

ON A REPORT ON "LEPROSY IN THE AUSTRALIAN COLONIES;"¹ WITH REMARKS.

BY PHINEAS S. ABRAHAM, M.A., M.D., B.Sc., F.R.C.S.I.

IN a paper read before the Epidemiological Society of London, in May, 1889, I called attention to the scanty official information at our disposal with reference to the actual prevalence of leprosy in many of our colonies and dependencies. For instance, with the exception of Victoria, where the subject had been engaging some notice, the Australian Government Reports contained no reference to the disease; and I was definitely told at the office of one of the Agents-General that the disease was quite unknown in his colony. Since, however, the stimulation of the public interest by the sad death of the devoted Father Damien, the news of which was telegraphed to us a few days after my paper was read, the Colonial authorities have been nearly everywhere bestirring themselves, and within the last few months many careful valuable reports on the subjects of leprosy have been issued.

An important document, an epitome of which is appended, has recently emanated from the Board of Health Office in Sydney, and has been kindly sent to me by Dr. Samuel Knaggs of that city. There are several points in connexion with the disease which are well illustrated in this ably compiled report, but I shall only allude to one. The illness of one of the European cases is apparently believed to have started with a traumatic injury of the finger, which "swelled and never recovered its natural size and appearance." In the records of certain asylums, or in papers on leprosy, are also to be found occasional accounts of the affection, dating from a sore or cut which would not heal. Thus one of the patients included in the report of the Tarn Taran Asylum² is stated to have been wounded on the buttock by a sharp stone; an ulcer resulted, which did not heal for four years, the part then becoming anæsthetic. Small blisters formed subsequently on other parts of the body, and absorption of the digits and anæsthesia of the extremities set in. Two other cases in the same institution are said to have commenced by fissures on the feet; and another dates her disease to a prick on the thumb, supposed to have been inflicted by a snake. The remarkable case of leprosy which was successfully treated by Dr. Phillippo in Jamaica, and which has now remained cured for upwards of five years, is also an instance in point. The youth cut his toe while bathing, an obstinate sore resulting, the toe swelling, and giving trouble for two years before the obvious symptoms of the disease became manifest. Of course the histories may be defective, but can we say definitely that these cases are not examples of possible inoculations of leprosy through a broken surface?

Short Abstract of Report.

The total number of lepers under official cognisance at the close of 1889 was 30—there being in New South Wales 12 (9 Chinese, 1 Javanese, and 2 white); in Victoria 4 (Chinese); in South Australia 2 (Chinese); in Queensland 6 (4 Chinese, 1 Malaccan, and 1 from the Straits); in West Australia 1 (Chinese); in Fiji 5 (2 Fijians, 2 New Hebrides, and 1 Solomon Island). Although there is a comparatively large Chinese population in Tasmania, no case has been known. In New Zealand there are no lepers under treatment in any hospital, but there is reason to believe that it exists in several districts among the native race. In most of these places there is an attempt at isolation or segregation, but in New South Wales, New Zealand, Queensland, and Fiji there are at present no laws or regulations in force dealing with lepers. In New South Wales the majority of the Asiatics developed the disease in periods varying from six months to four years after arriving in the colony. In one case, however, six years, in another seven years, and in a third ten years elapsed between the time of arrival and the appearance of leprosy.

In addition to the two cases of European parentage now under care, the death of another was reported in 1889, and

there is reason to believe that there are several others in the colony under no official cognisance or care. Particulars of the two cases of European extraction are given in the Appendix, from which it will be seen—(1) that the patients are natives of New South Wales, and have never been out of the colony; (2) that they are both sons of persons of British extraction, who were either born in, or have spent all their lives in the colony; (3) that they are members of large families, none of whom are affected with leprosy, and that there is no evidence of the disease being hereditary; (4) that they have always been in a position to obtain a full and varied dietary; (5) that the disease existed in one case for eight years, and in the other for four years, before report was made to the Board of Health and the patients isolated; (6) that in both cases there has been communication with the Chinese, and though there is no satisfactory evidence that this communication was other than of a very casual character, there is some reason to believe that in one of the cases it was of an intimate nature.

THE LONDON HOSPITAL.

THE Committee of Management of the London Hospital, in view of the increasing strain which yearly taxes the resources of this institution, have for some time past been considering the advisability of enlarging and remodelling the building. The hospital authorities, after consulting Dr. Louis Parkes, of the University College Hospital, and Mr. Rowland Plumbe, have determined to remodel the whole sanitary arrangements of the hospital, to put in new drains, entirely on hygienic principles, to take out all imperfect waterclosets and sinks, soil pipes and waste pipes, and to have them replaced with appliances of the most approved sanitary character. Turret blocks are to be built to the old wall of the hospital, to contain the closets, bath and slop sinks, the fæces and urine for examination, which will be cut off from the bedrooms by ventilated passages. The estimated cost of this improvement is something like £7000. The whole subject of sanitation of this hospital has been considered in detail, and the works will be begun forthwith.

The necessity for the building of a new wing to the hospital was very apparent, inasmuch as the provision for the receiving room and for staff purposes as now existing, though quite sufficient when the hospital contained only 200 or 300 beds, has become altogether inadequate now [that the hospital contains 780 beds, and in times of pressure 815. The new building will consist of a large block eighty feet in width by fifty feet projection, and will bring the centre of the hospital out almost to the street. A covered way of access has been provided, so that cabs can approach the street entrance under cover, and practically on a level with the new hall. On the right hand side of the hall there will be a receiving room twice as large as that which originally existed, and out of which there will be proper examination rooms for male and female patients, the receiving officer's room, and the nurses' room, which renders it unnecessary for nurses to leave the receiving room. On the left hand side a large room has been provided for the students waiting for the surgeons and physicians with whom they are to go round the wards. In the basement a new set of medical baths will be provided, together with retiring-rooms and lavatories for the students and a large number of extra store-rooms, which were much required. On the first floor the old chapel, which blocked up the centre of the hospital, taking up the main corridor, and actually necessitating the wards behind being used as a means of access from one side of the hospital to the other, is now to be removed. It will be thrown out to the front, detached from the hospital, and approached by corridors.

The operating theatre at present existing was totally inadequate to accommodate the number of students attached to the medical school, and advantage is taken of the removal of the chapel to provide a theatre large enough to afford standing room for 250 students. The old theatre is to be utilised as an anæsthetising room, with a waiting-room attached. The surgical appliances and arrangements will be fitted under the immediate superintendence of the surgical staff. The students' platforms are arranged in amphitheatre form, and entrances are provided from the

¹ Issued from the Board of Health Office, Sydney, 1890.

² An abstract of the Tarn Taran report, and an account of Dr. Phillippo's case, were presented to the Epidemiological Society in January this year.—P. S. A.