation of the limbs is the most common symptom of the anesthetic type and ulceration of the tubercular type. The doctor tells me the ulcerations heal under hospital care and do not break out again very often; now and then there is gangrene and sloughing but it is rare.

The most prominent symptom, the mutilation, is of great pathological interest. At first sight one wonld think that to see arms minus the fingers and hands, they had dropped off as if by sloughing or gangrene, but the reverse is the fact. With the anesthesia often extending up the arm there is a gradual arrest of nutrition and with this is a gradual absorption of the bones and tissues. First the fingers shorten and appear to recede into the hand, and in time the hand may disappear to the wrist; fingers as well as wrists look not unlike stumps after operation. If, however, you examine closely the end of the stump you will see one or more of the finger nails projecting from the stump, be it great or small, showing that they had gradually receded from their original position and followed the slowly retreating member. The remnants of finger and toe nails look like little black warts or tubercles but examination shows their horny texture. Unlike other tissue their independence of the ordinary nutritive processes permits their continuance, being still attached to the epidermis. The disappearance of the nose is generally the result of tubercular ulceration. The tubercles appear to be most common on the face (lips, nose, cheeks,) and the ears.

A very strange phenomenon is that only the parts of the body exposed to light are affected by leprosy, the hair and clothing protecting the parts underneath. Dr. Neish is very desirous of trying the effect of the X-ray or *Finsen* light, but it is difficult to conjecture what the result would be seeing what the influence of light is.

Tubercle is sometimes associated with leprosy but the one does not appear to influence the other.

The bacillus lepræ is readily obtained either from the nodules, the infected parts or discharges.

Dr. Neish gave tuberculin, he considers, a fair trial, but with no result of any kind. He is trying antistreptococcic and other serums, but so far with negative results.

Arsenic (Fowler's solution) is of very general service, more so than any other, and mercury alone or combined when there is syphilitic taint (a very common condition). Donovan's solution is but rarely of service—only now and then in skin affections. Iodine is specially prejudicial and is not tolerated. Bromine does not act unkindly.

There is but little pain associated with the disease in any part of its course. Patients are never seen in the early stages and no prophylactic means can be resorted to.

Cutting operations are avoided as much as possible, but when required healing appears to take place much as usual. Dr. Neish considers it as a relatively curable disease, or in other words that under treatment it reaches a non-progressive stage, and so remains, and he discharges patients now and then who reach this stage when their friends are in a position to comply with the requirements—to be able to support them, and keep them so segregated as not to endanger others.

It is not a congenital malady, and where children have it it has been acquired; and though it is undoubtedly contagious, yet in what manner it is propagated is not known. It can not by any known means be conveyed to the lower animals, and the doctor has known no case where it has been acquired in the hospital, and he has no fear of contracting it. In this way his experience here differs a little from what obtains in other places. In other words, all we know of leprosy is very small compared with what we don't know. But though we cannot be certain of arresting the progressive destructive assimilation of tissue, yet it is very often arrested, and physical suffering can be quite alleviated.

The causes of death are very much the same as happens in the general population.

The coolie appears to be not more prone to the disease than the negro—though common with the Chinese. In the white races, the Jews more frequently fall under its influence.

Cases are apt to be hidden away by friends until it can be no longer concealed when they are sent to the hospital. Could all the cases be aggregated there the disease would die out in all probability.

A. P. Reid.

THE
MARITIME MEDICAL NEWS.
A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

Vol. XV. HALIFAX, N. S., APRIL, 1903. No. 4.

Editorial.

COAL GAS vs. WATER GAS.

Not long ago a writer in *The Philadelphia Medical Journal*, after discussing illuminating gas and its dangers concluded somewhat as follows: "Gas companies seem to have three malevolent aims: (1) to ruin our eyes by gas which does not illuminate; (2) to ruin our bank accounts by compelling us to burn great quantities of gas in the hope of lighting our rooms; (3) to impair our health by vitiation of our atmosphere. If we are rebellious they propose actual death by asphyxiation."

The experience of Halifax citizens during recent years lends support to these conclusions inasmuch as they have been obliged to consume a poor quality of gas in respect to illuminating power, the cost of which has steadily increased. Protests have not been heeded and now we are informed that water gas with its high percentage of that deadly poison carbon monoxide is to be substituted for coal gas.

As the citizens are not aware of the increased risk to health and life connected with the use of water gas as compared with coal gas, it becomes the duty of the medical profession as guardians of the public health to call attention to the danger to which they are about to be exposed, in order that they may protect themselves.

The use of water gas for domestic lighting purposes has greatly increased both in the United States and Great Britain during the