From Disgrace to Dignity - the Louisiana Leper Home, 1894-1921

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FROM DISGRACE TO DIGNITY -
THE LOUISIANA LEPER HOME,
1894 - 1921

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A Thesis

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by
Charles Hilary Calandro
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MANUSCRIPT THESIS

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Use of the terms "leper" and to a lesser extent "leprosy" does not denote the author's approval of these words. They are acknowledged in this thesis because of their use in the early history and literature on the subject. The author fully accepts the application of the term "Hansen's Disease" as a correct and justifiable label of a medical disease.

Charles H. Calandro
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ABSTRACT

From Disgrace to Dignity -
The Louisiana Leper Home, 1894 - 1921

The care and treatment of lepers at the Louisiana Leper Home from 1894 to 1921 was based essentially upon both Biblical and medieval precedents, the chief of which was the belief that leprosy was incurable and its victims should be isolated. Accordingly, the state medical profession believed that leprous cases should be isolated and treated to prevent further spread of the disease, while the lay community favored their isolation to remove the public's economic and social fears. The creation of an asylum at a rundown plantation in Iberville Parish represented the practical application of this belief. On the one hand, "Indian Camp," as the place was first called, offered an opportunity to provide lepers with proper care and treatment in keeping with the aim of Dr. Isadore Dyer and his founding Board of Control; on the other hand, an unresponsive legislature and conservative state governors held that expenditures for these incurables must be limited to custodial care. Thus, "inmate" care and treatment was carried on by a small nursing staff of the Sisters of Charity within the confines of an asylum.

Whether an asylum for the isolation of lepers or a hospital for their proper care and treatment, the board's goal to eradicate leprosy in Louisiana was a costly undertaking. The proper maintenance of both a home and a hospital for lepers would require the state's acceptance of the expense. Thus, as the rise in patient admissions escalated costs the home became a steadily increasing burden upon the state. It be-
came clear that any progressive change in the institution's role would require that it be taken over by a higher authority.

After 1921, the United States Public Health Service would assume control of the institution and make the necessary changes in its activities.
CHAPTER I

THE STAIN OF HISTORY AND THE PROPHYLAXIS OF ISOLATION

Leprosy has been described and disguised in ignorance by physicians, scientists, clergy and writers down through the centuries by such general titles as "The Great Wind Catarrah Disease," "Numbness poisoning," or "Mutilating Disease." More specifically, and often unjustly, the malady has been labeled such awe-inspiring terms as "elephantiasis," "Maladie de Jerusalem," or "the great disease."¹ Man through the ages has seen fit to bestow many names upon a malady based on what appeared to be a surface manifestation of a supposedly universally recognized ill. The reason for such broad classifications of leprosy was ignorance of the malady's origins.

For all practical purposes, the place of origin of man's oldest known disease, leprosy, is unknown. Was it the dark and mysterious continent of Africa, or among the Far-Eastern civilizations of Japan, China, or India? Egypt has long been considered the "Cradle" of the disease because of accounts of it found in the "Papyrus Ebers" of the 15th century B.C., but studies have shown that the disease and treat-

ment of it mentioned are "little more than a pyramid of hypotheses."

Some of the earliest written accounts of leprosy are believed to have come from India and date from 600 B.C. Yet, these early descriptions are scattered with other material passed down by oral tradition, and a number of uncertain references to the disease remain. Still another study traces the malady from India in the 6th century B.C., but the author's conclusions were considered in light of very scant reliable evidence provided by the physical remains of ancient peoples. Thus, from accounts of the peoples of early civilizations, the origins of leprosy are a mystery.

Our most important but controversial references to leprosy and its social control come from the Old Testament Book of Leviticus: "it is the stroke of the leprosy, and upon his [the priest's] judgment he [the leper] shall be separated." His affliction, having been diagnosed by a whiteness or a discoloration of the skin, or even the turning white of the hair, the leper was isolated for seven days. He was then examined before an official tribunal of priests, lepers and laymen, "in an atmosphere of castigation." It was the duty of the priest to make the diagnosis. If the blemish on his skin had failed to disappear, the priest would find him to be leprous and order his separation

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2 Frederick C. Lendrum, "The Name 'Leprosy'," (rpt.), American Journal of Tropical Medicine and Hygiene, 1, No. 6 (November, 1952), 2.


5 Lev. 13:3, (Old Testament in the Douay-Challoner Text.)
from the general population:

Now whosoever shall be defiled with the leprosy, and is separated by the judgement of the priest, shall have his clothes hanging loose, his head bare, his mouth covered with a cloth, and he shall cry out that he is defiled and unclean. All the time that he is a leper and unclean, he shall dwell alone without the camp.

Often the priest assured the leper that his separation was a sign of God's chosen salvation for him, while at the same time, the leper was viewed as "morally corrupt." On balance, however, the disease was viewed as the result of sin, and isolation was the divine remedy for this corrupt affliction for the welfare of the majority.

With respect to leprosy, the Bible was just one more effort to elaborate, codify and preserve tradition. Leviticus contains a detailed description of leprosy and its effects. Leviticus, says Saul Nathaniel Brody, does not declare that leprosy is the result of sin, but that leprosy does cause a man to be tainted. Isolation is the proper ritualistic control because "uncleanliness is contagious." There is no moral judgment in Leviticus; the cause of the disease is not stated, but the supposed scientific efficacy of isolation as a remedy has been explicitly accepted. Nevertheless, Biblical scholars have come to the conclusion that, according to the Bible, leprosy was the consequence of sin. Brody

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7 Lev. 13:44-46.


9 Ibid, pp. 111-14. Brody contends that the Old Testament contains only three instances where leprosy is the result of moral violation—the disease comes from God.
concludes from their observations, "The fact that there is no known natural cure for leprosy... indicates its divine origin and suggests that it can be alleviated only by moral regeneration."\(^{10}\)

The notion that leprosy has a divine origin and cure was provided further support by leprosy's treatment in the New Testament by such stories as those of Jesus and the leper, Lazarus, (Luke 16:20-21), and of the ten lepers (Luke 17:12-19). Here, leprosy was not portrayed as a curse, but was shown to be curable by a divine agent.\(^{11}\) Believers in the Bible have often viewed non-religious subjects, such as disease, from a religious standpoint. Thus, an affliction was treated in the light of its religious implications and not scientifically.

Consequently, the church has been the agency through which two dreaded watchwords of history - sin and leprosy - have been closely associated. Both terms, and all that they suggested, made their bearers the outcasts of society, the victims of prejudice, fear and hate. Leprosy, the humanly incurable but tangible entity, came to be regarded as the tangible punishment by the divine for the intangible entity of sin. This association became common from leprosy's earliest times, and by the Middle Ages was traditional and widespread. Vestiges of it are to be found even today in the term, the "moral leper."

The attitude of Europeans in the Middle Ages (11th - 13th centuries) toward leprosy was based upon the scriptural idea that the


leper's physical affliction was intimately associated with his moral taint. Leprosy, they believed, was caused by the curse of God and was, thus, incurable by man. Therefore, during the Middle Ages this scriptural pretext led to the separation and confinement of lepers from society and classified them as wards of the church.

By 1179, common law went hand in hand with ecclesiastical law. To proclaim the hopelessness of the leper's existence, the Third Lateran Council in that year publicly issued a decree that an appropriate ceremony accompany their separation— the "Leper Mass." The leper was then dead in the eyes of secular law, and his fate was to be sent to one of the thousands of leper hospitals scattered over Europe. Though the number of such hospitals is uncertain, France, according to a number of historians, claimed 2,000 in the 11th century, while for Europe as a whole, some 19,000 are said to have existed. Probably several thousand did exist, but too often every charitable institution was labeled as a leper hospital. Furthermore, the number of lepers in those institutions is impossible to estimate accurately, because due to incorrect diagnosis, non-leprous persons were sent to these institutions. As the spread of leprosy in Europe substantiated a rising fear of contagion in the population, gradually compulsory committal was adopted. Punishments were meted to those who ran away as well as to those who threatened to do so; and restrictions were placed upon hospital visitors. For the protection

12 Brody, The Disease of the Soul, pp. 64-67; Browne, "Some Aspects of the History of Leprosy," p. 16. The decree of the Third Lateran Council was called the writ de Leproso amovendo.

of the healthy, Europe carried on this hopeless confinement.\textsuperscript{14}

One medieval medical historian has reasoned that the practice of medicine during the Middle Ages could hardly be treated as a science until the latter decades of the 12th century. Before that time, the study of medicine was neglected: "The physician had no means of checking his conclusions by scientific measures nor did he care to devise means beyond those which were known to antiquity."\textsuperscript{15} As a result, "it is generally true that good clinical descriptions of disease entities are extremely rare in medieval medical literature."\textsuperscript{16} Diagnosis of leprosy found the ease of "presuppositions" for "few forms" and "simple patterns." Brody concludes, "In all probability, what he [the physician] brought to the sick bed was...a mental set, a bias." Medical diagnosis was characterized by superficiality."\textsuperscript{17} Furthermore, the diagnosis of leprosy was often left in the hands of poorly trained and uneducated non-medical wardens such as ecclesiastics, law officers, or lesser town officials.

Complementary to a cursory diagnosis were the inappropriate institutions to which lepers were sent. Their separation under law meant confinement in an asylum, usually located outside of town and away from populated areas. These so-called "leper hospitals" were "houses of refuge" ranging in size from a small wooden structure elevated on four props to those of numerous huts surrounded by cultivated lands and all

\begin{itemize}
\item Brody, \textit{The Disease of the Soul}, pp. 25, 32-33.
\end{itemize}
enclosed by a fence. Often these "leper hospitals" made provision for a chapel and a cemetery, as well as separate buildings for the members of a religious order. These orders sometimes attended to the leper's domestic needs, but more often their spiritual needs as well by the lepers assuming vows of poverty, chastity, and obedience.\textsuperscript{18} Not all medieval leprosaria enforced strict rules of confinement; many afforded their occupants the privilege of leaving the institution temporarily (which hardly coincides with the then supposed popular fear of contagion).\textsuperscript{19} Nevertheless, as constant symbols of the leper's hopeless plight, these "leper hospitals" were instituted to confine the disease and keep the victims of leprosy alive. Only a small number provided nursing care and medical treatment.\textsuperscript{20}

In summary, the medieval leper hospital was a combination of a prison, a monastery, and an almshouse, rather than a hospital in the modern sense. The leper house was primarily a compulsory isolation hospital for the seclusion of lepers from the general population.\textsuperscript{21}

In general, the treatment of leprosy and lepers reflected the view of the population toward the disease. Europeans were somewhat fatalistic in their attitude toward the affliction. They looked upon leprosy as the result of sin, to be healed by divine and not by human

\textsuperscript{18} Brody, \textit{The Disease of the Soul}, pp. 73-74, 77.


\textsuperscript{21} Brody, \textit{The Disease of the Soul}, p. 75.
power. Hence, victims of leprosy were isolated in leprosaria conducted by religious orders. Asians, on the other hand, attempted to make more bearable the disease or to cure it. For centuries they had regarded chaulmoogra oil as a curative agent for leprosy. This oil was extracted from the fruit of the Kalaw tree in India. Asians also employed acupuncture, purgatives, enemas, and leeches as panaceas.

While spending centuries searching for a cure for leprosy, the sanitary control of leprosy was not overlooked anywhere. Men of learning recommended legendary baths for dispelling evil humors; plain, pure and digestible food; proper sleep, exercise, and healthful places of abode; and, above all, general cleanliness. While recognizing the importance of a sanitary environment for lepers, often religious elements emphasized the avoidance by lepers of such behaviors as intemperance, debauchery, fatigue, and nervous exhaustion.

By the 14th century leprosy was on the wane in Europe and by the 17th century had virtually disappeared, leaving a dotted expanse of European leprosaria as a declining and almost useless element. What did not cease to exist or change perspective was the memory of a rampant leprosy of the Middle Ages whose only social, domestic and medical prophylaxis was brought about by means of an asylum. Thus, it became a recognized and accepted belief throughout the New World that the decline of leprosy in Europe was due to the protective measure employed— isolation. With profound insight one historian observed, "No one attributed the decline... to the efforts of medical practitioners."\[^{23}\]


Thus, history's ledger would show little change until the latter decades of the nineteenth century, when the State of Louisiana would attempt to break with the reflected ideas and conclusions of a by-gone era for the proper care and treatment of lepers.
CHAPTER II

LEPROSY IN LOUISIANA

Since no evidence has been found to prove the existence of the disease in the New World before the time of Columbus, the sources of leprosy in Louisiana have been speculated on by both physicians and historians for a long time. Probably one of the most important avenues of infection was the African slave trade. In 1699 Iberville founded the first settlement in the province of East and West Florida; Bienville founded New Orleans in 1718, and the slave traffic to that city started in 1719. By 1732 the colony was crowded with more than 2,000 slaves, soon to be augmented by the importation of slaves from the French colonies of Santo Domingo, Martinique, Haiti, and the Spanish West Indies.¹

The earliest description of leprosy (or what appeared to have been leprosy, for a number of diseases such as African yaws and elephantiasis were included under the name "leprosy") in Louisiana was provided by Bernard Romans in A Concise Natural History of East and West Florida, published in 1775. Romans makes reference to leprosy in the province as early as 1758: "certain it is, that it is a nauseous, loathsome and infectious disease sometimes seen among the blacks" (an affliction described by loss of bear and hair, swelling of the ear

lobes, shiny facial skin, protuberances about the face, swelling of facial features, and the dropping off of fingers and toes). He concludes, "the body becomes at last so ulcerated as to make the poor incurable patient really a miserable object of pity." Romans' general, but highly subjective description is but an early indication of the fears, superstitions, and misconceptions of a New World people concerning leprosy.

Though Romans' description of leprosy among black slaves in the South suggests this source as the historically best documented, there are, of course, other avenues by which the disease could have been brought to Louisiana. White immigration must not be overlooked. During the French Period (1699-1762), John Law, a Scottish businessman and financier, contracted with the French government in September, 1717 to send from France, 6,000 colonists and some 3,000 Negro slaves within a ten-year period. Since most Frenchmen refused to leave their homeland, he was compelled to arrange for prison inmates, wards of correctional houses, vagabonds, women of "ill repute," and other assorted off-the-street indigents to fulfill his contracted "flotsam of humanity" for the "Mississippi Bubble" project. It is thus possible, or even probable, that Law was responsible for the transportation of the disease to Louisiana.

The Spanish (1762-1800) also promoted immigration to Louisiana. The years of Galvez's administration were a time of increasing settle-

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ment in the Spanish Colony. By 1785, under Miro, the population of Louisiana had almost doubled. Under the condition that new immigrants to Louisiana merely swear allegiance to Spain and practice Catholicism, Louisiana soon acquired immigrants from France, Spain, and the Canary Islands, all seeking the promise of Spanish land grants.  

During the Spanish period, beginning in the 1760's, the well-known outcasts, the Acadians, arrived in Louisiana and by 1790 their number had increased from 2,500 to 10,000. Historians have considered the possibility that those French settlers who came from Nova Scotia, and especially those from New Brunswick, who for a time between their expulsion from Canada and their arrival in Louisiana lived in a part of France where leprosy still lingered, may have brought the disease to the province. After arriving in Louisiana these Acadians settled on both sides of the Mississippi River above the German coast, connecting this German settlement with Baton Rouge and Point Coupee (later called the Acadian Coast). Dr. Joseph Jones ascribes at least a portion of the cases that have developed among their descendants as undoubtedly directly derived from the settlers of Nova Scotia. Still, other historians have called this conclusion "fiction agreed upon." They assert first that leprosy in Canada, dates from 1815, while in Louisiana, the disease dates from 1758, six years prior to the arrival of the first Acadians into New Orleans in 1764.

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The sources from which leprosy arrived into Louisiana are still mere speculations. Since observations of incoming diseases were not recorded (if even noticed) in medical ledgers by entering peoples, the origins will continue to be a matter of speculation. It should not be overlooked that leprosy probably crept into Louisiana through migrants from several different places. On the other hand, as well as can be determined, leprosy's entrance into Louisiana from a New World locality holds the most credibility: "It would seem probable, in view of the assigning of the introduction of leprosy into the West Indian colonies to the slaves, that the endemic area of leprosy in the southern United States had a similar origin." 

Once leprosy was finally implanted within Louisiana, the malady followed the congregation of peoples within the City of New Orleans. This rising commercial city was the center of several arteries of trade. The Gulf of Mexico, the Mississippi River and its tributaries, numerous connecting lakes, bayous, and streams along with the land routes of the pack-train trades made New Orleans a "Southern Mecca." Since trading activities were encouraged by both the French and the Spanish, New Orleans grew yearly in commercial importance. By 1700 the city became a depot for goods coming down the Mississippi from up the river and its tributaries; New Orleans became the transfer point for commodities to be shipped to Europe. As its commerce grew so did the population of the city and its environs. With the rise in population came a corres-

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7 Harry A. Mitchell, "The Development of New Orleans as a Wholesale Trading Center," Louisiana Historical Quarterly, XXVII, No. 4 (October, 1944), 933-34.
ponding influx in disease, including leprosy.

Leprosy first became a recognized affliction among the people of New Orleans during the early years of the Spanish period. Under the administration of Antonio de Ulloa, the first attempt was made to deal effectively with the lepers who were congregating in and around New Orleans. Ulloa met the leper situation with an historically proven remedy: "Isolation had accomplished so much in banishing leprosy from the old world that he felt convinced that it was a necessity in this new Colony." 8

In 1766 Ulloa established the Spanish colony's first lazaretto at Balize, some 80 miles below New Orleans. However, his calculated remedy of isolation was met with a storm of discontent as people saw the heartlessness of removing leprous children from the city to the inhospitable settlement at Balize near the mouth of the Mississippi River. The colony soon came under criticism, perhaps because of opposition to the isolation of its location. It also appears that in this early period leprosy was of little consequence, and seemingly harsh control measures, in spite of the disease's possible contagion, met with public disapproval. The colony was later destroyed by a hurricane and lepers roamed unrestricted in Louisiana for another 20 years. 9

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8T. J. Dimitry, "Introduction to Leprosy into Louisiana, and the First Leper Hospitals," New Orleans Medical and Surgical Journal, XC, No. 3 (September 1937), 116.

Beginning in the 1780's, Louisiana, and especially New Orleans grew substantially in population. This population growth brought with it for the city various sanitation problems including filthy streets and a general lack of such facilities as adequate drainage, water closets, and stables for animals. Filth and rubbish were a common sight, as trash and garbage were dumped too near the city.  

A part of this horrible spectacle were the lepers. They were regarded as an "uncleanable" blight upon the city:

Those who were attacked with this loathsome infirmity generally congregated about New Orleans, where they obtained more abundant alms than in any other part of the colony. They naturally were objects of disgust and fear, and the unrestrained intercourse which they were permitted to have with the rest of the population was calculated to propagate the distemper.  

To deal with the problem, the Cabildo in 1780 resolved to have all persons suspected of having the affliction examined by the royal surgeon and royal physician. If found "unclean," they were to be isolated in an appropriate place beyond the city.  

Nothing more was done until 1785 when Estevan Miro became governor. Miro set out to "free the streets from the lepers, who gravitating to the city from all parts of the colony, infested the alleyways and corners, darting out like hideous spectres, demanding, rather than begging, charity of the passers-by." With utmost determination, Miro received

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13 Grace King, New Orleans, the Place and the People, p. 128.
the approval of the Cabildo to stamp out this malignant affliction or to stop its further progress. He arranged to have the lepers quartered in the rear of the city on a ridge of land dividing Bayou St. John from the Mississippi River. This ridge became known as La Terre des Lépreux or Lepers' Land.\textsuperscript{14}

The leper hospital erected there - San Lazaro - was constructed by Don Andres Almonester y Roxas and consisted of four departments which were capable of housing both black and white families.\textsuperscript{15} Don Luis Giovellina, a New Orleans Professor of Surgery, described conditions there when he visited the hospital in September, 1800: "the poor lepers of said hospital, numbering seven, are very uncomfortably lodged, as much so by the narrowness and bad conditions of the buildings as by the lack of someone to take care of them, cook and clean said place."\textsuperscript{16} In order to enlarge and improve the facility, Giovellina recommended to the Cabildo that it ought to repair and widen the hospital, to ventilate the rooms more appropriately, to separate the sexes, and to assign an attendant to each department.\textsuperscript{17} To guard against the possibility that the patients might try to leave this unattractive facility, the hospital maintained a Guard Corps.\textsuperscript{18}


\textsuperscript{17}\textit{Tbid}, pp. 162-65.

With regard to medical and domestic care, Miro's Leper Hospital labored in the shadows of medieval tradition. The hospital was a place of refuge, of confinement, which was only occasionally visited by a physician from the city. The city itself spent only a minimal sum to operate the hospital. Often patients were admitted to it who were wrongly diagnosed and had not leprosy but other infections with leprous-like symptoms.19 As medieval tradition set a precedent for the operation of Miro's hospital, so too, would Miro's "asylum" establish a precedent for Louisiana's continued attempts for the care and treatment of persons afflicted with leprosy.

According to Charles Gayarré, the historian, leprosy in New Orleans was on the wane by 1804. The disease gradually disappeared by either the death or the relocation of its victims. As a result, "Lepers' Land," the site of Miro's asylum, was abandoned, and "remained for a considerable length of time a wild looking spot, covered with brambles, briars, weeds, and a luxurious growth of palmettos."20


20 Gayarré, History of Louisiana, The Spanish Domination, I, pp. 167-68; Isadore Dyer, "Endemic Leprosy in Louisiana with a Logical Argument for the Contagiousness of this Disease," Philadelphia Medical Journal, II (September 17, 1898), 568. Taking issue with Gayarré's conclusion about the disappearance of leprosy, in 1898, Dr. Isadore Dyer, who in the last decade of the 19th century would take the state's leading role in fostering the proper care and treatment of persons afflicted with leprosy, concluded that "the neglect of the patients, and the abandonment of the care of the hospital, either for repairs or management, were the reasons that no more lepers were observed." Dyer pointed out Giovellina's observations of needed repairs to the building, need for more space, and especially the lack of medicine and medical attention as justifiable reasons for discouraging leper admissions and causing the hospital's "mysterious" closure.
Miro's Leper Hospital was little more than a leper's refuge, and a poor one at that, where New Orleans sought to rid itself of this unwholesome segment of its population. By 1805, Miro's Hospital, San Lazaro, ceased functioning, and after City Council discussions the hospital property was sold in April, 1808.\footnote{"Madame De Pontalba, appellee, vs. the Mayor, Aldermen, and Inhabitants of New Orleans, appellants," New Orleans Daily Picayune, November 29, 1848, p. 2; Louisiana State University Archives, New Orleans Municipal Records, May 16, 1806 and July 9, 1807; and Moniteur De La Louisiane, April 9, 1808, p. 3.} For New Orleans, Lepers' Land became an almost forgotten episode in the sanitary history of a rising commercial center.

For the remainder of the century, Miro's remedy clung to the subconscious mind of a prospering New Orleans which held consciously to the fear of an unsightly affliction. For over 70 years, leprosy became a very obscure but feared malady as the city grew more and more apathetic to a sporadic affliction either not recognized by the medical profession or kept hidden for fear of society's reaction - but most of all, fear of society's remedy.

As Louisiana bathed its leprous reputation in the satisfactory results of an ancient remedy, European writers and scientists called for a reformation in scientific and intellectual thought. While men of ecclesiastical learning called for a reformation of the doctrinal teachings of the Bible and Church by the power of Free Thought, differentiating between matters of history and matters of science, medical scientists during the 1870's and into the 1880's stole the attention of American physicians and laymen as infectious diseases were identified and
suitable remedies were prescribed.\textsuperscript{22} With regard to lepers in Louisiana, however, what held scientifically and historically proven value for their care and treatment was isolation - the remedy prescribed by Hansen since his discovery of Mycobacterium leprae in 1873.

What has permeated the history of leprosy in Louisiana has been the rise and fall of concern about the leper provoked by fear of his presence, and unconcern for the leper once that fear was removed from a certain locality. The commercial orientation of New Orleans was from the time of Ulloa's administration to the end of the nineteenth century the prime cause of its sporadic attitude toward a small, but more often, unknown leper community. Although the door of progress opened for the healthy business community, it remained closed to the unfortunate leper. A prospering city like New Orleans had no place within its limits for this potential obstacle to the economy.

The doors of prosperity were thrown open to New Orleans after 1790 and continued so until the Civil War. Foreign trade grew rapidly into the nineteenth century as was marked by a rise in the number of ships clearing the Port of New Orleans: from 31 in 1794, and 78 in 1799, to over 200 in 1801 and 265 by 1802.\textsuperscript{23} By 1850, despite the rise in trade between the eastern and western parts of the country, the city still looked forward to increasing trade from the advent of steamboats,

\begin{footnotesize}
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\item\textsuperscript{23} Davis, The Story of Louisiana, I, p. 137.
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railroads and the canals of the Ohio, as they "gave the city hope of achieving a stronger hold on the trade of the Mississippi Valley." By the 1890's, prosperity once more brought wealth to the city and the State of Louisiana and with it came increased immigration and the rise in a variety of pestilent diseases. Leprosy again made one of its sporadic appearances and the clamor for its suppression ensued.

From 1807 to 1878, leprosy was present in New Orleans and it was often treated in the wards of Charity Hospital. Although hospital records are incomplete, they reveal 112 cases as having been identified in this 71-year period. In 1876 there was a brief panic in the city touched off by the report of lepers being admitted to this hospital. Though the fears of the public were alleged when it was revealed that there were only six victims of the disease, the city was moved to establish a pesthouse for lepers in 1878. Furthermore, to ensure leprosy's control and cleanse the city's tarnished reputation in matters of health and sanitation, the City Council, in June of 1879, passed an ordinance requiring physicians, ships' captains, hotel proprietors, school principals, public heads of institutions, and family heads to report to the Board of Health within a 24 hour period all known cases of leprosy.


26 Dyer, "Endemic Leprosy in Louisiana," p. 569; For prevalent diseases in Louisiana during the post-Civil War period, see Louisiana State Archives, Baton Rouge, Louisiana, Minute Book of the Board of Health (Louisiana), April 16, 1866 - June 2, 1868.

The city was to become only one focus of leprosy in Louisiana. The progress of the disease followed lines of trade, travel, and new areas of colonization in other parts of the state. In a state-wide report made by Dr. Joseph Jones, then Professor of Chemistry and Clinical Medicine at the University of Louisiana, a total of 37 cases were tabulated from 1877 to 1880. Rumors of the seizure of these lepers and their transportation to some island in the Gulf of Mexico for abandonment caused a restless feeling among the state's health authorities.\(^{28}\)

The fear of concealment of the extent of the disease led to a state investigation into the areas where the disease was thought to exist. In February, 1880, the Louisiana legislature passed a resolution calling for an inquiry into the rumored existence of leprosy in the areas bordering Bayou Lafourche. Upon request of the legislature, Mayor S. J. Grisamore, president of the police jury of the Parish of Lafourche and Dr. S. Choppin, President of the Louisiana State Board of Health, obtained the services of Dr. Joseph Jones to undertake the investigation. The Board of Inquiry, headed by Jones, began its work in Thibadaux on October 2, 1880.\(^{29}\) After overcoming the feelings of anxiety, fear, and distrust of the Lafourche residents, Jones concluded that the number of rumored cases of leprosy was "less than expected," but enough cases were found to excite local attention. Jones found that there were a mere 12 cases in a ten-ward area of Lafourche Parish with only two additional cases suspected by the reports of area citizens. The disease was found in six families, thus indicating that the majority of cases were more


\(^{29}\)Joseph Jones, Medical and Surgical Memoirs, pp. 1181-82.
than likely of hereditary origin. Jones advocated the isolation of these leprous victims in a "leper house," ward, or hospital in the areas where the disease existed, to be provided for and maintained by the state, while freeing Charity Hospital of the menace and burden of these unfortunates.

If Jones' investigations showed the number of lepers in Lafourche to be small, certainly his prescription for the disease's suppression was noteworthy. Recalling the methods used to effect the arrest of leprosy in Medieval Europe, he advocated the seclusion of the lepers in "hospitals" or "asylums." Jones listed but did not advocate a specific treatment for the disease other than the aforementioned hygienic and preventative procedures. He viewed the victims' condition as "hopeless," noting past clinical records of treatment failures to effect a cure. Because of leprosy's contagious nature, isolation in its early stages was Jones' sole proposed treatment. Experimental treatments were fruitless, concluded Jones: "Despite the praises that have been lavished on certain remedies, almost all the well-marked and inveterate cases of the disease are incurable." Jones' adherence to the status quo with regards to treatment of lepers coincided with Louisiana's lack of concern about a disease which by head-count, infected only a minute portion of its population. Leprosy, which had been in Louisiana for probably well over 100 years, posed no acute threat to the state, at least with respect to its epidemic possibilities.

Discussions of leprosy in Louisiana for the next decade centered

31 Ibid, pp. 1231-32.
32 Ibid, pp. 1235, 1274-75.
around its threat to the state's largest municipality. By 1880, New Orleans boasted a population of some 216,359 inhabitants, but oddly enough, the city reported only one case of the disease at Charity Hospital by December of that year.\(^3^3\) Though leprosy was listed in 1882 among the diseases that were considered contagious and infectious and worthy of measures to prevent their spread, historically, smallpox, scarlatina, diphtheria, yellow fever, and malaria were the evil menaces that called for strict quarantine.\(^3^4\) Where these diseases had previously claimed the lives of hundreds and even thousands of New Orleans' citizens, leprosy caused a mere four deaths in 1882.\(^3^5\) In 1883, Dr. Henry W. Blanc of Charity Hospital reported only 42 cases in a systematic study of the disease in the state as a whole.\(^3^6\)

For the first half of the 1880's, leprosy excited little fear among the people of Louisiana with regard to its cause and effect. Medical authorities of the decade voiced their views as to leprosy's threat to the state in the *New Orleans Medical and Surgical Journal* by declaring their belief that the incidence of the disease had declined since the time of Miro. Even though New Orleans was located in Jefferson Parish which bordered the previously investigated Parish of Lafourche


\(^{34}\) *Annual Report of the Board of Health of the State of Louisiana to the General Assembly for the Year 1882* (Baton Rouge: Leon Jastrem- ski, 1883), pp. 539, 541.


only two parish-connected cases were discovered. Such findings led authorities to adhere to the growing scientific, medical belief that leprosy was not contagious or, at most, only slightly so. As a result medical "experts" held that the disease afflicted only the lesser and lower orders of society because of their unsanitary and poverty-stricken existence. Causation by race was often accounted for by hereditary transmission. Their main concern was with leprosy's control and palliation, for with regard to its treatment, the medical profession still had nothing to offer. 37

Like the medical profession, the state legislature had little to offer. House Bill No. 157, introduced by R. H. Downing of the 13th District of Orleans in 1884, embodied appropriations to support the public charities of the state for a period of two years, but it passed after about a month's debate without providing specifically for any state charity to deal with lepers other than through the general support given to all wards of Charity Hospital. 38

During the 1880's leprosy was watched with a half-shut but cautious eye. In 1887, Henry W. Blanc, then in charge of the Skin Department at Charity Hospital, published his record of enumerated cases of skin diseases treated at that institution. Of 373 cases reported, 22 were


victims of leprosy. Of these 22 cases, 20 resided within the City of New Orleans. Blanc's study not only showed the inadequacy of the "pesthouse" established for the care of these lepers, but further advised that the state take notice of the number of lepers among its citizenry. He urged state action for the care of these people "in a home remote from public thoroughfares." Once again Blanc had thrown the leper question before the medical profession and the public, and their relaxed attitude toward the subject in the first half of the decade faded.

For the remainder of the decade leprosy became a topic of discussion in the press and medical journals of the city. In June, 1887, Dr. Joseph Holt conducted an investigation again into Lafourche, St. Martin, and Vermillion parishes. Holt discovered three "undoubted" cases of leprosy, while another three were "doubtful." Holt assured the public that six cases were only a handful and not of alarming proportions. Besides, the disease in Lafourche showed no tendency to spread even though its victims were unrestricted. His proposed solution to any potential danger, however, was "isolation for the same reason that the boy kills the snake, because it might be poisonous." Proper isolation called for a rigid law against the "unfortunate few for the good of the many," since it would prevent all possible danger of infection and also reduce possible hereditary transmission. A loath-


some burden on the community would also disappear: "The simple fact of their presence inflicts a public injury." 42

The New Orleans Times Democrat expressed the rising fears of leprosy's blight upon the state by taking a firm stand against the apathy of the legislature and the state medical profession for allowing these "repulsive people to continue in daily intercourse with their neighbors to hand down this loathsome disease." It was felt "against all wisdom and common sense" to allow leprosy to linger and spread, unconfined and untreated. 43 Whether medical authorities believed leprosy to be contagious or hereditary, it was the general concensus that segregation of lepers in an asylum would prevent the disease from spreading. 44

In the midst of heated discussions of leprosy in the closing two years of the 1880's, state medical authorities attempted to quiet the public alarm over the revelation of the existence of 52 cases of leprosy in Louisiana even though there were a mere seven deaths due to the disease in the years 1888 and 1889. At the same time, the pressure of public opinion and concerned medical opinion combined to bring an attack on the lackadaisical attitude toward leprosy of the state's physicians. The New Orleans Medical and Surgical Journal attacked the Louisiana State Medical Society as a group of "languid, inconsequent, unprepared medical men" who shirked their responsibilities for the health and protection


43 "A Leper Hospital," New Orleans Times Democrat, May 5, 1887, p. 4.

of the state's citizens. Their state meetings, it was charged were
"bent for the most part upon a few days of rest, cigar-smoking and story-
telling."\textsuperscript{45} Furthermore, Dr. Samuel R. Olliphant, President of the
State Board of Health, fully admitted in a "nonchalant" manner the exis-
tence of leprosy in New Orleans and that its victims were allowed free
circulation among the healthy citizens. While the state board pleaded
its lack of legal authority, funds, and a place to relocate these lepers,
the press justifiably questioned the board's willingness to act.\textsuperscript{46}

By 1891, the city authorities attempted to quiet the clamor and
heated discussions of leprosy in New Orleans. On April 3 of that year
the City Council approved Ordinance No. 5185 which authorized the mayor
to secure a contract with Dr. J. C. Beard for the care of lepers in the
city sent to him under a coroner's certificate. Dr. Beard was to be
paid $25.00 per month for each leper sent for care at the old Smallpox
Hospital, then located on South Hagan Avenue between Gravier and Per-
dido streets.\textsuperscript{47} This contract was undoubtedly negotiated to quiet the

\textsuperscript{45}Biennial Report of the Board of Health to the General Assembly
of the State of Louisiana for the years, 1888 and 1889 (Baton Rouge:
Advocate Book and Job Print, 1890), pp. 166, 178; Joseph Jones, "Louisi-
ana State Medical Society Versus the Editorial Staff of the New Orleans
Medical and Surgical Journal," 1888, p. 2.

\textsuperscript{46}"The Board of Health and the Lepers," New Orleans Times Democrat,
November 13, 1890, p. 4.

\textsuperscript{47}New Orleans City Archives, New Orleans, Louisiana, City Ordin-
ances of New Orleans, December 28, 1885 - May 2, 1900, Film roll No.
1239, April 3, 1891, p. 287. Dr. J. C. Beard was at that time a promi-
nent specialist, oculist, and aurist in the City of New Orleans. A
graduate of the New Orleans School of Medicine in 1861, he became highly
regarded in the city as a physician, coroner, member of the State Board
of Health, attendant physician to Charity Hospital, as well as physician
to a number of smaller hospitals in the city. Since Beard's practice
was maintained in four states, his entire time was consumed in the ser-
vices of his profession. See Biographical and Historical Memoirs of
fears of the city's citizenry and lull them into believing that leprosy was under control and the evil would die a silent death. While fear guided public reactions to lepers in the city who frequently held jobs that involved vending to a healthy public, uncertainty as to the nature of the disease kept lawmakers and members of the state medical profession from taking meaningful action concerning the estimated 50 lepers in the state: "Some feeble attempts have been made to interest our lawmakers in lepers, but there seems to be no disposition to make room in the budget for the unfortunate victims of an incurable malady." 48

In 1892, the state civil and medical authorities were pressed into action by the latest reports on leprosy in New Orleans. Dr. Henry W. Blanc, in another study of skin diseases at Charity Hospital, took particular note of leprosy as it then existed within the city. Blanc believed that New Orleans probably held the majority of cases within the state, though patient ignorance or fear of reporting the disease raised questions as to the completeness of his facts. What concerned Blanc in 1892 to an alarming extent was the disputed matter of how the "repulsive disease" spread itself among the people of the city - for leprosy, he declared, was a disease which was "as implacable as it is slow and insidious." 49 Blanc reported 42 cases in the city, and by the end of the year cited some 83 cases within the state. 50 Leprosy seemed to be spreading in Louisiana.


According to Blanc's thorough etiological study of leprosy in New Orleans, only a few of the cases cited were caused by inheritance, while more were probably the result of association or contact with infected persons. It was Blanc's disturbing conclusion: "Leprosy is undoubtedly increasing in this city - slowly, but steadily; and the author is not aware that any Louisiana physician has ever before reported half as many cases in New Orleans." Blanc raised the question: "What shall be done with the lepers?" That was the central theme of his 1892 study.

Blanc's report contained a recommended remedy for the leprosy problem. Noting the drawbacks to home isolation and admitting lepers to the wards of Charity Hospital, Blanc stated, "The only plan that seems likely to prove of permanent benefit to all concerned is complete and permanent isolation of the lepers." For Blanc this historical approach proved the most substantial: "Science has moved very slowly in this matter, and the ancient methods of Moses have not been superseded by anything better at the present day." Thus, the remedy was prescribed: "It is the universal experience, tested time and time again, that whenever hospitals for leprosy have been formed and the lepers separated from the rest of the community, the disease has ceased to spread." Blanc called for a hospital, or lazaretto, maintained at the expense of the state to be built in the rear of the city and surrounded by a plot of ground for the lepers to farm; the compulsory reporting of all lep-

52 Ibid, p. 63.
53 Ibid, p. 64.
rosy cases by physicians; restricted communication with the outside world; and clean surroundings, proper food, amusements and "intelligent medical treatment" - all for the good and healthful state of the community. 54

One historian of leprosy in Louisiana has concluded that Blanc's data stressed that leprosy was endemic in Louisiana. The state was the only area in the United States in which leprosy was endemic, and it was most prevalent in New Orleans. Concerning the situation in 1892, he asserts:

the City of New Orleans was once again faced with yet another public health issue. Sensitive to its tarnished reputation in matters of public health, the city foremost, and the state to a lesser extent, viewed leprosy alternately as a "burning question" or else responded with supreme indifference. 55

The publication of Dr. Blanc's report directed the daily press's attention to the status of the disease in Louisiana. It pointed out that New Orleans was the only city in the world where lepers were free to roam unrestricted. For the state as a whole, it noted, few lepers were isolated, and nowhere was isolation compulsory, even in St. Martin Parish.

By July, 1892, the state undertook measures to quiet the rising panic over leprosy's spread within its boundaries. Under the administration of Governor Murphy J. Foster, on July 7, 1892, the Louisiana legislature passed an act to prevent the spread of leprosy within the state. Leprosy was classed as a contaminating affliction and a danger to the public health. Hence, Act. 85 provided for the care and treatment

54 Ibid, pp. 64-65.

of lepers in an isolated institution; established penalties of $5 to $25, or not less than 30 days in jail, for non-compliance with the act; sanctioned the issuance of warrants by judges to sheriffs directing them to convey lepers to an institution in the same manner as persons sentenced to the State Insane Asylum; and designated Dr. Beard's Smallpox Hospital as the institution to which these lepers were to be sent.  

For Louisiana and its wary citizenry, Act 85 was only a paper announcement. It was possessed of too many legal as well as medical shortcomings to be effective, but the act did keep the leprosy question alive. Within months, Act 85 captured the attention of the city's press and the staff of the New Orleans Medical and Surgical Journal as the new law appeared to be unenforced within a city of a rampantly spreading affliction. The duty of enforcement, chided the press, was urgent and imperative for the safety of the state's citizens. For all practical purposes, it charged, the act was non-existent. The press also censored the state medical profession for its high degree of indifference to a now virtually indigenous disease which called for a law to isolate the lepers properly.

Legal authorities soon questioned the state's action. City Attorney E. A. O'Sullivan objected to the designation of the old Smallpox Hospital as the place of confinement for lepers as directed in Act 85.


57 "Lepers," Editorial, New Orleans Times Democrat, October 16, 1892, p. 4; "Our Leprosy Iniquity and the State Medical Society," Editorial, New Orleans Medical and Surgical Journal, XX (April, 1893), 748-49.
He declared:

Smallpox, though a loathsome, is not an incurable disease, and to put those whose misfortune it is to be afflicted for a limited time with it in the same habitation as those suffering from the terrible incurable and contagious disease of leprosy would be a great shame. 58

Questioning the constitutionality of the act, he challenged the right of the General Assembly to pass a law either ratifying or approving of Dr. Beard's Smallpox Hospital, created under City Ordinance No. 5185, as the place for their confinment. The act as passed did not specify New Orleans in the title as the city, stated its sole object as the prevention of the spread of leprosy in the state, and held no force or effect within a city that could easily repeal its existing ordinance. 59

Legal enforcement was further hindered by the ignorance of law officers of the act's existence, while the act embodied no power to arrest and confine lepers in this specified institution. 60

The pressing need for state legislation for the care and treatment of persons afflicted with leprosy received only the whimsical indifference of the General Assembly. For it the economic welfare of the state was the prime concern. Lepers stood only as a threatening blight on the edges of the state's promising future. Their presence was a threat to the continued growth of the state's population.

In the 1890's, Louisiana extended an open invitation to immigrants in order to increase its population. As one of its main attractions,


60 "Lepers in the City," New Orleans Time Democrat, June 1, 1893, p. 9.
Louisiana offered its 10,000,000 acres of cheap private land and over 3,000,000 acres of even cheaper state lands. Progress was the state's watchword, and as evidence of its progress could point to the fact that the port of New Orleans tallied the arrival of 944 vessels from foreign ports by the end of November, 1893. Second in the United States in the value of its exports and known as the nation's largest cotton market, the city braced itself for a hoped for continued increase in population. At the Louisiana Immigration Convention, held March 21-23, 1893, Chief Justice Edward Bermudez in his welcoming address lauded the future of Louisiana and the advantages state citizenship had to offer hopeful immigrants: "a country as healthy, perhaps healthier than any other similarly situated...the mass is not afflicted with those extraordinary maladies which occasionally prey like scourges on doomed communities." In 1894, the blight of leprosy had no place in the future of Louisiana and particularly in its most progressive city, New Orleans.

The fate of the leper became the special concern of an apprentice reporter for the New Orleans Daily Picayune, as he uncovered some of the inconsistencies of this "progressive-minded" city. The reporter was John Smith Kendall, a young gifted writer who was as his beginning assignment, relegated to the simple reporting of statistics on births, deaths, and marriages. Part of Kendall's job was to visit the various hospitals of the city for mortuary reports, but in the course of doing so, he took note of a number of deaths due to leprosy. These few but

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61 An Invitation to Immigrants, Louisiana: Its Products, Soil and Climate as Shown by Northern and Western Men, Who Now Reside in This State (Baton Rouge: Bureau of Immigration, the Advocate, 1894), p. 9.


63 Ibid., p. 137.
unusual deaths awakened Kendall's interest and he began to collect information on the affliction. Daily, for example, he saw lepers in the crowded French Market vending meats and other food items as they mingled freely among the daily shoppers. Kendall's interest led to a number of articles about leprosy which soon aroused interest among the healthy as well as the leper community. His campaign encountered a "turning point" when a patient from Dr. Beard's "pesthouse" appeared in the office of the New Orleans Daily Picayune and asked Kendall to come and examine the conditions at the leper hospital.  

As seen by Kendall, the "pesthouse," still located at Hagan Avenue and Perdido streets, was a cluster of dilapidated buildings where human beings lived the semblance of a living death. Set aside as a refuge or a place of hiding for seven miserable unfortunates, it was shut off from the rest of humanity by a high wooden fence. Immediately upon visiting the place, Kendall felt "a desire to face the danger in order to better the lot of these people - reaping the curse of an hereditary sin for which they are not responsible." These unfortunates lacked proper food, and were housed in a rubbish-cluttered, foul-smelling environment with crowded rooms and cracked walls which exposed the patients to the harshness of the outside conditions. Most of all, they suffered from an appalling lack of medical attention. A patient's record of Dr. Beard's visits revealed that he would leave the lepers virtually to their own care for months at a time, never bothering to respond to their letters pleading for care and attention. When he did make a visit, Beard often neglected to see all the patients, and he provided medicines in only the

64Feeny, The Fight Against Leprosy, pp. 131-32.
smallest of quantities. A place of forbidding gloom, neglectful management and filth, Beard's "pesthouse" demanded an investigation because, in Kendall's words, "as now conducted it is a shame and disgrace to New Orleans."  

Kendall's articles on the "pesthouse" and the leper situation in New Orleans in general set the medical profession into action as the responsible body whose duty it was to remove the lingering "pest" from the city. The New Orleans Medical and Surgical Journal, long the crier for change for the lepers of the city commented on Dr. Beard's institution: "Whatever blame is to be attached to this novel institution should be laid on the civil lawmakers, and, indirectly, the medical profession of Louisiana - the former for their bungling methods, and the latter for their indifference to the public health and non-action in the way of advising those who frame our laws."  

Beard's "pesthouse" with all its inefficiency and neglect "helped to fix public responsibility for the continuance of leprosy, and for having established a precedent for further and more comprehensive measures."  

Comprehensive measures for dealing with leprosy in Louisiana had long been the ideal of Dr. Isadore Dyer, a noted dermatologist and specialist on leprosy and tuberculosis. For some three years Dyer had advocated before an inactive City Council the alleviation of the condition of those persons confined in the city's "pesthouse." Dyer, a contemporar-

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66"The Care of Our Lepers," New Orleans Medical and Surgical Journal, XXI (July, 1893), 53.

67Ibid, p. 53.
ary of Dr. Rudolph Matas, who was a surgeon and a teacher in Tulane's Department of Medicine, "came to have almost a passionate obsession for research and therapy in the ancient and most horrible of all scourges, leprosy." Influenced partly by Dr. Joseph Jones, then a parish health officer and professor who often lectured on the disease, and by the presence of a large number of cases in the city, Dyer saw the need for "a hospital where these lepers could be isolated, studied, treated, and above all, given the humane treatment accorded other sick people." Dyer was both a dedicated dermatologist and a concerned and sympathetic humanitarian. Guided by understanding and unselfish motives, "He saw in this some opportunity to be a champion and to do something for them in a purely altruistic way."

Dyer's ongoing studies in the field of leprology had gained for him a rising place within the state's medical profession and a place of authority on the disease. In 1894, he viewed leprosy as a contagious disease, usually brought on by poverty and poor hygienic surroundings. It was an almost unpredictable malady, often arresting itself spontaneously, but in his estimation the prognosis was poor with more cases arrested than actually cured. Treatment of the disease was tonic; included were a change of climate, a plain but wholesome diet, and stimulating baths. Suggested remedies were only palliative, and still the most popular was chaulmoogra oil. In spite of all the supposed good

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69 Ibid, p. 73.

70 Personal Interview, Dr. Isadore Dyer, Jr., New Orleans, July 16, 1979. Oral tape on loan to Louisiana State University, Department of Archives, Baton Rouge, Louisiana.
this oil could accomplish, it was Dyer's belief that for the protection of the public, this insidious disease required complete isolation to stop its spread. Dyer's answer to the leprosy problem in Louisiana was a curious blend of European isolation and Asian attempts to deal with the disease by this ancient curative, chaulmoogra oil. He sought complete isolation of the afflicted from the state's healthy majority, and while the lepers were in isolation, he expressed a strong desire to treat their disease and to alleviate their sufferings.

Dyer's recommendations for the treatment of the disease, at least his appeal for the isolation of infected individuals, attracted general support. Still, isolation hinged on one aspect of the disease which had been the major point of resistance for the care and treatment of lepers. Leprosy was characterized by long periods of incubation. Before 1894, this long, insidious onset was the visible excuse for the state's attitude of unconcern because too often physical effects of the disease did not surface and its victims appeared to exist in minimum numbers. On the other hand, this long period of invisibility provided a long-standing, dangerous threat to the health of the community, while at the same time, should these victims come forth for help, their rising numbers would place a financial burden upon any one city in the state. By 1894, isolation was the only reliable remedy, calling upon the financial care of the state rather than of any one municipality. The fear of leprosy's threat and its possible financial burden were clear indications that Dyer's isolation theory was a state matter. The atmosphere within the

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71 Isadore Dyer, "Leprosy," Texas Medical Journal, IX, No. 11, (May, 1894), 563-64.

72 "Care of Lepers," New Orleans Times Democrat, May 16, 1894, p.3.
state and particularly in New Orleans in 1894 was hospitable for the acceptance of Dyer's plan of action. Public indignation had been raised by the articles of Kendall, and a solution to the leprosy question was imminent.

Dyer's proposals for the state's care and treatment of lepers was presented before the Orleans Parish Medical Society on June 9, 1894. He argued that the haphazard method of isolation at Beard's hospital only tended to spread the malady due to the laxness of control and the poor conditions which thwarted the admission of new cases. This supposed "hospital" left much to be desired; while it provided domestic and medical care of the estimated dozen lepers then in residence, another 100 or so roamed freely within the city. Such fear-producing institutions throughout the history of leprosy in the state had done more harm than good. Dyer asserts, "For a century and a half, leprosy has been cultivated in Louisiana. I say cultivated advisedly. The utterly impotent methods of extinction employed have only developed the malady by exciting opposition on the part of family and friends of the afflicted." Then continuing, Dyer felt it was a necessity for the state to establish a leprosarium since Louisiana alone contained a large percentage of the estimated 200 cases in the United States. The power of states' rights would more than likely hinder the establishment of a leprosarium on the national level. Therefore, it was the duty of the state to establish the necessity of a national institution by the passage of suitable legislation on the state level. Whether the institution be controlled by

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the state or by the federal government was of little concern - action ought to be taken immediately.74

Due to the prevalence of leprosy in New Orleans, Dyer felt that the Parish Medical Society should adopt resolutions expressive of their convictions on the measures to be taken to halt the spread of the affliction. Concerning leprosy in Louisiana, Dyer concluded: all types of the disease were of frequent occurrence, it was rapidly increasing, highly endemic, a menace to Louisiana and surrounding states, and inefficiently isolated from the public. It was Dyer's intention to impress upon the General Assembly of the state the seriousness of the leprosy problem. For the protection of the public, legislation was demanded immediately. Legislation should provide for complete isolation of all lepers, restrictions against any type of leper marriage, non-racial discrimination, registration of all lepers, and proper domestic and medical attention supervised by qualified physicians under a "board of control." Lepers should be provided for in a place of detention, an asylum of refuge based upon the highest humanitarian concern for their comfort and amelioration rather than a place shrouded in fear and avoidance.75 Initially, for Louisiana, "Probably what he had in mind, basically, was to get them together, get this thing known, and do something about it—and as it's proven, this was the solution to the problem."76

With the backing of the State Medical Society, the State Board of Health, and the New Orleans City Council, Dyer pressed for this needed

74 Ibid, pp. 3-5.
75 Ibid, pp. 5-6.
76 Personal Interview, Dr. Isadore Dyer, Jr., New Orleans, July 16, 1979.
legislation. With the aid of Allen Jumel, representative from Iber-ville Parish, he was able to defeat a bill providing for the care of the state's lepers under a contract system. In its place, on July 7, 1894, the General Assembly passed a bill providing for the appointment by the governor (not by the State Board of Health) of a Board of Control to provide for the proper care and treatment of persons of the state afflicted with leprosy. Act 80 further provided $5,000 for the necessary repairs and construction of needed buildings on an approved site, and in addition, $10,000 per year thereafter for needed repairs, construction, or improvements at this new location.

The new Board of Control was appointed by Governor Murphy J. Foster and the seven members assumed their responsibilities on August 30, 1894. Dr. Isadore Dyer became the board's first president on the condition that salaries not be paid to himself or any other board member. Dr. E. M. Hooper was appointed vice-president, while Albert G. Phelps became the secretary. Other members of the board were: Dr. C. J. Edwards, Dr. Henry J. Sherck, A. A. Woods, and Allen Jumel. 78 Addressing the new board, Governor Foster declared:

You will find gentlemen, that the bill creating your board is very loosely drawn, and I should not be surprised if you had to construct [sic] from top to bottom. The law under which the leper board was constituted is full of flaws, but so intelligent a body of gentlemen as you are will have no difficulty in doing your state an excellent service, despite any difficulties that may appear.

But, cautioned the Governor: "Remember that future appropriations may depend upon how you manage the affairs of the institution." In the conduct of its affairs, the board would, of course, be subject to the whims of a legislature whose members held preconceived ideas with regard to the proper care and treatment of lepers.

CHAPTER III

THE LEGACY OF A SOUTHERN PLANTATION

In 1894 Louisiana made concrete efforts to lift the blot of shame from its economically thriving Southern "Mecca." Progress for the state through the rise of New Orleans depended upon the city's lure of business and immigration. Indifference toward a misunderstood, lower class, "not-so-prevalent," and yet, incurable affliction led to the acceptance of an historically "proven" theory of isolation as leprosy was viewed as a disgrace to the state and especially to a progressive New Orleans. For over 100 years Louisiana had attempted sporadically to deal with lepers in the state. Each time it opted for their isolation in an asylum with a resultant neglect of their domestic and medical care. Now, Louisiana again looked to isolation, but this time more purposeful and structured in a hospital environment for the care and treatment of lepers and not just as a remedy per se.

The Board of Control began to function in September by establishing an office in the Hennen Building at the corner of Common and Corondelet Streets in New Orleans. It quickly drew up "bylaws" governing the duties of the officers of its "Executive Committee" composed of the president, vice-president, secretary, and treasurer. The first order of business was to re-locate the Hagan Avenue lepers in Dr. Beard's "pesthouse" and place them in a new leprosarium. The board first discussed the possibility of securing the Luzenberg Pesthouse or the Old Marine Hospital in the city as a home for lepers. During September and
October it also received offers of various tracts of plantation land as sites for a leper hospital. It soon became apparent to the board that land purchased close to New Orleans would demand a higher price and create a great deal more public objection to such an institution than a more remote location. Still, Dr. Dyer believed that accessibility and cost were the principal factors to be considered in the selection of a site for the leper hospital.

In the spring of 1894, the Secretary of War, at the request of Louisiana's Congressmen, transferred to the state the site known as Fort Pike (an abandoned federal installation located on the west bank of the Rigolets which was built during the War of 1812 for the protection of New Orleans from British attack) for use as an asylum and hospital for the state's lepers. The donation of Fort Pike aimed at solving the federal government's burden of holding a vacant military site and at the same time answering the state's search for a hospital location. The Fort Pike site was isolated, but was described by the New Orleans Times Democrat as "reachable." Relieving the anxiety and protests of the St. Tammany Parish residents against the possible location of a leper "pesthouse" at Fort Pike, however, Dyer dropped the location

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1. Louisiana State University Archives and Manuscripts, Baton Rouge, Louisiana, Leper Home Records, Various Documents, "Bylaws," of the Board of Control, 1894, (Leper Home Records, hereafter cited as L.H.R.); "New Leper Board," New Orleans Daily States, August 30, 1894, p. 8; See also, L.H.R., Correspondence, Louisiana Parishes (Orleans), September 1, 1894 to September 12, 1894; L.H.R.; Various Documents, letter A. A. Woods to Dr. Isadore Dyer, October 4, 1894.

Dyer appeared before the New Orleans City Council Committee on Public Health on November 9, 1894, to recommend the purchase of a site on Gentilly Road in Orleans Parish. This site, called "Pecan Grove," was close enough to be accessible to the medical staff and students of Tulane's Medical School and would be more acceptable to the lepers relatives than the Fort Pike location. Dyer attempted to calm the fears of the Gentilly residents concerning the placing of a leper hospital in their neighborhood by stressing leprosy's non-infectious nature and its communicability only by prolonged contact over periods of from two to ten years. Dyer said that since the majority of cases in the state were in New Orleans the city had the primary responsibility to control its spread. As it was, most lepers were allowed to roam freely by an unconcerned medical profession. The "pesthouse" was "pitiable in the extreme; they were simply dying of neglect." Despite Dyer's appeals, it was the council's belief that the decision rested with the Gentilly Road residents.

The action of the City council, along with the cost of the "Pecan Grove" property sealed the fate of Dyer's proposed leper hospital within Orleans Parish. On November 13, Dr. Sherck presented a resolution to the council calling for immediate action on a petition to build a leper hospital at the site on Gentilly Road. At the next meeting of the council, Sherck's petition was returned with an "unfavorable" recommendation.


while the protests of the residents were found "favorable" by a health committee that still supported the Fort Pike location. The city council's opposition to a leper hospital in the city rested on the belief that as a result of creating such a facility, New Orleans would be burdened with all the lepers of the state. Then too, the cost of this Gentilly property seemed to be prohibitive. The ground alone was valued at $8,000, the total of all the money at the board's disposal.

Further petitions by Dr. Sherck calling for financial assistance from the city to purchase "Pecan Grove" met the same fate as the Board of Control witnessed the hesitations of an unconcerned city council: "The unsatisfactory action or rather inaction of the City Council makes it imperative that the Board should act promptly. I am of the opinion that the Executive Committee are [sic] vested with full and plenary powers, in the matter of purchasing a suitable site and providing accommodations, within the appropriation, for the Lepers." Obstacles were thrown in the path of hopeful progress of the Board of Control, but determination and passion for the plight of the lepers seem to suggest the belief that leprosy was spreading in Louisiana.

The pressure to find a suitable location for a hospital site mounted as a result of Dr. Beard's petition of November 13 asking to be relieved of his responsibility for the care of the lepers on Hagan Avenue as of

5 New Orleans City Archives, New Orleans, Louisiana, Official Minutes of the City Council of New Orleans, November 13, 1894, and November 20, 1894.


7 L.H.R., Correspondence Louisiana Parishes (Vermillion), November 20, 1894, C. J. Edwards to H. J. Sherck.
December 1. Dyer, informed at this time by Allen Jumel of the availability of "Indian Camp" as a site for a leper hospital obtained Jumel's assistance in securing a rental agreement on the property. On November 21, 1894, the Board of Control obtained a five-year lease from William G. Mitchell, attorney for the Budington heirs, of the upper portion of the "Indian Camp" Plantation. The land under contract for a yearly rental of $750 consisted of 200 acres with all buildings and improvements.8 "Indian Camp" answered the demands of the New Orleans citizenry, because it was well removed from the city, and it satisfied all the requirements of Dr. Dyer's board, "except from the point of accessibility."9

"Indian Camp" Plantation was part of Section 59, Township 9S, Range 1E. This 395.38-acre tract of land, located on the lower side of Point Clair on the east side of the Mississippi River in Iberville County, was originally the claim of Walter Burk. It was confirmed by Section 4 of the Act of Congress of March 3, 1807. Undoubtedly granted initially by the Spanish Crown, Burk's claim was confirmed by the Deputy Register of the County of Arcadia and part of the County of Iberville on January 9, 1812.10 The tract passed to James Johnston prior to 1809, and by a

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8 New Orleans City Archives, New Orleans, Louisiana, Official Minutes of the City Council of New Orleans, November 13, 1894; Conveyance Records, Book 25, Entry 197 (filed December 1, 1894), pp. 284-85, Office of the Clerk of Courts, Iberville Parish Court House.

9 Reports of the Louisiana State Board of Control of the Leper Home in Iberville Parish to the Governor and General Assembly of the State of Louisiana, 1894 - 1918, First Annual Report, 1894, p. 3, Bound volumes, Rudolph Matas Medical Library, Tulane Medical Center, New Orleans, Louisiana.

10 U.S. Tract Book Records, Book 51, p. 14, Division of State Lands, Land and Natural Resources Building, Baton Rouge, Louisiana; Walter Lowrie and Walter S. Franklin, American State Papers, II (Washington: Gales and Seaton, 1834), pp. 322-23. Walter Burk laid claim to this
succession sale from Johnston to Joseph Thomas on June 26, 1824. Thomas held title to the tract for almost one year when he sold it to Robert Coleman Camp for $8,000 on May 12, 1825.11

Camp's early farm or plantation was then popularly known in Iberville Parish as the "Indian Camp" Plantation. Parish Court House Records make reference to "Indian Camp" even prior to Camp's purchase. The name derived from the fact that the tract had once been part of a reported village site of a tribe of Houma (Red) Indians across the river from Whitecastle on Point Clair.12 Under the ownership of Camp, the "Indian Camp" Plantation produced sugar cane.13 Camp was a

tract of land in the County (Parish) of Iberville composed of 18 arpents and 18 toises in front, by 31 arpents and 20 toises in depth with the upper line adjoining Simon Broussard's property as 30 arpents in depth.


13 Joseph Karl Menn, The Large Slaveholders of Louisiana - 1860 (New
successful large planter whose wealth in land and slaves steadily increased. One of the outward signs of his wealth was his plantation house. Built around 1857, it was designed by the famous New Orleans architect, Henry Howard. Camp's mansion favored the classic Greek detail while retaining characteristics of the Louisiana "raised cottage" type plantation house which existed primarily in the older and more affluent parts of French Louisiana along the Mississippi River, Bayou Lafourche, and Bayou Teche.

Camp, like most sugar planters of Louisiana, was ruined by the Civil War. He was forced to sell nearly all of his personal and real property to satisfy his debts. "Indian Camp" (Section 59) was sold on June 29, 1874 to Henry J. Budington, Sr. of New Orleans for $12,000 as the highest bidder." Little is known of the Budingtons and it is

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16 William E. Highsmith, "Louisiana Landholding During War and Reconstruction," Louisiana Historical Quarterly, XXXVII, No. 1. (January,
reasonable to assume that they lived in the house for only a short time, if ever. More than likely they leased the house to various tenants for a number of years since the land was obviously leased before 1881 for rice cultivation.\textsuperscript{17} By 1894, the estate was slowly but steadily deteriorating.

For New Orleans and Louisiana, "Indian Camp" Plantation would become a suitable site for the isolation of the state's incurable lepers. Adequately "hidden" in a rural parish of 21,848 residents,\textsuperscript{18} Point Clair would answer the popular expectations of isolating lepers since that area of Iberville Parish was popularly known as an "Island" by the local postal service. Thus, "The isolation furnished by the turgid, rapid Mississippi which encompassed the site on three sides, seemed rather ideal in those days."\textsuperscript{19} [See Appendix A]

On the evening of Friday, November 30, 1894, seven of the ten lepers then housed at Dr. Beard's hospital were removed to "Indian Camp" Plantation. All plans had been finalized by Dr. Dyer on the preceding day

\textsuperscript{17}Historical Records Survey, Transcriptions of Parish Records of Louisiana, No. 24, Iberville Parish, Series I, "Police Jury Minutes," Vol. II (1880-1901), pp. 17-18. The Department of Archives, Louisiana State University, 1940.


\textsuperscript{19}Sister Hilary Ross, "The Louisiana Leper Home, 1894 - 1921," p. 10.
as he sent word to the hospital for those who desired to leave the foul "pesthouse" for more pleasant surroundings to be prepared to depart on Friday. Dyer's preparations were hurried and, above all, secret as "neither Dr. Beard or the city council was consulted in the matter."20 In making his plans, he was aided by Messrs. Woods, Phelps, and Dr. Sherck. Since no public conveyance would transport the lepers, the Board of Control had secured the services of the tug Ella Andrews and a coal scow, the "Walton No. 2," for the task. At 4:20 p.m., the two women and five men from the "pesthouse" were taken with their belongings to the waterfront in a wagon.21

Already located aboard the barge were abundant supplies of food, cooking utensils, a stove, 80 beds and mattresses, pillows, bedspreads, dishes and other items (medical supplies were to come with a permanent physician, when appointed). Upon the arrival of the lepers at the wharf at the bend of Lafayette Street, their scant baggage was loaded and by 7:15 p.m. the seven lepers were seated on the barge protected by several tarpaulins. They were joined by a few newspapermen, Dr. Dyer and other members of the board. After a short whistle blast, Captain Jack Pullon's tug was safely underway. Of the scene a reporter for the Daily Picayune wrote: "The tarpaulins made the barges gloomy. It reminded one of the older stories of floating funerals, sorrow laden vessels gliding down the Nile to the cities of the dead."22


21Ibid, p. 10; See also, "Lepers Housed," New Orleans Daily States, December 2, 1894, p. 6.

The tug and barge arrived at "Indian Camp" at 5:00 a.m. on the morning of December 1. Climbing the small levee, Dr. Dyer and one of the tug's crewmen were soon met by Allen Jumel as they stood a short distance from the dilapidated and still crumbling ruins of R. C. Camp's once dignified home. Soon workmen were procured to unload the barge, and work on the seven slave cabins in which the lepers were to live was resumed. Through the efforts of Jumel this work had already been well advanced. Temporarily all seven lepers were housed in separate rooms in the largest cabin while one wing of the old mansion was prepared for the future resident physician and for use as a dispensary, a kitchen, and general offices. So delighted was Dr. Dyer by what he saw that: "not content with directing affairs, the doctor pulled off his coat and bore more than his share of the menial labor consequent upon the fitting up of the first few wards of the hospital." 23

The secrecy of Dyer's successful transfer of the seven lepers to Iberville Parish has added to the history of the Louisiana Leper Home a widely accepted legend. According to legend, the reason for the quiet and undisturbed arrival of the lepers at their new home at "Indian Camp" was the generally held belief at the time that the plantation had been leased by the board for an ostrich farm. Even though some historians have accepted this story as true, there is no evidence for it and it makes no sense. The board wished the removal of the lepers to the plantation to attract as little local attention as possible, and to have announced the establishment of an ostrich farm would only have attracted the attention of the curious in a community of sugar plantations and small farms. In all probability, the ostrich farm rumor was started among the residents of

Point Clair by Allen Jumel to provide some explanation of his activities at the old Camp plantation in preparation for the arrival of the lepers. Various primary works, such as Dr. Dyer's short history of the early leper home, the Reports of the Board of Control, and the New Orleans papers do not mention the legend, and neither do the Iberville papers.

Whatever efforts that may have been used to hide what was happening, within three days after their arrival, the startling truth became public knowledge - there were lepers in Iberville Parish! The newly settled lepers were looked upon as a "foul blot" upon the parish. The local press became highly indignant. Unwarranted sensationalism gripped the Weekly Iberville South:

Think of one hundred and sixty lepers in Iberville roaming about ad libitum. Think of delegations or squads of twenty or thirty, or perhaps the whole colony, visiting the neighboring towns, taking in the sights, etc. How would the citizens of Plaquemine like to have the poor creatures visit them in a body? At the thought you shudder! Why, it is not only a possibility, but a great probability, if we permit all the diseased in the state to be dumped on us. 24

The Board of Control's plan of isolating the lepers at "Indian Camp" was an unjust and everlasting threat to parish property values. Iberville held many valuable plantations along the publicly used waters of the Mississippi and "Indian Camp" was not a particularly isolated place as there were neighbors not more than a mile on either side of it. Furthermore, these people used the levee road, only fifty yards from the home, daily. More damaging than a great storm, prophesied the press, leprosy had come to Iberville Parish, not as a transient disaster, but as one that would remain forever. Whether the disease was contagious or

not, it made little difference to the press which forecast the doom of Iberville.²⁵

Parish authorities took little time in dealing with the clandestinely established leper home. On December 10, the Police Jury met in a special session at the courthouse in Plaquemine to discuss a petition presented on December 3rd by the residents of the 5th Ward, to prevent the establishment of a leper home. A committee, composed of J. Stone Ware, A. H. Gay, and Frederic Wilbert, drew up a resolution calling for the removal of this "outrage on the people of Iberville." A further motion authorized the president of the Police Jury to offer to the Board of Control the equivalent of one year's rent ($750) on the property as a "compromise" [sic] to avoid legal expenses and delay, if the home was removed within a reasonable length of time.²⁶ By the last week of December, a delegation of eight parish representatives placed their objections before the board. But the board decided that the home would be removed only if the citizens of the parish would refund the outlay of rent and repairs that had been made and find for the board, a new, but approved location. After further appeals of the area residents were refused by the board and with "possession" of the site under the authority of the state law, the Police Jury accepted the fact that it could do nothing to remove the home from the parish.²⁷ By mid-January, the heated


topic of lepers on Point-Clair was dropped from the weekly parish news: "A rational judgement...supplanted an early and misguided prejudice, and the poor sufferers were only pitied the more because they wished for themselves the isolation which the law compelled."  

Soon after the home's establishment, the Board of Control was able to secure the services of a resident physician, Dr. L. A. Wailes, and he and Dr. Dyer instituted a course of treatment for each leper. Letters from Dr. Wailes to Dr. Dyer indicate that the lepers were apprehensive about Dr. Wailes' treatment and were reluctant to carry out his directions. Each leper had a preconceived notion as to the medicine and course of treatment to be used for his particular case, which called for the continued efforts of the doctor to humor him as far as possible within a mutually agreed upon course of treatment. Besides the lack of surgical dressings to carry out these procedures, Dr. Wailes described the principal obstacle to satisfactory treatment as the lack of bathing facilities. Urging that the board not think he had "water on the brain," Dr. Wailes expressed his belief that hot water was particularly beneficial for the treatment of ulcers. With patients deriving relief from a variety of remedies, including chaulmoogra oil and strychnine dispensed from Dr. Wailes Drug Department, medically, the Louisiana Leper Home was placed upon a novel but progressive foundation for the future treatment of lepers in the state.

As a resident physician, Dr. Wailes was responsible for the lepers' medical care.

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28 Board of Control, First Annual Report, 1896, p. 4.

comfort as well as their medical treatment. With only a slow rise in the leper population in the opening months of the home's existence, he had little difficulty in meeting their needs. The patients were housed in comfortable, rebuilt cabins situated within a 10 1/2 acre area surrounded by a high fence. The three large cabins and the four smaller ones housed the men and women separately along with a temporary kitchen. These structures had been repaired at a cost of about one-third of the sum appropriated for that purpose by the state in 1894. The patients were kept warm during the cold, wet winter with wood burning fireplaces. However, they lacked blankets and sufficient sheeting for their beds, while the majority of beds themselves had to be repaired due to matching of parts or because of their generally poor condition.

By February, 1895, "Indian Camp" had become an attractive leper home: "There is a homelike air about the place, and this, together with the unaccustomed kind treatment and careful nursing, has changed the poor lepers from their once despondent condition to a very cheerful state."

Business affairs occupied a good deal of Dr. Wailes' attention in the management of the home. Because of its remoteness and the difficulty in securing supplies by river from New Orleans, to make ends meet Dr. Wailes was often forced to purchase food items from Whitecastle. He was almost constantly concerned with such matters as the cost of cutting firewood for the prolonged winter months; repairs to the kitchen

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31 L.H.R., General Correspondence, L. A. Wailes to Isadore Dyer, January 5, 1895.

and cabins; needed construction of stables, fences, and barns for live-
stock; as well as the procurement of food, clothing and medical sup-
plies. To help meet the costs of his growing institution, he nego-
tiated leases with local residents of unused portions of the planta-
tion for the payment of money as well as additional feed for livestock
and garden produce for the patients. As Wailes noted in one of his
letters, "I individually am responsible for the Home." Dr. Wailes
was an economical and unselfish administrator; if money was short he
either used his own or the donations being sent to the home. So well
did Wailes manage the leper home's business affairs that by the end of
his tenure in the spring of 1896, there was a balance of $3,226.94 in
the board's account.

With the establishment of a leprosarium on a sound basis at "In-
dian Camp" assured, the eradication of leprosy in Louisiana became the
prime objective of the leper board. Following the home's establishment,
letters were sent to the coroner and sheriff of each parish in order to
ascertain the number of lepers there. Replies to these inquiries cover-
ing the period from 1890 to 1894 showed Iberia Parish with one case;
Orleans, 11; Vermillion, 4; St. James, 1; and Lafourche, no definite
number, but the coroner feared the disease's greatest extent to be in the
lower portion of the parish. Of the remaining parishes which bothered
to respond, none reported any cases of leprosy. In 1895, the board
again sent a letter to every sheriff in the state "begging assistance in

33 L. A. Wailes to Albert G. Phelps, April 10, 1895; See also,
L.H.R., General Correspondence, L. A. Wailes to Isadore Dyer, February
14, 1895; L. A. Wailes to board, February 28, 1895.

34 L.H.R., General Correspondence, L. A. Wailes to Board, April 27,
1895; See also, Board of Control, First Annual Report, 1896, pp. 8-9.
locating lepers," but got no response at all. As a last resort, the board appealed to the State Board of Health, local health officials of New Orleans, and the city's mayor for help to locate lepers as well as to serve committals (since the Board of Control was not vested with this power) of persons known to have the disease. The State Board of Health replied by questioning its authority under law to make such commitments. Dr. S. R. Olliphant, President of the Board of Health, lent little support to Dyer's efforts to rid the state of leprosy since he felt leprosy to be infectious to the same degree as syphilis. For health officials of the state as well as those of New Orleans, by establishing the new home the state's major city had rid itself of a "pest," which was less a menace to health than a blot on the city's image. As a result, only by personal persuasion, voluntary decisions, and court orders did the home increase in population and progress toward the fulfillment of its goal of leprosy eradication.35

With the gradual increase in the population at the home, so too rose the need for more personnel. Dr. Wailes soon found that he was unable to supervise all of the activities at "Indian Camp." While struggling to treat the afflicted, he also had to maintain order and discipline, and direct the routine work of cooking, cleaning, and washing, as well as the care of the grounds. He did not even have the help of a priest when the first death occurred on June 14, 1895. No wonder Dr. Wailes concluded, "the help we have had is entirely inadequate, to

the requirements of the place."

Growing weary with the monumental task of managing "Indian Camp," he wrote "I do sincerely need some intelligent person whom I can rely upon for honesty and sobriety. I am not at all well. I am worked often beyond my strength and I must have relief." 37

By far the area of greatest need was for nurses. For some time the home had had the services of a male nurse, John Osenbaugh, but he was too often forced to serve also as carpenter, wood chopper, and errand boy. Besides, Dr. Wailes felt that a female nurse was needed to care for the women patients. The problem came to a head when Osenbaugh resigned due to his increasing fear of the disease, and, even more, because of the hard work, long hours, and low pay. In this situation, Dr. Wailes wrote: "I am doing all the work of the place and am worn out---literally and truly mentally and physically and must have help immediately." 38

Help did not come immediately and Dr. Wailes was forced to work against mounting odds at the new leper home. He continued to serve as physician, nurse, servant, personnel director, disciplinarian, and priest, even after he tendered his resignation in February, 1896. Wailes' resignation was accepted and he left the home in April to

36 L.H.R., General Correspondence, L. A. Wailes to board, June 30, 1895.

37 L.H.R., General Correspondence, L. A. Wailes to board, June 29, 1895.

38 L. A. Wailes to board, August 10, 1895; See also L.H.R., General Correspondence, June 30, 1895; John Osenbaugh to board, July 27, 1895.
accept a U. S. Board of Health position in Central America. The 31 patients at "Indian Camp" awaited the arrival of a new administrator.

CHAPTER IV

THE "SWALLOWS OF ALLAH"

The Sisters of Charity, or, by official title, the Daughters of Charity of St. Vincent de Paul, were founded in France in the 17th century. In response to the needs of a war-ravaged and poverty-stricken nation, St. Vincent de Paul founded a "Confraternity of Charity" among the wealthier and more prominent ladies of Paris who wished to help the poor. These "Ladies of Charity" were later joined by a small group of country girls under the direction of St. Louise de Marillac in 1633, who felt a practical need to train women systematically in the care of the sick. After 13 years of corporal and spiritual works of mercy by these devoted women in the homes of the sick and in the wards of hospitals, St. Vincent sought official sanction by the Church of their community from the Archbishop of Paris in 1646. Formal consent was granted in 1655, and in 1668 Pope Clement IX formally recognized the community by a pontifical decree. In France they were popularly known as the "Grey Sisters" because of the color of their dress, and later, upon adoption of their well-known headdress, became generally referred to as the "White Caps" or "Cornette Sisters." Perhaps the Orient has more imaginatively labeled these pious and devoted women under the white cornettes as the "Swallows of Allah." 

The sisters were first established in America in 1809 by Mother Elizabeth Bayley Seton. Although ceremonial induction of her Sisters of Charity of St. Joseph into the French order was hampered by the strained relations existing between France and the United States, Mother Seton was able to secure the rules of the community from Paris. Through the efforts of Bishop Benedict J. Flaget, who had negotiated in Paris for the American sisters, Mother Seton was able to establish a Central Mother House at St. Joseph's Academy in Emmitsburg, Maryland. By 1850, the American Community came under the official supervision of the sisters in France. From Emmitsberg, the Sisters of Charity soon spread to major United States cities where they carried on their charitable activities of supervision and guidance in hospitals, asylums, orphanages and schools.

Probably no other religious community or benevolent society accomplished so much to ease the ills of a growing New Orleans during the nineteenth century as did the Sisters of Charity. The sisters first came to New Orleans in the last days of December, 1829. Their number was increased to 16 by 1832 in response to the archbishop's call for their charitable services during the yellow fever and cholera epidemics that were then raging in the city. By their continued response to such needs over the decades they brought recognition and praise to a characteristic and picturesque feature of the city's history - its charities. By 1892, when New Orleans was attempting to

\[ ^2 \text{Ibid, p. 472.} \]

repair its tarnished reputation in the matters of health and sanitation, the Times Democrat reported as many as 143 Sisters of Charity maintaining ten needed, charitable institutions in the city. These included: Hotel Dieu (a city hospital), St. Vincent's Infants' Asylum, the New Orleans Female Orphan Asylum, the Louisiana Retreat (an asylum for the insane), five schools, and the New Orleans Charity Hospital. This growing city had become the home of the poor, the sick, the afflicted, and the unfortunate. To the press of New Orleans, the sisters deserved only praise: "They shirk no duty, however repulsive, to the performance of which their vocation urges them, and on their mission of charity venture into situations where their religious dress is their only guarantee." 4

No other institution in the city had brought more recognition to the sisters than the New Orleans Charity Hospital. The hospital had operated as a charitable institution under the watchful eye of the sisters since 1832. Befitting was their description by a former member of the hospital's Board of Administrators as, "Vestal virgins of old, who had charge of the ever-living fire, which was the principle of all things and the emblem of purity." They were often seen in their rounds at the hospital and other institutions for the poor, "comforting their own sex of all religions, castes, and conditions, fearless of contamination, dressing loathsome wounds, and inhaling the most nauseating odors." 5

Though Charity Hospital was supported by state and municipal revenues the citizens of New Orleans did not once doubt the worth of the service

4"Sisters of Charity," New Orleans Times Democrat, February 15, 1892, p. 3.

of the Sisters of Charity. By 1892, the services of the hospital were administered by as few as 36 sisters who attended more than 600 patients by nursing, cooking, cleaning, and housekeeping.\(^6\) By the 1890's New Orleans was profoundly aware of its angels under the white cornettes.

In the fall of 1895, steps were taken by the board to relieve Dr. Wailes of his stressing personnel problems at the leper home at "Indian Camp." Aware of the lack of domestic care and proper nursing services caused by the isolation of the new leper home and fear of the disease by nursing personnel in general, Dr. Dyer approached an old friend at Charity Hospital, Sister Stanislaus, with the request that the Sisters of Charity assume responsibility for nursing services at the leper home. Soon communications were underway between Dr. Sherck, who was placed in charge of a committee to secure the services of the sisters, and Sister Mariana, Mother Superior of the Community at Emmitsberg, Maryland. Sister Mariana, in a letter to Dr. Sherck in November, 1895, stated the terms under which the sisters would assume the nursing functions at the home: a chaplain must be appointed for the sisters' spiritual needs, proper living quarters must be provided apart from those of the lepers, a reasonable yearly sum must be furnished for the sisters' clothing and other necessaries, and traveling expenses were to be sent to the sisters for their conveyance to the home.\(^7\)

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\(^7\)"The Leper Board Wants the Sisters," *New Orleans Daily Picayune*, September 4, 1895, p. 7; Personal Interview, Dr. Isadore Dyer, Jr., New Orleans, 1964.
Although the situation at the home was less critical than it had been since a newly hired female nurse seemed better satisfied with her situation, the board had begun to prepare for a resident staff of nursing personnel by letting a $2,500 contract for the construction of pleasant living accommodations, a dining room, and a kitchen. With this construction favoring the possibility of securing the sisters as the new nursing staff, Dr. Sherck pointed out that, if engaged, the sisters would require only moderate support and at the same time add management experience to the home's operation. Praising their past supervision of Charity Hospital, he proposed that the board discuss the terms of an agreement with the director of the community, Archbishop Francis Janssens of New Orleans and Sister Mariana. Since a resident priest and a chapel at "Indian Camp" were demanded by the sisters as well as by the archbishop, financial considerations became the delicate topic of discussion among these ecclesiastical supervisors. Fortunately, financial apprehensions subsided following a visit by the archbishop to the home on December 16. When he discovered the humanitarian atmosphere of "Indian Camp" and the strong desire of the lepers for the sisters and a priest to come there, his enthusiasm for the project was strengthened and he felt that the financial obstacles could be overcome. The ultimate decision now rested with the community's spiritual director who was scheduled to arrive in the city in January, 1896.

Orleans, July 16, 1979; L.H.R., Correspondence, United States (Maryland). Sr. Mariana to H. J. Sherck, November 19, 1895; "Sisters of Charity Will Care for Lepers," New Orleans Daily Picayune, November 23, 1895, p. 3.

The spiritual director of the sisters, Father R. A. Lennon, arrived from Emmitsberg in January and discussions were resumed on obtaining the sisters' services. After a visit to the home, Father Lennon expressed his belief that there would be little difficulty in securing their services provided their spiritual welfare was adequately provided for. Lennon asked about the permanency of the home stressing that temporary facilities would involve a useless risk to the sisters' health. Though no assurances could be given beyond the term of the current board, Dr. Dyer reassured the director that the home would be permanent. With this matter settled to Lennon's satisfaction, both Dyer and he agreed that four sisters would be adequate to handle the existing patient load. Dyer and the members of the board felt that the services of the sisters were paramount to the aims of their organization, because "if the sisters went there a great many patients could be secured by their influence who could not be gotten into the home by force." The board considered providing the services of a priest and the establishment of a chapel in a room of one of the cottages, a small price to pay for the domestic care of the state's lepers. With the matter of choice of a resident priest to be left to the archbishop, it was decided that the sisters should manage the domestic affairs of the home under the direct control of the board. After discussion of the cost of their services, it was agreed that Father Lennon and two sisters should visit the home to iron out any remaining difficulties before making any final

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p. 163; See also, Roger Baudier, The Catholic Church in Louisiana (New Orleans, 1939), p. 488.

commitments. By late February, the new structures at the home, including the one in which the sisters were to live, were completed and ready for inspection.  

The inspection tour was made in the last week of February by Sister Agnes Slavin of Charity Hospital and Sister Imogene of the Louisiana Retreat. The members of the board expected the sisters to be favorably impressed by "Indian Camp," but they were not. They found that the newly completed building where the sisters were to live was built upon six-foot pilings and resembled a "chicken house" with only a single floor containing large cracks. It was entirely lacking in adequate bath and sleeping facilities. The room that was to be converted into a chapel was also considered to be unsuitable. In view of the lepers' great need of their services, the sisters decided that they should respond to the challenge despite the inadequacy of the existing facilities. In consultation with Dr. Dyer it was decided that the old plantation house should be rearranged to accommodate the sisters and they should move in as soon as possible.  

On March 24, 1896, the Board of Control authorized Dr. Dyer, without the legislature's approval, to enter into a contract with the Sisters of Charity. The agreement stipulated that the board would furnish living and sleeping quarters for the sisters, a chapel, the services of a priest (in service to no "outside" parishioners), and pay $100 per year

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10Tbid, p. 12; L.H.R., Correspondence, Louisiana Parishes (Orleans), Isadore Dyer to Father R. A. Lennon, February 22, 1896.

11Sister Hilary Ross, "The Louisiana Leper Home, 1894-1921," Collected letters, Sr. Agnes Slavin to the Mother Superior at Emmitsburg, Maryland, February 29, 1896, pp. 28-29; L.H.R., Correspondence, United States (Maryland), Sr. Mariana to Dr. Isadore Dyer, March 11, 1896; Dr. Isadore Dyer to Father R. A. Lennon, March 20, 1896.
to each sister for clothing and other necessary expenses. The sisters were to be held directly accountable to the board for their management of the home. They were to take full charge of the supervision of the servants, the kitchen, housing, and to provide nursing services under the direction of the resident physician. The contract was signed on March 25, 1896, between the Sisters of Charity and the Louisiana State Board of Control for the leper home. 12

By April 10, four Sisters of Charity were selected to go to "Indian Camp," and on the 14th, a final tour of inspection was arranged by the board. At that time the leper home consisted of "Indian Camp's" former plantation mansion, which was soon to house the four sisters; the newly constructed quarters containing a kitchen, dining room, and apartments for the priest and resident physician; and the seven slave cabins housing 31 patients. The inspection team which visited "Indian Camp" on April 14 consisted of Dr. Dyer and other members of the board; Dr. Paul L. Reiss, an oculist from New Orleans; John Ponder, chief engineer from Charity Hospital who was to survey plans for the construction of a water system running from the river to the home; Sisters Agnes and Mary Jane, who were to make final preparations for the arrival of the four nursing sisters; and Daily Picayune reporters. In the opinion of one of the reporters, though the lepers were benefited by the country surroundings and kind attention of the resident physician, they were "doomed souls" enduring a "living nightmare, horrible beyond description." With the coming of the sisters and a more efficient operation of the home, perhaps

hope would replace the relief that only death would eventually bring.  

Two days after the inspection visit of April 14, four Sisters of Charity boarded the Paul Tulane in New Orleans and were soon on their way to the Louisiana Lepers' Home. The four women were led by Sister Beatrice Hart of Lowell, Massachusetts, who for 22 years had served as Superior in charge of the Charity Hospital there. She was accompanied by Sister Annie Costello, a ten-year veteran of the wards of Charity Hospital in New Orleans, and Sisters Cyril Coupe and Mary Thomas Skokum, both of LaSalle, Illinois. The sisters were to be served by Father Michael Colton who, although unaffiliated with the diocese of New Orleans, was to be paid a monthly salary of $15 by the archbishop. At the dock to see the sisters off was a crowd of well-wishers and a reporter for the Daily Picayune. In describing the scene, he wrote: "It was something of the tribute that a hero receives when he goes forth with deathless courage to battle to the end and wrest victory in a cause that is all but lost." Speaking for the board, just before the boat's departure, Phelps declared optimistically:

The very name of the Sisters of Charity inspires confidence - and that is what we need in our work. The board alone could not inspire this. The Sisters of Charity can....

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We will do better work now, and it will not be long before we have gathered in all the lepers scattered throughout the state.\textsuperscript{16}

With the improved care of the patients and the more efficient operation of the leper home to be provided by the sisters, the board felt that it would receive greater cooperation and support from the state. Dr. Dyer believed that the sisters' work with the lepers would be appreciated by the state's citizens and the General Assembly as "a pure charity for the public good."\textsuperscript{17} In this situation he saw an opportunity to make clear to the General Assembly his recommendations for the future of the state leper home. Among his objectives were: that the home be purchased by the state as soon as possible and made permanent by larger and sufficient appropriations; that suitable structures be constructed to house all the lepers of the state in facilities segregated by sexes; that the systematic study of the disease medically, sociologically and hygienically be advanced; and that authority be provided the State Board of Health and the Board of Control to investigate suspected lepers and effect the commitment of all victims of the disease to the home. For Dyer, all efforts to eradicate leprosy in the state should be managed apart from any politics that would interfere with the board's purpose. His efforts had aroused the people and the state's public health agencies to the lepers' needs; it now remained for the General Assembly to authorize the establishment of a permanent leper institution so that the Board of Control could further achieve a "wedge of success."\textsuperscript{18}

\textsuperscript{16}Ibid, p. 3

\textsuperscript{17}Board of Control, \textit{First Annual Report, 1896}, p. 5.

\textsuperscript{18}Ibid, pp. 6-7.
On the morning of April 17, the Paul Tulane arrived at the "Indian Camp" landing and the sisters disembarked. Greeted by Dr. Wailes the sisters were soon led to their "charges." In a very moving encounter, the sisters were asked if they were going to remain at the plantation or return to the city. Sister Beatrice responded, "we are here to stay," and she and her cohorts immediately assumed the nursing and domestic care of the home. They arranged the rooms within the lepers' quarters more comfortably and made plans for the improvements of the grounds. In general, they planned to make the hospital more "homelike." For the State of Louisiana, the Sisters of Charity were "just what the doctor ordered" for the care and treatment of the state's incurable lepers.

Within two months after the arrival of the sisters, "Indian Camp" had undergone many changes. For years the badly decayed and often vandalized mansion housed an unwholesome combination of rats, bats, and snakes. After frightening mishaps caused by the dilapidated state of the structure and startling encounters with unwelcome varmints, the plantation house soon became the secure home of the sisters, while one of the double cabins served as the chapel. On April 30, Dr. E. M. Hooper arrived as the new resident physician to replace Dr. Wailes. With domestic and medical care now adequate, Father Colton provided prayer meetings, benedictions, devotions, and meditations for the once lonely victims of state neglect. While Governor Murphy Foster held hopes for the institution's usefulness for the further scientific study of leprosy, Dr. Hooper reported that the patients were in good condition, contented, and happy. Complete transformation of the home was noted by the sisters

20 Sisters Archives, Carville, Louisiana, "Louisiana Leper Home,"
upon the visit of the archbishop on May 15: "They [the lepers] looked quite fine in their new clothes; the snowy beds and the neatness of their apartments forming a pleasing contrast with past neglect." For Louisiana as well as the Board of Control, the changes were indeed gratifying when one reflected upon the disgraceful conditions at Dr. Beard's "pesthouse" only 18 months earlier.

As a result of the coming of the sisters, changes occurred in the administration of the Board of Control. Gradually, the State of Louisiana was becoming content to have the home conducted by the sisters solely upon custodial lines as an enticement merely to make the home attractive to lepers and remove them from public notice. Dr. Dyer's original design for "Indian Camp" as a modern hospital for lepers was halted. Dyer wrote:

The administration of the home as a hospital on modern lines was the policy of the incumbent president and the Sisters of Charity to be delegated to the nursing and domestic departments. While hitherto no friction in the board had occurred, the [Dyer's] efforts to restrict the domestic care to a subsidiary position seemed to react upon some of the [other] members of the board and the [disgruntled] president promptly resigned...

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On June 20, Dr. Dyer tendered his resignation from the board because of differences with other members over "definition of policy." They were content to have the home provide only custodial care of the lepers, while Dyer wanted the home to try to develop improved methods of treating the disease medically. Without the hope of such future improvement of the home along medical lines, Dyer felt that harmony among the members of the board, which was essential for the welfare of the lepers, would be promoted if he resigned. The home must continue even if it only offered its patients the domestic care of the sisters. Yet, the failure of the board to agree on a plan of action for future medical progress at the home had detrimental results. On the same day that Dyer resigned, Dr. Sherck and Mr. Woods also tendered their resignations, followed shortly by Dr. Hooper. With their resignations medical treatment at the home ceased to be adequate. In 1900, Dr. Dyer fully revealed the division which rested within the board as an agency financed by the state:

The conditions in Louisiana...are largely due not so much to the apathy on the part of the medical profession, not so much to the lack of desire on the part of those who are interested in leprosy, as it is to the political color of the Board in control. The Home that was first started in Louisiana had every evidence of being successful in dealing with leprosy. The law is explicit and comprehensive in its details, but the Board as it is at present constituted is opposed to the spending of any amount of money in the attempt at cure of lepers who are looked upon as incurable, and are simply sent to the present asylum to die. On this account, of course, the leper is unwill-

\[23\] L.H.R., Correspondence, Louisiana Parishes (Orleans), Dr. Dyer to the Board of Control, June 20, 1896; Dr. Sherck and A. A. Woods to the Board of Control, June 20, 1896; Dyer, "History of the Louisiana Leper Home," p. 722.
ing to go, and the physician with a conscience is unwilling to have him sent.²⁴

Medical treatment was relegated to a subservient position and domestic care and proper dressing of sores were the only medical treatment thought effective for the victims of leprosy. When the General Assembly adjourned in 1896, there was little effort to continue the home on the plan originally proposed by Dr. Dyer in 1894, "because of the overruling spirit in the Board that the institution should be conducted as an asylum."²⁵ The state made no additional appropriations than previously set by law nor did it make provision for scientific care of the patients or research. Dyer's efforts to make the home a hospital for the eradication of leprosy in Louisiana by systematic care and treatment had temporarily been checked.

In place of the resigning members of the board, the governor appointed M. D. Lagan as president, Frank McGloon as vice-president, and John Ponder as a board member. Dr. A. A. Carruth, of Wilson, was selected to replace Dr. Hooper.²⁶

With the resignation of those members of the board who favored the continuation of the home as a hospital for the proper care and treatment of lepers, from a medical standpoint the hospital at "Indian Camp" would progressively deteriorate into a state run "home" in despair. Now that the home was under the care of the Sisters of Charity, who had long been praised by New Orleans health authorities, the apathy of the state's


lawmakers would soon utilize the results of the domestic improvements brought by the sisters as proper dispensation towards lepers in Louisiana. But, the isolated leper home in Iberville Parish would prove a challenge to their ecclesiastical supervision.
 CHAPTER V

ECCLESIASTICAL SUPERVISION AND THE CHALLENGE OF ISOLATION

It soon became clear to the sisters and the lepers and their families that the new leper home at "Indian Camp" was in a remote and isolated place. Ninety miles from New Orleans the home was accessible by boat using the Mississippi River fronting the home, but by rail the nearest stops on the Texas and Pacific and the Mississippi Valley railroads were from five to seven miles away. "It is so far away from New Orleans that it is inconvenient to the Board and many kind friends in the city who want it nearer; and, perhaps, some lepers in New Orleans, as well as in Southwest Louisiana, are kept away from the Home who would apply for admission if it were nearer and more accessible,"¹ wrote M. D. Lagan, President of the Board of Control.

Besides being isolated, the home came to be viewed by the lepers' friends, relatives, and physicians as a "charnel house" and not the attractive home intended by the state's first Board of Control.² Dr. Dyer had always hoped that the "Indian Camp" location would be temporary and that the state would acquire a more accessible, permanent location where a modern institution for the care and treatment of the state's

¹Reports of the Louisiana State Board of Control of the Leper Home in Iberville Parish to the Governor and General Assembly of the State of Louisiana, 1894-1918, Bi-Annual Report, 1898 (New Orleans: Perry & Buckley Co., 1898), pp. 4-5.

lepers would be developed. Since the "Indian Camp" site was held under only a five-year lease, there was little reason for the state to appropriate money for improvements beyond what was of pressing need. Yet, its isolation hampered the state in its efforts to attract lepers to a home that was almost solely maintained to provide domestic care. As a contributor to a healthy public and as a credit to the state, the leper asylum was failing in its purpose to eradicate leprosy among the population.

As stipulated in their contract, following their arrival at "Indian Camp" the Sisters of Charity had carefully inquired into the needs of the home and made requisitions for bedding and household supplies as well as for clothing for the patients. By the latter part of April, 1896, the patients' dining room had been opened and the new kitchen was made available for use. The sisters also tried to divert the minds of society's outcasts from brooding about their affliction as well as the law's required isolation. The "inmates," as they were coming to be called, were encouraged to cultivate flowers, vegetables and fruits. They were given various domestic chores inside the leper enclosure such as small manual labor tasks for the men and sewing for the women. Games were offered them and croquet became a popular pastime. With only death waiting to toll their final contentment, the constructive use of spare time became vital to the 'inmates' morale.

For the sisters, economical management of the home necessitated the wise use of people's donations. Often friends and relatives of patients, along with various New Orleans charitable societies, provided

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3 Board of Control, Bi-Annual Report, 1898, p. 14.
money for small parties, as well as increasing gifts of food, clothing, and various household articles for the patients' physical and mental comfort. The inaccessibility of the home undoubtedly limited the number of such donations. In the meantime, the sisters were not reluctant to solicit charitable donations. Sister Beatrice proudly wrote to her superiors in July, 1896, "I am a sort of high minded beggar when they ask me what I want. I tell them the best, I don't believe in taking trash."

Following the resignation of Miss Kate Saunders as female nurse in July 1896, the sisters were left in complete charge of all nursing and domestic affairs at the home. Culinary, laundry, and other household departments were systematically handled. Without a doubt, the sisters brought pride to the state home for lepers and credit to the Board of Control: "Without ostentation, they have the courage to conquer the dreariness of the situation and find contentment in catering to the wants, alleviating the sufferings and devising ways of making the lepers committed to their care as happy as it is given such unhappier to be." Credit was further given them for their unselfish care of the lepers by the Archbishop after his visit on January 10, 1897. On behalf of the 21 patients at the home he wrote, "the sisters have made

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7Board of Control, Bi-Annual Report, 1898, p. 7.
many improvements and the lepers are very grateful!" Without the faithful care of the sisters, after Dr. Dyer's resignation in June, 1896, the leper home might have become just an isolated "pesthouse" in Iberville Parish.

Following the death of Dr. Hooper in the summer of 1896, there is nothing on record of any medical treatment being provided at the home by a resident physician. The Leper Home Records reveal no correspondence between the governor's appointee, Dr. A. A. Carruth, and the board. Although the board received a number of applications for the position of resident physician in the fall of 1896, none was appointed. Instead, with economy of operation as the aim of the State General Assembly toward the leper home, a physician was preferred who would attend to the medical needs of the home on visits of two or three times a week for a reduced fee. While fear of jeopardizing their local practice brought forth only a small number of applicants for the position, the board showed as its main criterion for selection the lowest bid submitted for a contract to provide such part-time services. During this period of "economy of treatment," the lepers were cared for by the sisters who could provide only minor remedies from drugs on hand. Not until January, 1897, would the home acquire the services of Dr. G. Willard Jones of Whitecastle who assumed the position of visiting "Medical Director."


9 L.H.R., General Correspondence, L. H. Williams to M. D. Lagan, October 14, 1896; Sister Beatrice to M. D. Lagan, October 31, 1896; G. W. Jones to M. D. Lagan, November 25, 1896; L. H. Williams to Sister Beatrice, December 18, 1896; Sister Beatrice to M. D. Lagan, January 19, 1897; Board of Control, Bi-Annual Report, 1898, p. 12.
Critical analysis of the medical treatment at the home under lay management was provided by Dr. Dyer who retained an interest in the home and leprosy in Louisiana. From May, 1896 to May, 1898, the home was maintained by a board whose president followed a "policy of inaction" toward the use of legal measures to have lepers sent to the home. Dyer criticized M. D. Lagan, the head of the board for staying within the letter of the law and doing no more "than superintend the management" of the home. As has been noted, medical treatment was left to the services of country physicians, contracted to make periodic visits to the home with "no attempt....to treat the disease," for Jones, asserted Dyer, only "pretended to treat leprosy, as he knew nothing about it." For all intents and purposes, medical treatment at the home was achieved largely only through the excellent domestic care of the sisters.\(^{10}\) Their devoted concern for the lepers' well-being was just the degree of treatment that a lay board had taken for granted as being most beneficial to the victims of an incurable disease.

Dr. Jones' report to the General Assembly in 1898 shows the apparent lack of any systematic medical treatment at the home and its effect upon the home's intended purpose. The report indicated that only one case was under any specific treatment. Though Jones did provide a general tonic for the use of the lepers and attested to its generally good results, the remaining 34 inmates were simply listed in his report according to their general condition at the time, including any notice of death, or record of absconding.\(^{11}\) Reflecting the apathy of a state-run


\(^{11}\) Ibid, pp. 723-27.
home for incurable lepers he noted: "as to the general condition and surroundings of the patients, I consider them as good as could possibly be awarded them under the circumstances." As a result of the lack of medical treatment provided at the home, according to Jones' report from May, 1896 to May, 1898 there was an increase of only four patients. Jones' report was disturbing; it indicated that the effort to eradicate leprosy in Louisiana had come to a standstill. During 1897 and 1898, "Indian Camp" was exposed to only the beginning of many problems that were to arise. Personnel shortages never ceased to hinder the operation of the home in an area of low population with extreme fear of the disease or dread of the loneliness of the isolated plantation. The sisters were saddened by the death, in February, 1897 of Father Colton, who had faithfully served them and the lepers as well. Difficulties in securing food supplies continued since the fears of the local merchants necessitated obtaining them by boat from New Orleans. Visitors were a rare but welcome sight to the home as was Dr. Jones when he made his calls. By August, 1897, however, Dr. Jones began to make less frequent visits, often leaving the lepers unattended for weeks at a time despite his obligations under his contract. In these difficult circumstances, the sisters took charge of not only the domestic functions of the home but often of the medical and financial as well. The home was for the most part under ecclesiastical supervision.

12 Board of Control, Bi-Annual Report, 1898, p. 12.
14 Archdiocese of New Orleans Archives, Diary of the Archdiocese of New Orleans (Archbishop Janssens' Diary), II, p. 5; Sister Hilary Ross, "The Louisiana Leper Home, 1894-1921," pp. 47, 36; L.H.R., General Correspondence, Sister Beatrice to M. D. Lagan, September 10, 1897; September 17, 1897; March 6, 1898; March 27, 1898.
The most difficult problem was the patients' discipline which was clearly related to their isolation. In a letter to Mr. Lagan in February, 1897, Sister Beatrice expressed her mounting concern; "Nothing worries me more than friction between us and them [the lepers] and yet a little discipline is necessary to govern the place with credit to ourselves and equal justice to all." The situation worsened, so that by May, an article in the Western Watchman viewed the home as a decaying institution with the moral desolation more appalling than the physical neglect. The only permissible connection to the outside world for these outcasts of the state, was an elevated platform erected in 1897 affording them a view of the wilderness to which they were confined. By the summer of that year, however, disgruntled patients were openly defying their restrictions to the leper enclosure by dealing with passing peddlers. Their mounting grievances ranged from complaints of bed linens and house rules labeled with the words "Leper Home," to objections to both confinement and the separation of the sexes. Isolated as they were, "They felt that they are deprived of their rights as men and women by being shut up here when so many other similarly affected are at large and enjoying home and friends." With increasing patient abscondings the sisters became "more vigilant never leaving them alone."15

15 L.H.R., General Correspondence, Sister Beatrice to M. D. Lagan, February 20, 1897.

16 Sister Hilary Ross; "The Louisiana Leper Home, 1894-1921," Article from the Western Watchman, May 15, 1897, p. 37; Board of Control, Bi-Annual Report, 1898, p. 6; L.H.R., General Correspondence, James A. Ware to Governor Foster, June 21, 1897; Sister Beatrice to A. G. Phelps, July 30, 1897; Sister Beatrice to M. D. Lagan, February 7, 1898.

17 L.H.R., General Correspondence, Sister Beatrice to M. D. Lagan, February 16, 1898.
The problems resulting from isolation were not only disturbing to the residents at "Indian Camp," but were alarming to the board. By the close of the fiscal year, in April, 1898, the Board of Control realized the inadequacy of Act 85 of 1892, under which the state provided no authority for the board to force lepers into the home. Its power was limited simply to maintaining a home for lepers and providing for their care and treatment. As a result, Act 85 had produced no significant results in the care and control of leprosy for the six years of the home's existence. Therefore, the board, in its report to the General Assembly, asked for stronger legislation for the detection of lepers at large and their commitment to a home which the board had tried to make more appealing to their friends, relatives, and physicians. For the protection of the public, the board emphasized, "some practical legislation for the detection, isolation and gradual extinction of leprosy" was required. The eradication of leprosy in Louisiana was the home's paramount purpose. Only four new admissions in a two-year period was not much of an accomplishment. Not only should Louisiana's lepers be found and put in the leper home, but the home itself should be more suitably located in a healthy, isolated, and accessible place free from unreasonable local opposition. A suitable tract should be purchased where there could be established a permanent home affording more improvements which would attract more lepers voluntarily and ease the apprehensions of friends and family. The overall objective of the board would be to attract to the home all lepers in the state.

18 Board of Control, Bi-Annual Report, 1898, pp. 3-7.

19 Ibid, pp. 4-8.
The home at "Indian Camp," stated the board, had encountered numerous obstacles that would only grow greater with the passage of time. While operation of the home continued under a lease, however, the purchase of the land of the Camp plantation was always a possible option. It was not likely to be exercised by a board nor encouraged by a nursing staff who viewed "Indian Camp" as a great disappointment. After only 18 months' experience at the home, Sister Beatrice wrote the president of the board; "I am praying with all my might that nothing will induce you to make the purchase - believe me the work will never prosper here." 20

In the eyes of the state's officials, however, "Indian Camp" was considered an ideal location for a home for incurable lepers. In May, 1898, Governor Foster asked for additional copies of the board's report to the General Assembly. The request was made in order that the people of the state should know something of the workings of the home and so that proper placement of the report would encourage increased leper admissions. In an attempt to assist the efforts of the board, Governor Foster, in his message to the General Assembly of 1898, pointed to the inadequacies of Act 85 as an obstacle toward the future restriction of lepers under state control. Although Foster viewed the "Indian Camp" site as ideal - it was healthful, isolated, well-managed, accepted by the people in the vicinity, and free from any possible dangers to the general public - the home's isolated location was a deterrent to its purpose of attracting lepers for care and treatment. The governor, therefore, urged the General Assembly to heed the words of the 1898 report of the board

20 L.H.R., General Correspondence, Sister Beatrice to M. D. Lagan, October 18, 1897.
and provide for relocating the home in a more accessible location.\textsuperscript{21}

The apparent failure of the "Indian Camp" home to seclude any significant number of lepers in the state as evidenced by the 1898 report of the Board of Control led to the enactment of Act 205 in July, 1898. The act provided for a commission of five legislators (three from the House of Representatives and two from the Senate) to act jointly with the governor and state auditor to select an appropriate site for a permanent lepers' home. The act further appropriated $20,000 for the purchase of land and the construction of all necessary buildings for a "modern sanitary Leper Home."

Added concern over the few admissions to the leper home led to the passage the following week of Act 180, which increased the number of members of the Board of Control to nine and declared it a "body politic." The new nine-member board could contract for necessary personnel for the home and purchase, sell or convey property to benefit the further care and treatment of lepers.\textsuperscript{22} It was apparently evident to the state government that to control leprosy, this temporary and isolated home was impractical, inadequate, and ineffectual.

Discussions of a permanent leper home got under way in June with the board's appointment of Judge A. McGloin to take charge of locating a new site for the facility.\textsuperscript{23} He was acting under the authority of the committee created under Act 205. The new site would have to be isolated,

\textsuperscript{21}\textit{Ibid, Dr. G. W. Jones to A. G. Phelps, May 19, 1898; "Message of his Excellency Governor Murphy J. Foster to the General Assembly of the State of Louisiana, Regular Session of 1898," (Baton Rouge: The Advocate, 1898), pp. 7-8.}

\textsuperscript{22}\textit{Acts of the General Assembly, 1898, Act 205, July 8, 1898, pp. 495-96; Act 180, July 14, 1898, pp. 427-28.}

\textsuperscript{23}\textit{L.H.R., Correspondence, United States (Mississippi), M. D. Lagan to A. G. Phelps, June 16, 1898.}
but not so remote as to keep away leprous victims and their families, but yet, remote enough so as not to arouse the fears of the neighboring residents. However, to locate such a place would take time.

While the board made plans to relocate the home, the pressures caused by isolation and confinement remained at "Indian Camp." Isolation continued to cause the patients to feel degraded by society because they had a loathsome disease. The result was perpetual grumbling by the patients which was a constant irritant to the sisters who made every effort to avoid any additional causes for patient unrest. No less troublesome were the difficulties in dealing with local merchants, who often sent inferior goods to the home and yet demanded prompt payment for all purchases. The almost impassable roads along the river hindered the delivery of goods and personnel to the home as did the periodic inconvenience of flood waters from the Mississippi. Communications were extremely poor in this remote part of the parish, for even in 1900, the closest telephone was three miles away at the Island Post Office. The only recourse for the sisters was to make the patients as contented as possible through constant attention and encouraging them in the productive use of their time. Remote and neglected, the lepers' condition in those closing years of the 1890's must have been "depressing when added to the pain of separation [sic] from home and friends." 25

The members of the board continued to be concerned over the lack of adequate medical treatment at the home. M. D. Lagan, for example, wrote

24 L.H.R., General Correspondence, Sister Beatrice to the board, May 20, 1898; Sister Beatrice to M. D. Lagan, June 4, 1898; Sister Beatrice to A. G. Phelps, June 30, 1898, August 19, 1898; Sister Beatrice to M. D. Lagan, November 24, 1898; February 20, 1899, April 8, 1900.

A. G. Phelps in reference to Dr. Dyer’s continued interest in the affairs of the home: "it is a pity there are not more physicians willing to interest themselves in the same direction [;] it is a [sic] proper spirit." Yet, the board made only slight efforts to insure reliable medical practitioners for patient care. In July, 1898, the services of a dentist from New Orleans were secured for the home because area dentists feared that practicing at the home would injure their local practices. Dr. Jones continued to make only sporadic visits to the home, but owing to a lack of confidence in his medical abilities by both staff and patients, his services were terminated after April, 1899, with little regret from the home’s residents. The continued hope that an able physician would be employed had never ended since the departure of Dr. Wailes and Dr. Dyer. Both patients and the sisters looked forward to the visit of a new physician, Dr. E. A. Pierce, well-known in the area as an able doctor and a gentleman.

The isolation at "Indian Camp" worked against the improved medical treatment of the lepers. Dr. Dyer always wanted the home to be accessible to New Orleans so that the patients could benefit from the resources of the Tulane Medical School. He advocated the establishment of a hospital on a permanent basis for their medical treatment and also equipped for the scientific study of the disease. Dr. Dyer aspired to offer the unfortunates real hope of efficacious medical treatment. On the other hand, the lay board, as has been emphasized, deemed it

26L.H.R., Correspondence, United States (Mississippi), M. D. Lagan to A. G. Phelps, July 14, 1898.

27L.H.R., General Correspondence, Sister Beatrice to M. D. Lagan, July 16, 1898; April 24, 1899; Sister Beatrice to A. G. Phelps, May 2, 1899; May 20, 1899.
necessary to remove the lepers from the public eye and provide only custodial care through the use of the Sisters of Charity. It had little concern for the medical treatment of an incurable affliction. Though various remedies had been tried at times and custodial care made the patients as comfortable as possible, the home had accomplished nothing since June, 1896, in pursuing a systematic treatment or possible cure of the disease. Due to the home's isolation, even the cost of mere custodial care for each leper was reaching a level of about $300 per year by 1900, while only a limited number of lepers were kept at the home.28 All in all, therefore, the leper home in Iberville Parish was a monumental block to the object of eradicating leprosy in Louisiana.

In March, 1899, the board realized that a decision must be made either to purchase the land of "Indian Camp" or to secure another lease on the property before the existing contract expired in November. It decided that to sign another lease for one year would provide additional time to locate a more accessible tract for purchase. Continued searching throughout the spring and summer was unsuccessful and fear of being left with no location for a home after November caused alarm among members of the board.29 By August, the situation was desperate: "Taking another lease on 'Indian Camp' is the only solution of our present stagnated condition," concluded the board, "as it is the only way out of our


29 L.H.R., Correspondence, Louisiana Parishes (East Baton Rouge), Allen Jumel to A. G. Phelps, March 2, 1899; Allen Jumel to M. D. Lagan, May 2, 1899.
trouble, and must be done at once if at all, as all delays will be criminal should we be too late."\textsuperscript{30} Accordingly, an additional lease was secured from Jules Andrieu, agent for the Budington heirs, running from November 21, 1899 to November 20, 1900 for a fee of $1,000. Furthermore, to allow the board additional time to find a new site if needed, an agreement was made to extend the rental contract at one-year intervals up to November 20, 1904.\textsuperscript{31} The home at "Indian Camp" held promise of continuing for at least four years.

According to the board's 1900 report, the required site should be some plantation property in the vicinity of New Orleans, on the river, and accessible by rail. The tract should be large enough for a leper enclosure and sufficiently distant from the neighboring population so as not to alarm the public. Although knowing what they were looking for, the board and the special five-man legislative committee failed to agree on a number of properties which were considered.\textsuperscript{32}

In the meantime, costs of operation at "Indian Camp" were rising and were becoming increasingly burdensome. Though the 1896 report of the board showed a balance on hand of $3,581.94, the reports for 1898 and 1900 showed no unexpended balance at all. At a new and more attractive site the anticipated rise in patient population would require larger sums of money, and would necessitate the doubling of the $20,000 appropriated by Act 205 in 1898 for the purchase and construction of a

\textsuperscript{30}L.H.R., Correspondence, United States (Mississippi), M. D. Lagan to A. G. Phelps, August 6, 1899.

\textsuperscript{31}L.H.R., Various Documents, "Lease Agreements," September 21, 1899.

\textsuperscript{32}Board of Control, Third Bi-Annual Report, 1900, pp. 3-4.
state leper home.  

As revealed by the board's report of that year, by 1900, little real progress had yet been made in the study and treatment of leprosy. Though Dr. Pierce had tried M. P. Guichard's cure of Red Mangrove Bark from Cuba on some patients, it was of no benefit. While the board had seen fit to experiment with a "sure miracle cure" on these confined, hopeless specimens of humanity, for all practical purposes, the medical care of the home was left to the sisters who washed and dressed sores, administered medicine and food to the sick, and generally provided them with time-consuming amusements. From the standpoint of hospital care, Dr. Dyer noted that "recognized treatment in any systematic way was overlooked." Elsewhere in the world, however, the search for a cure for leprosy was being carried on. The New Orleans Medical and Surgical Journal called for a more enlightened approach to the disease in Louisiana:

If Louisiana is bent upon providing for its lepers for all time, then it is now more than urgent that ample provision should be made by the Legislature, not for a temporary sum of money, but enough to equip not only a "home" or an asylum, but with provisions for hospital facilities where those sentenced to isolation may have adequate care in a medical way, while creature comfort is not overlooked.

Following the board's plea for greater financial assistance in 1900,

33 Board of Control, Reports, 1896-1900, "Secretary's Report;" Third Bi-Annual Report, 1900, p. 4.
34 L.H.R., Correspondence, Foreign Countries (Cuba), P. Guichard to A. G. Phelps, December 18, 1899; December 30, 1899; Board of Control, Third Bi-Annual Report, 1900, pp. 5-8.
36 "The Leper Home and the Legislature," Editorial; New Orleans Medical and Surgical Journal, LIII (July, 1900), 33-34, 35.
the state began to take a closer look at its home for lepers. Six members of the legislature came to the home in June of that year, and all agreed that better quarters were needed. During their visit both staff and patients fully expressed their desires for a new location. Upon the recommendation of these legislators and the board, the General Assembly passed Act 61 in July, 1900. The act authorized the Board of Control to select a suitable site for a permanent state leper home with the governor's approval, and to construct all necessary buildings and improvements. The legislature appropriated $25,000 for the new home in place of the $20,000 (held in reserve) appropriated in 1898.37

Throughout the fall and winter of 1900, life at "Indian Camp" went on as usual. Patients who were able to do so carried out small tasks for the sisters. Portions of the lands of "Indian Camp" were continuously leased to local farmers to cut down on operating expenses. Shipments of provisions were as always, irregular, sometimes arriving at three or four o'clock in the morning. No less bothersome to the sisters was the home's inability to keep a resident priest who could harmoniously fit into the primitive surroundings. In addition, there was the periodic threat of malaria to patients and staff. The home's location on the poorly drained east bank of the river caused stagnant pools of water to form in low areas of the grounds where mosquitoes gathered and multiplied.38

37 L.H.R., General Correspondence, Sister Beatrice to A. G. Phelps, June 15, 1900; Acts of the General Assembly, 1900, July 6, 1900, pp. 108-09; See also, Board of Control, Bi-Annual Report, 1902, p. 3.

38 L.H.R., General Correspondence, Sister Beatrice to A. G. Phelps, September 13, 1900; Sister Beatrice to M. D. Lagan, October 5, 1900; October 7, 1900; November 9, 1900; Sister Beatrice to A. G. Phelps, November 20, 1900.
Meanwhile, the board continued its search for a new location. By March, 1901, it was prepared to submit two sites for the governor's approval. The first was on two adjoining properties on the west bank of the river opposite the town of Kenner in Jefferson Parish. The location was suitably isolated and was valued at the reasonable sum of $4,100; the other site was closer to New Orleans, but was too costly. Consequently the cheaper site was chosen. On April 30, 1901, the board purchased the two tracts of land in Jefferson Parish— one from William B. Bloomfield of New Orleans for $1,600 and an adjoining tract from Marie Louise Barnett, widow of Stephen Duncan Gustine, for $2,500. These two west bank properties, located about 19 miles above New Orleans, were surveyed and arrangements were made for ground preparation, planning of necessary buildings, and other preliminaries for the erection of a new leper home. More accessible to the city than "Indian Camp," the new site of "Elkhorn," as it was known to the local residents of Jefferson, seemed to satisfy the requirements of a proper location for a state home for lepers.

To the residents in the vicinity of "Elkhorn," the proposed building of a leper home was anything but desirable. On May 14, the citizens of Jefferson Parish appointed a committee to meet with Albert G. Phelps, President of the Board of Control, to discuss the dangers of a home near the area called Waggaman. They did not consider the "Elkhorn" site to

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39 Board of Control, Bi-Annual Report, 1902, pp. 3-4. See also, Louisiana State Archives, Baton Rouge, Louisiana, Leper Home Cash Book, 1894-1903, May 7, 1901, p. 207.

40 Conveyance Records, Book 20, pp. 582-83, 584-86, Jefferson Parish Court House, Gretna, Louisiana; Board of Control, Bi-Annual Report, 1902, pp. 4-5.
be very isolated, posing a danger to several hundred inhabitants and they declared that such a home would reduce property values in the area.

In response to these protests, the board sent a questionnaire to the residents in the vicinity of "Indian Camp" asking their reactions to the location of the leper home in that parish. Of the 31 who answered, none found the home a public nuisance, a danger to public health, a cause of property devaluation, a source of contagion in the parish, an injury to local business interests, or a cause for undue fear. Instead, they were of the opinion that "Indian Camp" had attracted lepers wandering around at large and was actually a financial benefit to the area. The responses to this questionnaire failed to quiet the rising fears of the Jefferson Parish residents. The New Orleans Times Democrat saw the new location as causing injury to the home's cause, and supported the complaints of residents of the area. It agreed with them that a leper home at this new location would only tend to spread the disease in Louisiana.41

On May 22, the board held a meeting to hear the complaints of the residents of Jefferson Parish. Backed by the prejudiced statements of the New Orleans Times Democrat, the Jefferson residents protested strongly the location of a leper home at "Elkhorn." The medical profession's spokesman for the residents was Dr. N. C. Stevens, who admitted having never seen a case of leprosy throughout his years of practice. Dr. Stevens major points of opposition were: leprosy was highly contagious, the area of "Elkhorn" was not isolated as required by Act 85 of

1892, which suggested that isolation entailed removal to some island or uninhabited area, and the establishment of such a home would cause a depreciation in property values and bring financial loss to local residents. 42

Those of the medical profession present to explain the facts of the disease were Drs. Isadore Dyer, Edmond Souchon (President of the State Board of Health), and Quitman Kohnke (President of the New Orleans Board of Health). They cited the results of the "questionnaire" as completed by the Iberville Parish residents as proof that there would be no property depreciation and no danger to the public health from the disease and stated further that it was the intention of the board to establish a modern sanitarium with a program of disinfectants to halt any possible spread of the disease. They also pointed out that the home would be placed at a safe distance from the public road and all adjoining properties. Besides, the home would attract lepers at large and thus guarantee Jefferson Parish freedom from the dangers of unknown contact with diseased persons. The doctors stressed that the home's proximity to New Orleans would facilitate scientific work to assure further control of the menace. In direct rebuttal of Dr. Stevens, Dr. Dyer called for the systematic control of the disease by a proper sanitarium which would dispel any possible chance of contagion by person-to-person contact. He further argued that isolation under Act 85 of 1892 did not mean seclusion on an island or a location far removed from everyone, since such a place would only defeat efforts to attract the lepers in the state. As to property values, they had actually risen over

42 Board of Control, Bi-Annual Report, 1902, pp. 5-7.
a five-year period in the vicinity of "Indian Camp." 43

At the close of the meeting, no agreement or decision was reached. Yet popular prejudice stood firm in the path of a determined board. On that same night, May 22, the abandoned structures of a decaying "Elkhorn" were burned to the ground. The New Orleans Times Democrat viewed their destruction as a fulfillment of the principle of "self-preservation" as "the first law of nature." In a continuing effort by the citizens of the parish to keep "Elkhorn" from becoming a leper home, the police jury appropriated $200 toward the purchase of the property, but nothing was done. 44

Following the burning of "Elkhorn," the board was faced with three possible courses of action. It could relocate the home at "Elkhorn" despite local opposition, or select another site, or purchase the site at "Indian Camp" for a permanent home. Though "Elkhorn" was the more convenient site, the remaining $20,000 appropriated by Act 61 of 1900 would be insufficient to rebuild a home to meet the expected increased number of patients to be cared for. To retain and develop "Elkhorn" would call for an additional $25,000 appropriation. Similarly, the purchase of a new site would cause a financial strain upon the board unless Jefferson Parish made full reimbursement to the state for the "Elkhorn" property and the legislature made an additional appropriation of $50,000 to purchase land and construct the necessary buildings. Since the existing

43 Ibid, pp. 5-12.

isolated location at "Indian Camp" contained a collection of dilapidated structures of little use, the retention of this place would be considered only as a last resort. Whatever the decision, the board felt that it should be made as soon as possible so as to advance the effort to halt the spread of the disease, and because of the cost of building a new facility would be less now than if the home were allowed to remain indefinitely under temporary arrangements.  

Since the proper course of action weighed heavily upon financial considerations, the final decision rested with the legislature. Consequently, it would choose that course involving the least expenditure to the state. In June, 1902, the legislature authorized the sale of the property of "Elkhorn," and in November of that year it sold the property to Willswood Planting and Refining Company, L.T.D. for $3,000. With the sale of "Elkhorn," hope for relocation of the home all but vanished.

In the meantime, the asylum in Iberville Parish continued to suffer the great handicap of isolation and to be regarded by the lepers, their families and the state medical profession as a home of despair. For the first nine months of 1901, medical treatment at the home continued on a substandard level under Dr. Pierce who failed even to keep up a book of patient records as had the other physicians following Dr. Wailes. Sister Beatrice related to the board in August the failing medical care at the home: "I have often thought this slipshod work on the part of the physician must affect the interest of the House for surely the inmates tell

45 Board of Control, Bi-Annual Report, 1902, pp. 14-16.
it when their friends come to visit them or else they write it home."

She openly advocated a change in the medical personnel at the home, observing: "Dr. Pierce has not treated the disease of leprosy in the patients but only some little ailment they may have such as constipation, malaria or heart difficulty, so there is nothing for you to do to save your reputation but copy Dr. Wailes treatment." By September, "Indian Camp" would receive the services of a new visiting physician.

Upon the recommendation of Dr. Dyer, Dr. Ralph Hopkins of New Orleans was appointed visiting physician to the home. Long-time friend and assistant to Dr. Dyer in hospital and college study of skin diseases, Dr. Hopkins was qualified to treat leprosy according to the approved methods of the time. Dr. Hopkins made regular visits to the home on Fridays. In his first report to the General Assembly, he pointed out the overcrowded conditions under which the patients lived, the poor state of the cabins, and inadequate closet and bath facilities, as well as the need for a small room for minor surgery, a small laboratory, and more medical instruments. The institution required expansion to meet the needs of a growing number of lepers sent to the home through the efforts of the health officials of New Orleans. From the standpoint of treatment under Dr. Hopkins, "Indian Camp" had acquired a life-long friend.

At the same time, the domestic care services of the home lost a valiant pioneer when on September 6, 1901, Sister Beatrice died of

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47 L.H.R., General Correspondence, Sister Beatrice to A. G. Phelps, June 1, 1901; August 4, 1901.

malaria. As her contribution to the home, it was said, "Anything less than Sister Beatrice's all-embracing charity would scarcely have sufficed to make of Indian Camp a home for either sisters or patients."

She was replaced by Sister Benedicta Roach, an "indomitable character, who stopped at nothing when there was a question of bringing comfort to her charges." 49

The future of the home remained in a state of uncertainty. Suffering from its isolated location, "Indian Camp" was failing as both a home and a hospital for lepers of the state. It held little promise to lepers of domestic consolation and less of providing a cure of their disease by systematic medical treatment. It was now imperative for Louisiana to accept the challenge to eradicate leprosy, and to redeem its failing institution:

Its redemption must depend on an active rehabilitation of its object; upon demonstrating the existence of the disease outside the home; in establishing a modern institution; equipped for the treatment and the care of the lepers who come and then they will want to come for the treatment when they would not come for the care - even the best, for death always comes the same way under silken coverlet, or on a straw pallet. 50


CHAPTER VI

THE STATE GRUDGINGLY ACCEPTS THE CHALLENGE.

After seven years the home for lepers at "Indian Camp" had made little progress toward its goal of caring for the state's lepers and seeking to eradicate leprosy in Louisiana. Its isolation had rendered it ineffective, while the fear of the public had prevented the establishment of a leper home in a more accessible area. A successful state home for lepers had to provide facilities for good medical treatment and also the comforts of an attractive home. While the fulfillment of these aims necessitated adequate expenditures by the state, legislators were unwilling to appropriate the needed funds for improvements on a leased tract of land. The principal need was still for a permanent location owned by the state for a home under the direction of a progressive Board of Control backed by a financially responsive General Assembly.

Within the first four months of 1902, the needs of the state leper home were becoming financially urgent. In March, the board made a request to the governor for permission to draw funds from the building appropriation to be used for maintenance. The following month the secretary of the board wrote the chairman and members of the Special Legislative Committee on Appropriations about the urgent financial situation at the home. The yearly appropriation of $7,000 ($583.33 per month) for maintenance he noted, was inadequate, and left no allowance for a future increase in the number of patients or for needed improvements. The ex-
isting appropriation was only sufficient to maintain the "statu quo" [sic] at the home even though in the past six months new patient arrivals had been steady, and living expenses had increased.\(^1\) In fact, as a result of the Dingley Tariff of 1897, wholesale prices on a nationwide scale had risen 32 percent from 1897 to September, 1902.\(^2\) The board had been forced to take emergency action, using its reserve funds obtained from legacies and donations and incurring some indebtedness in order to make long-needed repairs and improvements. These included fixing leaking roofs, building additional rooms for patients, ditching and draining the grounds, and replacing a rundown cistern. Actually, regular monthly expenses of the home were exceeding the amount appropriated for that purpose with a monthly average expenditure of about $600, excluding rent on "Indian Camp," coal, stationery, lumber, furniture, and emergency outlays. Consequently, the board was faced with outstanding bills totalling $1,005.85. The home was now full and the patient population was certain to increase steadily because the New Orleans Board of Health, parish sheriffs, and physicians were becoming more active in locating and sending lepers there.\(^3\)

Of particular interest in the secretary's letter of April 5 was his expression of concern for the proper medical treatment of the patients.

\(^1\) L.H.R., Correspondence, Louisiana Parishes (East Baton Rouge), Leon Jastremski to Albert C. Phelps, March 10, 1902; L.H.R., Various Documents, 1894-1920; Albert C. Phelps to the Special Legislative Committee, April 5, 1902.


\(^3\) L.H.R., Various Documents, 1894-1920, Albert C. Phelps to the Special Legislative Committee, April 5, 1902.
Under the existing monthly allowance, he noted, "no extensive or very thorough special treatment, or scientific investigation of the disease proper, was possible." Now that Dr. Hopkins was able to provide better medical treatment for the disease, he added, the population of the home had increased and medical expenses were gradually becoming larger. Treatment should be even more systematic and more extensive to induce still more lepers to come to the home voluntarily. Investigation had shown that the disease could be successfully treated, and even cured, and the board had plans to provide such treatment. However, inadequate appropriations were thwarting these efforts. The present condition of the home from a medical standpoint was unsatisfactory. Buildings were not adequately heated, roofs leaked, patients were overcrowded and not separated according to stages of the disease, required baths for treatment were not available, the water supply was insufficient, and rearranging of patient quarters was necessary in order to avoid their exposure to the harsh winters when walking to the dining room or water closets. Of pressing need was a small operating room, surgical instruments, disinfectant facilities, and a small laboratory with a microscope. Adequate funds would allow promising experiments such as those with normal horse serum to be administered to more than only four of the 39 patients in residence. Through an increased appropriation, the secretary added, "the Board can go on with its work, and make the Home more efficient in attracting the increasing number of lepers from a dangerous mingling among the unprotected public to a Home, and a properly conducted Sanitarium when better conditions may induce their voluntary segregation. The gain to the State cannot be measured correspondingly in dollars nor
in thousands of dollars."\(^4\)

Further appeals were made to the legislature to give adequate support to the maintenance of a modern leper home. Toward the latter part of April, Sister Benedicta sent an invitation to the Legislative Committee on Appropriations to visit the home and within a few days, James A. Ware, the committee chairman, came to "Indian Camp." He agreed with the sisters as to the needs of the home and promised to lend his support.\(^5\) At the end of the month, the board in its report called for the entire remodeling of the arrangement and system of management of the home wherever it might be located. The board estimated that the home would soon be handling up to 100 patients which would call for an appropriation of $50,000 for land and necessary buildings for the "fair beginning of a proper sanitarium for lepers."\(^6\)

The establishment of such an institution would, of course, also require sufficient operating funds. The current appropriation of $10,000 per year was insufficient to meet the rise in admissions, and hence the home was in debt $2,300. It now devolved upon the state to rid the home of debt and raise its image in the public eye from that of a "pest-house" to a "sanitarium" offering the best possible chance for a cure. If the state was provided with a properly run sanitarium conducted under the approved standards of hospital sanitation and adequate treatment, "it would then seem as though the Home were a permanent settlement, and

\(^4\)Ibid, Albert C. Phelps to the Special Legislative Committee, April 5, 1902.

\(^5\)L.H.R., General Correspondence, Sister Benedicta to A. C. Phelps, April 24, 1902; Sister Benedicta to Albert G. Phelps, April 28, 1902.

\(^6\)Board of Control, Bi-Annual Report, 1902, pp. 16-17.
not simply an experiment." Accordingly, the board requested that the home's operating fund be increased to $12,000 a year.\(^7\) The urgency of providing a properly equipped and permanent institution had become the prime concern of the board as efforts for a new location now gradually became the lesser imperative to meet the goal of eradicating leprosy in Louisiana.

In 1902, the state undertook efforts to rebuild and make improvements to its leper home at "Indian Camp." By July, the legislature had raised the operating fund from $10,000 to $12,000 per year for a two-year period and appropriated $10,000 for building repairs and improvements. This latter sum was to be used at the existing site should a permanent location not be secured by the board. The state justified its actions for spending money on rented property because of the pressing need for enlargement of the patients' quarters and its concern to render "Indian Camp" attractive to lepers in the state. Also, after years of searching for a new location, and the subsequent burning of "Elkhorn," it was becoming more apparent to the board that "Indian Camp" was likely to be the lepers' permanent home. Thus, plans for immediate repairs and improvements were finalized and preparations for doing the work were begun by the close of the summer. Cost estimates were received on building materials from surrounding towns and John McNally was secured to supervise the work. While considering plans of modern sanitary facilities submitted by various manufacturers to improve the leper home, the board requested that one additional sister be sent to the home in anticipation

of an increase in patient load.\(^8\)

Construction dragged on through the end of 1902 and into the opening months of the new year. Three new cottages equipped with bathrooms, lavatories, closets, and sanitary plumbing were constructed for the women. Two of the cottages contained ten rooms each and one held six rooms. All had attics for clothes storage, plastered walls for easy disinfecting, and rounded angles in each room to prevent dust collection, and they were furnished with bedding trunks, steel beds of hospital style, steel tables, and a minimum of furniture for comfort and use. The cottages were well lighted, steam heated, fully ventilated, and provided with hot and cold water from the river. Structural repairs were made to several old cottages to be used as temporary quarters for the men until new structures could be built. Repairs were also made on the old Camp plantation house to make it more liveable for the sisters, while one of the smaller cottages was repaired and made habitable for the physician and the priest.\(^9\) Other modern facilities included a steam plant with a 50 H.P. boiler for heating buildings and pumping the home's heated water supply, a 20,000 gallon capacity water filter providing an output of this amount every 24 hours, a 45 foot storage tank with a capacity of 12,000 gallons of water, a 10 H.P. auxiliary portable boiler and pump located in front of the home on the batture for use during low river levels, and a new pressed steel fence surrounding the

\(^8\) Acts of the General Assembly, 1902, Act 87, July 5, 1902, p. 130; L.H.R., General Correspondence, John McNally to A. G. Phelps, October 20, 1902; L.H.R., Correspondence, United States (Maryland), R. A. Lennon to Albert G. Phelps, July 17, 1902.

\(^9\) Board of Control, Bi-Annual Report, 1904, pp. 3-4.
new structures. Foremost among the improvements to the home were those needed to make it a modern sanitarium. They included a small laboratory and an operating room for improved treatment and study of the disease. These new additions were furnished by public donations as were most of the cottages' furnishings. The operating room was equipped at a cost of $425.25, while the laboratory was furnished with one $97.50 Leitz microscope of 1000 diameters donated to "Indian Camp" by Dr. John J. Archinard. Other necessary instruments for the laboratory amounted to $16.59 as provided from donations and $114.09 from expenditures of the board. It was only a beginning, but the board hoped to make this new clinic the most important feature of the home.

"Indian Camp" now appeared to be a proper state leper home. At least, it could be considered a fully equipped sanitarium that would attract lepers to a life of seclusion with the hope of proper care and treatment for the cure of their disease.

In 1904, the home's care and treatment of lepers represented a major change from the days of Dr. Wailes. Dr. Hopkins, who served as visiting physician in partnership with Dr. Dyer as consulting leprologist, paved the way for the home's recognition as a properly conducted leper sanitarium. The 38 patients at "Indian Camp" were treated with best results with chaulmoogra oil and strychnine while the sisters maintained a relatively scientific and modern system of nursing.

10 Ibid, p. 4-5.
12 Board of Control, Bi-Annual Report, 1904, pp. 9-12.
The home in the future required "Humanitarian, sanitary, utilitarian and political judgement" to maintain not only an asylum, but also an institution where hope and the possibility of cure would become recognized features. It required an ample appropriation for the long-neglected scientific study of the disease. Dyer called for governmental responsibility to eradicate leprosy in Louisiana: "The world has its eye on us, and the state has gone so far, it must keep on with improved and unstinted provisions for the future until the increase of the disease is checked and until the number of cases diminishes so as to demonstrate no longer [a] need of an asylum."\textsuperscript{13} The challenge to the state had only begun.

All the repairs and improvements for an efficient leper home that could be made with the available funds were completed following the securing of an additional $3,500 loan by Governor W. W. Heard in June, 1903. Still needed were state ownership of the lands of "Indian Camp" so as to establish the home permanently, new cottages for the men similar to those for the women, and an enlarged laboratory for a more complete study of the disease. In urging the General Assembly to appropriate funds for these purposes, the board again pointed out that the provision of proper facilities at the home would draw to it lepers at large because of their knowledge that the home offered the best treatment available for effecting a cure. The state, the board stated, should appropriate at least $35,000 for building improvements and other facilities which, in turn, would certainly require that the yearly maintenance appropriation for the home be increased from $12,000 to $15,000 per year for the next two

\textsuperscript{13}Ibid, pp. 33-34.
In 1904, the state government proved reluctant to provide the leper home the additional financial assistance it required. In the legislature, members of the House refused to increase the home's maintenance appropriation to $15,000 per year. The result, cautioned the board, would be the refusal of future leper admittances to the home. Consequently, the state would be severely criticized, while an estimated 300 to 400 lepers still roamed unrestricted among the public. The board warned Governor N. C. Blanchard that, "If the doors of the Leper Home are closed then against new patients, the shame will be the greater." It noted that, while in the past, donations to an increasing degree had been necessary to maintain the home, they could not continue to be counted upon. It was, therefore, of utmost necessity to increase the maintenance appropriation to bear the cost of operating the new structures that had been built. With its limited funds, declared the board, "the Home can not be equipped as a pavillion hospital, and little progress can be made in the treatment of the disease. This is doubly unfortunate at the time when the board is at last in a position to make cures, and when its successful treatment of some cases is drawing patients in the hope of cure."

Although refusing to increase the yearly appropriation for the maintenance of the leper home for the coming two-year period, in 1904 the legislature did appropriate $8,400 for the purchase of "Indian Camp" and

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14L.H.R., Correspondence, Louisiana Parishes (East Baton Rouge), Governor W. W. Heard to A. G. Phelps, June 6, 1903; Board of Control, Bi-Annual Report, 1904, pp. 5-7.
15L.H.R., Correspondence, Louisiana Parishes (East Baton Rouge), Board of Control to N. C. Blanchard, June 23, 1904.
$4,500 per year for two years for the erection of necessary buildings.

It was evident that the state favored retention of an asylum at "Indian Camp" for lepers at minimum cost but was unwilling to provide more than that. At the same time, the legislature tightened its control on all state and district boards, including the Board of Control, by requiring their presentation of semi-annual, itemized, and detailed financial reports in addition to their biennial reports.16

In the spring of 1905, the board began preparations to continue adding permanent improvements to the home. With funds provided by Act 61 of 1900 and Act 114 of 1904, the board employed the architectural services of the firm of Mackenzie and Goldstein to draw up plans for these improvements. In April, a contract for $25,000 was awarded by the governor to the firm of Muir and Fromherz for the construction of buildings and covered walks, and for making some repairs to existing structures. Though planning and preparations were prompt, construction was extremely slow. Due to the fears of construction crews of catching the disease, the inability to obtain needed materials, and inclement weather, work continued well into the new year.17

Expenditures by the state for the improvements of 1905 and 1906 were justified on the assumption that "Indian Camp" would become the permanent location of the leper home. Negotiations between the board and the Budington heirs, who then resided in Paris, France, were under-


17 Board of Control, Biennial Report, 1906, pp. 5-6; L.H.R., Correspondence, Louisiana Parishes (East Baton Rouge), N.C. Blanchard to A.C. Phelps, April 26, 1905; L.H.R., General Correspondence, Sister Benedicta to G. Schnutz, December 2, 1905.
way by February, 1904. The initial inquiries were made in the summer of 1904 by Father R. A. Lennon, spiritual director of the Sisters of Charity at Emmitsberg, during a visit to Europe. The heirs, Katherine C. Budington, Alice A. Budington, and Mrs. Mary A. B. Bilger, indicated a willingness to sell the property if the terms could be agreed upon. Their initial asking price in July, 1904 was $18,000. However, after lengthy negotiations the price was lowered, and on December 21, 1905, the Budington heirs sold to the Board of Control for the leper home 358.85 acres of land being the "Indian Camp" Plantation. The total purchase price, including the value of the land, commissions, notarial charges and legal services amounted to $8,378. "Indian Camp" was now the permanent location of the state leper home.

Following the purchase of "Indian Camp," important new improvements were made to the home. New buildings added were: four new cottages with 12 rooms each for the male patients, constructed along lines similar to those of the recently completed female cottages, and a clinic building containing a well-lighted operating room, sterilizing room equipped with sanitary washstands, a pharmacy room, and separate treatment rooms for the sexes. The five new structures were connected by covered porticos which led across the dividing line of the sexes and joined the female cottages and the dining room. The old Camp plantation house was restored to a safer and more liveable condition for the now

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six Sisters of Charity who occupied the upper floor while the lower floor was used for a dining room, kitchen, storerooms, and lodging for some of the employees. The building used for the patient dining room and kitchen was moved to a more centralized position on the line separating the male and female quarters. Though repairs to that building would require a large expenditure, to construct a new dining room and kitchen would cost about $3,000 - a facility that the board saw a need for, but felt it could not afford at that time. When the four new cottages were completed, plans were made to demolish the remaining old cabins on the grounds.¹⁹

With the improvement of the physical features of the home came medical improvements. In their report for 1906, Drs. Hopkins and Dyer stated that three patients had been discharged as cured of the disease, while the death rate had been reduced. No doubt, noted the doctors, the results were aided by the courage of the patients, the constant attention of the sisters, and the healthy environment of fresh air and sunshine. Modern treatment of the disease was now conducted under rational methods and experimental recommendations were avoided. The home had attracted attention abroad as Lepra, an international journal of leprosy, had reprinted the medical section of the board's 1904 report. In order to continue to progress toward the eradication of leprosy in the state, it was now essential that the state legislature investigate the disease in Louisiana and invest the proper authorities with the power to send all lepers to the home.²⁰ In addition, declared Hopkins and Dyer, the state

¹⁹ Board of Control, Biennial Report, 1906, pp. 6-7.
²⁰ Ibid, pp. 16-18.
must meet the financial needs of "Indian Camp."

In keeping with the views expressed by Dyer and Hopkins, the board made its request to the state for the institution in 1906. There were now 44 patients at the home, it reported, and the expected increase would perhaps be upward to 100. Since medical science had made progress against this "formerly supposed incurable disease," the state should make better provision for the proper care and treatment of its charges. To meet the cost of expanding the home's facilities, as well as the balances due on existing contracts, the board requested an appropriation of $30,000. This large sum was necessary to "fulfill the duty which the state owes to its afflicted in partial compensation for withdrawing them from the ordinary life of their fellows, through no fault of their own, but chiefly for the protection of those who are more fortunate than themselves." The board believed that patient morale would be properly maintained and problems of discipline and abscondings would be reduced if the needs of the home were justly met.

Responding to the board's request, in July, 1906, the legislature appropriated only $9,550. It also failed to raise the maintenance appropriation to $15,000 per year as requested. Evidently the legislature was unimpressed by a record of only three patients reported as cured out of a total of 101 admissions over an 11-year period. As far as it was concerned, conclusion of a lay assembly was on the basis of the board's statistics; leprosy remained an incurable disease. Preconceived notions

21 Ibid, pp. 7-11, 12.


23 Board of Control, Biennial Report, 1906, p. 29.
and scientific ignorance held those financially responsible for the home to the idea that adequate domestic care was the best Louisiana could do for these incurable victims.

Following the state's refusal to increase the maintenance appropriation, the board was left in a quandary as to the means of providing for the home under a deficient monthly allowance. The home had required at least $1,300 per month for over a year while it continued to receive only $1,000 - an amount that had not been increased since July, 1902. In December, A. G. Phelps, head of the board, asked Governor N. C. Blanchard for a loan of $5,000 which would "allow the Leper Home to exist on a cash basis for a few months longer." The governor's office refused on the ground that it did not wish to establish a precedent for borrowing funds to assist a state board, even though the governor had borrowed $15,000 to support the upcoming Jamestown Tercentennial Exposition in 1907. The board, declared the governor, must operate the home within the appropriated sum of $1,000 per month.

The financial strain continued into 1907. In April, J. F. Pollock, secretary of the board, wrote Governor Blanchard that failure to receive an increased appropriation would cause the home to become a danger to the public because of its inability to afford proper attendants, including even the sisters, for they were already forced to perform the duties

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24 L.H.R., Correspondence, Louisiana Parishes (East Baton Rouge), A. G. Phelps to N. C. Blanchard, December 21, 1906.

of other needed employees. In reply, Governor Blanchard criticized the home's management by comparing "Indian Camp" to the state home for the blind which cared for about the same number of persons. His comparison showed that coal usage was lower for the blind institution as was the cost of food. The governor pointed out that wages were less at the leper home, so it could afford to allot more for food and other necessities. He called attention to the surplus of several thousand dollars in the treasury of the home for the blind, while the leper home was consistently in debt by several thousand dollars. Blanchard concluded that $1,000 per month was more than adequate to care properly for the 50 to 52 persons at the home. Limited by an unresponsive legislature and chief executive, the home could provide only what was necessary, and so the board pleaded with the sisters constantly to economize.

By the summer of 1907 the board and the sisters were making unusual efforts merely to keep the home in operation. The board transferred money from the building account into the maintenance fund leaving an unpaid balance of $3,949.39 due contractors for past construction. The board also was responsible for an outstanding overdraft of $600 to $700. Sister Benedicta advised Governor Blanchard that the borrowing of funds from the maintenance account to meet building expenses was of grave concern to the sisters. She also pointed out that poor workmanship on recent improvements was a terrible waste of needed funds to operate the home. She strongly urged that the state divide the funds of the home into three separate accounts: a domestic fund, a steam heating and water

supply fund, and a building fund. Prodded into action by her letters, the governor borrowed $4,000 in July, 1907, to cover the unpaid balance in the building account. Yet, he did nothing to relieve the monthly deficit of over $300 in the maintenance account. As a result, the board and the sisters were barely able to keep the home going.

By 1908, it had become imperative that the legislature meet the increasing needs of the home if it were to maintain its attractiveness in an isolated area. When the board enumerated the needs of the home in its report in April of that year, "Indian Camp" was able to accommodate up to 75 patients. Housing facilities had to be enlarged and power equipment increased to maintain a larger institution. Above all, an increase in the maintenance appropriation was absolutely necessary since the home still owed $575 on coal purchased for 1907. So meager were the appropriations for building and maintenance that private donations had had to be used for that purpose. In 1907, for example, a new Catholic chapel was constructed using funds provided by the Leper Home Chapel Association to which Dr. Dyer alone had donated $1,000 in January, 1906.

Since 1902, the efforts of the Board of Control to urge upon the legislature the establishment of a modern sanitarium for the proper care and treatment of lepers had done little to change the image of the home as an asylum for these still supposed incurables. Patient discontent had only increased in the years 1906-1908 as letters from patients themselves

27 Ibid, N. C. Blanchard to A. G. Phelps, June 7, 1907; Sisters' Archives, Scrapbook No. 1, letter, N. C. Blanchard to Sister Benedicta, June 8, 1907, p. 13; Sister Benedicta to N. C. Blanchard, June 18, 1907, pp. 14-15; Governor Blanchard to Sister Benedicta, July 6, 1907, p. 16.

28 Board of Control, Biennial Report, 1908, pp. 3-8, 25; L.H.R., Correspondence, Louisiana Parishes (Orleans), Isadore Dyer to C. Jeff Miller, January 8, 1906.
criticizing the policies of the board for their absolute seclusion in
the "Home of the incurable and non-contagious disease" indicated. The
patients felt the public viewed their existence as that of "criminals
deprived of ... liberty and freedom." They were managed under a set
of printed rules which insured not only the proper operation of the home
for the protection of the public, but likewise set guidelines for their
moral conduct. The board even drew up a set of rules for visitors to
the home who were looked upon by the sisters and the board as one cause
for some patients' discontent and their resultant abscondings. However,
the rules for their confinement and the separation of the sexes were the
major causes of discontent. Since 1906, 11 patients had absconded while
in the 12 years prior to 1906 only 14 had escaped the confines of the
home. The rise in patient abscondings had become detrimental to the
cause for which the home had been established - the eradication of lep-
rosy in Louisiana.

The continuance of the state leper home still depended upon develop-
ing an institution that would offer proper medical care and treatment to
its patients and not just domestic care. The New Orleans Times Democrat
supported that position, declaring: "The three features in the prevail-
ing idea of leprosy - that it is intensely contagious, absolutely incur-
able and inevitably fatal are almost thorough inversions of the actual
fact." A "Leper house or colony" it viewed as "a survivor of barbarism

29 L.H.R., General Correspondence, Harry Zimmerman to Albert G.
Phelps, August 20, 1906.

30 L.H.R., Various Documents (folder 94), "Rules for the Inmates
and; L.H.R., General Correspondence, John Drew to the Board of Control,
July 1, 1907; John Drew to A. G. Phelps, July 24, 1907; Board of Control,
and medieval ignorance pure and simple, and is as unnecessary as it is cruel." With the continued rise in patient abscondings in mind, in its 1908 report the board reaffirmed the home's major objectives: "The Home has two essential objects, as we consider it, the prime object being an asylum for victims of this disease in which to protect the public from a further infection, and a provision for the care and treatment of the leper that can promise him a hope for a cure and a return to his kindred." Upon the recommendation of the board and the New Orleans Daily Picayune, which praised the remarkable achievements of the home for the protection of the public, the legislature after six years finally raised the maintenance appropriation to $15,000 per year. It, however, made no provision further to change or improve the home.

As a result of financial constraints, in 1909, only necessary changes were made to the state leper home located at Carville (the new name of the local post office after June 30, 1909). Due to the overworking of the small band of sisters and the rise in patient numbers, the board called for the addition of two more nursing sisters from Emmitsberg. Meanwhile, the state made financial appropriations only when

32 Board of Control, Biennial Report, 1908, p. 17.
34 L.H.R., General Correspondence, Sister Benedicta to James Rainey, June 25, 1909; See also, "L. A. Carville from Carville, La.," The Star, November-December, 1954, p. 11. The post office station was named after Louis A. Carville whose dealings with the home through his general merchandise store did much to calm the resentment of the local inhabitants.
the home became threatened with closure or if it became so unattractive as to discourage admissions and cause discredit to the state. For example, in September, a major storm damaged the home's buildings and power facilities, as well as the physical appearances of the grounds. After an appeal to Governor J. Y. Sanders, the state authorized $8,000 for repairs.\footnote{L.H.R., General Correspondence, Sister Benedicta to James Rainey, July 10, 1909; August 23, 1909; Board of Control, Biennial Report, 1910, p. 3; Sisters' Archives, Scrapbook No. 1, letter, James Rainey to Sister Benedicta, September 27, 1909.}

In January, 1910, Governor Sanders enlisted Favrot and Levandois, L.T.D., the state architectural firm, to visit the home and make a thorough report on its condition and needs as a result of the storm. The patient quarters were found in good condition, affording adequate comfort. Less impressive was the culinary department which was in "pitiful condition," most unsanitary, a source of disease, and inappropriately equipped to serve 76 patients. The laundry, which was located in an old cabin, was of no use, while only one shed remained to house all animals and farm equipment. The structure most in need of rehabilitation was the administration building which was made barely habitable by the storm. The architects noted the apparent unconcern of the legislature for the home as evidenced by the state of neglect of the property, especially the sisters' residence. They commended the work of George J. Glover who made essential repairs of storm damages for a sum which did not exceed $4,000. Yet, the total amount needed to make all necessary repairs of damaged property was $5,300 more than the amount authorized for that purpose.\footnote{L.H.R., Correspondence, Louisiana Parishes (East Baton Rouge), Charles A. Favrot to J. Y. Sanders, January 26, 1910.}
By 1910, the board was concerned that the state had enough interest in the home to be willing to provide sufficient funds even to maintain it. Since its last report, the number of patients had climbed from 47 to 63 and the home had nearly reached its capacity. The board listed a number of needed improvements amounting to $21,650 and requested an increase in the maintenance appropriation to $18,000 per year. In a letter to Governor Sanders in April, 1910, Patrick E. Burke, president of the board, summarized the financial situation of the home: cash on hand was a meager $186.92, while the home owed $1,045.26 on 3000 pounds of coal. The rise in patient admissions had caused severe strains upon the maintenance fund. Support per patient per month had decreased from $27.03 per patient for 43 patients in 1906-1907 to $22.37 per patient for 63 patients in 1908-1909. In the light of this evidence and appeal, in July, 1910, the legislative appropriated the $18,000 per year requested.\(^37\)

Continued inadequate financial support by the legislature also impeded needed medical treatment at the home. Expenditures by the board for medical supplies during the period 1902 through 1912 show how small they were compared to total outlays for the home for each biennium. The following chart is illustrative:\(^38\)

\(^{37}\)Board of Control, Biennial Report, 1910, p. 6; L.H.R., Correspondence, Louisiana Parishes (East Baton Rouge), Patrick E. Burke to J. Y. Sanders, April 28, 1910; Acts of the General Assembly, 1910, Act 80, July 1, 1910, p. 138.

\(^{38}\)Data compiled from the Reports of the Board of Control, 1904-1912, "Cash Statements," See also, Biennial Report, 1910, p. 9.
TABLE I

<table>
<thead>
<tr>
<th>PERIOD</th>
<th>No. of Patients at time of Biennial Reports</th>
<th>Total Expenditures</th>
<th>Medical Expenditures</th>
<th>Percent of Total Expenditures for &quot;Medical Supplies&quot;</th>
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<td>$41,176.82</td>
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<td>62,229.84</td>
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<td>1,199.58</td>
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<td>34,008.04</td>
<td>1,338.57</td>
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<td>1910-1912</td>
<td>74</td>
<td>36,618.22</td>
<td>1,487.66</td>
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Not only were allocations of funds for medical expenses held to a minimum, but those allotted for research of any type were totally neglected.

In January, 1911, Dr. Dyer brought to the attention of the board the activities of Dr. Charles W. Duval of New Orleans who was working in the interest of the Louisiana Leper Home by conducting experiments designed to develop a serum for treatment of the disease. However, funds provided by the Medical Department of Tulane University for these experiments were depleted. Dr. Dyer asked that the board provide $500 to support continued research. Ultimately, however, the additional funds needed for the home and related purposes would have to come from the state.  

The board continued to appeal to the governor and the legislature for more money. According to its report of 1912, the patient load at the home stood at 74. Its cash balance was $306.40, but its debt amounted to $2,054.05. Due to rising admissions and increasing costs of operation, the board asked for a monthly maintenance allowance of

39L.H.R., General Correspondence, Isadore Dyer to P. E. Burke, January 26, 1911; Board of Control to Dr. Dyer, January 28, 1911.
$2,000, and $3,000 for a two-year supply of coal. Proper funding of the institution, stated the board, would require a total appropriation of $65,054 for the next two years. In July, 1912, the legislature responded by appropriating $24,000 per year for maintenance, $1,500 per year for fuel, $5,000 for one 12-room cottage, $2,054 to meet the outstanding deficit, and $10,000 for a new dining hall and kitchen. 40

The board's struggle to make the home domestically and medically attractive was met by an unresponsive state government which continued to nurse its Reconstruction wounds during the "Age of Governmental Conservatism" in Louisiana (1877-1920). Political excesses a half century earlier brought caution to state government even after the turn of the century. 41 Louisianaans were hesitant to support liberal legislation for fundamental reforms, and, as a result, state-supported humanitarian institutions in Louisiana witnessed little change in legislative appropriations during the first decade of the twentieth century. An analysis of appropriations for eight such institutions during the period 1902 to 1912 (Table II) shows that the annual appropriations for four of these institutions were raised from minimum to moderate amounts ($320 to $12,000 per year), three received sharp increases involving, however, only modest sums ($30,000 to $76,000 per year), and only one received a substantial increase by 1906 ($225,000 to $532,000 per year). 42

The leper's home led the list of institutions receiving minimum

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increases in appropriations, and, in general, funds provided by the legislature were barely sufficient to keep the home in operation in keeping with the wishes of the financial and business interests of the state. On the other hand, the sanitarium had begun to attract the interest of the leper community even though it was regarded as merely an asylum. By the second decade of the century, Louisiana's goal of leprosy eradication depended upon the proper operation of a public health agency and full acceptance of the financial burden of an increasing patient population.
<table>
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<th>Year</th>
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<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
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CHAPTER VII

THE BURDEN OF A STATE INSTITUTION

The financial challenge of operating and improving the leper home at "Indian Camp" continued to rest heavily upon the State of Louisiana. Progress depended upon the initiative and resourcefulness of the Board of Control, and even more upon the willingness of the state legislature to support an increasingly costly institution. The choice was, as it had been: Louisiana could either provide an institution whose chief purpose was to protect the public from lepers, or it could develop the latest in scientific care and treatment in the interest of the leper community. Only by increasing expenditures could the Louisiana Leper Home change from an asylum to a modern leper hospital.

Following the passage of Act 158 in July, 1912, the board decided to make further improvements at the home to meet the increasing needs of a growing number of patient admissions. In April, 1913, the board entered into an agreement with the Montagne Brothers, contractors of Abbeville, Louisiana, to construct a new dining room, kitchen, storeroom, one cottage for the women, detention cells for insane patients, incinerators, covered walks and fences. All these improvements were made according to plans prepared by the architectural firm of Diboll, Owen & Goldstein, Ltd. Since Act 158 provided only $17,000 for improvements, it was necessary for the board to borrow an additional $5,200 from the Canal Bank and Trust Company of New Orleans to cover all their costs at the
home. It was assumed that the legislature would later make an appropriation to make up the deficit.¹

In its report for 1913, the Board of Control reiterated an old theme. As stated by Joel J. Prowell, president of the board, "the legislature should decide whether the Home is to continue to be merely an asylum for leprous unfortunates or a genuine agency of public health equipped to conduct a vigorous fight on the dread disease."² Should the state choose to conduct the institution according to the latter concept, it should be larger, more comfortable and properly equipped.

Louisiana's complete acceptance of the challenge required a fundamental change in institutional concept. As one physician stated in the *New Orleans Medical and Surgical Journal*, "let us have leper hospitals just as we have cancer and tuberculosis hospitals, and when the unfortunate victims learn that theirs is not a forlorn hope they will eagerly seek to go where a chance of recovery is open to them."³

Plans to establish an institution conducted upon the lines of a modern hospital were presented to the legislature by the board in the spring of 1913. They were based upon an engineering and architectural survey of the needs of a facility to house, treat and confine properly the 87 patients then in residence. Those needs included; the con-

1Louisiana State University Archives and Manuscripts, Baton Rouge, Louisiana; *Leper Home Records, Bills, Receipts, Contracts, Notes, Insurance Policies, 1894-1921*, Agreement between the Montagne Bros, and the Board of Control, April 30, 1913; *Reports of the Louisiana State Board of Control of the Leper Home in Iberville Parish to the Governor and General Assembly of the State of Louisiana, 1894-1913*, Tenth Biennial Report, 1914, p. 9, Bound volumes, Rudolph Matas Medical Library, Tulane Medical Center, New Orleans, Louisiana.


3Paul Gelpi, "Sanitary Control of Leprosy," *New Orleans Medical and Surgical Journal*, LXVII, No. 12 (June, 1915), 1009.
struction of an additional cottage for male patients, a cottage for patients in an advanced stage of the disease, separate quarters for juveniles, painting of the old buildings, repairs to the administration building and to fences and walkways, sanitary facilities for employees, screening of a number of buildings, a new male clinic for male patients, servants' quarters, a better sewerage system, an electric power plant, a new steam power plant and machinery, a new and larger water supply system, a refrigeration plant, a covered walkway from the sisters' residence to the patients' cottages, and adequate fencing of the grounds. Once these improvements were added, financial provision would have to be made to maintain them. This would amount to $2,500 per month if the legislature granted the new power systems requested, and the additional cost of coal for fuel would be $2,100 per year. With the addition of outstanding debts totalling $4,608.94, the board requested an appropriation of slightly over $118,000.4

The legislature responded to the board's request by appropriating $93,850 for the leper home. Of this sum, $51,850 was to be made available for 1914, and $42,000 for 1915. Of the funds voted for 1914, only $17,650 was to be used for improvements. The remainder was apparently designated for operation and maintenance.5

In furtherance of its plans to create a larger and more modern home, on November 21, 1914, the board entered into a contract with the Montagne Brothers and Sam Stone, Jr., architect, for the construction of the

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4 Board of Control, Tenth Biennial Report, 1914, pp. 5-9, 15.

additions and improvements listed in its report to the legislature in 1913. The initial cost was $42,000, but adjustments during construction and additions of needed materials and commissions raised the amount to over $46,000 by September, 1915. Only by wise use of appropriated funds, which were hindered by dates of availability, and through the issuance of certificates of indebtedness was the board able to meet these increasing expenditures and payments to demanding creditors.

By March, 1915, the board had drawn all of its appropriations from Act 177 of 1914 except the monthly maintenance allowance. With payments on accounts at a standstill, the board authorized the president to issue certificates bearing six per cent interest on amounts due on these outstanding contracts. In June, then, the Montagne Brothers completed their work and wanted final payment. Fortunately, the legislature in a special session appropriated $41,000 of the amount still due the leper home under the terms of Act 177 of 1914. Yet the total amount provided by Act 177 and Act 34 of 1915 was only slightly more than three-fourths of the funds requested in 1913. As a result the board was still left with an outstanding $15,100 short of its needs. By May, 1916, when the board issued its report to the legislature, expenditures had exceeded legislative appropriations by about $18,000. Of this amount $7,000 was supplied from private donations, leaving $11,042.14 as an outstanding balance.  

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7 L.H.R., Correspondence, Louisiana Parishes, (East Baton Rouge), Paul Capdeville, Auditor of Public Accounts, to R. Staigg, Secretary
While the appropriations of 1914 and 1915 were enough to complete most of the improvements needed for a modern hospital as advocated in the board's plan of 1913, additional funds for the home were still urgently needed because of rising patient admissions. The 50 new cases admitted since 1914 increased the patient load by 35 per cent. Overcrowded conditions required that three new cottages be constructed as well as a new clinic. Also still needed were a new boiler, detention cells for insane women, a strengthening of security by the addition of a long-needed fence enclosing the grounds, and general repairs and equipment for the kitchen and laundry. To make the home more attractive, along the lines of a resort, there were also plans for the construction at some future date of a swimming tank, an amusement hall, and a library. However, legacies set aside for these purposes had to be used to pay for new improvements. As part of its plan to modernize the institution, the board invested $3,500 in tools and livestock. The resultant increase in the output of dairy products, poultry, and produce justified this experiment and contributed to the home's support.

In its report of 1916, the board presented its requests for the 1916-18 biennium to the General Assembly. Since the legislature appropriated only one-half the amount needed for a year's supply of coal, ($1,000), the board owed a balance of $2,292.47 on fuel purchases. To


8 Board of Control, Eleventh Biennial Report, 1916, pp. 4-5, 9.
meet rising costs of fuel delivered to an isolated area, the board decided to switch from coal to fuel oil, thereby holding the fuel bill down to $6,000 for the next two years. In order to make the change, the board contracted for a new storage tank at a cost of $2,002.32, payment for which was due. Added to high fuel costs were groceries and other domestic necessities to care for an anticipated 36 per cent increase in admissions which would require that the home's maintenance allowance be raised to $2,750 per month. The total appropriation requested for the coming two years was over twice the amount received during the four-year period, 1908-12. During that period the state had allowed $64,850 for the leper home. While the amount authorized for the following four years, 1912-16, was increased to $160,150, the sum being requested for just the next two years, as itemized in the report of 1916, was $137,899. Justified by the current patient load of 103 and an expected increase, the requested amount would allow the home to approach the fulfillment of its goal of eradicating leprosy by 1920.9

However, legislative expenditures for fuel and overdue obligations were not immediately forthcoming. In no hurry to pump funds into a revenue-absorbing institution, the legislature responded with acts containing time stipulations on the acquisition of revenues under warrant upon the state auditor. For example, Act 46 of June, 1916, appropriated an increased maintenance allowance of $30,000 per year and $4,000 for one new cottage, but the fuel appropriation of $3,500 per year and funds to settle obligations of $19,624.88 were to be derived out of the revenues of 1917. These limitations put pressure on the board who owed bills

9Ibid, pp. 5-6; 9.
dating back to April, 1916, and whose 60-day extension by notes of indebtedness would be long overdue before the appropriated funds could be obtained. Also troublesome was the stipulation that appropriations for needed fuel supplies were to be available after January 1, 1917 - a condition that would become more critical with the approach of fall and winter.

During the remainder of 1916 the Board of Control was involved in a desperate struggle to meet the needs of the institution in the face of mounting financial difficulties. In July, the board sought a loan from the New Orleans National Bank, but it was refused because of uncertainty as to dates of availability of appropriated funds. The only reasonable way to stave off creditors was once more to issue certificates of indebtedness to replace those falling due on July 1st for past improvements, and ask for payment extensions on needed supplies and materials. Further complications arose when the Auditor of Public Accounts gave notice that the general fund of the state was overdrawn. Fuel appropriations could not be drawn for a six months period under one warrant, and the auditor requested that for the coming months of the new year appropriations be drawn by the board on a monthly basis. Since the board had concerned itself first of all with the home's fuel oil supply for the harsh winters, petroleum companies were less likely to harass the board for installment payments on due accounts. In contrast, from local and New Orleans dry goods and food merchants, as well as all local suppliers of services to the home, came an almost endless stream of letters demanding payments of

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sums overdue.  Despite the board's efforts to hold off paying these financial obligations till the end of the year, the state's slowness in meeting its commitments according to Act 46 pressed upon the board well into 1917. Creditors stated their unwillingness "indefinitely" to supply a state institution without payment.  

The board passed its financial problems on to the state auditor in May, 1917. Secretary Staigg sent warrants to the state auditor covering current maintenance costs, due notes for coal purchases and a new oil tank, outstanding bills for 1915 and 1916, and certificates of indebtedness on overdue construction work. To settle these obligations would require over $21,000. These funds had been appropriated by the legislature in its last regular session and were long overdue. The situation was so desperate that even insurance on the home could not be carried past June 1st. Only after six months into the new year was relief finally secured.

11L.H.R., Correspondence, Louisiana Parishes (Vermillion), Secretary of the board to R. J. Montagne, July 28, 1916; L.H.R., Various Documents, Minutes of the Board, August 14, 1916; L.H.R., Correspondence, Louisiana Parishes (East Baton Rouge), Paul Capdeville to R. Staigg, August 23, 1916; L.H.R., General Correspondence, September-November, 1916.

12L.H.R., Correspondence, Louisiana Parishes (Orleans), William-Richardson Co., LTD. to the board, March 8, 1917; L.H.R., Correspondence, Louisiana Parishes (Orleans), A. Steiner of Baldwin & Co., LTD. to R. Staigg, March 23, 1917. [The volume of letters to the board from firms seeking satisfaction of long due accounts can be illustrated by a letter from A. Baldwin & Co., L.T.D., March, 1917:

Does it not appeal to you that this company should now receive a settlement of the old account which it holds against the Lepers Home? We certainly have been patient in this matter, and as our auditor is continually bringing this account before the Directorate as DELINQUENT, we wish now to know when we may expect a full settlement of same.]

13L.H.R., Correspondence, Louisiana Parishes (Orleans), R. Staigg
In June, 1917, the board held a special meeting to discuss the financial situation and pay its old debts following the state's release of the long-needed funds. These funds allowed for the payment of all construction bills. Operating funds were still so scarce that the sisters had to practice measures of strict economy until additional monies were forthcoming. By November 1, 1917, nearly all bills were paid except some old accounts in the hands of Sister Benedicta.

The closing years of the decade witnessed no end to the financial struggles between the board and the legislature to finance the cost of creating and maintaining a modern state leper institution. These costs rose rapidly and steadily after 1912. They doubled by 1914, reaching $76,514.22. By 1916 they climbed to more than $100,000 and reached their peak at $152,263.58 in 1920. At no time after 1912 did the state legislature completely satisfy the requests of the Board of Control for the home.

For a conservative state government these increasing expenses were too much. It was unwilling to pay the cost of making the "Indian Camp" home a modern leper hospital, and so, fundamentally it remained an asylum.

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14 L.H.R., Correspondence, Louisiana Parishes (Orleans), Notice of board meeting, June 26, 1917; R. Staigg to Sister Benedicta, July 2, 1917; July 18, 1917; LeBlanc & Railey, LTD. to R. Staigg, August 16, 1917; L.H.R., General Correspondence, Secretary of the board to Sister Benedicta, January 24, 1918.

15 Acts of the General Assembly, 1918, Act 125, July 9, 1918, p. 203; Act 3, "Extra Session, 1918," August 9, 1918, pp. 5-6; See also, Act 233, July 11, 1918; Board of Control, Thirteenth Biennial Report, 1920, pp. 3-4; See also, Board of Control, Reports, 1912-16, "Cash Statements"; Board of Control, Reports, 1918-20, "Reports of the Secretary."
CHAPTER VIII

THE STARS AND STRIPES OF HOPE

Throughout the history of America, from the colonial period into the early years of the new republic, matters of health and sanitation were controlled by colonial or state governments. State quarantine laws, for example, sought to prevent the spread of communicable diseases by ships entering local ports. However, if state health authorities failed or refused to take proper measures to prevent the spread of such diseases by interstate traffic, the federal government, as the superior authority, attempted to do so. Furthermore, from its beginning in July, 1898, the Marine Hospital Service steadily became empowered to maintain proper national standards of health and sanitation as the federal organization of higher authority. Consequently, it was not unusual that the federal government should gradually become interested in the control and treatment of leprosy and ultimately to take it over as it became clear that the states were unequal to the task.

Leprosy came to the forefront of national discussion among members of the medical profession in the 1880's. Brought to national attention by the influx of leprous immigrants and by measures then underway in Louisiana to investigate its prevalence in the state, physicians across the country urged that the United States government assume a role in investigating the disease as the first step toward effectively dealing with
it. Discussions of the disease still centered around the belief that leprosy was contagious and that it was transmitted directly from person to person independent of hereditary influence. Though some physicians were cautious not to rule out its possible spread by other factors, such as mode of living and diet, the majority of articles concluded that leprosy was propagated by contagion.

In order to prevent a national calamity, they argued, the federal government should assume responsibility for the adoption of measures for the proper care and treatment of lepers. The nation's physicians proposed the establishment of graded hospitals in various parts of the country operated under codes of restrictions, with laws for compulsory confinement, and punishment for the concealment of cases. To prevent the country from becoming an asylum for victims of infectious diseases, they insisted, the federal government should at least assume the responsibility of collecting facts about the disease and investigating measures for its effective control.  

By 1889, the question of controlling leprosy had been introduced into the Congress. The early discussions there and elsewhere on the federal level followed those of the medical profession by emphasizing leprosy's highly contagious nature. It was felt that the federal government should procure some isolated place, possibly an island, far removed from populated land areas, where complete separation of lepers would

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protect the general public from infection. The death in 1889 of Father Damien, who contracted the disease while administering to lepers at Molokai in the Hawaiian Islands, convinced the public that the leper problem required a responsible effort on the part of the government to find a solution. In 1890, the Surgeon-General's office stated, "There may be some question whether leprosy is contagious, but there can be none that lepers are undesirable additions to our population."  

After almost ten years of argument among members of the medical profession as to the nature, prevalence, and proper measures for the effective control of leprosy, as well as numerous petitions to Congress to assume its proper responsibility, Congress made its first move to deal with the growing leprosy problem. On March 2, 1899 it passed a measure - "An Act for the Investigation of Leprosy" - authorizing the Supervising Surgeon-General of the Marine Hospital Service, under the direction of the Secretary of the Treasury, to appoint a commission of medical officers of the Marine Hospital Service to investigate the origin and prevalence of the disease in the United States. The commission was allowed $5,000 for necessary expenses and was to request the legislation deemed necessary to prevent further spread of the disease. The commis-
sion's investigation and its subsequent report were to be undertaken in the interest of the public.

After three years of investigation, the commission published its report on March 24, 1902. The result came from over 10,000 letters sent to state and county health officers and over 800 letters addressed to individual leprologists, dermatologists, and other lesser state and county health officials. They uncovered a total of 278 cases of leprosy in the entire United States. This figure was believed the most accurate possible in view of the efforts at concealment of lepers and their families. Of the 278 persons with the disease, 186 said they probably contracted it in the United States. Cases were reported in 21 states, where a total of only 72 persons were isolated. On the basis of its findings, the commission recommended that the federal government erect two national leprosaria for the care and treatment of leprous persons, one to be located in a cooler climate, and one in a warmer one. These leprosaria should provide besides adequate care and medical treatment, comforts of life, useful occupations, and amusements. Supporting these recommendations, Dr. Isadore Dyer called for a national leper asylum to be operated upon the lines of a modern hospital facility.  

The recommendations of the commission were particularly interesting in that they proposed institutional change within the bounds of medieval precedent. The ideal locations for these leprosaria would be in places such as in the arid Southwest, some desolate area in the North, or on some island in the Gulf of Mexico or off the Pacific Coast. Support for the belief that isolation was the best means of preventing the spread of

5U. S., Congress, Senate, Leprosy in the United States, S. Doc. 269, 57th Cong., 1st sess., 1902, pp. 7-10, 73.
the disease came from the report of the International Leprosy Conference held in Berlin in 1897, which fully accepted the theory of leprosy's contagiousness. In tune with its emphasis upon isolation in the handling of lepers, the commission included in its report a statement by E. E. Cofer, Chief of the Quarantine Office in the Hawaiian Islands, that the colony at Molokai could accept 1,000 more lepers at a small additional cost. Cofer added: "The number of lepers the place is capable of accommodating is practically without limit, and it occurred to me more than once that a site so suitable and isolated should be made more use of - that is, made our national leper sanitarium." The effect of this recommendation was to bring to a halt for the moment further consideration of the establishment of leprosaria in the United States.

In 1905, however, the national leprosarium movement gained renewed momentum. In February of that year a bill was introduced into the Senate to provide a leprosarium for the segregation of lepers. Ten days after its initial reading, the bill was brought up with amendments and recommended for passage by the Committee on Public Health and National Quarantine. Its passage was further recommended by Dr. Walter Wyman, Surgeon-General of the Public Health and Marine Hospital Service, who urged its passage on economic grounds. He stressed the impracticability of state-controlled leprosaria when the vast majority of states had too few lepers to warrant the excessive cost of institutionalizing them.

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6 Ibid, pp. 10, 43-44.
7 Ibid, p. 119.
especially since the disease was incurable and of long duration. The bill carried an appropriation of $250,000 for the establishment of a national leprosarium on some ground "now owned by the United States," this facility to be under the direction of the medical officers of the Public Health and Marine Hospital Service. By mid-February, the bill passed the Senate with the stipulation that the site must be within a territory or an insular possession of the United States, but not necessarily on land already owned by the federal government.

When the House considered the bill, there was opposition to placing a national leprosarium within the federal territories. Especially concerned were the territories of New Mexico and Arizona, each of which had a salubrious climate and sparse population and was therefore a likely location for such a facility. Their territorial delegates feared that such an institution would interfere with their bids for statehood by scaring away immigrant settlers. Delegates feared that the territories would become a dumping ground for diseased people, while one member of the House foresaw the destruction of states' rights if the bill passed. Another member asked, "Why not make a national any-other-sort-of-contagious disease hospital?" Opponents of the bill argued that such an institution should be placed in the Hawaiian Islands where a leprosarium already existed. Because of social and economic fears rising from the proposed establishment of a leprosarium inside the continental United

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States, the bill (H.R. 16913) failed to pass in the House: 180 to 36. Instead, on March 3, 1905, Congress passed Public Act No. 176—a bill to provide for the investigation of leprosy and provide for the care and treatment of lepers in Hawaii. Biblical precedent had won another victory.

For the next ten years, after the Congressional rejection in 1905, the clamor for a national leprosarium in the United States slowly rose. In the meantime, as the growing popularity of the Louisiana Leper Home led to increasing requests for admission by out-of-state lepers, who were rarely admitted after an advance payment of $500 per year for their maintenance, Dr. Isadore Dyer continuously pointed to the urgent need for a national institution. After the Bergen Conference of 1909 which called for the segregation of lepers, he declared: "There should be a national provision made for the disease, under such conditions as would offer an asylum to all lepers, with the hope of intelligent treatment so as to provide for the possibilities of cure." For the protection of the public a national leprosarium, suitably located, and properly equipped to care for and treat the unfortunates was imperative.


11 An Act to Provide for the Investigation of Leprosy, with Special Reference to the Care and Treatment of Lepers in Hawaii, Statutes at Large, XXXIII, 1009-10 (1905); See also, U. S., Congress, House, Presidential Approval of H. R. 16914, 58th Cong., 3d sess., 1905, p. 4032.

12 L.H.R., Correspondence, Louisiana Parishes (Orleans) President of the Board of Control to Mayor Martin Behrmann, July 30, 1910.

13 Isadore Dyer, The Art of Medicine and Other Addresses; Papers, etc. (New Orleans: J. A. Majors & Co., 1913), pp. 131-32, 135-36; See also, Annual Report of the Surgeon-General of the Public Health
By 1914, interest in the national leprosarium movement had regained Congressional interest. In March of that year, Senator Joseph E. Ransdell of Louisiana requested copies of the published reports for distribution to his colleagues and other interested federal officials. By summer, Congress was discussing the transportation of lepers in interstate traffic and in particular the growing national popularity of ex-serviceman John Robert Early of North Carolina. Early, who had probably contracted leprosy while on duty in Cuba or the Philippines, traveled frequently from state to state eluding and escaping from health authorities who attempted to confine and isolate him. It was Early's aim to direct popular and political attention to the need for a national leprosarium. As a result, bills were introduced in both the House and Senate calling for the establishment of a national leper institution to prevent the spread of the disease. Advocates in the House in 1915 called for the establishment of an institution within the continental United States, either upon some abandoned government property or by the purchase of an existing state institution so as to avoid possible local opposition. Although a national leprosarium bill did not pass in 1915, the seeds of change had been planted. At the request of Dr. Dyer, the reports of the Louisiana Leper Home were sent by the Board of Control to Senator Ransdell and subsequently, to Assistant Surgeon-General W. C. Rucker of the Public Health Service by November, 1915.14

14 L.H.R., General Correspondence, Dr. Isadore Dyer to the Board of Control, March 11, 1914; U. S., Congress, House, Discussion on
Senator Ransdell was chiefly responsible for bringing about the establishment of a national leprosarium and a subsequent change in the Louisiana Leper Home. Serving as the Chairman of the Senate Committee on Public Health and National Quarantine in 1916, Ransdell made a study of leprosy and national conditions of public health. His inquiries were aided by W. M. Danner, Secretary of the American Mission to Lepers; Dr. Victor G. Heiser, an internationally known leprologist with the Rockefeller Foundation; and, the small staff of sisters and physicians connected with the Louisiana Leper Home. In short, "He went everywhere that a modicum of data on leprosy could be obtained." He even visited the publicity-seeking serviceman, John Early, who also urged the establishment of such an institution. The senator was an idealist with human compassion.

Ransdell's chief humanitarian concern was for lepers and in particular those unfortunates at the Louisiana Leper Home. The Senator "reasoned that the federal government should take over this institution; provide ample funds for its enlargement; to improve and brighten the living conditions, and most of all, to carry on the time-worn quest for a cure." Aided by Danner, Senator Ransdell drafted and introducted Senate Bill 4086 on January 31, 1916 to provide for the care and treatment


16Louisiana State University Archives and Manuscripts, Baton Rouge, Louisiana, Ransdell, Joseph E., Papers, Scrapbook for the Tennessee Commercial Appeal, "Senator Ransdell, A National Figure," July 6, 1930, p.7.
of lepers and to prevent the spread of the disease in the United States. 17

The Committee on Public Health and National Quarantine conducted two days of hearings on the bill. Fourteen persons, of whom twelve were physicians of national and international reputation, testified. They confirmed the need for the establishment of a national leprosarium within the United States. Dr. Isadore Dyer's 21 pages of testimony was a sincere plea for the establishment of a national leper institution to care for those unfortunate outside of Louisiana. Louisiana was willing to care for her own lepers but not those of other states. Yet, if the federal government should decide to take over the state's responsibility, Louisiana would gladly relinquish the burden. Dr. Howard Fox, President of the New York Dermatological Society, saw the value of scientific study and investigation of the disease by isolating a large number of its scattered victims. Scattered cases meant that there were too few in each state to warrant large state expenditures to maintain proper facilities for the treatment of patients afflicted with a disease of such long duration. If the federal government maintained a properly equipped institution, physicians would not hesitate to send patients to it for treatment. 18

Following the hearings, the committee offered the opinion, "that for

17 Laborde, A National Southerner, Ransdell of Louisiana, p. 65; U. S., Congress, Senate, A Bill to Provide for the Care and Treatment of Persons Afflicted with Leprosy, and to Prevent the Spread of Leprosy in the United States, S. 4086, 64th Cong., 1st sess., 1916, p. 1781.

the protection of the public health, the humanitarian treatment of persons afflicted with leprosy, and the furtherance of the scientific study and investigation of the disease, Congress should provide a home or homes for the care and treatment of persons afflicted with leprosy."

Since the disease had existed in nearly all states for a number of years, was on the increase, often afforded its victims cruel and inhumane treatment, and was dealt with by only three state institutions (Louisiana, Massachusetts, and California), effective measures for the proper care and treatment on the federal level were necessary. By the adoption of the principle of segregation, "the further spread of the disease would be completely controlled and the problem reduced to insignificant proportions in a relatively short space of time."¹⁹

Before Congress considered the matter further, the United States became involved in international events growing out of World War I and its attention was diverted to more urgent legislation. In 1917, however, Congress acted to meet the expected rise of leprosy cases among soldiers serving overseas. On February 3, 1917, Congress passed and President Woodrow Wilson signed into law Public Act No. 299, An Act to Provide for the Care and Treatment of Persons Afflicted with Leprosy and to Prevent the Spread of Leprosy in the United States. The act provided for the selection of a suitable site for a leprosarium, an appropriation of $250,000 for the preparation of necessary facilities, for its administration under the United States Public Health Service, and for the conveyance of afflicted persons upon request for "dentention and treatment." Persons afflicted with leprosy were now to be offered care and

¹⁹Ibid, pp. 2-3.
treatment through the Public Health Service.  

Location of a suitable site for a national leprosarium was neither a matter of quick decision nor of eager acceptance. Letters were sent to each of the 48 state governments asking about available sites, but replies were either absolutely negative or suggestive of locations in other states. No state wanted such an institution within its bounds. Among a number of sites studied by a committee to select a suitable location were: Penikese Island, off the coast of Massachusetts; Analostan Island, in the Potomac River near Washington, D. C.; Mount Weather, Virginia; Angel Island, in San Francisco Harbor; the Louisiana Leper Home, in Carville; and several other out-of-the-way places. However, all but one were viewed as undesirable because of public opposition, harshness of climate, or lack of enough available land. The exception was the Louisiana Leper Home which, if not desirable, seemed to be the least objectionable of these isolated spots.

By degrees, the site of the Louisiana Leper Home gained prominence among interested parties as the place for a federal leper home. Danner of the American Mission to Lepers photographed and advertised the Louisiana home around the country, pointing out its qualities of economic operation, splendid facilities, and efficient supervision under the Sisters of Charity. At a Board of Control meeting in May, 1917, Dr. Ralph Hopkins
urged the establishment of a national leprosarium in Louisiana in light of its past experience in scientific care and treatment in the field of Leprology. Yet, the strongest argument for transferring the home to the federal government was made by the president of the Board of Control: "Due to the high cost of provisions, etc., the expense of operating the Home is increasing and for that reason, if no other, he would be glad if [the] U. S. would take charge of same." Furthermore, patients then at the home and lepers at large in the state would be reluctant to be removed to a location outside of Louisiana. What made the site at Carville a practical solution to a number of problems was that it had the advantage of being "a going concern."  

Still, a conservative state government held off the transfer for another two years. In 1918, Governor Ruffin G. Pleasant, after receiving an inventory of the home's property submitted by Sister Benedicta placing its value at $126,000, pointed out that any proposed purchase by the federal government of state property had to be brought before the General Assembly for final decision. The legislature quickly responded by authorizing the sale for $125,000. At first the Public Health Service refused to pay this high price, but after the selection of a more suitable place in the State of Florida caused both local and state opposition there, the Public Health Service was forced to reconsider by offering


22Sisters' Archives, U. S. Public Health Service Hospital, Carville, Louisiana, "Louisiana Leper Home," Scrapbook No. 1, Minutes of the Board of Control, May 9, 1917, n.p.

$35,000 for the Louisiana site in May, 1920.\textsuperscript{24} By that time, the sale of the Louisiana home to the federal government had the backing of state health boards and friends of the home, representing the new progressive attitude of humanitarian concern for the underprivileged and greater political action in the general interest.\textsuperscript{25} The leader of this movement in Louisiana was John M. Parker, who became governor in 1920.

Parker was a humanitarian, who labored for the public, not just the private, welfare. He offered a "square deal" to the state with a program of reform, and for the state's health institutions he "emphasized his interest in businesslike administration committed to curing rather than containing inmates."\textsuperscript{26} His sense of reform led him to view the federal takeover at Carville to be not only in the interest of better care and treatment of the patients, but as a small part of his plans to improve the state's financial well-being. In his view, Carville could be better afforded by the federal government than by the state.

Concurring with the governor's opinion, on July 6, 1920, the legislature passed a bill authorizing him to sell the home to the federal


-government for the $35,000 it was offering. Two days later the legis-
lature also authorized the governor to borrow $80,000 per year for sup-
port and maintenance of the home until its transfer to the United States
government was effected.\textsuperscript{27} Within six months the transfer took place.

Dr. Dyer apparently was not pleased with the approaching transfer
of the Louisiana Leper Home to federal control. Although Governor Par-
ker's expressed hope was that the United States government would provide
an institution based on modern and scientific methods, Dyer seems to
have felt that the governor failed properly to appreciate the home's
past record of accomplishment of 25 years in its pioneering efforts for
the care, treatment and cure of leprosy. He believed that Louisiana was
capable of caring for its own lepers and that a federal leprosarium
should be established elsewhere for the care and treatment of lepers
in the rest of the states. He feared that making the Louisiana Leper
Home a federal institution would have the effect of attracting large
numbers of lepers from the rest of the country to Louisiana, which
would run counter to the purposes of the board.\textsuperscript{28}

As for the Louisiana Leper Home's record as a modern sanitarium
devoted to the treatment and cure of leprosy, some statistical evidence
is enlightening. An analysis of "Cash Statements" in the \textit{Reports of
the Board of Control} for the period 1914-1920, shows that the percentage
of expenditures for "medical supplies" in relation to total expenditures

\textsuperscript{27}\textit{L.H.R., Correspondence, Louisiana Parishes (Orleans), A. M.
Smith to Guy Knobloch, June 26, 1920; Acts of the General Assembly,
1920, Act 77, July 6, 1920, pp. 113-14; Act 190, July 8, 1920, p. 316.}

\textsuperscript{28}"The Correct Place of the Louisiana Leper Home," \textit{Editorial,
New Orleans Medical and Surgical Journal}, LXXIII, No. 1 (July, 1920), 1.
was at its highest point in the home's history, at 4.1 percent, in 1912, and by 1914 had dropped to 2.9 percent. Although from 1914 to 1920 expenditures for "medical supplies" rose from $2,229.66 in 1914, to their highest level of $3,668.35 in 1918 and dropped slightly in 1920, the percentage of medical expense declined from 2.9 percent in 1914 to 2.3 percent by 1920. While patient levels at the home rose from 87 in 1914 to 103 in 1916 and leveled off in the 80's in 1918, expenditures for domestic upkeep and facilities steadily increased. The state's unconcern for the medical treatment of the patients is further evidenced by the gradual decline in the number of physicians appointed to the Board of Control from four in 1896 to two in 1898, three from 1900 to 1914, and only one from 1914 to 1920. These figures show the state's continued negative attitude about the nature of the disease - that leprosy was incurable.

This judgment is further sustained by the figures on the results of treatment and on expenditures for hospital facilities. While Drs. Dyer and Hopkins tried an extensive list of treatments, little change was evidenced by way of positive results. The treatment most preferred was the "Dyer method," a combination of chaulmoogra oil, strychnine and hot baths. Chaulmoogra oil and its derivatives, according to Dr. G. W. McCoy of the Public Health Service, had no curative value, relieved only symptoms and provided a false sense of hope. Only 33 of 320 patients were discharged as "cured" over a period of 26 years; these probable

29 Board of Control, Reports, 1912-1920, "Cash Statements,"

30 "The Correct Place of the Louisiana Leper Home," Editorial, New Orleans Medical and Surgical Journal, pp. 2-3; Sister Hilary Ross Collection, X, No. 758, n.d., G. W. McCoy, "Chaulmoogra Oil in the Treatment of
cures were attributed to spontaneous improvement as the disease ran its natural course or to domestic care. The small number of "cured" cases seemed to justify the paucity of expenditures for equipment for the scientific treatment and study of the disease. As shown in the inventory of 1918, of the $126,646.33, estimated value of the home, only $1,360 (excluding buildings) was listed as furnishings for the operating room, laboratory, pharmacy, doctor's office and building. This represented only 1.07 percent of the total inventory. No less apparent was the board's inability to maintain a full time resident physician at the home for over 25 years. In January, 1921, the Surgeon-General of the Public Health Service appropriately described the station at Carville as essentially a "home and not a hospital, there being no facilities available for the proper hospitalization of patients." It lacked adequate personnel while the buildings, grounds and equipment were poorly maintained. With passage into the hands of the federal government, the home at Carville awaited its conversion to a modern hospital facility.

The official transfer of the Louisiana Leper Home to federal control took place in the first two months of 1921. Although the documents were dated January 3, the legal transaction transferring the property took place on Saturday, January 1, at a meeting of Governor Parker, Leprosy," pp. 1728-31.


President Lawrence Fabacher of the Board of Control and J. D. Dresner, Assistant United States District Attorney. The official transfer ceremony at the home took place on February 1, 1921. In preparation for the occasion, Major O. E. Denney, the new Medical Officer in Charge, had a flag pole installed in front of the old plantation house (the Administration Building). On the appointed day, Edward D. Stanley, former Superintendent of Buildings and Maintenance was asked to put on his World War I uniform and bring his old service bugle. After Dr. Denney read out the official letter of authority to take command of the hospital, "I [Stanley] sounded to the colors, while the Mother Superior and her secretary raised the flag. With only a few people present, it turned out to be rather an impressive ceremony." And thus, the Louisiana Leper Home was officially added to the Public Health Services' roster as United States Marine Hospital No. 66.


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VITA:

Charles Hilary Calandro was born the third of four sons to Mr. and Mrs. B. J. Calandro on January 14, 1949 in Baton Rouge, Louisiana. He attended St. Joseph Parochial School and was graduated in 1963. After attending Catholic High School of Baton Rouge, he was graduated in 1967. He entered Louisiana State University in 1967 and received his B.A. in history in 1971. He entered graduate school in the fall of 1971 and following an interruption of his studies for a few years returned to complete his M.A. in history in December, 1980.
EXAMINATION AND THESIS REPORT

Candidate: Charles Hilary Calandro

Major Field: History

Title of Thesis: FROM DISGRACE TO DIGNITY - THE LOUISIANA LEPER HOME, 1894 - 1921

Approved:

[Signatures of Major Professor and Chairman, Dean of the Graduate School]

EXAMINING COMMITTEE:

[Signatures of Committee Members]

Date of Examination:

May 13, 1980
APPENDIX A

MAP SHOWING SURVEY OF LANDS OF HARRY B. NELSON AT POINT CLAIR IN THE PARISH OF IBERVILLE LOUISIANA

[Diagram showing survey map of lands along the Mississippi River.]

[Signature and date on map: "Surveyor: J. W. Miller, Sept 1, 1949"]