

The Stigma of Leprosy—in Four Countries*

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“The International Leprosy Association should be dedicated to the protection of leprosy victims against superstition or erroneous popular concepts regarding the disease.” So wrote the President of the International Leprosy Association in 1970.

One of the “erroneous popular concepts” about leprosy is that which has been passed from generation to generation of workers in the field of leprosy, namely the hypothesis that leprosy is spread by skin-to-skin contact. This concept (which the writer admits he himself used to believe) has probably done far more than is realized to promote in the minds of the public the idea that a patient afflicted with leprosy is discharging bacilli from the pores of his skin. Recently this hypothesis has come under very close scrutiny (Pedley, 1970a, b), and strong evidence has been adduced that leprosy bacilli seldom, if ever, emerge from intact lepromatous skin.

Four examples may be given from my own experience in China, Nepal, India, and England that indicate that not only the public but also the medical profession believe that bacilli are discharged from the skin of people suffering from leprosy.

China

Nearly 30 years ago, when I was a medical missionary in China on the staff of a general hospital with a leprosarium, an educated youth employed in the local branch of the Bank of China presented with early signs of lepromatous leprosy. This was in the days before the sulphones were available. The disease rapidly progressed until it could no longer be hidden, and he was obliged to give up his job. He embraced the Christian religion, and in order to learn more about the Bible he applied for enrolment in a Bible Correspondence Course, the head office of which was in the capital city of another province about 1000 miles away by road. To this office an enrolled member had to send his answer-papers for correction. When it became known that he was a patient in the leprosarium, I received a letter from the Director of the course regretting that he could not be enrolled on the grounds that he was suffering from leprosy. At that time letters were taking about 10 days to travel between the two places. Even so, the fear that the leprosy germs, supposedly sticking to the answer-papers, would still be alive by the time they reached the examiner was so great that my patient was debarred from taking the course.

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Nepal

The second incident occurred 18 months ago in the hospital where I am now working. It concerned the little daughter of one of our European couples, who while playing outside in the hospital garden happened to drop her toy on the grass outside the pen in which she was enclosed. One of my patients who was working nearby, saw the toy on the ground, came over and picking it up dropped it back into the pen. The mother, seeing this happen, came at once to me and enquired anxiously if it was safe for the child to continue playing with the toy. Although the man had atypical lepromatous leprosy, I knew that his skin was intact and his nasal mucus contained no leprosy bacilli. I assured the mother that the child was in no danger from infection.

India

An Indian leprosy worker of international repute told me that in the State where he lived there was a government office where a person who had suffered from leprosy, and whose disease had become arrested after treatment, could obtain a certificate of non-infectivity. The government doctor who issued the certificate sat on one side of a counter surmounted by a screen with a small opening through which the one applying for a certificate made known his request. Having satisfied himself that the request was valid, the doctor proceeded to make out the certificate, which was then handed to the applicant through the opening in the screen. My informant told me that if the applicant noticed that the doctor had omitted a certain detail on the form, he was not allowed to hand the form back to the doctor. Instead, he was instructed to tear it up and drop it in a wastepaper basket provided on his side of the counter. The doctor then made out another form which was again handed to the applicant. "Obviously," said my informant, "he had no faith in his certificate of non-infectivity."

England

The last incident occurred less than a year ago when on leave in England. I asked a friend in the typewriter business if he could have some repairs done to my portable machine. He gladly undertook this but when handing the typewriter to his mechanic he inadvertently remarked that it had been used by a doctor working among "lepers". Whereupon the mechanic refused to touch it for fear of contracting the disease. It was only after much persuasion and assurance that he would not run any risk, that he did at last agree to repair the ribbon reverser, but the general cleaning and overhaul, which would have involved considerable handling, he firmly refused to undertake. When I subsequently asked my friend if he could sell the machine for me he regretfully replied, "Unfortunately no, as it has already leaked out that it belongs to a 'leper doctor'".

References

- President, I. L. A. (1970). *Int. J. Lepr.* 38, 84.
Pedley, J. C. (1970a). *Lepr. Rev.* 41, 31-43.
Pedley, J. C. (1970b). *Lepr. Rev.* 41, 167-168.