LAWS OF TZARA'AT IN LEVITICUS 13-14 AND MEDICAL LEPROSY COMPARED

SAMSON O. OLANISEBE

INTRODUCTION

Hansen's disease (HD), the medical term for what was popularly called leprosy, is a dreaded malady. It mutilates and horribly disfigures. It is contagious and spreads slowly. Certain images readily come to mind when a leper is mentioned – lumpy skin, glazed eyeballs, hands without fingers, etc. However, biblical *tzara'at* does not display any of these symptoms. Coupled with the disfigured physical appearance of lepers is the social stigmatization to which they were subjected. Sufferers of HD have had to bear not only their affliction, but often also bitter social rejection. In many traditional cultures, they were confined to a secluded place at the outskirts of the settlement as a way of preventing the spread of the disease. This paper compares and contrasts leprosy from the perspectives of both biblical narrative and medical information.

TZARA'AT IN LEVITICUS 13-14

Two chapters in Leviticus discuss at length the laws guiding the diagnosis, separation, and ritual treatment (for readmittance into the camp) of a victim of *tzara'at*, a condition that can affect the body, garments and even houses.¹ Reading through Leviticus 13-14, we find that *tzara'at* of the body is a skin condition which requires critical examination by the priest, who seems here to combine both religious and medical roles. The causes of such skin problems are taken for granted by the biblical author and not noted in the text. According to the Leviticus prescription, anyone pronounced unclean due to *tzara'at* should be put outside of the Israelite camp. When a sufferer is pronounced unclean, the condition marks him as a polluter of the community and as a source of corruption to be exiled. That person must wear torn clothes, leave his hair unkempt, cover the lower part of his face, and cry out, "Unclean! unclean!" (Lev. 13:45-46). Once

Dr. Samson Olusina Olanisebe teaches at the Department of Religious Studies at Obafemi Awolowo University in Nigeria.

expected to perform the ritual of cleansing with the materials listed in Leviticus 14:4-8, and is then reintegrated into the camp and community.

It is interesting to note that many of the cultures in which leprosy has been recorded utilized this system of isolating the diseased person, being greatly influenced by the biblical injunctions. The biblical rules of *tzara'at* have lent credence to the ostracism and stigmatization attached to leprosy, especially as outlined in Leviticus 13:45-46.² Their isolation has been known to have adverse social and psychological effects on the lepers. A biblical influence can also be seen in the role of the priest. In medieval times it was the priest who prohibited the leper from entering the "camp", from going to a fair, mill, tavern, or any other place where people gathered, and from entering narrow streets, lest he encounter someone who could not safely walk past him. The priest also issued the leper with a clapper to signify that he was forbidden to talk to people, unless this was necessary.³

TZARA'AT AND LEPROSY

Serious research into Hansen's disease began in the late nineteenth century as a result of the large-scale leprosy epidemic in Europe, particularly Norway, when about 3,000 cases were reported. This propelled the medical world into scientific investigation. In 1873, Dr. Gerhard Armauer Hansen was the first to identify the causative agent of leprosy, *Mycobacterium leprae* (M. leprae), when he discovered multiple rod-shaped bacilli while examining a patient's nasal biopsy specimen under a microscope.⁴ The modern era of leprosy treatment started in the 1940s. Ultimately, the use of antibiotics, along with surgical techniques and rehabilitation programs, has allowed many people suffering from this terrible disease to live more normal and productive lives.⁵

HD is primarily a disease of the skin and peripheral nerves. It is of two kinds, tuberculoid and lepromatous. Twenty percent of leprosy victims develop the lepromatous form, which is characterized by skin lesions that appear over most of the body. The skin of the forehead and face thickens, with the natural lines becoming exaggerated, and loss of facial hair can occur. In the tuberculoid form, single skin lesions and loss of feeling in the affected area are the usual early symptoms. Nerve involvement can also result in

damage to muscles and bones, and patients often inadvertently mutilate hands and feet because of the anaesthesia.⁶ Though feared throughout much of history, leprosy is not a highly contagious disease, transmission of the infection actually requiring prolonged and close contact. The bacteria appear to spread from the skin and nasal mucosa of those suffering from leprosy, but the exact portal of entry is not known. Although there is no conclusive evidence, the respiratory tract seems to be the most likely means of contracting the disease. Skin, especially broken skin, is also a possible source of infection.⁷

Tzara'at, as described in the Book of Leviticus, and HD are related only by the fact that the symptoms are reflected through the skin.⁸ Apart from that, both the methods of diagnosis and the treatment are completely different. For example, in the Bible there is an absence of all allusion to the hideous facial deformity, the loss of feeling, and the rotting of some parts of the body with which HD is associated. Also, the long period involved in the diagnosis of tzara'at by a priest is not known in HD. Given these significant discrepancies, it is clear that *tzara'at* is not the same as HD. While the Hebrew word tzara'at has been traditionally translated as "leprosy", the symptoms more closely resemble a number of "repulsive scaly skin diseases", particularly psoriasis.9 Etymologically, biblical *tzara'at* has been associated with "smiting", based on comparison with other Semitic languages, and it probably originated in a neutral medical term for the affliction of a skin disease like daleket (inflammation) or karahat (baldness). The Bible mentions various skin conditions alongside tzara'at (Lev. 13:18-23, 40-44). Scholars trace the identification of tzara'at with leprosy to around 250 BCE, when the Hebrew Bible was translated into Greek, the Septuagint rendering $\lambda \epsilon \pi \rho \alpha$ as $\lambda \epsilon \pi \rho \alpha$ (*lepra*), a generic term for skin disease.¹⁰

There are many significant distinctions between *tzara'at* and HD. For instance, *tzara'at* can undergo complete healing without the administration of drugs, whereas, apart from isolated exceptions, HD is incurable and can only be controlled by application of the required medicine. However, treatment renders it almost immediately noncontagious.¹¹ Whereas the cause of HD has been traced to bacterial infection, rabbinic lore traced the cause of leprosy to various transgressions, ranging from murder to slander and from arrogance to cohabiting with a menstruating woman.¹² Another major area of divergence between *tzara'at* and HD is in the ritual of separation. While it may be seen as some type of quarantine in keeping with medical hygiene, the biblical rules regarding separation all have religious connotations. For example, while the afflicted person remained outside the camp, he was required to have his outer garment rent and to cover his face with his mantle, betokening deep grief, as if he were lamenting his own virtual death. The laws of *tzara'at* in Leviticus 13 and 14 show that is not the same as HD, but should be understood in a religious context as representing spiritual corruption or pollution.

The medieval Jewish Sages were careful to note that the biblical *tzara'at* was not related to medical leprosy (see, for example, Sforno on Lev. 13:2) and that, in any case, the biblical regulation of *tzara'at* could no longer be carried out in practice. Since the *kohanim* were now unfamiliar with the various kinds of blemishes, they were no longer qualified to determine who was ritually impure. Thus, anyone afflicted with these skin conditions should not be separated from the community and should be treated like any other sick person.¹³ Those scholars understood that *tzara'at* and HD were not connected.

In examining the structure of Leviticus, J. H. Walton teaches that the contents of the book are designed to facilitate equilibrium between God and man in the sacred space. He maintains that God has created a system whereby man and God attain equilibrium through certain rules. Any attempt on man's part to violate the rules leads to chaos in the equilibrium, bringing about the exclusion of the offender from participating in communal rites. For order to be restored and the equilibrium to be regained, the offender must appease God through rituals. Frank Gorman indicates that ritual is a vehicle which upholds creation by maintaining equilibrium and that for ritual to achieve its end, it must be performed at specified times and places and by people of a specified status. Walton is of the opinion that these ritual categories can also be used with reference to a larger issue – maintaining divine equilibrium.¹⁴

The three categories of sacred space, time, and status can be applied to the law of *tzara'at* in Leviticus 13 and 14. For instance, the rules being prescribed here are for the children of Israel only, and it is therefore an affected Israelite who must be taken out of the camp (sacred space), where the Ark of the Covenant symbolizing God's presence resides. At the diagnosis stage, the

period of examination and reexamination is specified: seven days apiece (sacred time). If this stipulation is violated, the diagnosis will be null and void. Even after his cleansing, the afflicted person must stay away from his home for seven days. He is allowed to enter his house on the eighth day. Lastly, the diagnosis, separation, and readmittance to the camp, with the attendant offerings, must be conducted by the priest (status).¹⁵ This clearly shows that the biblical *tzara'at* is a ritual concern rather than a medical one.

LEPROSY AND MODERN CONTAGIOUS DISEASES

Victims of HD have had to endure severe social stigma from their families, communities, and even health professionals, to such an overwhelming extent in fact that leprosy has been known as "death before death" since ancient times.¹⁶ Scholars have related some of the dreadful experiences of these people, even in developed countries. For example, it was reported that some HD sufferers in the United States were banished by their families when diagnosed; and many were never again visited by their relatives after they entered the famed leper's home in Carville, Louisiana. New patients at Carville not only met with stigmatization, they were also likely to lose most of their former identity, including their names. While being admitted to Carville, patients were encouraged to hide their true identities and their real names were frequently unknown to the staff. No identification papers were necessary at Carville and even the name of their home town was kept secret, to avoid embarrassing their family.¹⁷

Historians enumerate some of the persecution endured by lepers, including reports of a man in the U.S. being left to die of starvation in a cattle truck; the shooting of 80 victims of leprosy in China (1937), after which they were thrown into a lime pit; and the beating to death of ten patients in a leper's house by a mob in Korea (1957).¹⁸ Segregated for the public good, they were not allowed to move freely in the street and were not able to prosecute at law, to inherit land, or to transmit land rights that they might otherwise have gained by inheritance. They were effectively stripped of their citizenship.¹⁹

Although HD is now on the wane, as a result of the drugs being used to control its effects on man, leprosy has become a metaphor for other dreadful and contagious diseases such as HIV/AIDS, for which there is no known cure and which can only be managed. Leprosy and HIV/AIDS resemble each oth-

er, particularly as far as the victims' social stigmatization is concerned. Today, as in the pre-drug treatment era (when leprosy was called "death before death"), merely mentioning the fact that someone is a carrier of AIDS can send a paralyzing sensation through the hearer's body, irrespective of his or her level of education. Fear of infection separates the sufferer from the rest of society. The cultural and religious barriers that isolate the victims of contagious diseases, such as leprosy, tuberculosis, and HIV/AIDS, must be removed if those infected are to be treated with loving care.

In Africa, there will always be one disease or another that must be combated. A change is needed in the attitude of people in Africa, especially in the way they relate to those suffering from contagious diseases. We noted before that HD itself is not as contagious as people once believed, which led to an unwarranted shunning of the sufferers. Other present-day diseases are in fact more contagious, but with the proper precautions (which are often simple and unobtrusive) there is generally no need to isolate the victims of disease. When someone is afflicted with a contagious disease, he or she must not simply be abandoned for fear of infection. That is precisely the time when we should display our empathy and concern.

NOTES

1. For a critical reading of these chapters, see M. Jastrow, "The So-Called 'Leprosy' Laws: An Analysis of Leviticus, Chapters 13 and 14," *Jewish Quarterly Review* (1913-14) pp. 357-418.

2. G. Lewis, "A Lesson from Leviticus: Leprosy," New Series, 22:4 (1987) pp. 593-595.

3. R. J. Zlogar, "Body Politics in 'Bartleby': Leprosy, Healing, and Christ-ness in Melville's Story of Wall Street," *Nineteenth-Century Literature*, 53:4 (1999) pp. 507-510.

4. B. H. Bennett, D. L. Parker, and M. Robson, "Leprosy: Steps along the Journey of Eradication," *Public Health Reports*, p. 200.

5. P. Eichman, "The History, Biology and Medical Aspects of Leprosy," *The American Biology Teacher*, 61:7 (1999) p. 495; Bennett, Parker, and Robson, p. 200.

6. T. H. Maugh, "Leprosy Vaccine Trial to Begin Soon," *Science*, New Series, 215: 4536 (1982) p. 1083.

7. Eichman, p. 494.

8. Baruch Levine, *The JPS Torah Commentary – Leviticus* (Philadelphia: Jewish Publication Society, 1989) p. 75.

9. J. F. A. Sawyer, "A Note on the Etymology of Sara'at," *Vetus Testamentum*, 26:2 (1976) p. 241.

10. M. L. Lloyd Davies and T. A. Lloyd Davies, "Tzara'at: A Comedy of Errors," *Journal of the Royal Society of Medicine*, 82 (1989) p. 622.

11. M. Gaudet, "Telling it Slant: Personal Narrative, Tall Tales, and the Reality of Leprosy," *Western Folklore*, 49:2 (1990) p. 192.

12. TB Arakhin 16a. For the connection between *tzara'at* and cohabitation with a menstruating woman, see *Midrash Tanhuma*, *Metzora* 3, and J. Zias, "Lust and Leprosy: Confusion or Correlation?," *Bulletin of the American Schools of Oriental Research*, 275 (1989) pp. 28-29.

13. Laws of the Land of Israel, R. Jacob ben Asher [Tur], Laws of the Holiness of the Land, section 3.

14. J. H. Walton, "Equilibrium and Sacred Compass: The Structure of Leviticus," *Bulletin for Biblical Research*, 11:2 (2001) pp. 293-304.

15. Zias, p. 28.

16. Bennett, Parker, and Robson, p. 198.

17. Gaudet, p. 193.

18. Bennett, Parker, and Robson, p. 200.

19. M. Douglas, "Witchcraft and Leprosy: Two Strategies of Exclusion," *Man,* New Series, 26: 4 (1991) p. 732.

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