

# MEDICAL SCIENCE

VIDEO MELIORA PROBOQUE

EDITORS

P. H. BRYCE, M.A., M.B., L.R.C.P. & S., EDIN.  
WILLIAM NATTRESS, M.D., M.R.C.S., ENG.

P. J. STRATHY, M.D., M.R.C.S., ENG.  
W. B. NESBITT, B.A., M.D., C.M.

ADDRESS ALL COMMUNICATIONS, EXCHANGES, ETC., TO DR. W. B. NESBITT, COR. COLLEGE & McCAUL STS., TORONTO

ISSUED MONTHLY  
Vol. 1: No. 8

TORONTO, JUNE, 1888

SUBSCRIPTION, IN ADVANCE  
\$2.00 PER ANNUM.

## ORIGINAL ARTICLES.

### WHAT SHOULD BE THE ATTITUDE OF STATE BOARDS OF HEALTH TOWARDS LEPROSY?

BY DR. BENJAMIN LEE, SECRETARY STATE BOARD OF PENNSYLVANIA, READ BEFORE THE INTERNATIONAL CONFERENCE OF STATE AND PROVINCIAL BOARDS OF HEALTH, AT CINCINNATI, MAY 5TH.

CAN the leper change his spots? No more than the leopard can. Can anyone else change or remove his spots for him? All history, from the time of the great author of Leviticus down, returns a sad and solemn negative to this question. The knife may cut out the germinating cancer: a wisely directed regimen may induce the encystment of the tubercle: appropriate medication may stay the devouring ravages of the disease which it is a shame to mention: but for leprosy no method of healing exists. Medical science and the *vis medicatrix nature* stand side by side, mute, with folded hands, in its horrid presence, while the wretched, hopeless victim slowly falls to pieces like a crumbling ruin under the devouring teeth of time, a loathed and desolate outcast. Loathed, because he has become an object so abhorrent that pity's self turns from the sight in unwilling disgust; desolate because the unflinching, unwavering testimony of the age is that he who abides with him will himself become a like object of dread and dire decay. More than this, his habitual abiding place soon becomes infected with the contagion of his disease, whose germs flourish and propagate even upon walls of stone. The horrid doom of Tirezah and her mother in the romance of Ben Hur is no mere fancy sketch. Leprosy always has been incurable. Leprosy always has been contagious. Leprosy always has been infectious. Now, is it reasonable to suppose that a disease germ which for four thousand years has had an unbroken history, which for four thousand years

has had an unchanging character, will suddenly lose its essential characteristics? That transportation across a few thousand miles of ocean into a climate whose thermometer is somewhat lower is going to deprive it of its contagious and infectious qualities? Have we any analogy in nature for so astonishing a transformation? I certainly know of none. What then has led to the wide-spread incredulity in the medical profession as to its contagiousness in this country and in other temperate climes? Three reasons:

First—The well-known fact that while its contagion is sure it is extremely slow.

Second—The fact that the germ does develop more slowly and sluggishly in low temperature than in high. But give it time and depend upon it, it will develop as surely and as relentlessly as under a tropical sun.

Third—The fact, not so generally recognized, that there are cycles in disease. That for a period of years greater or less, owing to occult conditions not as yet understood, certain vegetable germs, seeds or spores may become less active and fruitful, and then for a series of years or ages regain their pristine fertility. Now we are in a cycle, it may be, of diminished activity of the germ of leprosy. Let us suppose that a case here and a case there is allowed to wander at will over the country, scattering the seeds broadcast wherever it goes: when the favorable period for the germination of those spores arrives what a frightful harvest will death, the reaper, have to glean.

A recent number of a well-known medical journal says in its editorial columns: "Until a single authentic instance of its communication by contagion in this country can be adduced, it is the height of folly to demand their separation from their