

all who eat animal food to do their utmost to secure—

- (a) A humane death for the animals.
- (b) Conditions for the slaughtermen which will prevent their brutalisation, their moral and mental debasement.
- (c) The use of modern sanitary and hygienic developments and appliances.

We claim that by Act of Parliament, municipal authorities should be compelled to construct public abattoirs on modern lines, and close all private slaughter houses, giving just compensation.

We invite our readers to interest themselves in this reform.

OUR PRIZE COMPETITION.

WHAT IS LEPROSY, AND HOW MAY IT BE TREATED?

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gilmore Place, Edinburgh.

PRIZE PAPER.

Leprosy is a malignant disease, due to a specific bacillus closely resembling that of tuberculosis. It is progressive and constitutional in character, involving the structure and organs of the human frame from the outer skin covering, to the innermost cellular tissue. Of ancient origin and world-wide distribution, this loathsome disease has affected all branches of the human race, both rich and poor, through all the ages, without a certain knowledge of the cause or a definite means having been found to circumvent the onset.

The disease is still rife in many parts of Asia, Africa, Oceania, and many districts in all the continents. It was a common disease in Europe in the Middle Ages. In Great Britain there were many leper settlements, which were merely used for the seclusion of infected persons, and not as curative institutions. The disease gradually became stamped out of our country after the close of the fifteenth century, due in a large measure to the improved conditions of living and acknowledgment of sanitary science and to the segregation of infected persons. It is infectious or contagious in the same way as is tuberculosis; it is endemic, and may be contracted by a healthy person in contact with it, as in the case of Father Damien and others who have

worked in leper hospitals and ultimately succumbed to the disease.

There are two principal forms of the disease, known as tuberos or cutaneous leprosy, and anaesthetic or nervous. The former is said to be the more speedily fatal, but the latter form is frequently found in conjunction with the tuberos variety in the later stages.

The incubation period is not known. Premonitory symptoms are general debility, headache, giddiness, neuralgia pains, commonly exhibited in all febrile diseases; months afterwards the cutaneous symptoms may be observed. The face becomes bloated, the skin scaly and rough, the voice slightly hoarse. The eruptive stage of deep-red spots or blotches, which become white or brown from pigmentary deposit, will later, if the disease is not delayed, lead on to growths or tubercles in the skin, leading to ulceration and consequent breaking down of the surface tissue. The parts affected are intensely painful at first, becoming gangrenous as the disease progresses. The hands and feet, the skin of the face and mucous membranes of the nose, mouth and larynx are specially affected at first, though the tubercles may break out on any part of the body.

Anæsthetic leprosy is usually evidenced by acute neuritis, or rheumatic pains following the course of a nerve. Both motor and sensory nerves are affected, paralysis sets in accompanied by painful eruptions, which discharge a yellowish fluid, leading if unattended to chronic deep-seated ulcerations, the muscles, skin and bones gradually waste away and drop off, and the sensations of feeling are quite destroyed. The mutilations are characteristic of this form of disease, the upper and lower limbs of the body being most liable to be affected.

The disease may be arrested and the symptoms quiescent for months at a time, and again become active, so that it is practically regarded as a chronic or rarely curable disease. An acute form may release the patient's sufferings in a year, or he may drag on a heavily handicapped existence for the space of twenty or thirty years.

The causes are mainly such as are attributed to any disease. A lowered vitality, depraved living, an inherited predisposition, insanitary surroundings, uncooked and putrid food, previous infection of syphilis, tuberculosis, scurvy and malarial fevers, may all predispose the patient to the attack, owing to impaired vitality.

Treatment may be both medical and surgical, and is both palliative and preventive. The

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