

ANTI-LEPROSY MOVEMENTS IN JAPAN.

The Rev. A. Oltmans, D.D. (Secretary for Japan for the American Mission to Lepers), gave a very interesting address on Anti-Leprosy Movements in Japan at the China Leprosy Conference in Shanghai, which is published in abridged form in the *Leprosy Review*. Dr. Oltmans says that the history of the importation and earliest development of leprosy in Japan lies shrouded in mystery and myth as is the case with that of all highly infected leprosy countries the world over. Indications of its existence appear as early as the fourth century A.D. Positive anti-leprosy movements by the government in Japan may be said to have been begun with the issuing of a "Law for the Prevention of Leprosy," in May, 1907. The first regional leprosarium, called "Zensei Byoin" (Perfect Life Hospital) was erected in 1909, and was soon followed by four others throughout the country.

But all these government institutions were preceded by private leprosaria for the space of about twenty-five years.

"As to the total number of patients at present in Japan proper, neither government statistics nor the opinions of individual experts speak with any great certainty. The latest government census (March, 1930) registers 14,261 patients. It must be borne in mind that the gathering up of these statistics is done in Japan under the direction, not of the medical, but of the police department. This fact at least suggests the possibility of considerable inaccuracy in the results obtained chiefly in the direction of an underestimate. Add to this the considerable number in the initial and non-infective stage of the disease, in many cases the patients themselves not being aware of its existence, also the presumably large numbers that are intentionally hidden from investigation, the numbers of roaming and begging sufferers who are difficult to check up, and one can fairly state that the number of sufferers from leprosy in all stages of the disease is probably between three and four times the official estimate. In fact, government authorities in the Hygiene Department and Japanese leprologists give the total number as between forty and sixty thousand. Taking the latter figure, the percentage would be about 0.1 per cent., but this figure is probably too high."

One of the difficulties in the task of dealing with leprosy in Japan is the advanced degree of modern civilisation to which the country on the whole has attained. "The more enlightened a community or nation becomes, the more it is inclined to guard against exposure of its ugly sores. The degree of shame for having a leprosy member in a family is in direct proportion, as a rule, to the degree of enlightenment and social standing of such a family. It is for this reason that a very large percentage of patients in the hospitals are from the poorer classes of society. This, by the way, suggests the necessity for devising some means for inducing patients from the better class of society to avail themselves of better treatment for the cure of their disease than they can get by isolation at their own homes, and most of them do not get any."

"Another difficulty in a country like Japan is the determined opposition of the government authorities to outside clinic work for leprosy patients, which, in some other leprosy countries, has in recent years made such rapid strides, and has apparently brought such splendid results. . . .

"Still another difficulty that may here be mentioned is the lack of knowledge and training among local physicians in the detection and treatment of patients in the initial stage of the disease. This is proverbial, though probably not unique, to Japan. Such lack prevents the detection of early cases that might be discovered by the local physician and then reported to the proper authorities. Every medical school in Japan ought to provide the opportunity for the student to

become acquainted with the leprosy problem. The same holds true in regard to the training of nurses for this particular branch of work."

Again, there is the difficulty of what to do with "burnt-out" and "arrested" cases that have ceased to be infective. This phase of the leprosy problem, namely, what to do with the paroled patient, is becoming one of the most acute and most difficult questions to solve. Separate colonies for these paroled patients, under conditions that would make self support wholly, or at least in great part, possible, point out one way of possible success. . . .

"Another feature of anti-leprosy work, and a very important one which is still largely neglected, is the proper care of the children of sufferers from leprosy. . . . The well-established fact of the non-hereditary nature of leprosy gives us this confidence in the possible salvage of all such children if taken from all leprosy contacts and surroundings in their infancy. The anti-leprosy movement should address itself much more earnestly to this branch of the task."

THE PASSING BELL.

Miss Amy Nixon, R.R.C.

It is with deep regret we have to record the death at St. Thomas's Hospital, of Miss Amy Nixon, R.R.C., Matron, Queen Alexandra's Imperial Military Nursing Service (retired).

Miss Nixon received her training at the Royal Infirmary, Edinburgh.

She was gazetted to the Army Nursing Service in October, 1894, and served throughout the South African Campaign. On the re-organisation of the Army Nursing Service, Miss Nixon was appointed a Sister in Queen Alexandra's Imperial Military Nursing Service; was promoted to the rank of Matron in 1907, and continued to serve until June, 1919, when she was placed on retired pay.

For her distinguished services she was decorated with the Royal Red Cross in 1912 and awarded a Bar in 1918.

This gentle and kindly little lady will be sincerely and deeply mourned by a large circle of colleagues and friends, for throughout her service she was most popular with all ranks and was sadly missed on her retirement from the Nursing Service.

Sister Acting Matron, Miss Wilhelmina Potter.

We regret having to report that information has recently been received of the death of Sister Acting Matron, Miss Wilhelmina Potter, Queen Alexandra's Imperial Military Nursing Service.

Miss Potter was appointed to the Army Nursing Service in November, 1897, and served her probationary period at the Royal Victoria Hospital, Netley, under Lady Superintendent, Miss H. C. Norman; she was, on permanent appointment, transferred to Canterbury, where she served until she embarked for a tour of duty in South Africa, being posted to Wynberg, and subsequently to Kondesbosch and Modder River.

In February, 1903, on the re-organization of the Army Nursing Service, Miss Potter was appointed a Sister in Queen Alexandra's Imperial Military Nursing Service, and served in various stations in the United Kingdom, until January, 1917, when she was placed on retired pay owing to ill-health.

Her passing will be deeply regretted by the many friends and colleagues with whom she was deservedly popular.

Lady Plunkett has received £1,000 from Miss Marks to name a bed in the Olive Dent Ward of the Marie Curie Hospital for Cancer.

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