**Class Note (31.03.20)**

**4TH SEMESTER 2020 (M.Sc. Anthropology)**

 [Course Code: ANT 403B ; Course Name: Medical Anthropology]

Topic: Epidemiology of Selected Diseases (29.3)

Lecture Topic: Leprosy: Epidemiology & Anthropology **(II)**

**CONTD.**

**Leprosy and Society: Anthropology and allied disciplines**

The issue with leprosy is not mortality rates, but, rather, its social stigma. We need to look at leprosydifferently than we look at most other infectious diseases,focusing more on instilling in the public an awareness of the socially demoralizing aspect of the disease and its effects. With leprosy, compassion and educated social values would do just as much, if not more, than science and technology alone. On the border of India and Nepal, leprosy patients who had been shunned from society gathered together and made their living mainly by begging. Their fate began to change in 1981, however, when reform efforts in the name of The Little Flower Institution were started by Baba Christdas.

Little Flower is an institute for treating people with leprosy, helping them to lead normal lives and earn an independent living. The colony began with a hospital and doctors, for treatments. With time and financial support, it now owns a cattle dairy and has a cotton-based handloom industry where patients can work. When this effort was initiated, the milk and textile products produced by Little Flower had a tough time finding a market. Now, with increased public awareness, the dairy producers can barely keep up with the market demand, allowing patients to recover from the disease and live with dignity and respect. Many of these patients, however, come from poor, uneducated families and societies, where they will have a difficult time being accepted. The institute continues helping patients with the following message: “Leprosy is a poor man’s disease, treat the patients like other human beings.”

In the Old Testament the leper is to be sent ‘without the camp’, as the Book of Leviticus has it. Out of this grew the tradition of proclaiming the rites of death over the still living body of the leper, and of regarding leprosy as amoral as well as a physical disease: as an emblem of sin. In the New Testament, however, the leper becomes more a figure of pity, and leprosy a metaphor of divine salvation, with the emphasis on treatment and cure rather than on diagnosis and segregation.

Buckingham (2002) argues in her book on the history of leprosy in South India that the disease provides us with an opportunity to examine the political, economic and social life of South India. It also goes on to deal with the issues of stigmatization, development of scientific medicine, and the articulation of class distinctions as well as nature and functioning of colonial power.

Edmund(2006) discusses the history of leprosy in imperial context. He basically wanted to see how the disease was refashioned in colonial period. He shows how the ideas of segregation, exclusion, racialization and body work in leprosy.

In her book Angela Leung (2009)writes:

‘Beginning in the sixteenth century, one can see a clear resemblance between the clinical descriptions of the Chinese *mafeng* and Western observations ofleprosy, along with well-documented indigenous Chinese institutional strategies to cope with it. The folklore of leprosy during these centuries linked contagion and heredity, and focused on seductive women as transmitters, figures seen as both bewitching and polluting. Second, this book puts the history of leprosy in China into a global context of colonialism, racial politics, and "imperial danger" in the nineteenth century.’ (2009:1)

Leung added a very important point with regard to history of leprosy in China that the disease was linked with the Chinese Diaspora and adversely affected migration of the Chinese. It was charged that China had been the global exporter of the disease and its reservoir. In later years, the control measures for leprosy became a part of the Chinese Nation –building process as the book reveals.

In a review of the book by James Staples (2014) on leprosy and life a Tamil Brahmin, Bandyopadhyay (2017) writes about the general idea of the disease of the common Indians and how the book reveals multifaceted aspects of the disease. He writes:

‘It is a commonly held view in India that only a cursed or sinner suffers from leprosy. A diseased is despised by all and not allowed to live with the unaffected people. The chance of survival of the affected person is curtailed since he becomes tabooed to most of the jobs that require touch or physical contact. The individual is forced to beggary or at the margin of subsistence. The disease did not even spare a high caste Brahmin like Mohandas in the present account. The transforming effect of a disease blurred the boundaries propagated in the traditional hierarchic model of caste system in India.’ (Bandyopadhyay, 2017:198-199)

**Bibliography**

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