

Medical Certification of Leprosy Patients and Reservation in Service for the Physically Handicapped, Including Persons with Leprosy

TO THE EDITOR:

The World Health Organization (WHO) has stated that a leprosy prevalence rate of 1/1000 poses a health hazard. In India, the prevalence rate is 5/1000 and much higher than that in certain areas. Additionally, the country has a high unemployment rate. These circumstances make it extremely difficult for leprosy patients to obtain or retain employment after contracting the disease even after they have been rendered noninfectious, a situation which primarily grows out of a lack of proper information.

Specifically, regulations employed by the Government of India concerning the medical Certificate of Fitness require reconsideration. At present, service and leave conditions for tuberculoid (nonlepromatous, paucibacillary) cases are adequate concerning reemployment guarantees. However, noninfectious tuberculoid cases with deformities are not being classified as "orthopedically handicapped," which would entitle them to more generous benefits than they receive at present. This situation should be changed, and institutions in the public sector as well as in industry should launch a campaign to inform tuberculoid patients of this change once it occurs.

The situation concerning lepromatous (multibacillary) cases is far more serious. At present, government regulations state that in order for a patient to be entitled to reemployment, he must become bacteriologically negative within 18 months of his first leave. We all know that it takes several years for a lepromatous case to become bacteriologically negative even though with proper treatment using modern chemotherapy he becomes virtually noninfective in several months. These regulations effectively deny employment to lepromatous cases totally. The purported reason for this policy is to lessen the health risk to the lepromatous patient's co-workers: the very same person is not denied the right to move freely in public, however, so that this set of regulations is inconsistent to say the least since if we believe he is infectious, we

are not protecting the community. Ironically, it is persons who are unemployed who may most frequently allow their medical treatment to suffer and consequently become more infectious.

One very fine solution to this problem being employed at present is issuance of the Certificate of Fitness on the basis of "chemical isolation." That is, the certifying institution attests to the patient's regularity of treatment rather than his bacteriological status. This practice receives strong support in the literature (1,2).

Most important of all, the Government of India should change its regulations concerning the Reservation in Service. At present, jobs which are reserved for the orthopedically handicapped, the blind, or those with other handicaps are not similarly reserved for leprosy patients with handicaps or deformities, a situation which is unjust. At the least, the Government of India began to show an awareness of this problem when it awarded its "National Award to the Most Efficient Handicapped Employee—1979" to a former leprosy patient, recommended by the Poona District Leprosy Committee (see *Int. J. Lepr.* 47 [1979] 202–203).

Just as those who have handicaps from causes other than leprosy are recommended for jobs they can easily perform, the same opportunity should be made available to noninfectious lepromatous leprosy patients. This would be an important first step in lessening leprostigma both in official and nonofficial circles.

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Leprosy in Archeologically Recovered Bamboo Book in China

TO THE EDITOR:

The presence or absence of leprosy in various geographic areas in antiquity has been a debated and vexing problem often cluttered with overtones of emotional interpretation. Thus, Feeny in his book *The Fight Against Leprosy* (1964, p. 18) cites the well known Chinese account concerning a disciple of Confucius, Pai-Niu, who had a "horrible disease" which has generally been interpreted as being an early record of leprosy (*Lun Yu*, VI, 8, 6th cent. B.C.). Feeny comments, "There is no proof what the disease in question was, and this illustrates how easy it is to argue backwards. Pai-Niu had a disgraceful affliction, therefore it must have been leprosy, because leprosy is still looked upon in many parts of the world as a disgraceful affliction In other words, leprosy has become a scapegoat for fear and hatred that date back to times when the disease itself may not even have existed."

Lu and Needham (In: *Diseases in Antiquity*, ed. by Brothwell and Sandison, Springfield: Charles C Thomas, 1967, pp. 236-237) reported a detailed entymological study of the Chinese terms used in relation to Pai-Niu's disease and concluded that the term *li* as used referred specifically to leprosy.

A recently reported archeologic finding supports this conclusion and adds original documentation for the presence of leprosy in Chinese antiquity. For 15 years we have subscribed to and perused the Chinese journal *Wen Wu* for its archeologic reports in anticipation of the possibility of such findings. *Wen Wu* (#8, 1976, p. 35) reported the excavation of the tomb of Magistrate Hsi (262-217 B.C.) located in Yun Ming District of Hupeh Province, about 50 miles northwest of the tri-city center Wu-Han on the Yangtze River.

In the tomb of Magistrate Hsi, among other things, there was found an original bamboo book which primarily deals with legal and some related medical matters. This book, as in the fashion of those times, consists of strips of bamboo, each strip containing vertical rows of characters, bound together and well preserved. Though its contents may have been transmitted from earlier times, the book has not been altered or recopied since it was buried in 217 B.C. and is, therefore, original from that time. In the portion of the writing which has been published from this book there occurs a brief passage which seems quite clearly to refer to leprosy. The following is our free translation:

"*Cha* went to a village to see *Bing* and said to *Bing*, 'I think you have *li* [leprosy].' *Bing* replied, 'At age three I was sick, my eyebrows were swollen and nobody knew what the sickness was. I was directed to see a doctor, *Ting*.' The doctor said, 'You don't have eyebrows because they are rootless. Your nostril is destroyed; you cannot sneeze on irritation; your legs are crippled because one of them is broken, and your hands have no hair.' He asked *Bing* to shout and the voice was hoarse. That is *li* [leprosy]."

The term *li*, here translated as leprosy, is the same term noted above as studied by Lu and Needham. The designations *Cha*, *Bing*, and *Ting* are not names of persons but are Chinese designations of units such as A, B, and C in Western usage.

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