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978-0-521-86584-5 - Leprosy and Empire: A Medical and Cultural History

Rod Edmond

Excerpt

[More information](#)

Introduction

Revulsion and fear have been the most common responses to leprosy since biblical times, yet there is slight medical basis for the recurring stigmatisation of a disease with such a very low level of infection. Leprosy, it seems, has had extraordinary potential for becoming more than itself. The reasons for this, the myths that accrued around the disease, and particularly the manner in which these were refashioned in the modern colonial period, is the subject of this book.

Carlo Ginzburg has described the panic in early fourteenth-century France around an alleged conspiracy of lepers to kill the healthy by poisoning the fountains and wells. As alarm spread, the rumoured conspiracy grew to include the Jews (there was an ancient tradition that among the ancestors of the Jews was a group of lepers driven out of Egypt), and then, somewhat improbably, the Muslim king of Granada. Ginzburg argues that lepers and Jews were pariah groups because of their ambiguous borderline status. Lepers were unclean, but loving them was, as Francis of Assisi had shown, a sign of sanctity. Jews were the deicide race but also those to whom God had chosen to reveal himself. Muslims were the threat from without, the menacing world beyond Christendom, conspiring with those groups within whose marginality made them susceptible to promises of wealth and power, as well as potential targets of social purification. Ginzburg also sketches a wider social context for this outbreak of victimisation. Tensions provoked by the establishment of a monetary economy were finding expression in anti-Semitic hatred, behind which lay the determination of an aggressive mercantile class to sweep away the competition of the money-lenders. The role of the lepers in this is more obscure, but there were large revenues to be derived from the administration of the many leper asylums.¹

In the cold war Hollywood movie *Big Jim McLain* (1952), John Wayne plays an investigator for the Un-American Activities Committee sent to Hawaii to root out communism in the islands. As his plane approaches

¹ Carlo Ginzburg, *Ecstasies: Deciphering the Witches' Sabbath* (Harmondsworth: Penguin, 1992), part 1.

Cambridge University Press

978-0-521-86584-5 - Leprosy and Empire: A Medical and Cultural History

Rod Edmond

Excerpt

[More information](#)

2 Leprosy and Empire: A Medical and Cultural History

Honolulu the film zooms in on the famous leper colony on the adjacent island of Molokai, providing a focal point for the hero's mission to protect these beautiful islands from the modern infection of communism. If the 'ancient leper colony of Kalaupapa' as the film has it (in fact it was established in 1865) is the islands' traditional worm in the bud, communism threatens to be its modern equivalent. When Big Jim visits Pearl Harbor we are reminded of the threat from without, but more disturbing is the new insidious threat from within. Just as the arrival of Chinese indentured labourers in the mid-nineteenth century had brought leprosy to Hawaii and threatened the good health and stability of this United States colony-in-the-making, communism now presents an analogous danger. The communists plan to cripple Hawaii in two ways. Union action will stop exports, while a sinister bacteriologist will infect the people. Communism, like leprosy, is a contagion, and both are definitely un-American. This identification is associative rather than precise, but the narrative implication is clear; communism, like leprosy, is infective, deforming and horrifying.

Both episodes demonstrate how leprosy readily becomes a focus for almost anything that Judeo-Christian cultures have found particularly troubling. The origins of this are biblical. When Big Jim McLain climbs nervously out of the light aircraft that has flown him to Molokai in his quest for communist subversion, he recalls his childhood revulsion at Bible stories of lepers read to him by his mother. The biblical figure of the leper is, in fact, a deeply ambivalent one. 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 a moral 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. Francis of Assisi exemplified this by cherishing the pariah of the Old Testament. Something of this ambivalence can be seen in the lepers' squint, that feature of church architecture which allowed the leper to see into the church but not to enter and partake: in other words to be simultaneously present and absent.

Chapter 14 of the Book of Leviticus concludes: 'To teach when it is unclean, and when it is clean: this is the law of leprosy.' Chapters 13 and 14 are preoccupied with the difficulty of interpreting and applying this law, as the following examples from chapter 13 show:

38. If a man also or a woman have in the skin of their flesh bright spots, *even* white bright spots;

39. Then the priest shall look: and, behold, *if* the bright spots in the skin of their flesh *be* darkish white; it *is* a freckled spot *that* groweth in the skin; he *is* clean.

40. And the man whose hair is fallen off his head, he *is* bald; *yet is* he clean.

Cambridge University Press

978-0-521-86584-5 - Leprosy and Empire: A Medical and Cultural History

Rod Edmond

Excerpt

[More information](#)

Introduction

3

42. And if there be in the bald head, or bald forehead, a white reddish sore; it *is* a leprosy sprung up in his bald head, or his bald forehead.

43. Then the priest shall look upon it: and, behold, *if* the rising of the sore *be* white reddish in his bald head, or in his bald forehead, as the leprosy appeareth in the skin of the flesh;

44. He is a leprous man, he *is* unclean: the priest shall pronounce him utterly unclean; his plague *is* in his head.

46. All the days wherein the plague *shall be* in him he shall be defiled; he *is* unclean: he shall dwell alone; without the camp *shall* his habitation *be*.

If Leviticus is regarded as a handbook for priests to help them diagnose leprosy and distinguish it from less serious skin afflictions, these verses illustrate how difficult this was. They circle and return obsessively to the spot, blemish or sore in question in the attempt to decide whether it is clean or unclean.

Why was leprosy one of the abominations of Leviticus? Mary Douglas has suggested a general answer to this question: 'Those species are unclean which are imperfect members of their class, or whose class itself confounds the general scheme of the world'.² Allied to this was the idea of the human body as an expression of wholeness and completeness, the 'perfect container'.³ Wholeness is a metaphor for holiness, and involves definition, discrimination and order: 'Holiness means keeping distinct the categories of creation'.⁴ Although there is no specific discussion of leprosy in *Purity and Danger*, Douglas opens up an approach to my question. Leprosy undermines the integrity of the body and its significance as an expression of cherished distinctions and categories. Most vividly the leprous body challenges the fundamental distinction between life and death, putrefying and decomposing while alive and still able to reproduce. This, in turn, suggests Julia Kristeva's concept of abjection, which partly derives from *Purity and Danger*. In *Powers of Horror*, Kristeva argues that the human corpse, which is almost universally surrounded by rituals and taboos to prevent contamination of the living, is the most horrifying manifestation of the impossibility of a clear distinction between the clean and unclean, and thus between order and disorder. The leprous body, even more than Kristeva's example of the corpse, is a mordant instance of what she means by abjection: 'a border that has encroached upon everything ... death infecting life ... something rejected from which one does not part'.⁵ If, in

² Mary Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo* (Harmondsworth: Penguin, 1970), p. 70.

³ *Ibid.*, p. 65. ⁴ *Ibid.*, p. 67.

⁵ Julia Kristeva, *Powers of Horror: An Essay on Abjection* (New York: Columbia University Press, 1982), pp. 3–4.

Cambridge University Press

978-0-521-86584-5 - Leprosy and Empire: A Medical and Cultural History

Rod Edmond

Excerpt

[More information](#)

4 Leprosy and Empire: A Medical and Cultural History

Douglas's words, '(h)ybrids and other confusions are abominated', then the leper becomes the most disquieting hybrid of all.⁶

In *Leviticus as Literature* Mary Douglas has elaborated and modified her earlier study. Importantly she reminds us that Leviticus was composed and edited during a long period of continuing political upheaval.⁷ Leprosy's tendency to become more than itself has frequently been heightened at moments of social or political disturbance. Douglas also demonstrates the correlative literary style of Leviticus and the way in which this works through analogies. Most, if not all, literary treatments of leprosy seem to share this characteristic: testament to the extraordinary signifying power of the disease. Douglas reads chapters 12–15 of Leviticus as constructing from the human body prone to sickness a microcosm of the sanctuary in danger of defilement.⁸ Chapter 12 is concerned with the blood impurity of a woman menstruating or giving birth; chapters 13 and 14 with leprosy; and chapter 15 with genital discharges from men or women. These exposed and risk-prone conditions are sources of impurity, and in terms of the body logic of Leviticus, constitute a threat to the integrity of the living being: 'The breach of the body's containing walls evidenced by an escape of vital fluids and the failure of its skin cover are vulnerable states which go counter to God's creative action when he set up separating boundaries in the beginning.'⁹

The two chapters specifically concerned with leprosy extend outwards from the diseased body to the garments clothing that body, and then to the house that encloses both. Each is given the same diagnostic treatment and the cleansed house as well as the cleansed body receives atonement.¹⁰ These three analogies of leprosy – the pustulating body, the garment and the house – are a cover for the person inside, each enclosed by a further cover and leading to the tabernacle 'where the series of spoilt covers converges'.¹¹ The laws of leprosy, like those of bodily discharges, expound the meaning of bodily impurity and its relation to the sacred as expressed in the body of the tabernacle. Contact with the polluted thing will transmit that pollution on and on until it impinges on the sacred body of the tabernacle.¹² Leprosy, therefore, is a form of 'sacred contagion': not a consequence of the maleficent power of demons but a result of the action of God for some breach of his covenant. Ritual impurity, such as that represented by the leprous body and its enforced removal from the camp, is a way of reimposing God's order on his creation. For the Leviticus writer, 'unclean' is not primarily a term of psychological horror and disgust but a

⁶ Douglas, *Purity and Danger*, p. 67.

⁷ Mary Douglas, *Leviticus as Literature* (Oxford: Oxford University Press, 2000), p. 7.

⁸ *Ibid.*, p. 176. ⁹ *Ibid.*, p. 190. ¹⁰ *Ibid.*, p. 177. ¹¹ *Ibid.*, p. 191. ¹² *Ibid.*, p. 187.

Cambridge University Press

978-0-521-86584-5 - Leprosy and Empire: A Medical and Cultural History

Rod Edmond

Excerpt

[More information](#)

way of demonstrating the comprehensive nature of God's care and control.¹³

Already there are problems with my discussion. Does the leprosy of Leviticus, of fourteenth-century France and twentieth-century Hawaii describe the same clinical entity? And does the concern of the Leviticus writer, the panic of late medieval southern French society, and the fear of the anti-communist investigator derive from some common trans-historical Judeo-Christian revulsion at the disease, or does each of these instances have a historical specificity that makes it misleading to run them together in the way that I have so far been doing? The simple answer to the first of these questions is almost certainly not. Even within the Bible, the symptoms of leprosy in Leviticus are different, for example, from those described by Aaron in Numbers. The Leviticus writer is concerned with blemishes of the skin, and there is no equivalent of the account in Numbers, which describes it as a condition in which the flesh is 'half consumed' (12: 12). Mary Douglas argues that Leviticus's description suggests not one but various skin diseases, including skin cancer, psoriasis, tropical ulcers, yaws, and major infectious diseases such as smallpox or measles.¹⁴ In medieval and early modern Europe leprosy was very often a generic term for a wide range of skin diseases and, clinically speaking, it is only in the early nineteenth century that a sustained attempt was begun to distinguish leprosy from other skin disorders, and to distinguish between different types of leprosy itself. That said, the Leviticus writer is obsessively concerned with establishing 'true leprosy' and with distinguishing it from other superficially similar diseases. And for all that leprosy continued to be run together with other skin diseases, it was also imperative to differentiate a disease that was believed to be highly contagious and whose consequences for the sufferer were so serious. Accurate diagnosis was, on the one hand, impossible, and on the other, essential. Versions of this dilemma haunted the disease until well into the twentieth century.

Does a constant set of causes underlie the apparent continuity of response to leprosy since biblical times? For a medical scientist such as Olaf K. Skinsnes, leprosy is a disease with a unique medical pathology that produces a unique social response; a constant set of causes results in an identical stigma wherever the disease appears.¹⁵ And a literary critic like Nathaniel Brady also sees the resurfacing of fears about leprosy in Europe in the nineteenth century, after centuries during which the disease had virtually disappeared, as testimony to its constant power as an emblem of

¹³ *Ibid.*, pp. 149–51, 188. ¹⁴ *Ibid.*, pp. 183–4.

¹⁵ Zachary Gussow, *Leprosy, Racism, and Public Health: Social Policy in Chronic Disease Control* (Boulder, Colo.: Westview Press, 1989), p. 8.

Cambridge University Press

978-0-521-86584-5 - Leprosy and Empire: A Medical and Cultural History

Rod Edmond

Excerpt

[More information](#)

6 Leprosy and Empire: A Medical and Cultural History

sin and moral decay.¹⁶ For Zachary Gussow, however, to regard the reaction to leprosy as a psychological and cultural constant is to augment the very process being described and to endorse the idea of the long unchanging history of leprosy's taint; '[h]umanity's dread is termed a natural response', and leprosy becomes perpetually identified with stigma. Biblical tradition and the literary imagination, he suggests, have been particularly important in sustaining this account of the history of the disease.¹⁷

Gussow himself denies the universality of both the response and its causes, arguing that leprosy was 'retained' in the modern colonial period; around the turn of the twentieth century it was transformed from 'a feared clinical entity' into 'a stigmatised phenomenon'.¹⁸ He sees a number of interlocking reasons for this: the discovery of the leprosy bacillus in 1874 which offered scientific support for those who argued the disease was contagious rather than hereditary; the belief that leprosy was racially selective, and had become a tropical rather than a European disease; the movement of indentured labour around the world following the abolition of slavery, and consequent fear of the disease spreading; and the organised involvement of Western missionaries in leprosy work in the wake of the expansion of European empires.¹⁹ This approach is clearly more satisfactory than trans-historical and trans-cultural explanations that see the fear of leprosy as constant and unchanging. The idea of 'retaining' also fits the sequence proposed by Foucault in which leprosy disappeared from the Western world at the end of the Middle Ages, with criminals and the insane taking the part previously played by the leper.²⁰ Gussow builds on some of the possibilities opened up by Foucault's argument.²¹

There are, however, significant differences between the two. Gussow treats modern leprosy almost as if it were a new disease, although he declines to be drawn into the question of the continuity or otherwise of biblical and medieval leprosy with its modern forms.²² In terms of its stigmatisation he insistently emphasises discontinuity: 'It is unnecessary to search the human psyche deeply or to reach far back into history to account for modern lepraphobia. A close look at the expanding Western world during the late nineteenth and early twentieth centuries suffices.'²³

¹⁶ *Ibid.*, p. 12. ¹⁷ *Ibid.*, p. 4.

¹⁸ Zachary Gussow and George S. Tracy, 'Stigma and the Leprosy Phenomenon: The Social History of a Disease in the Nineteenth and Twentieth Centuries', *Bulletin of the History of Medicine*, 44 (1970), 440.

¹⁹ Gussow, *Leprosy, Racism, and Public Health*, pp. 201–9.

²⁰ Michel Foucault, *Madness and Civilisation: A History of Insanity in the Age of Reason* (London: Tavistock Publications, 1979), ch. 1.

²¹ Gussow, *Leprosy, Racism, and Public Health*, p. 18. ²² *Ibid.*, p. 6. ²³ *Ibid.*, p. 23.

Cambridge University Press

978-0-521-86584-5 - Leprosy and Empire: A Medical and Cultural History

Rod Edmond

Excerpt

[More information](#)

For Foucault, however, the structures of exclusion built around the figure of the leper persisted, even if the disease disappeared.²⁴ Foucault also bypasses the question as to whether modern, medieval and biblical leprosy describe the same disease. For him the important point is that Judeo-Christian societies at different historical moments have used the label as if it did describe a constant condition. Although many of the causes underlying the prominence often given to leprosy have undoubtedly changed, the need for a disease that provided a physical basis upon which to exclude certain groups persisted. Or, more precisely, this need became urgent at particular periods. Within the smaller, more circumscribed cultures of Europe in the Middle Ages the question of who did and did not belong must often have been pressing. Large-scale movements of people, such as the Crusades, were particularly disturbing. Disease spread, new diseases were introduced, and other kinds of imagined contamination followed. Similarly in the modern colonial period, the mass movement of indentured labourers from India, China and Japan across the Caribbean, Indian and Pacific oceans brought heightened fears of the spread of disease, which in turn offered a language with which to stigmatise and denigrate these migrants.

So although Gussow is surely right to insist that the meanings attributed to leprosy have always been historically fashioned, this is not to deny the persistence of certain causes of both a social and psychological kind. The disease might or might not have been the same, the specific social groups which leprosy has been used to stigmatise have varied, but the suitability of leprosy for the purpose of stigmatisation has been remarkably persistent. There might have been periods when the stigma that leprosy attracts was less intense, but it has remained more constant than Gussow allows. His determination to destigmatise the condition by insisting on the historical specificity of late nineteenth- and early twentieth-century lepraphobia leads him to understate the persistent tradition of stigmatising the disease that has characterised European cultures. My concern is to try and read the stigma through time and to understand better the varying historical conditions in which it has been produced.

Foucault, however, overstates the case when he claims that leprosy disappeared from Europe in the sixteenth and seventeenth centuries. It lingered in parts of Europe, particularly in Spain and Norway, and during the first half of the nineteenth century there was growing awareness of its persistence and its possible return to other parts of Europe. The prevalence of leprosy among sections of the Norwegian peasantry was confirmed by

²⁴ Foucault, *Madness and Civilization*, p. 7.

Cambridge University Press

978-0-521-86584-5 - Leprosy and Empire: A Medical and Cultural History

Rod Edmond

Excerpt

[More information](#)

leprosy surveys and censuses in the 1830s and 40s and resulted in a national leprosy register in Norway by 1856.²⁵ This began to cause anxiety in Britain, especially in Scotland where it was believed that leprosy had persisted longest before its eventual disappearance. The possible recrudescence of the disease sparked a revival of interest in its history and aetiology. During the 1840s and 50s the *Edinburgh Medical Journal* carried a series of articles on whether or not present-day leprosy was identical to that in Britain and Europe during the Middle Ages,²⁶ on its 'probable reappearance on our shores', and on why it had 'disappeared' in the first place.²⁷ Alexander Fiddes, who had first-hand experience of the disease from Jamaica, wrote: 'It seems not unreasonable to suppose, that in the same manner as the scourge declined spontaneously in the sixteenth and seventeenth centuries, so it may resume its activity at a future time, should the external causes which favour its development ever regain their ancient ascendancy.'²⁸ The unexplained disappearance of leprosy from many parts of Europe in the early modern period contributed directly to fears of its return in the nineteenth.

Foucault's claim that leprosy disappeared is therefore as misleading as Gussow's that it was reinvented. The disease never entirely went away, and so it did not need to be reinvented. Instead, the persistence of leprosy in parts of Europe, and an enduring tradition of stigmatisation, intersected with a rapidly changing imperial world from around the turn of the nineteenth century to produce a modern version of the disease that drew heavily on biblical and medieval ways of understanding it. This process whereby a Judeo-Christian discourse on leprosy was inflected by the modern history of colonialism to reconstruct leprosy and the figure of the leper was extremely complex. Neither Foucault nor Gussow take sufficient account of the profound ambivalence that was intrinsic to Judeo-Christian responses to the disease. Foucault swings from medieval horror of the disease to its disappearance in the post-medieval world. Gussow is preoccupied with the peculiarly modern stigmatisation of the disease and the ways of overcoming this in the contemporary world, locating the most intense reactions to it in the era of high imperialism. Horror and pity have, to varying degrees, always co-existed in tension with each other, one requiring the leper to be removed 'without the camp', the other prompting those who are clean to go and live with and tend the

²⁵ Gussow, *Leprosy, Racism, and Public Health*, p. 69.

²⁶ James Y. Simpson, 'Antiquarian Notices of Leprosy and Leper Hospitals in Scotland and England', *Edinburgh Medical and Surgical Journal*, 56 (1841); 57 (1842).

²⁷ *Edinburgh Medical Journal*, 1 (1855–6).

²⁸ Alexander Fiddes, 'Observations on Tubercular and Anaesthetic Leprosy, as They Occur in Jamaica', *Edinburgh Medical Journal*, 2 (1856–7), 1061.

Cambridge University Press

978-0-521-86584-5 - Leprosy and Empire: A Medical and Cultural History

Rod Edmond

Excerpt

[More information](#)

unclean. And even these antitheses are less absolute than might at first seem. The Old Testament injunction to diagnose and expel the leprous did not rule out the possibility of recovery and return. And the modern missionary-led attempts to care for and protect the leper typically involved forms of segregation that amounted to an incommutable life sentence.

Although leprosy seems to have been linked with almost every imaginable aspect of human life, its most commonly recurring association has been with sex. Within literature, for example, the connection of leprosy and syphilis extends back at least as far as Henryson's *Testament of Cresseid* (1593) and could still be used by Somerset Maugham in his fictional treatment of Gauguin, *The Moon and Sixpence* (1919). When John Ford writes of 'The leprosy of lust' in *'Tis Pity She's a Whore* (1633) (I, 74) the usage is commonplace. The association of leprosy and sex also occurs widely across different cultures and periods. According to Chinese legend leprosy was a divine punishment for necrophilia.²⁹ The idea that leprosy was a scourge for sexual licence recurs in parts of Africa where it was associated with incest.³⁰ In Marquesan society contact with menstruating women was believed to cause leprosy.³¹ The German ethnographer Gunterh Tessmann described in *Die Pangwe* (1913) how in Cameroon, Equatorial Guinea and Gabon the active partner in male anal intercourse was thought to risk contracting leprosy.³² Each of these random examples has its own cultural and historical specificity, but taken together they indicate broader patterns of response to the disease across cultures and through time.

In the modern colonial period leprosy was racialised as well as sexualised. This will be a recurring theme of subsequent chapters, but the theories of the American abolitionist Dr Benjamin Rush provide a useful starting point for my later discussions. In 1792 Rush presented a paper titled 'Observations intended to favour a supposition that the black Color (as it is called) of the Negroes is derived from the LEPROSY' to the American Philosophical Society. He argued that both the 'colour' and the 'figure' of Negroes were derived from a 'modification' of leprosy. A combination of tropical factors – 'unwholesome diet', 'greater heat', 'savage manners' and 'bilious fevers' – produced leprosy in Negroes. The visible symptoms of this were the Negro's physical features – the 'big lip', 'flat nose', 'woolly hair' and especially the black skin. Negroes were like lepers in their

²⁹ Nicholas Rankin, *Dead Man's Chest: Travels after Robert Louis Stevenson* (London: Phoenix Press, 2001), p. 275.

³⁰ Douglas, *Leviticus as Literature*, p. 185.

³¹ Robert C. Suggs, *Marquesan Sexual Behaviour* (London: Constable, 1966), pp. 27–8.

³² Rudi C. Bleys, *The Geography of Perversion: Male-to-Male Sexual Behaviour Outside the West and the Ethnographic Imagination 1750–1918* (London: Cassell, 1996), pp. 219–20.

Cambridge University Press

978-0-521-86584-5 - Leprosy and Empire: A Medical and Cultural History

Rod Edmond

Excerpt

[More information](#)

‘morbid insensitivity of the nerves’ and in their unusually strong venereal desires. Rush also cited examples of white women living with Negroes acquiring a darker skin colour and Negroid features.³³ His paper strikes many of the keynotes that were to be heard in the increasingly racialised discourse of leprosy during the nineteenth century. It also demonstrates the continuity between traditional and emergent ways of figuring and explaining the disease, with a powerful libido linking the leper and the Negro.

Rush had pointed to ‘unwholesome diet’ as a cause of the ‘leprous Negro’ and, together with sex and race, food had a categorial association with the disease. Dutch settlers in Ceylon at the end of the eighteenth century decided that leprosy was caused by eating breadfruit and ordered all the trees to be cut down.³⁴ Dietary explanations of the disease flourished in the nineteenth century. W. Munro, some time medical officer in St Kitts, blamed vegetable diets and a want of salt.³⁵ Jonathan Hutchinson, former president of the Royal College of Physicians, on the other hand, put it down to eating fish, especially of the dried salted variety.³⁶ So convinced was Hutchinson of this theory that he partly attributed the disappearance of leprosy in Europe in the early modern period to the Reformation and its disavowal of Catholic dietary practices such as the compulsory use of fish on fast days.³⁷

Sex, race and food are significant markers of boundaries. Many forms of sexual activity involve the mixing or penetration of bodies and hence the infringement of that most literal of boundaries between the self and what lies outside it. In the nineteenth century particularly, the construction and definition of racial boundaries was an intellectual industry. And food, it would seem, cannot help but invoke categories. That which is neither fish nor fowl is disturbing because it transgresses boundaries and threatens confusion. It is possible that in the examples above, breadfruit and dried fish were singled out because of their ‘hybrid’ nature, their apparently mixed form.

Leprosy, as I have already suggested, is a boundary disease par excellence. It can focus and dramatise the risk of trespass, serve as a punishment

³³ Ronald Takaki, *Iron Cages: Race and Culture in Nineteenth-Century America* (New York and Oxford: Oxford University Press, 1990), pp. 30–1.

³⁴ Charles Ker[r?] to Joseph Banks, 28 March 1793. Kew Banks Letters 2/94, Joseph Banks Archive of Letters, Royal Botanic Gardens Library, Kew, London. I am indebted to Dr Nigel Rigby of the National Maritime Museum, Greenwich, for this reference.

³⁵ W. Munro, *Leprosy* (Manchester: John Heywood, 1879), pp. 41, 93.

³⁶ Jonathan Hutchinson, *On Leprosy and Fish-Eating* (London: Constable, 1906), *passim*.

³⁷ Jonathan Hutchinson, ‘Notes on Leprosy in Various Countries’, *British Medical Journal*, 1 (1890), 651–6.