

The Management of Leprosy

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WHILE there are still many doubting Thomases in the treatment of leprosy, we are seeing very encouraging results and I believe firmly that 80 percent of the cases seen early can be gotten under control and the condition arrested. One great trouble in the past, and in some institutions today, is that the very advanced cases do not improve and conclusions are made from these cases.

As to *diagnosis*, it is unfortunate that we do not have more positive diagnostic methods in the early stages of the disease. There are those borderline cases, which prove a real problem to diagnose. I have had three cases recently, showing puffiness of the face and loss of eyebrows and, while closely resembling leprosy, I could not give a positive decision because I could find no areas of anesthesia. All three cases I put on anti-syphilitic treatment, asking them to return in a few months for further study. It would be a greater mistake to take such doubtful cases into the Colony than to delay diagnosis a few months.

In the Orient occasionally a person will commit suicide, thinking he is a leper; others imagine they have the disease when they are only neurotics; others are diagnosed as lepers, enter an institution and later prove not to have it. Some fear it like death; others are glad to have it in order to get into a charity institution. Two test tubes filled, respectively with hot and cold water are useful in such cases, after the patient has been blindfolded. Some will be sensitive to the prick of a pin, but not to the heat test.

Treatment. We have found nothing that has given the benefit and satisfaction obtained from hydnocarpus or chaulmoogra oil, injected twice weekly, from 4 to 8 cc.

The chaulmoogric esters have given so much pain that our cases refuse to take them. The stock of esters left over is proving very good in the local treatment of scabies and certain itching eczemas. We are now adding 2 percent of these esters to all scabies and eczema ointments.

It seems very strange that, in Manila and other places, the esters can be used with no special pain, yet with us the pain is so great that our cases refuse to take them.

In most of our cases we expect a very distinct improvement after three months' treatment. In another three months there is still more marked improvement. Of course, in treatment there are many other important things, such as diet, exercise, baths and sanitation, and complications that must be taken into consideration. Cases complicated with syphilis constitute a big problem, and some of these will not respond to treatment. In many of the neural cases, no special change

or improvement can be expected, for these cases are often practically normal, except for some small anesthesia areas, and these may continue unchanged for many years' time, neither better or worse.

One big problem is, what to do with the cured leper? We are doing vasectomy upon

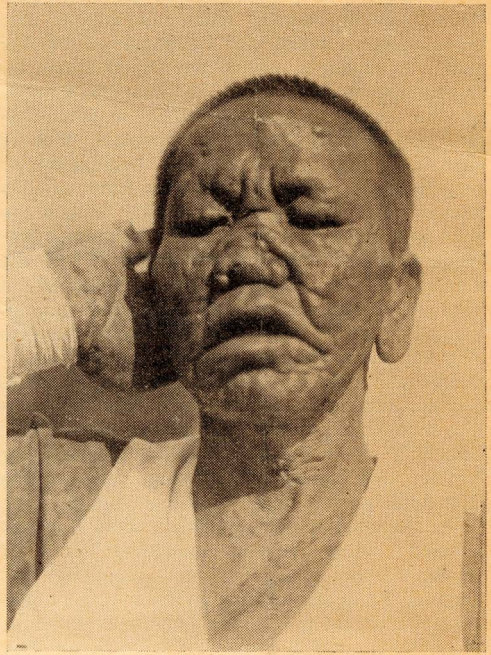


Fig. 1: Showing the leonine facies often seen in the tubercular form of leprosy. A cut into the skin almost anywhere will show many lepra bacilli.

a number of cases and allowing them to marry and live within the colony, both parties being arrested cases. These support themselves on the land, except for an allowance of 75 cents a month per person. This couple also adopts a leper child, which will make the home idea more perfect.

The youngest patient I have seen was 9 months old; but it is quite unusual to see them under the age of 4 years. It is generally accepted that leprosy is a disease of childhood and youth, and even though it may not make its appearance until later in life, the inoculation probably took place in the early years. It is probably the most mildly infective disease we have and inoculation is by *long* and *close* contact.

At the Manila Leper Conference, the disease was divided into two classes: "open" cases, which may spread the disease, and "closed" cases in which the bacillus is not found and with which it is safe to come in contact.

Rogers claims that 60 percent of infections come from houses where lepers have lived. Humidity has much to do with the incidence of leprosy. It is a very striking fact that most of the 20,000 lepers in Korea are in the southern half of the country and only a very few north of Seoul.

In our institution all get the *spirit of a cure* and the lepers are most energetic and hopeful. Every doctor, nurse and patient should have this spirit and hope of cure. A leper colony or hospital is no place for the blues. If the doctor does not expect any improvement, what can be expected of the patient? Doctors spend too much time debating the word "cure." If 70 to 80 percent of the cases seen early make marked improvement and disease is arrested, this is the thing we want. Call it "arrested" or anything you please, but let us have a little more faith in improvement. My lepers are just as keen and interested in their improvement as I am. We keep posted a list of the essentials in treatment. Leprosy is chiefly a disease of the nerves and skin, and motion, sweating, work, baths and activity of the skin are a part of the program of elimination.

In our institution there is not a non-leprous person coming in contact with lepers, except the two doctors, and all are taught not to touch a door knob or anything used by lepers. All injections, dressings and nursing are done by the lepers themselves, and here is a splendid way to provide work for the "closed" cases. *Nursing should be done by cured lepers.* I think it was reported that none of the workers among the Japanese had been infected so far; yet there is a slight danger that could be avoided. I believe that every institution should have a nurse's training school and that a few good nurses should be given the task of training the inmates to do this work. In one institution there were healthy cooks, and I noticed that these received and handled the dishes coming back from the wards. It is a very good policy to keep the number of healthy workers about leper institutions down to the very least minimum. Ninety-five percent of the work about such places can be done by "closed" cases. Laundry, cooking and nursing should be done by cured lepers. I noticed at Carville, U. S. A., that many of the lepers were given positions about the place.

Treatment

While there seem to be many doubters as to the good results in the treatment of leprosy, we are seeing most encouraging results. I am convinced that in 80 percent of the cases seen early the disease can be checked and held in control, and we cannot say quite so much about tuberculosis.

The drug giving us the most satisfaction is plain chaulmoogra oil, injected twice weekly. We have tried almost everything



Fig. 2: Showing the facial paralysis which is so common, with the resulting mask-like expression, and the stump of a hand, from which the fingers have been lost.

that comes along, but have found nothing quite so good. The esters have proved too painful in our institution, and the lepers simply refuse their use.

All complications should receive prompt and early attention. Among these are syphilis, intestinal parasites, malaria, tuberculosis, etc. One cannot expect satisfactory results with these complications untreated.

I consider exercise almost as valuable as the oil. We encourage exercise through the various lines of industrial work, which are of great importance from the economic standpoint.

Among the occupations followed by our lepers are: Vegetable gardening, the care of livestock, nursing, tinsmithing, basket making, teaching, carpentry, masonry, the making of artificial legs, basketry and a number of others.

Patients not able to take the injections are allowed chaulmoogra oil powder by mouth. Those with tuberculosis, nephritis, leprosy reaction or any acute attack are taken off the oil injections. Only a few cases are allowed to take the drugs by mouth, as the injections are by far more effective.

Biederwolf Leper Colony