

British Columbia.

Under control of the Medical Council of the Province of British Columbia.

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LEPROSY IN BRITISH COLUMBIA.

We have a leper colony in this province on Darcy Island in the Gulf of Georgia. It contains at the present time some eight inhabitants, all of whom, with one exception, are Chinese. The exception is a white man who was formerly a logger or lumberman in the dense forests of fir which skirt the coast line of British Columbia up to the Skeena River. Some eighteen months ago, the Associate Editor of this journal and Dr. Bell-Irving, of Vancouver, made an official visit to the leper colony for the purpose of examining one of the inhabitants who had been sent from New York to Vancouver, and foisted by the C.P.R. on the people of that city, for the reason that he was refused admission on board one of the Empress line of steamers to Hong Kong, because the surgeon of the steamer detected signs of leprosy on him. The lepers of this province are supported by the two cities, Victoria and Vancouver; the former having to look after seven, and the latter only one of the number. We do not think it is right that these two cities should be saddled with the expense of the maintenance of these unfortunates when the Dominion Government provides an asylum in Tracadie for lepers in the eastern provinces. In the case of the Vancouver leper, it is manifestly unjust, inasmuch as he was booked as a passenger from New York, over the Canadian Pacific Railway, to Hong Kong, and from that point was going to Canton, in the neighbourhood of which city his wife and family are now living. Why should the city of Vancouver be charged with the expense of keeping him in a lazaretto? But the day is probably not far distant when the rigid segregation which is now practised may be abolished altogether. From an article which appeared recently in the *British Medical Journal*, in which quotations are given from the report of the leprosy commissioner in India, it appears that there is a good deal of doubt as to whether leprosy is a contagious disease at all, or at least to any practically dangerous extent. To quote the

words of the article in the *British Medical Journal*: "The commissioners express their belief that neither compulsory nor voluntary segregation would at present effectually stamp out the disease, or even markedly diminish the leper population under the circumstances of life in India." When such great authorities as Sir Dyce Duckworth and Wm. Jonathan Hutchinson deprecate the theory of contagion and disapprove of compulsory segregation, it is time that the rank and file of the profession should pause and reflect seriously on the situation. It is true that other equally eminent authorities, such as Mr. Curzon, Mr. Clifford, Dr. Heron and Mr. Macnamara, hold different opinions and believe in segregation and contagion; and a contingent of medical practitioners in South Africa is equally strong in the same direction. Dr. Hunsen, of Norway, has made leprosy the study of his life, and, assisted by the Government, has had the best opportunities of observing the disease in that country where it has been endemic for many years. He has come to the conclusion that it is a contagious disease, though non-hereditary. The question may therefore be looked upon as an open one at present, though the fact that the disease is communicated in some way is notorious, as it continues to be propagated from one individual and from one generation to another. In eastern countries from time immemorial it has been looked upon as a contagious disease, and in China to-day the leper is driven beyond the pale of society, and forced to live like a wild beast in the desert places far away from the haunts of his fellow-creatures. We have seen a whole colony of them in China in the neighbourhood of Kowloon, on the sand hills overlooking the bay, but as the weather is warm there all the year round, they probably suffered very little inconvenience, as they can live on fish and whatever they can pick by way of charity. Readers of "Ben Hur" know the horror in which they were held by the inhabitants of Jerusalem, and though the Jewish knowledge of pathology was not very extensive, their treatment of these unfortunate people shows that there was a popular belief that the disease was contagious. In British Columbia we know of no cases where the disease has been communicated by contact, as the history of the patients is obscure, the disease being