A synopsis of leprosy for medical students in Hong Kong

TW Wong, FHKAM (Emergency Medicine)
Member, Education and Research Committee, Hong Kong Museum of Medical Sciences Society

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The incidence of leprosy has decreased significantly in Hong Kong since the 1970s, and medical students today will have little exposure to this once-dreaded disease. Leprosy has been described in ancient Chinese medical texts for centuries, but it was during the Ming and Qing dynasties that it became a highly feared and stigmatised condition due to the deformities and purported contagiousness. Although the pathogen *Mycobacterium leprae* was discovered in 1873, it took many years to educate both doctors and the public about the true nature of the disease. Dr James Cantlie, one of the founders of the Hong Kong College of Medicine, was the first to study patients with leprosy who presented to the Alice Memorial Hospital. In 19th-century Hong Kong, those with leprosy, whether residents or immigrants, were not welcome and would be repatriated to mainland China by persuasion or force. In the Lepers Ordinance of 1910, it was decreed that all lepers in the Colony, once identified, would either be deported or segregated to Kennedy Town Infectious Disease Hospital by the police. Compulsory segregation was lifted by later legislation (the Lepers Ordinance of 1935) and treatment by private practitioners or outpatient clinics was allowed if deemed medically suitable. Chinese patients would be sent to a leper asylum operated by Catholic missionaries in Sheklong (石龍), which received financial support from the government.

After the Second World War, there was a huge influx of people, including those with leprosy. With the closure of the border, it was no longer feasible to send such patients to the asylum in China. To assist with this situation, the Mission to Lepers, with the support of the government and local community, raised funds to establish a leprosarium in Hay Ling Chau in 1951. It was comprised of dormitories for patients, a medical centre, and rehabilitation facilities, and had a maximum occupancy of 540. The Mission to Lepers was an international and interdenominational Protestant organisation founded in 1874 in London; the Hong Kong Auxiliary was formed in 1950. The Mission and its Auxiliaries aimed to provide care and treatment to patients with leprosy and eradicate erroneous fears and prejudices of the public.

The teaching of medical students in Hay Ling Chau was started by Dr HJ Smyly in 1954. The Mission believed that enlightened doctors and nurses would lead the way in educating the public and hopefully remove the stigma around patients with leprosy. Initially, a small group of medical students would come for a week, rotating monthly. By 1962, a large group would also attend every 3 months for a day of
lectures and demonstrations. A new set of notes for such students was created under the title of *Essentials of Leprosy for the Clinician*. It was written by Dr CS Goodwin, the Acting Medical Superintendent of the Hay Ling Chau Leprosarium (Fig 1). The Director of Medical and Health Services of Hong Kong, Dr DJM Mackenzie, provided the following comments in the foreword: ‘It now remains for the community to welcome back the cured and restored leprosy patients and, in this the clinician has a significant part to play in winning social acceptance for them.’

The text covered the gamut, from basic sciences to the clinical management of leprosy (Fig 2), and contained several clinical photographs (Fig 3). At the time, the mainstay of leprosy treatment was the use of sulphone drugs, particularly diaminodiphenyl sulphone; surgical operations were also available to correct deformities in suitable patients.

The Lepers Ordinance was finally repealed in 1965, removing any legal basis for the segregation of leprosy patients. As the incidence of leprosy in Hong Kong was steadily declining, the government decided in 1971 that the Hay Ling Chau Leprosarium should be phased out. It was permanently closed in January 1975 and the remaining patients were transferred to the Lai Chi Kok Hospital. Those with leprosy also continued to be seen at the Social Hygiene Service leprosy clinics of the Department of Health.

**References**

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