

Editorial

We print in this issue the second half of Dr. Lie's enlightening article on "Leprosy in the Bible", the first half having appeared in our January number. Dr. Lie's reasoning makes it clear that the disease described in Leviticus was not the disease caused by Hansen's bacillus. What *Zaraath* was we do not know. It does not fit clearly into the picture of any disease we know nowadays. It is well-known that Hansen's leprosy is not common among nomadic tribes. It is when the nomad settles down and mixes with other races, leaves off his simple but effective tribal sanitary customs, and begins to adopt the externals of a higher civilization without its safeguards, that the conditions for the spread of leprosy are favourable. It is therefore unlikely that the nomadic Israelites would be attacked by Hansen

Naaman the leper gives a clearer picture. In all probability the basis of his disease was scabies. Among the Arabs of Transjordan scabies of man and camel is one of commonest complaints. Thirtyfive years ago, when the writer worked at the Tiberias hospital, Arabs came in crowds for treatment for all manner of diseases, but they seldom came for scabies. Through all that region the well-known remedy for this complaint was to "dip seven times" in the sulphur springs at the famous baths of Rabbi Mayer, some two miles distant from Tiberias. How appropriate too was the retribution of the covetous servant Gehazi, who ran after Naaman and begged from him his rich apparel, doubtless infected with *acarus scabiei*.

With Dr. Lie's comment on King Uzziah we are not so inclined to agree. "Then Uzziah was wroth, and had a censer in his hand to burn incense: and while he was wroth with the priests the leprosy even rose up in his forehead before the priests typical of the diffuse form of cutaneous leprosy which may be quite inconspicuous under ordinary circumstances, but under emotions such as anger or shame, will suddenly show up facial lesions in marked relief.

As to Job's disease, it would seem to be of less value to argue, if this book was written, as many suppose, not as a history but as an allegory with a view to discussing the problem of human suffering. It would be almost equally profitable to discuss the geography of the *Pilgrim's Progress*.

Regarding the ten lepers mentioned in the New

Testament we have nothing to guide us as to the nature of the disease, except the fact that from the community—"stood afar off"; and their condition came within the scope of the levitical law—"go show yourselves unto the priests". Leprosy is not a common disease in Palestine in modern times. Outside the Jerusalem Leper Home of the Moravian Mission there appear to be comparatively few lepers.

With regard to the recognition of Hansen's disease, it is extraordinary what contrasts are found. A European in India served for years in a well-known caterer's shop while suffering from a complaint for which he consulted several leading physicians, who diagnosed lymphangitis and other diseases. Later, expert examination showed that he was an advanced and highly infectious leper. On the other hand, a Chief of the wilds of Sierra Leone was asked to call together all those with skin diseases in his chieftom. Some thirty six patients appeared and were lined up. The Chief, who was an intelligent man, but had little knowledge of European medicine, was asked to pick out all the cases of leprosy. This he did promptly, choosing only seven out of the group. Examination showed that these seven were the only lepers; he had not made a single mistake.

There may be some who will be disappointed at these arguments that much of leprosy as described in the English Bible is not our modern leprosy. Their interest is perhaps to a certain extent built upon sentimentality. But truth is stronger as well as stranger than fiction, and we are grateful for the research and scholarship which is marshalled in Dr. Lie's paper.

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Dr. Austin's report on the Leper Hospital at Makogai, Fiji, has items of special interest. Of the sixty admissions during 1936, 37 were Indians and only 15 Fijians. Here, as in Malaya and elsewhere, Indians and Chinese have introduced leprosy among more primitive peoples, though in some of the Melanesian Islands leprosy appears to have been present from time immemorial.

Another point of interest is the greater severity of the disease among the Fijians in the hospital, as compared with Indians, 20.3 per cent of the former being advanced cutaneous cases, as compared with 3.1 per cent of the latter. The same contrast is also noticed in the proportion that show improvement, the Indians showing 22 per cent more under this heading. In Malaya also the Indians appear to have

a milder type of leprosy than the Chinese. The question arises as to the cause of this racial difference. Is it physiological, cultural, economic or social? But it is difficult to come to reliable conclusions regarding racial, sex and type incidence from figures culled from a leper hospital. For this purpose a careful survey of the people in their natural surroundings is necessary, such as that which is at present being carried out in the Solomon Islands.

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The *Breuxelles Medical* announces that steps are being taken in Belgium towards forming a National Leprosy Association. This is said to be in response to the views of Great Britain and our desire to see international co-operation in health matters. The north east part of the Belgian Congo is one of the most highly endemic areas in Africa, and the adjoining districts of Uganda and the Sudan likewise show high incidence. The control of leprosy in this and other similar border areas may be promoted by collaboration between national leprosy associations. The Journal mentions that at a meeting presided over by the Minister of the Colonies the matter was considered and the King of the Belgians is to be asked to create a special commission to study the question and bring forth proposals for the foundation of a Leprosy Association.

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Dr. Ryrie raises a number of interesting points in his paper on *tuberculoid leprosy*. We shall be grateful if readers will give us their experience in the treatment of this condition.

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On page 83 we abstract a very useful article by Dr. Wade which seeks to crystallize the various suggestions that have been put forward in recent years for a practical and comprehensive classification of leprosy.