



Clinics in Dermatology

Misericordia and leprosy in the 20th century



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Abstract Leprosy, which in particular affects poor people of developing countries, was also a challenge for social and charitable activities. This was possible due to the engagement of “great community workers,” people who devoted their professional and family life, passions, and their own material goods to conduct socio-medical activities among leprosy affected persons. This contribution discusses the work of the lepro-activists of international fame, Albert Schweitzer and Mother Teresa of Calcutta, as well as those who are less well known, Wanda Maria Błęńska and Marian Żelazek.

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Introduction

Leprosy, which in particular affects poor people of developing countries, was not only a challenge for medicine, but also for social and charitable activities. Achieving aims in prevention, diagnosis, and treatment of this disease in the 20th century would not have been possible without the development of a system of charity work and the engagement of “great community workers,” people who devoted their professional and family life, passions, and their own material goods to conduct socio-medical activities among leprosy patients. The dynamic advancement of the 20th century Western Civilization, together with innovations in diagnosis and treatment of leprosy, created opportunities for aiding leprosy patients living mostly in developing countries. From this perspective, it is essential to mention the contribution of the contemporary lepro-activists, especially those of unquestionable international fame: Albert Schweitzer and Mother Teresa of Calcutta, as well as those who are less well known,

doctors and clergy members, working on behalf of leprosy-affected persons: Wanda Maria Błęńska and Marian Żelazek.

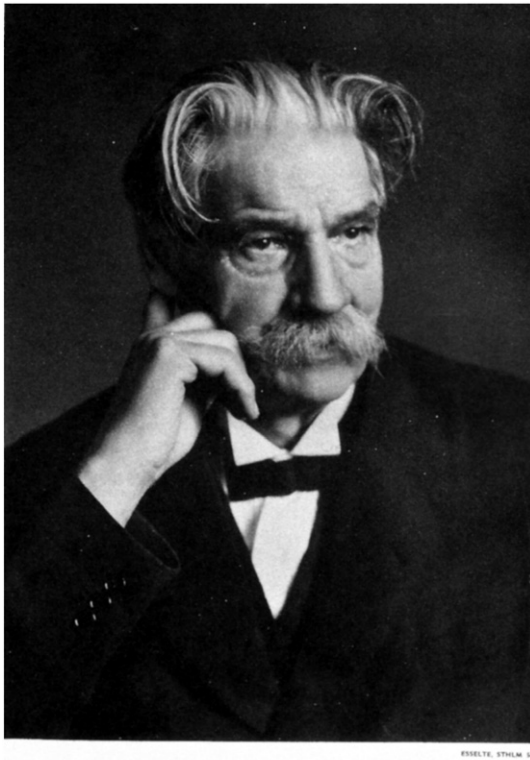
Music, philosophy, and leprosy

A prominent social activist working on behalf of leprosy-affected persons was an Alsatian theologian, a Lutheran minister, musicologist, philosopher, and doctor—Albert Schweitzer (1875-1965) (Figure 1).¹

He had great scientific and artistic potential, backed by outstanding achievements, such as a doctorate in philosophy (1899) and evangelical theology (1900), the title of assistant professor of theological sciences (1902), and medical studies, receiving the degree of Doctor of Medicine in Strasbourg in February 1913 based on his dissertation titled “The Psychiatric Study of Jesus.”² His versatile education also included piano and organ studies in Paris.³ He was one of the most important researchers of the life and works of Johann Sebastian Bach. His fundamental work titled “John Sebastian Bach”⁴ was the starting point for further studies and interpretations of the achievements of this German composer. Despite excellent prospects for a scientific and

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Albert Schweitzer -

Fig. 1 Albert Schweitzer in 1953. Official Nobel portrait of Albert Schweitzer, with his signature, Nobel Foundation. (From: Wikimedia Commons http://commons.wikimedia.org/wiki/File:Albert_Schweitzer_Nobel.jpg).

artistic career, he decided to renounce these for social and charitable activities carried out among the leprosy patients of Africa. At the age of 21, Schweitzer decided that by the age of 30 he would devote his life to scientific work, music, and the ministry, and afterwards to the service of humanity, in accordance with his conviction that everybody should fulfill humanitarian tasks on behalf of mankind only as a man, not as a member of a particular nation or religion.

In 1913, together with his wife Helen, he founded a leprosy hospital in Lambaréné in the French Congo (present-day Gabon). In 1924, the hospital expanded with a leprosarium. The world of classical music, which could provide for him and his family, became a financial source for the conducted social activities. Traveling through Europe and the United States, he gave concerts and made records with organ music to acquire funds for the maintenance of the hospital. Arthur Honegger (1892-1955), appreciating the artistic merits of Schweitzer's organ concerts, stated that "those hands which build the hospital in Lambaréné, showed the greatness of Bach's chorales to many people so far indifferent to the beauty of music."⁵

His work among leprosy patients inspired Schweitzer to develop a unique philosophic concept on the respect for life.⁶ In September 1915, while sailing on the Gabonese river,

Albert Schweitzer became intellectually overwhelmed by the idea of "Reverence for Life," the consequence of which was the obligation to save lives and to alleviate suffering. He stated that reverence for the human life requires respect, not only towards humans but also towards animals, and even plants, forbidding their thoughtless destruction: "I am life that wants to live, in the midst of life that wants to live."⁷ He created the concept of "ethics of reverence for life" by thoroughly analyzing Western culture and civilization and emphasized that the human of the Western civilization is not the ruler but a part of nature. What is more, he stated: "The trial to establish generally applicable differences of values between living creatures, derives from the fact that they are evaluated according to whether they appear to us humans, as closer or more remote, which is a completely subjective measure." He repeatedly quoted the words "Ta twam asi" ("This is you") in reference to plants, animals, and other people.

He evidenced great appreciation for the beliefs and deeds of St. Francis of Assisi. Being engaged in pacifist activities after the World War II, he frequently emphasized that men, to save themselves from annihilation, should experience a sense of unity with all the creatures united by a common destiny in the world of incomprehensible cruelty. In April 1962, Schweitzer wrote a letter to President Kennedy as "someone who has occupied himself for a long time with the problem of atomic weapons and with the problem of peace."⁸ Thirteen years before that, *Time* magazine wrote that he was "one of the most extraordinary men of modern times."⁹ In 1952, Albert Schweitzer received the Nobel Peace Prize and, according to the words of his friend Albert Einstein, Schweitzer "did not preach and did not warn and did not dream that his example would be an ideal and comfort to innumerable people. He simply acted out of inner necessity."¹⁰

Mother Teresa's ideas of ministry to the lepers

A person who had a significant contribution to the creation of a system of care for poor people afflicted with leprosy was Mother Teresa of Calcutta (1910-1997)—an Albanian nun and founder of the Missionaries of Charity—recognized in a survey conducted in the United States by Gallup, Inc. as the most admired person of the twentieth century.¹¹ Agnes Gonxha Bojaxhiu (monastic name Maria Theresa of Child Jesus) served the poor, sick, and orphaned children and those dying in India for over 45 years. Already in the 1970s, she was known as a community activist, sacrificing her life for the poor and sick. According to Joan Graff Clucas, Agnes was fascinated with the lives of missionaries and their ministry, and she decided to devote her life to God at the age of 12.¹²

At the age of 18, she joined the Congregation of Jesus and became a missionary. She left her home country, Albania, never to return again due to political reasons. She started her

missionary work in the slums in Calcutta in August 1948, abandoning the religious habit of Congregation of Jesus for a plain cotton sari with blue borders. She became an Indian citizen.¹³ In October 1950, Mother Teresa obtained permission from the Vatican to establish a diocesan congregation, which later became the congregation of the Missionaries of Charity.¹³ This is how she specified the purpose of her order as to care for “the hungry, the naked, the homeless, the crippled, the blind, the lepers, all those people who feel unwanted, unloved, uncared for throughout society, people that have become a burden to the society, and are shunned by everyone.” The congregation begun functioning in Calcutta having initially only 13 members.¹⁴

From the very beginning of her mission, Mother Teresa had contact with people affected with leprosy. The disease was a tremendous problem near and in Calcutta, as approximately 30 thousand leprosy patients lived there. The majority of the cases resulted from malnutrition and inadequate medical care. In 1956, Mother Teresa and the Missionaries of Charity order established the first center for leprosy patients—“Shantinagar” (“City of Peace”) near Asansol, and initially only five cases inhabited the center.¹⁵ Mother Teresa became interested in the possibility of treating leprosy. She learned that near Madras (in Polambakkam), a Belgian doctor Frans Hemerijckx (1902-1969) invented a cure for leprosy and developed a method for treating the disease on a large scale.¹⁶ Using properly equipped, mobile out-patients’ clinics (“a clinic under the trees”), he helped many leprosy-affected persons in their houses, thereby reaching a substantial number of patients.¹⁷

This method was then used by Mother Teresa in Calcutta. Soon mobile clinics became a sign of Missionaries of Charity. Treatment of the afflicted consisted of administering sulfones, treating accompanying ailments, giving out free milk and rice, and restoring dignity and confidence. Patients were encouraged, if possible, to take care of their maintenance and taught a variety of medial jobs to restore their self-esteem. Mother Teresa’s sisters reached with this program all leprosaria, bringing help to tens of thousands of children. Many were cured.

When the authorities of Calcutta, wanting to build a housing estate on the outskirts of the city, had to destroy one of the leprosaria established by Mother Teresa, it became an opportunity to initiate a battle for the leprosy-affected persons. Defending the diseased, Mother Teresa went to the Minister of Health and, with the help of press, launched a campaign called “Leprosy Collection Day.” Mother Teresa’s sisters and friends walked around Calcutta carrying tins with the words “touch the leper with your goodness” written on them. The response was great, and money poured in from all sides. What is more, the government offered a large area of land for leprosy-affected persons displaced from the area taken under the residential development. This way, in 1959, Titagarh was founded—renamed later to commemorate the great love Ghandi had had for those patients to “Gaandhiji’s Prem Nivas,” meaning “gift of Ghandhi’s love.”¹⁸

In 1979, Mother Teresa received a Nobel Prize and, a year later, the highest Indian state award Bharat Ratna order for humanitarian work. Missionaries of Charity developed systematically, and by 1997, which was the year of the death of the founder, they had 610 missions in 123 countries (hospices; homes for those infected with HIV/AIDS, leprosy, and tuberculosis; soup kitchens; support programs for children and families; orphanages; and schools).

Polish “Mother of the Lepers”

It is possible to identify many similarities between the activities of Mother Teresa and Polish missionaries (both clergy and lay people) working among the leprosy-affected persons. A lay missionary working among leprosy patients whose sacrifice could be compared to that of Mother Teresa’s and whose medical professionalism in treating leprosy with that of Albert Schweitzer was a Polish doctor named Wanda Maria Błęńska,¹⁹ who turned 102 in 2013. She was born on October 30, 1911, in Poznań and graduated with a degree in medicine from the Medical University of Poznań in 1934.²⁰ During World War II, she was a second lieutenant in the Polish resistance movement military independence organizations: Pomeranian Griffin and the Polish Home Army. Not being able to lead an official medical practice during World War II, she provided medical assistance in secret. She was summoned to the wounded in the guerilla fighting and to patients hiding from the Gestapo. On September 23, 1944, Wanda Błęńska was arrested by the Gestapo and was facing the death penalty. Thanks to the tremendous efforts of the members of the organization, she was redeemed in exchange for food.

After the end of World War II, Wanda moved to Gdańsk where she began working in the National Institute of Hygiene. She also lectured in bacteriology at the Medical University of Gdańsk and co-founded the Institute of Tropical Medicine in Gdynia.^{19,20} When she learned that her brother, who was at that time living in Germany, was ill, she decided to go to him right away. Departing the country in a legal manner turned out to be impossible; thus Wanda left hidden in a box of coal on a boat traveling to Lubeka. Faithful to her dreams of working in the mission, she graduated from a course in tropical medicine in Hanover and in 1948, completed postgraduate studies from the Institute of Tropical Medicine and Hygiene at the University of Liverpool.

On February 9, 1950, she traveled to Africa, and over the next 43 years, until 1994, she worked in a leprosy treatment center in Bulubie Lake Victoria in Uganda, where she was the physician-in-chief between 1951 and 1983. Initially a small facility run by Irish Franciscans, it became a modern therapeutic and training center under her direction, with a 100-bed hospital and a pediatric ward, diagnostic facilities, accommodation for leprosy patients, and a church, which currently bears her name (“Buluba Leprosy Centre, The

Wanda Blenska Training Centre”).^{19–21} In this facility, apart from training for physicians, Błęska organized “Leprosy Assisted Training Courses” for caretakers.

During many years of charity and medical work she made detailed observations on leprosy and the possibility of treating it with clofazimin.^{22,23} She published the outcomes of her findings in international medical journals.^{24,25} Her many years of work with leprosy patients gave her the nickname of “Mother of Lepers.”^{19–21} She often repeated that patients with leprosy should receive vitamins, among which the most important is vitamin “L,” meaning *love*.²⁶ Pope John Paul II described her as the “Missionary Ambassador of Laity.” She was given many distinctions, including the Honorary Citizenship of the city of Poznań (2001) (proposed by one of the authors, AG) and Uganda, and an honorary doctorate by Poznan University of Medical Sciences (1994).

Marian Żelazek—Polish lepro-missionary

Marian Żelazek (1918-2006) was a Polish missionary from the congregation of the Devine Word Missionaries working, like Mother Theresa, among leprosy patients in India. He was born on January 30, 1918, in Pałędzie near Poznan. After graduating from primary school, he began learning in the Missionary Gymnasium in Górna Grupa near Grudziądz. In September 1937, he joined the novitiate of the Devine Word Missionaries seminary in Chludowo near Poznań.

A few days after the outbreak of World War II, on September 4, 1939, he took his religious vows. Half a year later, on May 20, 1940, he was arrested by German authorities and imprisoned at Fort VII in Poznań. A few days later, he was taken and imprisoned in a concentration camp in Dachau, then at Gusen, and then in Dachau again. After the liberation of Dachau by American troops on April 29, 1945, he went to study theology in Rome. He studied at the Anselmianum Institute. In 1948, he received holy orders in Rome.

In March 1950, the Devine Word Missionaries sent him to Kesramal/Stambalpur in Orissa in northern India. For 25 years, he worked among the Adivasi, Indian aborigines-nomads living in the jungle, which the Hindus despised, calling them—due to their skimpy clothing—“monkey-people.” In 1968, he organized a mission in Bondamunda.

From June 1975, he worked for many years with lepers on the outskirts of Indian city of Puri in Orissa.^{21,27} He founded the “Puna-ruthanpali” (“Village of Resurrection”). It expanded to more than 300 homes for people living with leprosy, who, due to their disease, were rejected from society. In 1983, thanks to his efforts, “Beatrix,” a school for children whose parents suffered from leprosy, was established. The teachers were, among others, those cured of leprosy. He also created a hospital and care homes for children from families affected by leprosy, which made it possible to monitor the health of those children.

Doctors from Poland and Italy came and still do come to this hospital. Residents of the “Village of Resurrection” who could work were employed in the shoe shops, specializing in manufacturing footwear for those patients whose feet were crippled by the disease. In the village, there was also a string production workshop, weaving mill, tailor’s shop, and a brickyard. Marian Żelazek also founded a dental clinic for those suffering from leprosy. What is more, the “Village of Resurrection” had its own vegetable garden, orchard, and chicken farm.

Marian Żelazek had a huge contribution not only in the creation of the system and infrastructure for caring for those affected by leprosy, but also in overcoming social stigma. He tried to convince the Indians that they should not fear persons affected with leprosy. Previously, nobody wanted to buy chickens from the inhabitants of the “Village of Resurrection,” which they grew to earn a living. Żelazek changed that way of thinking. Thanks to the everyday, painstaking work in the field of overcoming prejudice, he changed the social perception of the school for children from families affected with leprosy. Previously, no one from the unaffected population of the city of Puri would send their children there. Currently, 80% of the students attending the school come from healthy families.

In 2001, for his contribution, Marian Żelazek was reported by the Movement of Solidarity with the Poor of the Third World ‘Maitri’ as an official candidate for the Nobel Prize. In 2005, he received the Honorary Citizenship of the city of Poznań (proposed by one of the authors, AG). In the same year, he was granted the reward of Sérgio Vieira de Mello, given by the Willa Decjusza Association. Żelazek died in 2006 in Puri. Hindus treat him as a saint and pray to him.^{28,29}

Conclusions

Analysis of the achievements of the 20th century doctors and missionaries engaged in selfless charity can be a prerequisite for creating system solutions for the care of leprosy affected persons, especially in developing countries. Tedious and long-term charitable activities carried out gradually overcame the barriers of access to modern diagnosis and treatment possibilities for the leprosy cases. This activity was not only expressed by the establishment and maintenance of treatment and long-term care for patients, but also by activating people affected by the disease and by overcoming social stigma which was strongly rooted among the healthy population. Overcoming the social stigma of leprosy would not have been possible without the personal “life certificate” of these great lepro-philanthropists.

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