LEPROSY IN THE NORTH OF THE STATE – AN HISTORICAL PERSPECTIVE

On 5 November 2003, Dr Randolph Spargo gave the Kimberley Society meeting a comprehensive and interesting account of leprosy in the north of the state. Randy joined the Health Department in 1968 and was assigned to the Derby Leprosarium.

First, he spoke a little about the condition to explain its history in the north. Leprosy and tuberculosis are related diseases; both caused by a myobacterium that only reproduces within mammals. Elsewhere in the world, other than affecting humans, leprosy is known to infect only armadillos and certain mice.

Leprosy affects two facial bones, the destruction of which causes collapse of the nose and loss of the upper incisor teeth, giving rise to a characteristic appearance known as facies leprosae or Bergens Syndrome. This allows people to trace the history of leprosy through examination of skeletal remains or through reports of early explorers and settlers.

There is no evidence of leprosy in WA prior to European contact. The first cases occurred in the south of the State. Although there was considerable opportunity, it was not passed on to the southern Aboriginal population. This is believed to be due to cross protection afforded by tuberculosis, which ravaged these Aborigines.

The northern Aborigines escaped a tuberculosis epidemic due to a combination of factors. Firstly, some 100 years ago, unfounded concerns about the spread of syphilis from northern Aborigines to the European population helped to shape policies that effectively separated Aboriginal and white society. These policies tended to conceal the plight of Aborigines from public scrutiny for many years. Secondly, white settlement interrupted the Aboriginal nomadic lifestyle in the north and many people became aggregated into camps alongside settlements. Isolation of one settlement from another by long distances kept contact to a minimum. Later tests showed that Aboriginal contact with tuberculosis was related to the density of the white population which was very small in the Kimberley. The result was that leprosy introduced into the Kimberley some 100 years ago found an Aboriginal population with no resistance to the disease.

The first recorded leprosy case in WA was a Chinese migrant in Roebourne in 1889. By 1917, only 22 cases were on record, all close to Roebourne. The first in the Kimberley was reported in 1908 and only 5 more by 1924. However inaccessibility of the Kimberley Aboriginal communities concealed the beginnings of a leprosy epidemic amongst the Aborigines, the seriousness of which was not realised as it gained momentum. Occasional large ceremonial congregations, intertribal marriage customs and trade route activities, principally for pearl shell, guaranteed intergroup transmission. Also the policy of walking leprosy patients over long distances to

Derby must have contributed to widespread transmission of the disease. Furthermore the Aboriginals naturally believed they were better served by their medicine men than by the white medical fraternity.

Once admitted to hospital, hardly anyone was ever discharged as there was still no effective treatment. So why should they present themselves for treatment? As one Aboriginal put it: "Black fellow get lump sick, boss send him hospital, can't come back, lose wife, piccaninny belong him, got nothing, finish up!" For many years infected persons were hidden away by their communities.

In 1930 an offer by the Sisters of St John of God of Beagle Bay to care for leprosy patients, if a hospital were to be built in the Kimberley, was declined as the Commonwealth was about to care for all leprosy patients at Darwin. This facility was soon overloaded. The seriousness of the situation in the Kimberley was realised and this, combined with reports about maltreatment of those sent to Darwin, caused a Royal Commission to be established in 1934. On visiting the Kimberley, the Commissioner became so concerned about the epidemic and maltreatment of patients that he sent a preliminary report to the Governor. The Government moved quickly and the present Leprosarium was built and occupied in 1936. The care was entrusted to the Beagle Bay nuns six years after their original offer was declined.

Thorough combing of the Kimberley for infected persons was begun. It was thought that removal of highly infectious persons from the population would put a brake on the epidemic. Later, Randy was dismayed to learn that, years before clinical signs of the disease were evident, an individual would be highly infectious.

The method of transmission remained a mystery even in 1968 when Randy went to the Kimberley. It was thought that transmission was by prolonged close contact with sweaty sufferers. It turned out that the spread of the disease was by droplet infection from the nose.

A cure for leprosy only became possible in 1941 when sulphones were found to be effective, but it was many years before one of these, Dapsone, became available to the Leprosarium. Efforts were then concentrated on controlling relapse. Outpatient care with supervision of daily medication by such non-medical people as station managers’ wives failed, as did a scheme whereby Public Health nurses did the rounds periodically to check the situation. Success was achieved when a 6-weekly injectable form of Dapsone became available and responsibility for treatment was placed with the health team. More effective drugs appeared and the numbers of patients in the Leprosarium soon dwindled. The Leprosarium was closed in 1986. Randy's efforts to keep it open for general use for Aboriginal Health fell on deaf

ears, but he was surprised it was given away rather than burned to the ground as had happened earlier at Cossack.

Questions followed. Yes, medical staff did become infected. Lawson Holman—the doctor at Derby when Randy went up—got the disease but recovered. Were there epidemics elsewhere? Yes, in Nauru. There were no fences at the Derby Leprosarium. One of the problems was keeping people out. It had a wonderful ambience, like a resort.

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