Hello! Greetings from Carville. This is Elizabeth Schexnyder, curator of the National Hansen’s Disease Museum located in Carville, Louisiana. We were the one and only national leprosy hospital.

This is podcast number three (3). Before I start, I’d like to give you some resources if you’d like to do some research on Carville history. On the museum web we have a link to The STAR Magazine, which the patients published. It’s digital now and available online. You’ll find it on the LOUIS Digital Library site. [http://louisianadigitallibrary.org/islandora/object/lsuhsc-p15140coll52%3Acollection](http://louisianadigitallibrary.org/islandora/object/lsuhsc-p15140coll52%3Acollection)

In the museum archives we have copies of a newsletter called The Question Mark. The QM was published by the patients’ school published on a weekly basis. The Question Mark was usually just four (4) pages long but it’s full of details about what the younger patients here were up to and what was going on in general. It’s written in a more casual voice than The STAR.

And then of course we had the medical publications. The International Journal of Leprosy was published out of Carville for years. We have hard copies in our archives and there are issues on the web [http://www.leprosy-ila.org/leprosyjournal/index.php](http://www.leprosy-ila.org/leprosyjournal/index.php)

That brings us to today’s topic. In the last podcast I discussed patient life at the hospital. Now let’s discuss medical topics. Of course the whole story of Carville revolves around the fact that someone was diagnosed with leprosy. Today we also call leprosy Hansen’s disease.

Back when this institution was established, in the 1890s it was funded by the State of Louisiana and it was called “The Louisiana Leper Home”. The State of Louisiana chose this location as the quarantine site for anyone diagnosed with leprosy in Louisiana. The reason why Indian Camp Plantation was the property selected is that a member of the Louisiana Board of Control for the Leper Home, Allan Jumel, owned property next door and knew that this Indian Camp was available for lease. And it was so remote, it served the purpose of quarantine well.

In 1917 (nineteen seventeen), the federal government passed a National Leprosy Act. In 1921 (nineteen twenty-one), the feds paid Louisiana for the property and the furnishings of the Louisiana Leper Home and transferred all the patients—about ninety (90)—into their new federal institution. It was the National Leprosarium. Officially it was known as “US Marine Hospital Number Sixty-Six (66)”. We’ll talk more about the history of Marine Hospital System and the US Public Health Service in a later podcast. But for now, know that the federal government took over operational control of the hospital from Louisiana in 1921 (nineteen twenty-one) and it became federal.
Let me talk a little bit more about the disease. Hansen’s disease or leprosy—I have audio stations where visitors can listen that address Hansen’s disease. The topics covered are: HD risks, treatment, identification, and disfigurement. If you want to learn about the disease, we have information available in the museum, handouts that you can take with you. If you’re a teacher listening to this, I have digital resources that I can share with you. Also, please check out the National Hansen’s Disease Programs website: https://www.hrsa.gov/hansens-disease/

Most of our artifacts date back to the timeframe of the federal hospital. Why don’t we have more artifacts that date back to the State era? I think it’s because of the likelihood that older objects were broken and replaced along the way. Remember, back when this was a hospital, they weren’t thinking about creating a museum. They were trying to provide the best care possible and that meant updating and replacing equipment and supplies as newer things became available.

In 1921 (nineteen twenty-one, the treatment of choice for HD was chaulmoogra oil. Chaulmoogra oil was an oil that was pressed out of the seeds of a tree that is native to Southeast Asia. It was administered orally or by injection. Today we have what’s called multi-drug therapy. Multi-drug therapy is very effective. Chaulmoogra oil was not. But it was used here from the 1890s until about 1950. Chaulmoogra oil has never been proven to have the medicinal effects that the doctors were hoping it did.

In 1941, our Medical officer in Charge, Dr. Guy Faget, began treating patients with Promin, a sulphone drug that had proven effective in treating tuberculosis. Dr. Faget knew that TB and HD were caused by similar bacteria, he thought that there was a chance that if this sulphone drug helped treat TB, then maybe it would be effective in treating Hansens’ disease, too. And it turns out that he was right.

Drug research and improved treatment really took off during the 1940s. Today we have a multi-drug therapy. The drugs used presently are Rifampin, Clofazimine and Dapsone. This multi-drug therapy is very effective.

Here in the medical display area I have several artifacts from the morgue. When I became the curator in 2002, many of the artifacts you will see here were still in the old hospital buildings. I got to go into the infirmary and choose which artifacts would help tell the story. I removed a chalk board from the morgue that still has, handwritten in chalk, the words “next autopsy”. A couple of years ago, Dr. David Scollard was here with me, he was our Director at the time, and he looked at that board and said
“Oh! That’s my handwriting. I did the last autopsy here in 1996”. The chalk board also has lines where weights were recorded, as well as patient’s name, autopsy number, dates of death and autopsy, height, weight, age, etc. All of this information became part of the medical chart.

Another artifact from the morgue is a large scale. It probably dates back to the 1930s. That’s when our infirmary was built, in 1933. The scale is huge, it fit over the autopsy table. It would have been used to weigh the internal organs as they were removed. Then the weights were recorded on the autopsy chalk board. Autopsies didn’t begin here until the 1920s. I’m going to read a bit of interpretation about the first autopsy held here.

“In a letter from February 1920, Sr. Benedicta writes of the first post-mortem held at the leprosarium. Dr. Duval, Pathologist, Tulane University, was present and so was Dr. Hopkins. The body of the patient had to be kept until these two doctors arrived from New Orleans. The sisters were concerned that the other patients might object out of fear that their bodies would be subjected to an autopsy without their consent. Sr. Benedicta voiced her concerns to Dr. Hopkins. He in turn presented the problem directly to the patients. All but one was willing to subject themselves in the hope that the findings might be of help to future generations and in particular to younger members of their families.”

That’s the beginnings of research here at Carville. Research really took off once the federal government arrived. Why did it take off then? Well, the federal government had a lot more money than the state of Louisiana to run this place.

When this was the Louisiana Leper Home the criteria for admission was anyone diagnosed with leprosy within the state of Louisiana. Now that didn’t mean that other states didn’t have cases of leprosy, they may have had one or two cases a year. Many medical professionals thought leprosy was highly contagious, so they would panicked. We know now that HD is not highly contagious. Most of us are naturally immune. About 95% of the world’s population has a natural immunity. So you have to genetically inherit susceptibility to the disease. Then you have to have exposure to the germ. The germ that causes leprosy is called Mycobacterium leprae.

It can take from two (2) to ten (10) years for clinical symptoms to appear on your body once you’ve been exposed. So it’s not an easy disease to catch or study. It’s a very slow acting, chronic disease. It’s very difficult to determine where and when you might have been exposed.
Let’s move on to probably the most interesting artifact on this platform. It’s something called a cooling coffin. It probably dates back to when this hospital was established in the 1890’s. Let me describe it to you: it’s seven and a half (7½) maybe eight feet (8) long, about two feet (2) wide and it’s made of very thick wicker. I know from handling it that it’s got a metal frame, probably cast iron. It’s heavy and feels more durable than you might think. I did some research because I’d never seen a coffin like this before. I was surprised when I found an amazing image from the World War 2 (two) of sailors who are arranging cooling coffins. The caption reads: “Wicker coffins for the dead are stored in tiers in the hospital ship’s morgue”. So these coffins were used during the Second World War (WW2).

The bodies of the dead soldiers would have been embalmed, put into these temporary wicker caskets and then moved back to the United States. Then they would have been transferred into a more permanent casket and buried. The way I see it, these wicker caskets were the precursors to body bags.

On a lighter note, I’ve seen these cooling coffins in a Hollywood movie. The story took place in the 1930s, on the streets of Chicago—a big gangland fight—and after the police shoot a bunch of the gangsters the ambulance comes out with a bunch of these wicker coffins to pick them up. The thing that freaks out some of my younger visitors is that it’s called a cooling coffin because the idea is—just in case you’re not quite dead—you can get some air circulating through the wicker. To my knowledge, that never happened here. I’m assuming they would have been used, to move a patient who, for example, died in their dormitory room, into the infirmary and then into the morgue for autopsy.

Up until probably the 1980s, we had a local mortician on contract who would come here and embalm patients who died. He would do the embalming on site. If someone who had been diagnosed with leprosy died here, their bodies were treated as highly contagious. They were not highly contagious, but the hospital was following the law. The laws said anyone who died and had a disease that was on the federal “quarantine list” had to be fully embalmed and hermetically sealed in a coffin. And that was part of the reason we had so many patients buried here. Not only was it a way for patients to protect their families, by being buried here it would save a family from having to admit that they had a relative who had been quarantined for leprosy. It was also difficult to move a body across country under quarantine laws. The transporters would have to know and obey every set of laws of each state that they crossed into while they were transporting a body. Of course eventually that all changed, but in the early days it was a big consideration.

Another unusual artifact on display here is the hand-cranked wheelchair. One hand cranked wheelchair in particular, we know it belonged to a patient named Zella. Zella was a local woman, she
was born in Denham Springs. She was diagnosed at a pretty young age, and ended up losing her legs. That is one of the things that could occur if you were unfortunate, like Zella, and were diagnosed before there was a treatment that would stop the disease from progressing. Insensitivity is one of the hallmarks of leprosy, and it’s the only mycobacterial disease that has a predilection for the peripheral nerves. So it can cause insensitivity. Insensitivity is a big problem, especially if it occurs in your hands, your feet or your face because those are the areas of our body that we use to interface with the world.

Zella ended up becoming a double amputee because of the progression of the disease. I think there is a picture of the cranked wheelchair on our website. Picture a manual wheelchair that’s been modified with two (2) bicycle chains. Instead of putting your hands on the wheels to move the chair forward, you would put your hands on these two (2) cranks in the front of you and then crank the handles forward to make the chair move. It kept a patient’s hands out of harm’s way, away from the wheel and spokes. That way they could use the wheelchair in a much safer manner. If you have insensitive hands the chances for getting an injury from using a regular manual wheelchair greatly increases. Because you just don’t feel what damage you may have done. What starts as a blister can become an abscess and lead to deformity. So keeping the insensitive hands and feet of patients safe was of primary importance here. And that’s why the hand cranked wheelchairs were popular. Later on we replaced those with electric wheelchairs. But Zella didn’t give up her hand cranked chair until she was in her 80’s (eighties) when she just didn’t have the strength to use a manual chair any longer.

In the 1960s (nineteen sixties) we had a world class surgeon come here, Dr. Paul Brand, he established an orthopedic rehabilitation department and research branch of our hospital. I’m standing in front of “Care of the Insensitive Foot” exhibit, and looking at the shoe shop that Dr. Paul Brand established here in the 1960s (nineteen sixties). The first shoemaker’s name was Dave Welch. He was originally a saddle maker. He told me he arrived here with a knife and some leather and started the shoe shop. His grandson Jonathan is now our shoemaker. The shop is located in the rehab department for the National Hansen’s Disease Programs in Baton Rouge.

Specialized off-load casting, and custom shoes, saved many feet here over the decades. I’ve been told that after the shoe shop was established and new techniques were used to care for insensitive feet, that there wasn’t one more amputation. Much of the technology that we developed here is still being used today, to heal similar injuries that are caused by a different disease—for patients who have diabetes. Diabetes is a much bigger problem in the United States today than leprosy ever was. So our Carville technology is benefitting patients with other conditions.
With that, I’m wrapping up this podcast. There’s plenty more that I didn’t cover. If this has made you curious, come down to the museum. I run guided tours by appointment. But you can drop in during business hours and use the self-guided audio tour inside of the museum and then take a driving tour through the property.

Signing off from beautiful Carville, Louisiana, this is curator Elizabeth Schexnyder. 21:17