SEMENTES DE CIÊNCIA

LIVRO DE HOMENAGEM
ANTÓNIO MARINHO AMORIM DA COSTA

Sebastião J. Formosinho
Hugh D. Burrows
EDITORES

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António Manuel Nunes dos Santos and Christopher Damien Auretta
Departamento de Ciências Sociais Aplicadas – Faculdade de Ciências e Tecnologia,
Universidade Nova de Lisboa
Campus de Caparica – Quinta da Torre
2829-516 Caparica
PORTUGAL
amans@fct.unl.pt, cda@fct.unl.pt

VII.
LEPROSY IN PORTUGUESE INDIA: AN INTERACTION BETWEEN PUBLIC HEALTH POLICY AND NATIONAL POLITICS

Leprosy was known to exist in Portuguese India for a long time; the disease—already considered to be a serious public health threat—had significantly spread there during the first years of the twentieth century in the Portuguese territories. Notwithstanding a well-intentioned project for the construction of a State-run leprosarium to be located in Goa—conceived as early as 1916—, a careful study of this disease by researchers, both in its nosological as well as in its therapeutic and prophylactic aspects, was long in coming. Indeed, truly significant measures taken to combat this disease, or even a programme of prophylaxis, in the Portuguese colony of Goa, located on the Indian sub-continent, materialised only after the events we will now proceed to describe.

The growing awareness of the moral issue of abandoning lepers to their fate "under penalty of committing a shameful crime against the sick," such abandonment affecting "the very soul of our culture" and affronting our "understanding of what constitutes Humanity and Civilization" (to cite the words of Dr Froilano de Mello, a researcher at the Bacteriological Institute and professor at the School of Medicine [Escola Médico-Cirúrgica] of New Goa will at last bear fruit in February 1926, the year that the First Conference on Leprosy in Portuguese India will be organised. This event took place under the auspices and with the support of the local provincial government; it had been a ten-year-long project in the making.

Leprosy, understood in its specific problematics, must be seen in the general context of health policies, an area to which the British government, together with the local governments forming British India, had devoted immense energy and interest by way of successive conferences centring on health policies. These conferences had regularly assembled doctors and technicians, engineers and local authorities. In conjunction with a desire to comprehend the health aspects of this disease, there was also a concerted effort to educate the general population, living, as it did, often in highly unsanitary living conditions, conditions which were in turn associated with longstanding religious and social traditions. The first Conference on Public Health to include a Portuguese delegation was the 1914 All-India Sanitary Conference, held at Lucknow. The Portuguese delegate to this Conference was Dr Mello, then Medical-Lieutenant, ("Tenente-Médico," i.e., Lieutenant in the Portuguese Army Medical Corps) and professor at the aforementioned School of Medicine of New Goa [Escola Médico-Cirúrgica de Nova Goa]. This Conference, which ran for seven days, was presided over by Sir Harcourt Butler, a member of King George's Medical College, a pioneer institution established three years before whose founding had coincided with the coronation of the Emperor of the Indian Colonies. Mello read two papers at this Conference, the titles of which were "What Are the Diseases Whose Notification Should Be Rendered Compulsory in Portuguese India?" and "Contribution to the Study of Malaria in Goa." Mello referred in the preamble to these papers to the measures already taken by the Portuguese local government, stating:

> I am, however, glad to be able to tell the Conference that some useful measures will be carried out in the course of the coming year. Problems of public administration attracted very little notice from public authorities before the inauguration of the new form of government that now rules us: and in spite of all the disturbances which revolutions [Portugal overthrew its monarchy in 1910 to subsequently establish a Republic] in general inflict on society during their early years, the Portuguese republic has given high place to sanitary matters, and I am authorized by His Excellency Dr. Couceiro de Costa, Governor General to Portuguese India,

> to say that a Special Bureau of Malaria will be established to study as possible the various problems connected with the question of malaria in our province (Mello: "The All-India Sanitary Conference," 3).

The impact of this Conference was notable, which can be enumerated in terms of the following factors: the sharing of research; the contacts made between eminent scientists in the field (spanning areas of hygiene, dermatology, parasitology, entomology, sanitary engineering, etc.); the Opening Address given in the Research Section of the Conference by the Director of Medical Services in India, General Sir Pardey Luckis; the twenty-one resolutions formulated at the Conference, among which the decision to foment international cooperation regarding all research on malaria, in particular with respect to the Italian delegates' references to their methods of "colmata" [disposal in landfills] and "bonificazione" [sanitation, decontamination]; the establishment of travelling dispensaries; education regarding hygiene practices in schools; adequate water treatment; the repudiation of waste waters as a suitable drinking source; urban sanitation measures to be taken and the contributions to be made by sanitary engineers; and the founding of new research laboratories preparing the way for the creation of a new school in Tropical Medicine to be located at Calcutta, all these issues were enthusiastically described in the forty-seven-page Report that Mello presented to the Portuguese government on 22 February 1914. In this Report, an enthusiasm of a dual nature can be detected. First, it reflects the fact that for the first time Portuguese delegates had participated in the Sanitary Conference in conjunction with other scientists from the international medical community and with whom Mello specifically had been able to share research carried out by him as well as by colleagues at the Bacteriological Institute and the School of Medicine. Mello writes:

> It is high time that our tiny India, so tiny and yet so distinct from that Indian colossus surrounding us, our tiny India with its own language and civilization, where both, it must nonetheless be added, have led the peoples living in each respective colony to a situation of unmistakable cultural, educational, and social superiority in comparison with the vast

> majority of the peoples inhabiting Hindustan. It is high time, we repeat, that this India left her tightly wound shell and entered that vast ocean of ideas which today so radiantly shine, and thus show how the great torch carried by our forbears Albuquerque and his companions during their heroic journeys throughout the Orient, continues to shine forth, albeit from a tiny source of radiance, tiny yet radiant, minuscule yet unmistakable, and in the light of which all of Hindustan will one day be able to benefit (Mello: "Conferência Sanitária de Lucknow, Relatório Apresentado ao Governo da Índia Portuguesa [Lucknow Sanitary Conference, Report Presented to the Government of Portuguese India]," 1)

Secondly, Mello discusses the future of the School of Medicine. Thus he seeks to promote activities that would bring together medical professionals, technicians, and politicians for the purpose of addressing head-on the complex issue of infectious diseases:

> During those days of the Conference, when the long days of work were followed by evening festivities (…), I never stopped thinking about Portuguese India, about the School of Medicine and how we should proceed in a manner worthy of the welcome shown us by our colleagues, and how I would succeed in fulfilling my solemn promise to enlist the services of our Portuguese medical staff through whose joint efforts our School of Medicine would attain worldwide recognition (5).

Mello points out that among the most urgent matters to be addressed have to do with: 1) the creation of an effective "Agency dealing with malaria"; 2) the absolute necessity for the hiring of the greatest number possible of medical personnel willing to devote themselves to research dealing directly with malaria; 3) sources of revenue for the additional costs incurred for this research; and 4) the outline of a proposal for a local Sanitary Conference to be held in December, thereby also commemorating the seventy-second anniversary of the founding of the School of Medicine. His was not simply the request for financial support for the organisation of a Conference; Mello's report already indicated who should participate in this Conference

(both official and non-official delegates), the fifteen thematic areas to be addressed, the length of each paper to be given, and even the date by which said papers should be submitted. Thus were sown the seeds for the First Sanitary Conference, which in fact ran from 1-6 December 1914. In this Conference fifty-nine papers were in fact read and subsequently published in two volumes of proceedings totalling nine hundred and eighty–five pages.

The Conference sought to answer basic questions dealing with the issue of the public notification of the disease, i.e.: who should notify the presence of the disease?, whom should the experts notify?, when should notification take place?, and with what objectives in mind should notification be made? In addition, an appeal was made for the creation of an effective sanitary service in possession of accurate statistical data. Interestingly, the All-India Conference had not presented any paper concerning leprosy, although, in both conferences discussed in this paper, leprosy, a still poorly defined disease at the time, had been pointed out as deserving a closer look in future conferences. In the case of the Conference held at Goa, it had been stated during the opening address that

> leprosy (…), though at present not prevalent in our country, could very easily someday spread by way of contamination if such be the case, which thus demands that we proceed to study this disease in the next conference, though not before a thorough examination of all existing cases in our country has been carried out as well as its mode of propagation understood, in order better to establish a rational and effective prophylaxis if contamination is detected (Mello: "Primeira Conferência [First Conference]," 741).

Mello, together with a small team of researchers, began immediately to study leprosy; their research was subsequently published in medical journals as well as in the School of Medicine's own publications. In addition, a letter, dated May 1925, sent from Pondicherry—the small French colony in India—and addressed to the Head of the Bacteriological Institute of New Goa, requested (in French) information concerning the Portuguese campaign

against leprosy, its methodological guidelines, legislation, funding sources, documentation containing statistical data and, finally, an outline of existing clinical and therapeutic protocols. This letter, sent, as it was, from a modest colony (as was the case of Portugal's similarly modest presence on the Indian sub-continent), had a galvanising effect. In the face of the dearth, or even total absence, of legislation regarding leprosy at the time, the lack of statistics with respect to actual patients and their respective clinical description, the inadequate knowledge regarding social environment and its attendant sanitary conditions (important factors that encouraged the spread of the disease), the uncertain knowledge with regard to the foci of this endemic disease (along with an inadequate understanding of the disease's typology), with this situation being entirely overshadowed by a deficient understanding of the most up-to-date methods of treatment and prevention, the Provincial Governor was asked to authorise a meeting of all sanitary professionals, administrative personnel as well as members of the Medico-Pharmaceutical Association in order to address the issue of leprosy in Portuguese India.

Consequently, in an attempt to avoid the spread of the disease in this colony through the acquisition of scientifically up-to-date therapeutic measures—albeit adapted to the Portuguese Indian reality, i.e., the limited available resources and general societal conditions—, and in the hope that the best methods of prophylaxis could then be formulated, the Governor General authorised—following receipt of the Health and Hygiene Board's Report on the subject—the Conference on Leprosy, to be held, by official decree, on 9 January 1926. The Conference took place in fact on 21-22 February of that year and was divided into three sessions: the first was devoted to the statistical data then existing in relation to leprosy; the second dealt with available therapies (included were two papers of a notably botanical nature that discussed the properties of certain plants, namely, *Hidnocarpus* species, *Calotropis gigantea* and *Hidrocotile aziatica*), used in the treatment of leprosy; with the third and final session focusing on the issue of prophylaxis. The driving force behind this Conference was Mello himself whose name had become inextricably linked with all scientific research carried out regarding this disease over the previous fifteen years. Collaborating with him was Dr

F. A. Wolfgango da Silva, professor at the School of Medicine of New Goa and Head of the Health Services.

Attendance at this Conference was high, surpassing by far the confines of the meetings usually organised by the Medico-Pharmaceutical Association. Leprosy was now considered a problem that needed to be addressed both by the professional and lay publics. Attendees included members of local municipal governments, members of the press as well as representatives of the pertinent health agencies, namely, doctors, public health officials, representatives from the various Boards of Health, researchers and the conference speakers themselves, all of whom were connected with the School of Medicine of New Goa. Specifically, there were one-hundred-and-one registered participants, eighty-one of whom actually attended (see list of participants in Appendix I), and the majority of these were doctors. Of these doctors three were women: Dr Escolástica Gracias, Dr Bibiana Dias, and Dr Adelina de Sousa Antoxi. Seven members of the local press especially invited to attend and report on the Conference were also present. In addition, there were sixteen participants representing the local community, namely, eleven members of the municipal government and five representatives from local charitable organisations and missions: The Holy Mercy Mission [Santa Misericórdia], Saint Mary's Sacred Heart Hospice [Hospício Sagrado Coração de Maria] and the Our Lady of Miracles Asylum [Asilo da Nossa Senhora dos Milagres].

Following the Inaugural Session presided over by the Governor General, and once the speeches of a more political nature were given, the papers presented and subsequent round-table discussions focused mainly on the therapeutic measures to be taken. Furthermore, on the second day of the Conference, the general assembly approved seventeen conclusions at the end of an animated discussion concerning basic prophylactic principles. The concerns subjected to the liveliest debate had to do with the following issues, including the norms and protocols to be adopted: compulsory and confidential notification of all patients in accord with very carefully drawn legislation so as to avoid as much as possible misinterpretation and/or

procedural ambiguities; in the case of a patient's desire to question the validity of his or her diagnosis, there would be recourse to a Medical Board comprised of the Head of the Bacteriological Institute, a public health official, and the family doctor (or another doctor designated specifically by the patient); compulsory examination and regular check-ups of the victim's family and other individuals in close contact with him or her, such as neighbours; the compulsory confinement of the victim to his or her home; the criteria to be applied for the selection of personnel to work at the leprosaria; the minimum requirements for victims of the disease (including civil servants) to keep their employment; the number of leprosaria to be built and their location; and, finally, the elucidation of those factors which contributed to the spread of the disease (insects, clothing, direct contact with the sick, genital contact, etc.). Debates were also organised concerning state-of-the-art research being carried out as to the bacteriological aspects of leprosy, the need to classify leprosy into specific groups, i.e., typical leprosy, common (also called "fruste") leprosy, and latent (also called ganglionary) leprosy in the hope that adequate statistical data could then be compiled.

Of the seventeen basic principles with regard to prophylaxis the following aspects deserve emphasis (*vide* a transcription of these principles in Portuguese in Appendix II): (1) the compulsory and confidential notification of every known or suspected case of leprosy, notification followed up by a sanitary inspection at the individual's home, the non-compliance of which would be subject to police investigation; (2) the collaboration of Health and Hygiene Boards which, in the case of uncertain diagnosis, would perform the necessary laboratory analyses and prepare the respective clinical reports in order to determine whether or not notification was indeed necessary as well as registration and regular check-ups of all remaining family members and close acquaintances of the infected individual; (3) the compulsory isolation of the victim to his or her residence, in-hospital treatment as well as separation of all healthy family members from contact with the victim. The issue of marriage of persons stricken with leprosy with healthy individuals was also discussed, the outlawing of begging and prostitution to all lepers

was proposed as well as the prohibition of all foreign-born lepers from entering the colony; and, finally, (4) the compulsory return to the colony of all lepers living in another country was proposed.

It was decided that priority should be given to research into the nature of the disease as well as the inclusion of this disease in the School of Medicine's teaching curriculum. Additionally, it was considered necessary to avoid concentrating solely on the separation and isolation of victims from the rest of the general population since, in accord with the precepts of modern civilisation, lepers should be treated in an inclusive fashion and in a spirit of solidarity, thereby also abandoning the earlier practice of treating lepers as subject to forced enclosure and/or as objects of repulsion. It was further recognised that public aid to the victims of this disease should be considered a function of the State. The creation of a leprosarium (the number of leprosaria to be built was a question hotly debated culminating in the decision to build only one owing to the heavy costs involved), whose financing would come from a State loan the payment of which (including interest) would be made by way of a stamp tax applied to every purchase of lottery tickets. There was also more information made available concerning related foreign legislation on the subject: the Law of the Argentine Republic, the French Law (passed in 1909), the Canadian Law (1914), the Brazilian Law (1920), and the Norwegian Law, among others. Aware that legislation necessarily differed from country to country, given the heterogeneous social conditions involved, discussion focused primarily on the Brazilian and Norwegian legislation, both of which recommended a less harsh regime of isolation while giving the individual the choice of remaining in his or her home, albeit under close observation, but nonetheless emphasising a more humanitarian approach over one that would isolate the individual completely. The legislation proposed by the conference participants sought to prohibit any foreigner with the disease from entering the colony and ordered the isolation of any indigent, homeless, or nomadic individual stricken with the disease within the confines of a hospital, sanatorium, or leprosarium. Moreover, it was deemed necessary to educate the general population as to the exact nature of this contagious disease.

At the end of the Conference, the project for the building of the leprosarium was set, having only to decide its eventual location. By Christmas 1926, land had been purchased, and the Leprosarium of Macazana was born, although it began as a simple infirmary. Built specifically for leper patients, equipped with a kitchen and toilets, it first opened its doors to receive a maximum of forty patients but by 1934 had expanded to accommodate up to one hundred and thirty-five individuals. It was now a fully operational leprosarium. In 1926, Mello, recognised by all to be the reason behind the Conference's success, was elected deputy to the National Assembly, in Lisbon, Portugal, specifically, as representative of the Portuguese colony. However, his role as representative would only begin on 17 January 1946, after being newly elected as a member of the National Assembly (Parliament) to represent Goa in Lisbon, a delay due to the fact that a change in national politics spearheaded by the Salazar dictatorship would close the National Assembly for twenty years (1926-1946), the elections in 1926 having been nullified. Mello performed his duties as deputy in a double sense: both politically and as a doctor having specialised in the study and treatment of infectious diseases, including leprosy. It was he who succeeded in submitting a proposal to the government for the purpose of aiding individuals stricken with leprosy, notably their placement in hospitals capable of providing adequate care. He also actively intervened in debates concerning the necessity for greater specialisation in the field, after having seen, in March 1946, an individual infected with leprosy walking freely through the streets of central Lisbon, as well as other individuals stricken with the same disease travelling on city buses. He requested that the General Assembly and the Home Office furnish statistics concerning the number of cases detected, the present location of infected individuals, their professions and living conditions, the number of existing isolation centres, the availability of treatment, prophylaxis, and conducted an enquiry whether non-specialised information was being made available to the general public. All these factors comprised, in fact, what was then known internationally as P.T.S. [Propaganda, Treatment, and Survey].

It was Mello who drew attention to the issue of infectious diseases in general, regardless of their place of origin, and thus to the necessary

sanitary measures to be taken both in Portuguese India and in Portugal itself (where outbreaks of the disease had already occurred albeit without receiving adequate political and medical attention). There is a historical irony at work here regarding the founding of the first "colony-hospital" [hospital-colónia], known as the Rovisco Pais Hospital, in Portugal: rarely do we see such a complex interrelationship existing between the colonial and continental spheres.

In conclusion, we wish to stress that in the final analysis the Conference on Leprosy encompassed much more than the area of medicine. A complex network of forces defining the personal, institutional, and political destiny of this infectious disease could henceforth be named and studied. Therapeutic protocols, prevention measures, public health policies, educational programmes and national and colonial legislation regarding leprosy, all underpinned by a constellation of perceptions, beliefs, and attitudes, form an important chapter in the social history of medicine.

The field of bacteriology (we recall that the bacterium responsible for leprosy was discovered by Hansen in 1872 in a sample of infected tissue) and a more detailed elucidation of its aetiology opened a new chapter vis-à-vis the disease in the sense that it became henceforth possible to surpass a merely empirical approach to the disease. It was at last possible to propose concrete measures for the prevention of further propagation of the disease. These measures, which formed the political, technical and institutional sources for subsequent governmental legislation, will be the subject of future research.

Appendix 1

Dr Francisco Antonio Wolfgango da Silva
Dr Indalêncio Froilano de Mello
Major Farmacêutico Alfredo Tinoco
Dr Ricardo Correia Mendes

Dr João da Cruz
Dr José Camilo Aires Conceição e Sá
Dr António Xavier da Rocha Pinto
Dr Pedro Leão de Barros
Dr Victor Manuel Dias
Dr Domingos Roque de Sousa
Dr António Augusto T. R. do Rego
Dr António Filipe Pinto Cordeiro
Dr Fernando Basso Marques
Dr Augusto Jaime Elizabé Rodrigues
Dr Viriato Matias da Costa Andrade
Dr Arminio Ribeiro de Santana
Dr Florêncio Mariano Ribeiro
Dr Francisco X. T. de Siqueira Nazaré
Dr Felizardo Almeida (a)
Dr Pedro António da Cunha
Dr José Estevam Afonso
Dr Miguel Piedade Garcias
Dr Wiseman Pinto
Dr Ramacrisna Porobo Loundó
Dr António Joaquim Vás (a)
Dr Micael Pinto do Rosário
Dr Luis de Sousa e Pereira
Dr Luis J. Brás de Sá
Dr Valentim Azarias de Sá
Dr António Brás Gomes
Dr Aristides da Costa
Dr Teodoro de Sousa
Dr Férmino José da P. Gonsalves (a)
Dr Gonopoti Xete Colopo (a)
Dr Venâncio de Almeida (a)
Dr Trivicrama Govinda Elecar
Dr Cláudio V. R. de Albuquerque
Dr Vicente Paulo da Cunha (a)

Dr Jerónimo Caetano Proença Bragança (a)
Dr Caetano Gracias
Dr Escolástica Gracias
Dr Alfredo Araujo
Dr Joaquim Cabral
Dr Rafael Ubaldo Pais
Dr Olencio da Gama Pinto
Dr António Peregrino da Costa
Dr Francisco Xavier de C. Lourenço
Dr Luis Conceição Gonzaga Menezes (a)
Dr Aprigio M. Eusébio Afonso
Dr Loreto de Sousa
Dr Balcrisna Sacardando
Dr Manoel Belmiro Fernandes
Dr Otão Bonifácio Pereira
Dr José Erasmo Jaques
Dr Aluisio Menezes
Dr Paulo José da Veiga
Dr Almarama Govinda Borcar
Dr Martinho Cota
Dr Luis dos Santos Alvares
Dr Romulo Noronha (a)
Dr Joaquim Grevi Figueiredo de Albuquerque
Dr J. J. Fragoso (a)
Dr Bibiana Dias
Dr Adelina de Sousa Antoxi
Dr Sebastião José da Costa
Dr Roberto Mesquita
Dr Lencastre Pereira de Andrade
Dr Caxinata Sinai Ladda
Dr António Colaço
Dr Jafet Palha
Dr Abailard Barreto
Dr António Maria da Cunha

Administrador do Concelho das Ilhas
Administrador do Concelho de Bardés
Administrador do Concelho de Salcete
Administrador do Concelho de Pondá
Administrador do Concelho de Quepém
Administrador do Concelho de Sanguém
Administrador do Concelho de Sanquelim
Administrador do Concelho de Canácona (a)
Administrador do Concelho de Mormugão
Administrador do Concelho de Perném (a)
Administrador do Concelho de Valpoi (a)
Administrador das Comunidades das Ilhas
Administrador das Comunidades de Salcete (a)
Administrador das Confrarias de Bardês (a)
Administrador das Confrarias das Ilhas (a)
Administrador das Confrarias de Salcete (a)
José Eulogio Veloso
Dr Adolfo Sinval da Costa
Dr Inácio Manuel de Miranda
Dr Sales de Veiga Coutino
Dr João Baptista Alvares
António Pantaleão Ferrão (a)
Roberto Bruto da Costa (b)
Luis de Menezes (b)
Joaquim Araújo Mascarenhas (b)
Francisco Pereira Batalha (b)
Aleixo Clemente Messias Gomes (b)
Dr António Maria da Cunha (b)
Dr J. Erasmo Jaques (b)

(a) Participants who didn't attend the Conference
(b) Reporters, Members of local press

Appendix II

"A Primeira Conferência, convencida de que esta doença se vai dia-a-dia alastrando no país, preconiza os seguintes princípios basilares de profilaxia:

1) Notificação objectiva e confidencial, sob sanção penal, de todo o caso averiguado ou suspeito de lepra, ao delegado de saúde, da área respectiva, pelo chefe de família ou quem suas vezes faça, pelo clínico que disso tiver conhecimento, pelo chefe de família da casa mais próxima e pelo regedor da localidade e notificação facultativa pelo próprio doente ou por qualquer pessoa que dele tiver conhecimento.
2) Após a notificação, inspecção sanitária na delegacia ou no domicílio conforme a condição social e o estado do doente, pelo respectivo delegado de saúde que, quando não ponha de parte o diagnóstico de lepra, solicitará ao laboratório mais próximo as análises necessárias, cujo resultado com o seu relatório clínico e opinião pessoal, enviará com a máxima urgência ao Conselho de Saúde e Higiene. Este se pronunciará definitivamente sobre o diagnóstico, consultando, previamente, quando assim o entende, e obrigatoriamente todas as vezes que haja reclamação do doente ou sua família contra o mesmo diagnóstico ou, sempre que, tratando-se de casos com manifestações clínicas, o exame microscópico se mostre negativo, uma junta médica que será constituída pelo Director do Instituto Bacteriológico de Nova Goa, pelo delegado de saúde da respectiva circunscrição sanitária e por um médico escolhido pelo doente ou pela família, ou pelo município respectivo, tratando-se de doentes pobres, caso estes o não indiquem. Esta Junta que nas praças do norte será constituída pelo delegado e sub-delegado de saúde do respectivo distrito e, onde isto não for possível, pelos médicos sanitários da área mais próxima conjuntamente com um clínico escolhido nas condições acima referidas, inspeccionará o doente, no seu domicílio, sendo preciso.
3) Após o exame e em caso de suspeitas de lepra, arrolamento imediato de todo o entourage, feito pelo delegado de saúde, para os fins de investigação de casos novos e de vigilância ulterior.

4) Isolamento obrigatório de todo o caso de lepra definitivamente diagnosticado no domicílio ou numa leprosaria, substituindo-se, porém, nas formas frustes sem excreção bacilar, por uma vigilância com inspecção trimensal durante três anos, vigilância que em todos os casos de lepra se estenderá também ao entourage previamente arrolado e que será inspeccionado semestralmente durante 5 anos.
5) Permissão do isolamento domicilário, facilitado sobretudo nas formas nervosas, anestésicas e outras sem excreção bacilar, caso as condições sociais do doente e do seu entourage ofereçam garantias de uma boa e eficaz profilaxia e sob a directa fiscalização do delegado de saúde, podendo este ordenar o internamento hospitalar quando verifique que as instruções profiláxicas, mais de uma vez repetidas, são mal executadas. Desta decisão poderá, todavia, haver reclamação ao Conselho de Saúde e Higiene, que se pronunciará sobre o caso com a maior brevidade possivel.
6) Instalação urgentemente, para os efeitos deste isolamento e tratamento hospitalar, de uma leprosaria no distrito de Goa, com um mínimo de três pavilhões isolados, comportando um asilo para inválidos, um pavilhão-enfermaria para doentes com lesões avançadas, outro para doentes com lesões incipientes e, como anexos, quartos separados para doentes particulares, enfermaria especial para doenças infecto-contagiosas intercurrentes, residência para pessoas sãs que acompanham os internados, e os demais acessórios indispensáveis neste género de estabelecimento, convindo que essa instalação se faça de preferência na Ilha de Acaró, ou em terreno adequado situado no Concelho de Salcete.
7) Liberdade ao cônjuge são de acompanhar, na leprosaria, o cônjuge doente, correndo a sua manutenção a expensas da leprosaria, em caso de pobreza.
8) Separação das crianças, filhos de leprosos, do convívio dos pais.
9) Cessação do isolamento quando, desaparecendo as manifestações clínicas, se verifique a ausência de excreção bacilar em exames sucessivos durante 3 meses, continuando a vigilância perto de 3 anos, com inspecção periódica trimensais. O isolamento deverá, porém, recomeçar no caso de recedivas verificadas clínica ou bacteriologicamente.
10) Instalação de dispensários anexos à leprosaria e em cada delegacia para consultas e tratamentos de doentes que não reclamem isolamento.

11) Proibição da prostituição regulamentada às leprosas.
12) Permissão de casamento das pessoas leprosas com pessoas sãs somente se, durante 3 anos consecutivos, o doente não apresentar manifestações clínicas nem excreção bacilar e tolerância tratando-se de casamento entre pessoas leprosas, conquanto estes casamentos sejam indesejáveis em ambos os casos.
13) Proibição aos leprosos da mendicidade ambulante e do exercício das profissões que pela sua natureza sejam perigosas sob o ponto de vista da transmissão da lepra.
14) Isolamento dos leprosos vagabundos ou vadios, mesmo que sejam portadores de formas frustes sem excreção bacilar.
15) Proibição da imigração dos leprosos estrangeiros e permissão de repatriamento dos emigrantes goeses que tenham contraído a lepra.
16) Intensiva vulgarização científica da lepra por todas as formas possíveis e ensino mais aperfeiçoado desta doença na nossa Escola Médica.
17) Instalação especial na Praganã, para os leprosos do distrito de Damão, adaptada às circunstâncias locais."

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