were largely due to the fact that they referred all cases that they could not handle.
A 1968 report from Kenya details the work of eye-trained Medical Assistants in rural areas. These assistants have been taught by qualified ophthalmologists to assess the visual acuity, examine the eyes and ocular adnexae, initiate and conduct trachoma surveys and assist during surgery. While on safari they operate on patients with entropion (850 cases during a one-month period), and "perform with great skill intracapsular lens extraction." They have, of course, no recognized medical qualifications. Dr. W. R. Burkitt, writing in the British Journal of Ophthalmology adds that "unsatisfactory as this whole procedure may appear to the orthodox clinician, there is, in fact, no alternative in Kenya at present. There are about sixty government ophthalmic beds in the country of 9,000,000 people."

The prevention, treatment and rehabilitation of the ophthalmologic, plastic and orthopedic deformities associated with leprosy requires the establishment of adequate training courses for paramedical personnel. The Schieffelin Leprosy Research Sanatorium or the Gandhi Memorial Leprosy Foundation in India, and similar clinics and hospitals in Ethiopia, Korea, Burma, Central and South America already partially meet these needs.

The future holds fair promise for further strides in the prevention, diagnosis and treatment of leprous lesions of the eye. The use of long-acting drugs, improved techniques of plastic surgery, keratoplasty including keratoprosthesis, cryosurgery, the temporalis transfer operation for paralytic lagophthalmos, electroretinography, scleral contact lenses and shells and other techniques are examples of continued progress.

The trend toward outpatient treatment of leprosy, the training of paramedical workers in various aspects of prevention and treatment, and the abolition of social ostracism along with concern for the plight of fellow human beings provide a hopeful outlook for future generations.

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**Leprosy and the New English Bible**

The *New English Bible*, a new translation completed after 24 years of work by a panel of British Protestant scholars, was made available on 16 March 1970. Bible scholars indicate that this is probably the most accurate translation that has appeared, in English, of the ancient writings on which the Bible is based. Its handling of the subject of leprosy is therefore well worth the attention of these columns.

The term *lepros* first appeared in the Bible with the Septuagint in about 280 B.C. This was the first translation of the Old Testament from Hebrew to Greek by the seventy-two wise scholars gathered at Alexandria. These scholars were Jews, well versed in Jewish concepts and practices. Faced with the untranslatable term *tsurâth* these scholars did what translators in a similar quandry are wont to do; they sought the nearest equivalent available in the language into which they were translating. They chose the word *lepra*. The Old Testament had already equated the concept of spiritual blemish and ritual defilement with physical blemish, for man generally needs a visible and tangible symbol of the intangible in order to make the latter graphic and understandable. Subtly, in this process, the symbol often comes to be the concept. Thus the 13th and 14th chapters of Leviticus lay down elaborate ritualistic and public health measures for handling the conglomerate group of diseases which had come to represent *tsurâth* and the story of Miriam had typified the relationship between physical blemish and disobedience to God's will—the moral blemish of *tsurâth*. Indeed the symbolon had been extended to rot or blemish appearing on leather
in origin. Yet, interestingly, here too involvement is not mentioned. Nevertheless, there is no question but that leprosy was present, recognized and meant. Some also concluded that, in view of the medically deficient Biblical descriptions, there is no evidence that leprosy even existed as a disease in Biblical society. However, it has recently been noted1,2,3 that there is considerable social indication that leprosy probably was included in the moiety included in tsaram'ath and translated in the Septuagint as leprosy. Nevertheless, the leprosy probably did have the opprobrium that led to its choice in translation, it was not, and is not, tsaram'ath.

This conceptual turnabout presented a translation problem for the translators of the New English Bible. The New Testament portion has been available since 1961 but now the full Bible, including the Apocrypha is available in a new scholarly translation employing present day English language usage and incorporating the full range of modern Bible scholarship and recent discoveries.

The New Testament portion, from a strictly translation point of view, is correct in translating the Greek lepou as leprosy. Medically, this translation may also have been correct for by New Testament times the disease was reasonably defined, as for example by the Roman physician Galen about 30 A.D. and Aretaeus in the second century A.D. Additionally there is no evidence that leprosy did not exist in the Palestine area during those times, but much suggestive evidence that it did.22 In the 1970 edition, however, the following footnote was inserted to Matthew 8:2, "The word leper, leprosy, as used in this translation, refer to some disfiguring skin disease which entailed ceremonial defilement." Thus far, correct. The note adds, however, the sentence, "It is different from what is now called leprosy." Historically, and probably medically, this last sentence would seem incorrect. The Hebrews, now using the Greek, had accepted lepou as the equivalent of tsaram'ath, which we now real
ize it is not, and thereby wrongly imputed all the moral opprobrium of tsara'ath to leprosy. At the same time, it is not, and thereby wrongly imputed all the moral opprobrium of tsara'ath to leprosy. At the same time, be it noted, all prior illnesses so included were progressively and unspectacularly released from the opprobrium as clinical acumen differentiated them from leprosy. One knows not what multitudes may have, almost inadvertently, been increasingly relieved of leprosy's stigma by the slow progress of improving medical understanding and diagnostic acumen.

The problem of tsara'ath, however, still remains though some modifications in the range of its translation have been made in the Old Testament now available. Thus the translators have substituted the word "mold" for the tsara'ath of garments and leather and "fungus infection" for the former "leprosy" of houses. This alteration will please those whose main concern is the elimination of the opprobrium attached to "leprosy," and this is, of course, commendable. Though these are not illogical choices, it must be noted that there is no more real proof the "mold" and "fungus" were originally meant than there is for "leprosy." Certainly, however, "mold" and "fungus" are a translation in that neither is or was tsara'ath.

When the translators now approach translation as related to humans they are inconsistent. The word "leper" is retained in 2 Kings 15:2 and 2 Chronicles 26:20. In a 26:21 and 25, and the word "leprosy" in 2 Kings 3:5 and 2 Chronicles 26:20. In a number of instances (Exodus 4:6, Numbers 12:10, 2 Kings 5:2-7) nonspecific references to skin disease are used. In a number of instances in Leviticus chapters 13 and 14 in Deuteronomy 24:8 the term "malignant skin disease" is employed. In the old sense of "malignant" as meaning "severe" the term might be passable. Medically, however, the term presently carries the concept of cancer (e.g., epidermoid carcinoma, basal cell carcinoma, etc.) and thus unjustifiably throws the associated opprobrium on also this group of diseases. There is no evidence in the original texts that malignancies were actually included in the original proscriptions. Their use will now give cause for protest to those combating modern fears of cancer. These diseases, also are not tsara'ath.

One must conclude that despite the general excellence of this new translation of the Bible, the problem of leprosy and tsara'ath has not been essentially improved and that obfuscation has been increased.

A seemingly simple solution commends itself, to wit, when faced with an untranslatable term, adopt that term. Languages are replete with examples of such cross-fertilization and enrichment. Thus, the Old Testament translation could retain the term tsara'ath and a very brief footnote replacing the present insecure note, could indicate its connotation. The New Testament translation could retain "leprosy" as a historically correct translation of a disease and of social conditions then existent. Again, a brief footnote could indicate that by this time Hebrew society was in large measure employing leprosy as the major physical expression of tsara'ath and that this imputation grew out of the level of medical and social understanding then prevalent. It would appear that the Bible reader's understanding could thus be enriched and confusion dispelled.—O. K. Skinnex.