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People with leprosy (Hansen's disease) during the Middle Ages

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Abstract

Leprosy or Hansen's Disease represented a major social, moral, and health concern during the Middle Ages. Few diseases have evoked the social responses that leprosy did during the Middle Ages. Medieval explanations, social norms, perceptions, and medical responses to leprosy and people with the disease are surveyed. Some medieval communities took dramatic exclusionary measures to socially isolate individuals with the disease. Other communities, while acknowledging the disease, treated individuals similar to ordinary citizens and with compassion. © 2001 Elsevier Science Inc. All rights reserved.

1. Introduction

In extreme cases, Hansen's disease, or as it is more commonly known as leprosy, is one of the most disabling and deforming diseases. It has a high degree of misunderstanding and misconceptions about its cause, methods of transmittal, and treatment. Leprosy is a chronic bacterial infection that involves the skin, nerves, and other tissues. The cause is *Mycobacterium Leprae*, which is a slow growing bacteria that can take up to 20 years to incubate before having any observable effect. It is not very contagious and only about 10% of people exposed to it actually get the disease and those that do have varied clinical manifestations (Carmichael, 1993; Nikiforuk, 1993). If unchecked, it can lead to blindness, loss of neural sensation, and local paralysis. Leonine forms of the disease cause skin damage such as skin becoming thickened and furrowed. Correspondingly, there is a gradual withering of certain parts of the body that may result in deformed feet and what some have characterized as "claw hand." Secondary infections from syphilis, frostbite, diabetes, or injury often account for some of the characteristics associated with the disease.

Leprosy remains a baffling disease because how and why the disease spreads still are not

fully understood. Some experts believe poor living conditions, close contact, poor diet, and other factors promote the disease (Richards, 1977; Rubin, 1974). Genetic factors may also be an important influence on the degree of susceptibility. Before the sixteenth century, reliable diagnoses and accurate descriptions of the disease were rare (Gussow & Tracy, 1970). Physicians frequently misdiagnosed the disease (Anonymous, 1977; Brody, 1974; Kealey, 1981; Mac Arthur, 1953; Rogers & Muir, 1946; Rubin, 1974) and confused it with skin ailments, such as fungi, eczema, pellagra, ringworm, and psoriasis (Cohn, 1989; Mac Arthur, 1953; Tullis, 1977).

Throughout the Middle Ages, to be diagnosed with the disease had major social and medical implications for the individual. Some communities, knowing the importance of accurate diagnosis, established multidisciplinary groups to review suspected cases. Representatives from the church, physicians, and people with the disease were typically members of these groups. Medieval diagnosis of leprosy, Brody (1974:59) wrote, “ - - - was a prediction of disfigurement and death, and what is perhaps more terrifying, it separated a man from society because of the infection he carried outwardly and the moral corruption that lay within him.” It is the social and often dramatic responses to this disease during the Middle Ages that are the foci of this note.

2. Social perceptions of people with leprosy

Social stereotypes have surrounded people with the disease. Perhaps no other human, since the periodic outbreaks of plague and the rise of the HIV epidemic, has provoked stronger social responses. Commenting on the disease, Saragin (1971) concluded that it is difficult to imagine a socially created status more damaging to self-esteem and added that even the word “leper” is frightening. While the majority of responses to people with the disease have been negative, some evidence indicates that some medieval communities treated people with the disease with compassion and understanding (Covey, 1998; Stringer, 1973; Gussow & Tracy, 1971a).

Many of the social responses to people with the disease were based on biblical teachings. The *Bible* alone makes about 50 references to the disease (Mac Arthur, 1953). One biblical perception was that people with the disease were unclean (Lewis, 1987). For example, Leviticus 13: 44–46 states, “Now whosoever shall be defiled with the leprosy, and is separated by the judgment of the priest, shall have his clothes hanging loose, his head bare, his mouth covered with a cloth, and he shall cry out that he is defiled and unclean. All the time that he is infected and unclean, he shall dwell alone without the camp.” The Judeo-Christian peoples considered leprosy to be a moral disease (Brody, 1974; Richards, 1977). Early Christians believed that by giving them leprosy God punished people for sinful behavior (Brody, 1974; Burt, 1982). The moral connotations of the disease have been expressed throughout history. For instance, Pope Gregory the Great (540–604) viewed people with leprosy as heretics, as did the scholar Isidore of Seville (560–636), and the medieval monk Bede (Brody, 1974). In a similar vein, people have perceived those with leprosy as having heightening sexual desires and behaviors. Christians viewed those with the

disease as having strong sexual appetites and being morally pervert (Brody, 1974; Burt, 1982; Jacquart & Thomasset, 1988).

The most common social perception has been that people having leprosy should be feared (Dols, 1983). This fear of leprosy was an expected response. During the Middle Ages, most people assumed leprosy was highly contagious (Jacquart & Thomasset, 1988). However, some medical opinions differed and physicians did not always believe leprosy was highly contagious (Brody, 1974).

3. People with leprosy during the Middle Ages

Experts agree that leprosy was a familiar disease in medieval Europe but opinions vary as to its prevalence during the period (Gussow, 1989; Richards, 1977; Robins, 1986). Authorities have suggested that the disease may have reached its apex during the twelfth and thirteenth centuries (Le Goff, 1990; Clay, 1909; Rubin, 1974). They base this conclusion on the finding that the number of hospitals established to care for people with the disease were numerous during the twelfth and thirteenth centuries. For example, in the midtwelfth century, France had about 2,000 leprosariums and England and Scotland had about 220 to serve approximately 1.5 million people with leprosy. However, Rogers and Muir (1946) concluded some of these hospitals never served people with the disease and dread of the disease may have led to overexaggeration of its prevalence (Mac Arthur, 1953).

Typically, medieval communities saw people with the disease as untrustworthy, wrathful, unclean, hopeless, and suspicious. To the medieval citizen, leprosy meant a long, disfiguring, and inevitable death. Given the perceived horrors of the disease, medieval citizens avoided contact those with the disease. Medieval citizens worried they could contract leprosy from associating with people with the disease and officials often made provisions in medieval law, such as prohibitions regarding property ownership. For example, medieval French communities often denied ownership privileges to them (Brody, 1974). Some communities passed laws to restrict the personal freedoms of people with leprosy, such as the 1276 assizes of London which proclaimed that people with leprosy could not reside in the city (Clay, 1909). However, there is some evidence that the enforcement of laws differed by locality (Rubin, 1974). In France, Le Goff (1990) noted that legally people with the disease had the rights of healthy people except in Normandy and Beauvaisis.

Medieval communities developed other restrictions. For instance, some people believed leprosy could be spread through the breath, thus people with the disease were only permitted to communicate when they were downwind (Brody, 1974; Jacquart & Thomasset, 1988). Some communities forbid them to use well-traveled roads, and enter markets, taverns, or churches without permission. Communities also forbade them from washing in local streams, touching babies, and using public drinking cups. Restrictions varied among communities, for example some Scottish communities hung or transported them out of town, while others permitted them to travel freely (Nikiforuk, 1993). According to Kealey (1981), in twelfth century England, people with leprosy were not ostracized or separated from society, and leper clappers and bells were not used.

One of the most dramatic social restrictions on people with leprosy was their segregation

from mainstream society, which was practiced for at least eight centuries (Richards, 1977). Medieval citizens thought they could get leprosy through association. Hence, communities ensured that distances were maintained between those having and not having the disease. For example, in 1346, King Edward I issued an edict that expelled people with leprosy from the city limits of London. He did this because he feared the disease would spread but also because he was concerned they were a public nuisance for their wanton begging. Authorities made legal efforts to restrict begging by people with the disease, such as those enacted in London in 1346, 1348, 1367, 1372, and 1375 (Bayless, 1977). This separation, primarily fueled by ignorance and fear, may have been functional. Kealey (1981: 104) concluded, separation would have provided communities with a way to limit begging and contributed to a sense of membership and belonging among those with the disease.

To mark the separation from society, communities implemented elaborate rites of passage from the living to the world of the living dead. Medieval communities developed sets of rituals that were used to diagnose, segregate, and label people with leprosy. Under Pope Alexander III, the Third Lateran Council (1179) issued a decree that urged their segregation, building separate chapels, and burying them in separate cemeteries (Le Goff, 1990). Communities sequestered people with leprosy by forcing them outside community boundaries. Medieval English officials issued writs (orders) of separation to people with the disease. In France, separation ceremonies differed little from burial services. Officials sprinkled earth on peoples' heads signifying they were buried from the world (Rogers & Muir, 1946; Talbot, 1967a).

Some medieval communities expected people with leprosy to wear special clothing as warnings. Special clothing allowed others to avoid them and symbolized them as social outcasts (Richards, 1977). Long robes, gloves, horns thrown over the shoulder, were typical features of costumes (Rubin, 1974). Rules often required that footwear be worn to avoid the spread of leprosy. People with the disease sometimes wore ankle length tunics of russet (a coarse reddish brown cloth) with long sleeves that were closed at the wrist, with cowls, and capes of black cloth. People sometimes sew yellow crosses or the letter "L" to their capes or vestments (Carmichael, 1993). Gron (1973) found that red signs in the shape of a goose or duck foot were sometimes worn over the person's chest. They sometimes wore gloves with gray or white wool robes and masks over their mouths. Communities even had social expectations on how the clothing was worn. Clay (1909:175) cited the statutes of St. Julian's that people with leprosy ought, "... as well in their conduct as in their garb, to bear themselves as more despised and as more humble than the rest of their fellow men . . ." In some communities they carried long poles that were used to point to things they wanted to purchase and to retrieve alms cups that were distanced from them (Carmichael, 1993). Some communities required them to use clappers, bells, rattles, or castanets to warn others of their approach (Rogers & Muir, 1946).

In addition to restrictions, communities blamed them for social and economic calamities. Authorities scapegoated them more out of their concern of them being a public nuisance than their role in spreading the disease (Kealey, 1981). For instance, facing a major famine, the French king France King Philip V (1316–1322) accused them of having poisoned wells across France (Le Goff, 1990). Philip's 1318 order was, "Let us collect in one place all of the people with leprosy and burn them, and so often as more appear, let us burn them also,

until the disease is eradicated” (Haggard, 1932: 15). Charles the V of France took similar actions and complained that they were overtaking Paris.

In contrast to efforts to limit and restrict their lives, medieval communities sometimes were compassionate for people with the disease. In the twelfth century, at least in England, there was a strong sense of charity for people with leprosy (Mac Arthur, 1953). For example, Queen Matilda the spouse of Henry I, was known widely for her charitable acts toward the people with leprosy (Rubin, 1974). The English King John (1204) allowed people with leprosy to have a portion of all flour sold at market. In 1163, the Bishop of Exeter allowed them to enter the markets to collect food or alms and gave them special begging privileges.

4. Medieval theories on the causes and treatments of leprosy

Medieval medical authorities suggested a number of causes for the disease including, sexual transmission, simple association, bites of venomous worms, eating rotten fish (Carmichael, 1993; Richards, 1977; Skinsnes, 1964), drinking unclean wine, and eating rotten or melancholic meat. Other explanations were readily available, such as conception during menstruation, imbalances of bodily fluids (humors), and leprous wet nurses (Brody, 1974; Rubin, 1974). The Franciscan monk Batholomaeus Angelicus’ postulated in 1246 that the disease was hereditary in origin. The medieval physician Bernard of Gordon proposed there were many causes including sex with a leprous woman. Following the Galenic tradition, some physicians attributed the disease to the overabundance of black bile or melancholic humor in the individual’s body.

Medieval physicians used a wide variety of treatments to care for but not necessarily cure the disease. Authorities suggested that taking measures such as carrying religious relics and using herbs could ward off the disease. Medieval doctors tried herbal and chemical cures such as Chaulmoogra (hydnocarpus) oil that they applied to the patient’s body. Because authorities made the connection between leprosy and humoral theory, they often treated the perceived overabundance of black bile by bleeding patients (Pouchelle, 1990). They also instructed patients to eat fresh food, purge, drink medicinal waters, and bathe (Dols, 1983). Hildegard of Bingen (1098–1179), the famous twelfth century Benedictine abbess, recommended using the white lily for curing leprosy (Stannard, 1985). She also thought that the soil of ant-hills had curative powers for leprosy (Thorndike, 1923, Vol. 2:147). Often treatments were a combination of physical treatment and spiritual interventions. These were based on the belief that the treatment involved both spiritual and physiological aspects. To address the spiritual aspects of the disease, the church established and maintained leprosariums. Christians viewed religious relics as effective treatments for leprosy, such as the bones of Saint Milburga (d. 715) (Kealey, 1981). Numerous locations could be found throughout Europe for pilgrimages, such as Compostella and Saint Gilles (Kealey, 1981).

Some medieval physicians openly admitted their inability to treat the disease, such as the English physicians Bartolomeus Anglicus and Bernard of Gordon. Both acknowledged the difficulty in curing the disease except through divine intervention (Rubin, 1974; Talbot,

1967). With the apparent lack of successful medical treatment, public efforts focused on isolating and caring for people with the disease. Lazar or leper houses were common during the Middle Ages, such as those established in Saint Gallen (759), Moutien (871), Palencia (1067), St. Giles (1101), Harbledown (1100), and Coventry (1181) (Clay, 1909; Richards, 1977; Skinsnes, 1964). Typically, these hospitals had walls, private gardens, chapels, cemeteries, and were located outside town limits. Despite the isolation, hospitals were often open to family members (Mac Arthur, 1953).

5. The decline of leprosy at the close of the Middle Ages

By the middle of the thirteenth century leprosy started to decline (Carmichael, 1993; Le Goff, 1990). Currently, most authorities agree that it almost disappeared in Europe during the sixteenth century (Gussow & Tracy, 1970, 1971b). It persisted in small pockets across Europe, such as in Ireland up to 1775 and France until about 1789. Even with these declines, leprosy persisted in Scandinavian countries in the nineteenth century. Authorities disagree on what caused this decline. Some have suggested a number of factors may have been responsible, such as improved sanitation, acquired immunities, social segregation, the rise of tuberculosis, improved diet and living conditions (Rubin, 1974). Some suggest the Black Death assisted in the decline, as many people with leprosy fell victim to the plague (Clay, 1909; Richards, 1977). Others have suggested the cold weather diminished leprosy (McNeil, 1976). Better diagnosis by physicians probably contributed to the decline of the disease. Some experts note that the decline of the disease coincided with urbanization and corresponding rise of pulmonary tuberculosis (Manchester, 1984; McNeil, 1976). The slow developing mycobacterium lepra was not able to compete with the more aggressive and often fatal tuberculosis bacterium.

6. Closing observations about people who had leprosy during the Middle Ages

Leprosy represents one of the most interesting of all diseases. Many myths and misperceptions about the disease have shaped social perceptions and reactions to people with the disease. The very nature of the disease, with its prolonged incubation period and wide array of symptoms only fueled public misunderstanding. Medieval citizens feared the person with leprosy out of uncertainty, misinformation, self-preservation, and ignorance. For those with the disease, the misunderstandings have been historically overwhelmingly catastrophic.

By virtue of being considered an evil outcast, people with the disease were symbolic representations of evil. Leprosy was a warning to all living that their sinful lives might result in God's punishment. They reaffirmed one's commitment to and fear of God. Thus, it was critical to make the person with leprosy visible to some degree, to serve this function. Consequently, this put them in a double bind. Viewed as dysfunctional and disruptive because of the fear of contagion and the assumed immoral nature of the disease, the leper also was functional in reaffirming the moral order.

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