"Leprosy" is not — and will never be — a "disease like the others", but rather a "cultural chain stangling a common physical disease". Therefore, liberating patients and society from the grave psycho-social problems of "leprosy" is the principal goal to which most activities should be directed. Only after the "chain" is removed will treatment and prevention be feasible to the desired scale.

These statements have been repeated in S. Paulo for over a decade. A significant majority in Brazil and a tiny minority in the rest of the world are in agreement.

To the fractions of the world majority and of the reluctant Brazilian minority who do not agree with the above statements, but who might be looking forward to more convincing evidence, we recommend reading an article which appeared in the Papua New Guinea Medical Journal, by Kerr (16:118, 1973), reprinted in Hanseniasis: Abstracts and News (5:55, 1974) and in this number of Hansenologia Internationalis (p. 83).

The facts reported have practically the value of an experimental test and demonstrate how the malignant effects of "leprosy" encroached upon the physical disease hanseniasis, originating serious psychological and social situations, damaging by themselves and by their reflections on the disease and on its control.

Summarizing: in the highlands of Papua New Guinea hanseniasis patients used to be "like the others" and no special attention was focused on them. Like in other diseases, physical changes of minor degree were not shameful and did not affect their working potentials. As in other diseases, only the more serious handicaps interfered with the patient's capability of making a living.

Then, the Western cultural missile of "leprosy" exploded in the highlands and completely destroyed what was a relatively comfortable situation. The local appellation for "hanseniasis" became a synonym for terror, filth and loathsomeness. Discrimination and ostracization descended on the bearers of the disease.

It is regrettable that the Bible had to be included amongst those Western cultural factors which so seriously disrupted the lives of Papua New Guinean patients and so clearly contributed to their opprobrium and hiding, as well as to the aggravation of the medical and control problems.

As is considered in an article in this number (p. 76), the Bible should not be blamed for the fact that the medical world decided to apply to a disease (not identified until the 19th century A.D.) the Greek translation of a Hebrew name which meant ritual defilement, based on the appearance
Editorial

of spots on linen, wool, leather, walls, stones, skins and scalps.

Although not originally responsible, the Bible considers itself part of the solution: modern translations have banished the word "leprosy" and/or negated any relationship between the ancient "tsará-ath" of the Scriptures and the disease as it is known today (vide "News": "Leprosy" and "leper" disappear from the Bible).

This initiative should be praised, encouraged and imitated by the medical world.

A. ROTBERG