

Leprosy and Identity in Medieval Rouen

Leprosy (Hansen's disease) has been described as *the* disease of the Middle Ages, and my research examines the impact that it had on the society of Rouen, the chief city of Normandy in France and also one of the leading cities of medieval Western Europe. This paper will approach leprosy and its sufferers, from the thirteenth to the sixteenth centuries, through the concept of identity. Firstly, it will consider how the identity of lepers themselves was affected by their affliction. The social identity of individual lepers prior to contracting the disease undoubtedly played an important part in shaping their fate, since those who had financial backing entered monastic leper hospitals, while poorer lepers were left to beg. However, the language used to describe lepers nonetheless suggests that their social status was transformed by the disease. The second part of the paper will examine the identity of leprosy itself. Clerics and, from the thirteenth century, physicians and surgeons, were called upon to diagnose suspected cases of leprosy. Sometimes cases were misdiagnosed, but recent archaeological work suggests that many of the residents of leper hospitals indeed suffered from Hansen's disease. Suspected lepers were still being examined in Rouen in the sixteenth century, when the disease was in decline and its definition was becoming increasingly elastic. To us today, leprosy, like the plague, is undoubtedly symbolic of the Middle Ages – but this paper will conclude by considering the extent to which leprosy was viewed by contemporaries as *the* disease afflicting their society.

What is Leprosy?

Leprosy is an infectious bacterial disease. The leprosy bacterium, *Mycobacterium leprae*, was identified in 1873 by the Norwegian physician G. H. Armauer Hansen, and the disease is now technically known as 'Hansen's disease'. However, since both humans and diseases change biologically over time, it is difficult to know whether medieval leprosy took exactly

the same form as the modern strain of the disease.¹ Hansen's disease takes two forms: lepromatous leprosy and tuberculoid leprosy. While tuberculoid leprosy often 'burns out', the lepromatous form is 'relentlessly progressive'.² Lepromatous leprosy is manifested in large, disfiguring skin sores, and, ultimately, degeneration of the facial features, particularly the nose, and destruction of the nerves at the extremities of the body, such as the fingers and toes, resulting in loss of sensation and thus damage to these areas.³ Leprosy can also result in blindness and the voice becoming very hoarse. The disease is thus highly disfiguring, especially to the face, and very disabling.

Why Rouen?

Today, Rouen is a provincial capital: a focus of commerce and tourism, but not among the largest cities of France. In the Middle Ages, however, it was the second-largest city of France and a great commercial, political and religious centre – a focus of international trade by virtue of its position on the river Seine, the chief city of the dukes of Normandy, and the seat of an archbishop. Thus, studying Rouen contributes to our knowledge of medieval urban history. In addition, the city's rich archives, including those relating to leprosy, are under-explored, and little work on Rouen is published in English. For several reasons, Rouen is also a prime focus for the study of medical history in this period. The city was heavily populated and a melting pot of people, with many strangers visiting from England, France and further afield, meaning that diseases, including leprosy, were especially likely to circulate there. There were also many medical practitioners active in Rouen, exploiting the market provided by the wealthy merchant population. Although Rouen did not have its

¹ J. L. Boldsen, 'Epidemiological Approach to the Paleopathological Diagnosis of Leprosy', *American Journal of Physical Anthropology*, 115 (2001): 380.

² H. Marcovitch (ed.), *Black's Medical Dictionary*, 41st edn. (London: A. & C. Black, 2005), 406.

³ P. Richards, *The Medieval Leper and his Northern Heirs* (Cambridge: D.S. Brewer, 1977), xv, xvi; C. Rawcliffe, 'Learning to Love the Leper: Aspects of Institutional Charity in Anglo-Norman England', *Anglo-Norman Studies*, 23 (2000), 232; D. Marcombe, *Leper Knights: The Order of St Lazarus of Jerusalem in England, 1150–1544* (Woodbridge: Boydell Press, 2003), 135–6; Marcovitch (ed.), *Black's Medical Dictionary*, 406.

own medical school, it is likely that many of the physicians practicing there had been trained at the nearby University of Paris.⁴

The Social and Religious Identity of Rouen's Lepers

Befitting its size and importance, Rouen was surrounded by several leper hospitals, the most prominent being the mixed house of Mont-aux-Malades, north-west of the city, and the female house of Salle-aux-Puelles, to the south-west. Both these were prestigious monasteries. There were also smaller institutions for lepers in villages around the city, at Répainville (immediately northeast of Rouen), Darnétal (further eastwards), Saint-Léger-du-Bourg-Denis (also to the east), Bois-Guillaume (north of Rouen), Saint-Sever (immediately south of the river Seine), and Sotteville-lès-Rouen (south of Rouen). These institutions formed a ring of leper hospitals around the city. A will from 1304 suggests that groups of lepers also resided outside four of Rouen's city gates, and that 'poor lepers' entered the city on holy days to receive alms.⁵ The leper hostels at the city gates were presumably in place to prevent lepers from entering the city and temporarily to house those who had had to leave. They were thus places of transition, and may themselves have been ephemeral – they are indeed only known of through documentary references of the late thirteenth and early fourteenth centuries.

The institutional and non-institutional provision available to Rouen's lepers helps us to distinguish different social categories of the leprous, ranging from those who paid an

⁴ Among the 260 Parisian scholars of medicine whose origins can be traced in the period 1250–1400, 26 (that is, 10%) came from the diocese of Rouen, the largest number for any French diocese (reflecting Rouen's proximity to Paris). It is likely that at least some of these scholars returned to their 'home' diocese, and may well have practiced in the city of Rouen. See Cornelius O'Boyle, *The Art of Medicine: Medical Teaching at the University of Paris, 1250–1400* (Leiden: Brill, 1998), pp. 37, 39–40.

⁵ Will of John Hardi, 1304: Rouen, Archives départementales de Seine-Maritime (ADSM), G1236. The 'lepers' cabin' at the Porte Saint-Ouen is mentioned in a charter of 1283: Rouen, Bibliothèque Municipale, Tirol 324, folder 1, eighteenth-century? copy of an act of the *bailli* of Rouen, December 1283, fol. 2^r; Adolphe Chéruel, *Histoire de Rouen pendant l'époque communale 1150–1382*, 2 vols (Rouen: N. Periaux, 1843–44), I, 285–88.

entrance gift to enter a leper hospital, to those who were supported by their parish in doing so, to those who did not join an institution but sustained themselves by begging. Certain lepers were also marked out by their high religious status. The lepers who joined the communities at Mont-aux-Malades and Salle-aux-Puelles appear to have taken religious vows. At Mont-aux-Malades, leprous monks from high status monasteries, such as the nearby abbeys of Saint-Ouen and Saint-Wandrille, had a special status. Thus, a leprous person's fate was to a great extent shaped by their social or religious identity prior to contracting the disease, and they did not fully relinquish that identity upon being newly defined as a 'leper'.

In some respects, the leper hospital of Mont-aux-Malades appears to have had a public function: by the late fourteenth century, it catered for lepers from 21 of Rouen's 31 parishes, and for 'the passing sick'.⁶ Nonetheless, many of its residents had financial backing, and the fine architecture of its two surviving stone churches (dedicated to Saint Jacques and Saint Thomas) suggests that they probably lived in comfortable accommodation. The lepers formed distinct social groups in the hospital: a description of 1264 refers to five separate groups overall, of canons, healthy lay brothers, healthy lay sisters, male lepers and female lepers.⁷ Thus, within the hospital community, the lepers were defined by both their sickness and their gender (the distinction of the two sexes reflects the monastic emphasis on chastity). The hospital of Salle-aux-Puelles catered specifically for leprous women – so this community too was shaped by gender as well as sickness. According to tradition, these women were of aristocratic status, and, again, a fine church survives, the chapel of Saint-Julien, famous for its twelfth-century wall paintings. Statutes for Salle-aux-Puelles issued in 1249 instructed that leftover food should be

⁶ 'les malades passans'. Charter of Charles VI of France, 18 June 1393 (Paris, Archives Nationales, S4889B, doss. 13, no. 14).

⁷ *Regestrum visitationum archiepiscopi Rothomagensis. Journal des visites pastorales d'Eude Rigaud, archevêque de Rouen. MCCXLVIII–MCCLXIX*, ed. T. Bonnin (Rouen: Auguste Le Brument, 1852), p. 513; *The register of Eudes of Rouen*, ed. J. F. O'Sullivan and trsl. S. M. Brown (New York: Columbia University Press, 1964), p. 585.

conserved for ‘poor lepers outside’ (‘pauperibus leprosis extraneis’).⁸ The phrase ‘leprosis extraneis’, is meaningful, as this phrase, like the French terms ‘lépreux forains’ and ‘lépreux sauvages’, broadly signified wandering, vagrant lepers, who were not cared for in leper hospitals and were seen to pose a threat to society.⁹ The fact that the leprous women of Salle-aux-Puelles might be charitable towards these other lepers underlines the fact that they were miles apart from them in social and religious status, and that there were many different categories of lepers in Rouen.

There was clearly a stigma associated with the language used to describe lepers and leprosy. Lepers were labelled (in Latin) ‘leprosus’ and ‘infirmus’, and (in French) ‘lépreux’, ‘ladre’ and ‘mesel’. The terms for begging lepers, ‘leprosus extraneus’ and ‘lépreux forain’, implied that they were strangers and perhaps, by implication, unwelcome. The words ‘leper’ and ‘leprosy’ arguably have derogatory connotations today, and modern-day scholars have differed over whether it is appropriate to use these terms in academic discourse. Both the historian Luke Demaitre and the archaeologist Charlotte Roberts carefully avoid using the word ‘leper’ – Demaitre refers instead to ‘patients’ or ‘people with leprosy’.¹⁰ However, in contrast, the historian of leprosy in medieval England, Carole Rawcliffe, chooses to use both the terms ‘leper’ and ‘leprosy’. She is highly aware of the ‘unique stigma’ associated with these words today, but argues that they did not have exactly the same implications in the Middle Ages.¹¹

⁸ Bonnin, p. 101, *Register*, p. 116.

⁹ Rawcliffe, p. 284.

¹⁰ Luke Demaitre, *Leprosy in Premodern Medicine: A Malady of the Whole Body* (Baltimore: Johns Hopkins University Press, 2007), pp. x–xii; Charlotte A. Roberts, ‘Conference Background and Context’, in C. A. Roberts, M. E. Lewis, and K. Manchester (eds.), *The Past and Present of Leprosy: Archaeological, Historical, Palaeopathological and Clinical Approaches* (Oxford: Archaeopress, 2002), p. v.

¹¹ Carole Rawcliffe, *Leprosy in Medieval England* (Woodbridge: Boydell Press, 2006), p. 11.

We know the names of very few individuals who suffered from leprosy in medieval Rouen. The documents associated with leper hospitals tend to refer to ‘lepers’ or ‘the sick’ as a collective group, and usually tell us much more about the people making donations to, or involved in managing, these institutions than about their leprous residents. However, for the fourteenth century the names of three leprous men survive, and the manner in which they are described in the sources sheds much light on the nuances of the language of leprosy. In the first quarter of the fourteenth century, substantial entrance gifts were made on behalf of two men entering the leper hospital of Mont-aux-Malades. In 1312, Pierre de Saint-Gille donated 10 livres of Tours and two houses and land in the parish of Saint-Martin-sur-Renelle in Rouen. He did this ‘by necessity of the disease with which I am occupied’ and ‘to be received in the community of the sick of the said place, to be with them all the course of my life, and to have the goods of the house like one of the sick brothers’.¹² Just over a decade later, in 1323, Jean Le Vilein donated 20 livres of rent to Mont-aux-Malades, so that his brother Laurent Le Vilein could be received as a brother there and have access to the goods of the house ‘like one of the other brothers of his condition’.¹³

In both these cases, it is clear that the men were suffering in leprosy – however, the two donation charters (in French) steadfastly avoid using the words ‘leper’ or ‘leprosy’. Pierre de Saint-Gille, referring to himself, described his ‘madie’ (*maladie* – disease or sickness) and wished to enter the ‘communaute des malades’ (community of the sick). The language of Jean Le Vilein was even more delicate, alluding vaguely to his brother’s ‘condition’ (condition). For these wealthy, presumably high status, individuals it was clearly problematic to refer to leprosy itself, and to label oneself or a close family member as a

¹² ‘pour la necessite de la madie | dont jestoie ocupe ... pour moy recevoir en la communaute des malades du dit lieu pour estre aveques eulz tout le | cours de ma vie et pour avoir des biens de lostel aussi comme un des freres malades’. Rouen, Archives départementales de Seine-Maritime, 25HP1(oo)(xvi); Bruno Tabuteau, ‘Les léproseries dans la Seine-Maritime du XII^e au XV^e siècle’ (unpublished Mémoire de Maîtrise, University of Rouen-Haute-Normandie, 1982), p. 118.

¹³ ‘comme un des autres freres de sa | condition’. Rouen, ADSM, 25HP1(yyy); Tabuteau, p. 128.

‘leper’. This suggests that there was a stigma attached to these words, and that it was very hard to come to terms with the fact that the disease had afflicted oneself or a relative.

The third man whose name we know from the fourteenth century is Gillet Le Geloux, whose wife received a welfare payment of 30 sous from the municipal government of Rouen in 1392. By this point it appears that Gillet was deceased, and the city was assisting his widow, who was evidently poor. Strikingly, Gillet is described as a ‘ladre’, the familiar colloquial term for ‘leper’.¹⁴ This suggests that a party with no emotional ties to the man, the civic government, had no qualms in labelling him a leper, and may indicate that the words ‘ladre’ and ‘lépreux’ were widely used in Rouen’s society. Distinctions of social status may also be at play here. Perhaps ‘ladre’ was a term associated with poorer lepers who did not join the elite leper hospitals, while high status individuals who contracted leprosy were not generally referred to as leprous, but rather more euphemistically as being ‘sick’.

The Identity of Leprosy in Rouen

We need to consider two key issues with regard to the identity of leprosy in medieval Rouen: how contemporaries identified the disease – i.e., how they diagnosed it, and whether the disease that was prevalent then would today be identified as Hansen’s disease. The legal procedure whereby a person who was suspected of being leprous was examined, and a judgement was made, was known as the *iudicium leprosum* (judgement of lepers), and was practiced until the early eighteenth century.¹⁵ Luke Demaitre has studied the *iudicium* across Western Europe in great detail. He notes that, although priests initially

¹⁴ Rouen, ADSM, Archives de la Ville, Délibérations, Registre A2 (1390–93), fo. 85v.; *Documents concernant les pauvres de Rouen: extraits des archives de l’hôtel-de-ville*, ed. by G. Panel, 3 vols (Rouen: Lestringant, 1917–19), I, p. 4.

¹⁵ Demaitre, p. 36.

dominated these procedures, ‘From the second half of the thirteenth century, their involvement was eclipsed by the expanding power of towns and the rising status of learned physicians.’ The earliest evidence he has found for the involvement of physicians comes from Siena (Italy) in 1250, when a certain Pierzivallus was judged to be leprous by four physicians. The growing authority of physicians marks what Demaitre terms ‘the medicalization of the diagnosis of leprosy’. However, the juries involved in examining suspected lepers might include not just physicians, barbers and surgeons, but also civic officials, ‘appointed citizens’ and the residents and administrators of leper hospitals. There was great variety in the composition of juries across Europe.¹⁶

There is very little information relating to the *iudicium* in the area around Rouen until the sixteenth century; however, there are indications that examinations at least occasionally took place from the thirteenth century onwards. An important source of information about leprosy and leper hospitals in the archdiocese of Rouen are the monastic visitation records of Eudes Rigaud, archbishop of Rouen (1248–76), compiled between 1248 and 1269. On 6 September 1268, when visiting the abbey of Le Tréport, in the far north of Normandy on the coast, Eudes Rigaud found that: ‘Brother Richard, formerly a prior [of a priory dependent on the abbey], was held suspected of the disease of leprosy: thus, we ordered that he should undergo an examination in the presence of some monks sent with him.’¹⁷ The archbishop’s instruction indicates that the examination was performed outside the abbey itself – yet monks were to accompany Richard, perhaps to verify the outcome on behalf of the community. This examination might plausibly have been performed by a physician – however, it still had a strong ecclesiastical flavour, being ordered by the archbishop and witnessed by monks.

¹⁶ Demaitre, pp. 35–7, 39.

¹⁷ ‘Frater Ricardus, quondam prior, suspectus habebatur de morbo lepre, et tunc precepimus ei quod coram aliquibus monachis cum eo missis examinationem subiret.’ Bonnin, p. 609; *Register*, p. 701.

During his visitations, Archbishop Eudes Rigaud was not consistent in instructing that the *iudicium* be performed, suggesting that it was certainly not a firmly established practice in the archdiocese of Rouen at this time. At the abbey of Bec-Hellouin (south-west of Rouen) a few months earlier, on 3 April 1268, he had encountered another suspected leper, Brother Nicholas of Lendy. However, in this instance he merely advised the abbot ‘that he should remove the said brother N. [Nicholas] from there’, and was informed that the abbot would send him to Saint-Lambert, a dependent priory where there was only one monk.¹⁸ Thus, there was no mention of an examination, or indeed of a leper hospital – though Saint-Lambert was considered an ideal place ‘where there is not the crowding of people, and where he can have the benefit of the air and much mitigation of his infirmity.’¹⁹ The reference here to crowding suggests that the archbishop may have been concerned about leprosy and contagion; however, overall he appears to have had Nicholas of Lendy’s needs in mind, believing that good air, and perhaps a peaceful, quiet environment, would alleviate his physical suffering. The impression is that it was already accepted that Nicholas indeed had leprosy.

Another example of the examination of a suspected leper concerns one of Rouen’s own archbishops. When Theobald of Amiens (1222–29) was elected as archbishop on 5 March 1222, his election was opposed by the party of another candidate, William de *Canapello*, who introduced a rumour that Theobald was leprous. Canon law prohibited the promotion of a leper to high ecclesiastical office, yet it appears likely that the opposing party was also appealing to certain fears and prejudices about lepers. Pope Honorius III sent three judges delegate, the bishop of Sées, the dean of Amiens, and the archdeacon of Rheims, to examine whether Theobald was leprous. Significantly, these churchmen were to do this ‘with the help of experienced doctors’, indicating that examinations involving physicians in

¹⁸ ‘quod dictum fratrem N. abinde amoveret’. Bonnin, p. 623; *Register*, p. 717.

¹⁹ ‘ubi non est frequentia hominum, ubique beneficium aeris et multa infirmitatis sue levimenta habere posset.’ Bonnin, p. 623; *Register*, p. 717.

fact predated that at Siena in 1250 – this case dates from 1222. It was found that Theobald was free from leprosy, and he was formally consecrated on 4 September 1222.²⁰

It has often been assumed that leprosy was frequently wrongly diagnosed and conflated with other skin disorders (e.g. eczema and psoriasis) in the Middle Ages. However, recent historians downplay the likelihood of misdiagnosis, and archaeology tends to support this view.²¹ For example, Jesper L. Boldsen's work on the incidence of leprosy in skeletal remains from medieval Danish cemeteries has compared samples from Odense (a leper hospital cemetery), Malmö (an urban cemetery) and Tirup (a rural cemetery).²² Boldsen found that the clearest incidence of leprosy occurred in the leper hospital cemetery of Odense, although there was also a significant incidence of the disease among the rural population of Tirup (between 25% and 50% of skeletons).²³ Similarly, John Magilton's analysis of skeletons from the cemetery of the leper hospital of St James and St Mary Magdalene outside Chichester, England (founded in the early twelfth century), indicates that there was a clear incidence of Hansen's disease (54% of the early burials).²⁴

Statutes from two French leper hospitals nonetheless suggest that those admitted did not always subsequently develop the full symptoms of leprosy. At the *leprosarium* of Saint-Ladre of Noyon, north of Paris, the late twelfth- to mid-thirteenth-century statutes

²⁰ V. Tabbagh, *Fasti ecclesiae gallicanae. Répertoire prosopographique des évêques, dignitaires et chanoines de France de 1200 à 1500. Tome II: diocèse de Rouen* (Turnhout, 1998), pp. 80–81; J. Peltzer, *Canon law, careers and conquest: episcopal elections in Normandy and Greater Anjou, c.1140–c.1230* (Cambridge, 2008), pp. 84–6.

²¹ On the medieval diagnosis of leprosy, see Demaitre, Chapter ??; Rawcliffe, Chapter 4.

²² J. L. Boldsen, 'Epidemiological Approach', pp. 380–87; J. L. Boldsen and L. Møllerup, 'Outside St. Jørgen: Leprosy in the Medieval Danish City of Odense', *American Journal of Physical Anthropology*, 130 (2006): 344–51.

²³ Boldsen, 'Epidemiological Approach', 380, 382–3, 384–5 [check].

²⁴ J. Magilton, 'The Hospital of St James and St Mary Magdalene, Chichester, and Other Leper Houses', in B. Tabuteau (ed.), *Lépreux et sociabilité du Moyen Âge aux Temps modernes* (Rouen: Université de Rouen, 2000), 83, 85. On the Chichester excavations, also see J. Magilton, F. Lee and A. Boylston (eds.), *'Leper Outside the Gate': Excavations at the Cemetery of the Hospital of St James and St Mary Magdalene, Chichester, 1986–1993* (York: Council for British Archaeology, 2008).

instructed that: ‘if a burgess is judged to be sick, and it can be found that on the contrary he is not sick, we order that he is put outside the house, and that he is made to pay all his expenses.’²⁵ The word ‘judged’ may suggest that an examination akin to the *iudicium* took place in Noyon. The June 1239 statutes of the leper hospital at Lille, issued by Walter, bishop of Tournai, stated that:

A person who has been received as a leper and who later cannot be demonstrated to be leprous, should return to where he came from; however, in such a way that in return for that which he gave at first for his sustenance [an entrance gift], he should be able to return if subsequently he should truthfully be [shown to be] a leper.²⁶

This tenet indicates a real imprecision in the process of diagnosis, as well as suggesting that leprosy did not always develop in a steady, progressive way.

The visitation records of Eudes Rigaud suggest that there might have been one misdiagnosed case of leprosy at the hospital of Salle-aux-Puelles at Rouen. On 11 February 1266 the archbishop found that one of the sisters, Isabelle of Avenes, had conceived a child.²⁷ Isabelle was technically counted among the leprous sisters, but ‘... she said that she was healthy, ... and she said that she wished to complete her time there since she was healthy’.²⁸ The fact that Isabelle had become pregnant (it is not clear whether the baby had yet been born) might indicate that she was not suffering from leprosy (she was healthy enough to be menstruating and successfully to conceive). She might have been misdiagnosed at an earlier date, exhibiting a skin complaint such as eczema; she might

²⁵ ‘se un bourgeois est jugiés pour malade et on puet trouver le contraire que il ne soit mie malades, nous commandons que il soit mis hors de le maison et que on li fache paier ses frais de tout que il y aura esté.’ *Statuts d’Hôtels-Dieu et de léproseries: recueil de textes du XIIe au XIVe siècle*, ed. L. Le Grand (Paris, 1901), p. 198.

²⁶ ‘qui pro leproso receptus fuerit et postea non esse leprosus convinci poterit redire debet unde venit; ita tamen quod pro pastu suo, quod primo dedit, redire poterit si postea veraciter fuerit leprosus.’ Le Grand, p. 202.

²⁷ Bonnin, p. 538; *Register*, p. 614.

²⁸ ‘... se sanam esse dicebat, ... et dicebat se velle exigere cum esset sana’. Bonnin, p. 538; *Register*, p. 614.

previously have had the tuberculoid form of leprosy, which often ‘burns out’.²⁹ Indeed, Isabelle might have been sent to Salle-aux-Puelles as a child: children often exhibit tuberculoid leprosy, and she is referred to as a ‘domicella’ (‘noble young lady’) in 1266.³⁰

By the sixteenth century, leprosy was definitely in decline – yet isolated cases of the disease appear in the Rouen archives at this time. In the early modern period there was ‘an increasing elasticity in the identification of leprosy’, so we do need to consider whether these individuals were really suffering from Hansen’s disease.³¹ This more flexible definition of leprosy was linked to an increasingly empirical approach which emphasized signs and description over the earlier understanding of the disease based on natural philosophy.³² The cases from Rouen reveal that the *iudicium leprosum* was still being enacted in the city, and involved a variety of parties, still having an ecclesiastical input. They also suggest that leprosy may have been viewed as hereditary at this time. In October 1536, Jean du Tremblé, ‘suspected of the disease of leprosy’, was taken to the leper hospital of Mont-aux-Malades. He was examined by the leprous brothers and sisters, who found that he was indeed leprous.³³ However, in 1540 (four years later), two physicians and a surgeon declared that a certain Denis Gouffier was not suffering from leprosy.³⁴ The official (officer) of the parish of Saint-Gervais, Rouen, oversaw both these judgements (presumably

²⁹ Marcovitch (ed.), *Black’s Medical Dictionary*, p. 406 [check].

³⁰ M. E. Lewis, ‘Infant and childhood leprosy: present and past’, in *The past and present of leprosy: archaeological, historical, palaeopathological and clinical approaches*, ed. C. A. Roberts, M. E. Lewis and K. Manchester (Oxford: Archaeopress, 2002), p. ?; Bonnin, p. 546; *Register*, p. 624.

³¹ Demaitre, p. 155.

³² *Ibid.*, p. 130.

³³ ‘de morbo lepre suspectus’. Rouen, ADSM, G6606; Charles de Robillard de Beaurepaire, *Inventaire-Sommaire des Archives Départementales antérieures à 1790: Seine-Inférieure, archives ecclésiastiques - Série G*, vol. 5 (N^{os} 6221-7370) (Rouen: Imprimerie Julien Lecerf, 1892), p. ?.

³⁴ de Beaurepaire, *Inventaire-Sommaire*, p. ? (G6606 not yet consulted).

both the men who were examined resided in the parish), revealing that these events still took place in a religious context.³⁵

More than 40 years later, in September 1586, the parish of Saint-Maclou, Rouen, paid two doctors and a surgeon 6 livres for examining Madeleine Morin, the wife of Jehan Prévost, and their daughter Robine Le Prévost, to ascertain whether the two women were leprous. It was found that they were suffering from leprosy, and needed to be separated from the healthy. Again, the parish oversaw the judgement, and in this case it took responsibility for providing for the lepers. The parish paid the women 24 livres, and pledged to pay them a further 30 sous per week. It also arranged for the leper hospital of Saint-Léger-du-Bourg-Denis, to which the parish traditionally sent its lepers, to be rebuilt to accommodate them. At the time the hospital was described as ‘ruined and destroyed’, creating a vivid picture of how, by the sixteenth century, the institutions that provided for lepers had declined in tandem with the disease.³⁶

The fact that a mother and daughter were involved in this case might suggest that leprosy was perceived to be hereditary at this time in Rouen. Technically, it is possible for the leprosy bacterium to be passed from a mother to her child in her breast milk. However, infection is mainly caused when the bacterium enters the body through the nose, throat and skin: so the bacterium is inhaled as air or water droplets, or admitted through ‘... cuts, scratches or insect bites’.³⁷ Individuals who contract the disease must, therefore, have come into contact with other carriers of the bacterium, and they must do so repeatedly.³⁸ It is

³⁵ Rouen, ADSM, G6606; de Beaurepaire, *Inventaire-Sommaire*, p. ?.

³⁶ ‘ruinée et desmollie’. Rouen, ADSM, G6897, fo. 89r.–92v.; de Beaurepaire, *Inventaire sommaire*, pp. 287–8; J. Fournée, ‘Les maladreries et les vocables de leurs chapelles’, *Lèpre et lépreux en Normandie*, Cahiers Léopold Delisle, 46 (1997), p. 111.

³⁷ Richards, pp. xv, xvi; Marcombe, p. 135.

³⁸ Danielle Jacquart and Claude Thomasset, *Sexuality and medicine in the Middle Ages*, trans. Matthew Adamson (Cambridge: Polity Press, 1988), p. 185; Marcombe, p. 135.

most likely, therefore, that (if they were suffering from leprosy) both women had developed the disease because they had shared the same home and had been in close daily contact.³⁹

From the fourteenth century, leprosy did come to be viewed as a hereditary disease by medical writers. The question of generational transmission was closely linked to that of contagion: leprosy was increasingly viewed as contagious from this period, particularly following the Black Death, which caused increased fears about the spread of disease through miasmatic (corrupt) air.⁴⁰ The fourteenth-century surgeon Guy de Chauliac (c.1300–68) listed ‘a stain in the generation’ (‘macula generationis’) as one of the primary causes of leprosy.⁴¹ In another case from sixteenth-century Rouen, in 1549, officers of the leper hospital of Mont-aux-Malades, alongside ecclesiastics, visited Adrien, the son of a leprous man residing in the leper hospital at Bois-Guillaume.⁴² This appears to have been a diagnostic examination, suggesting that once again there was a perceived case of leprosy occurring in two generations of the same family.

Conclusion: was leprosy emblematic of disease in general to contemporaries?

The leading French historian of leprosy, François-Olivier Touati, argues that, today, leprosy is viewed as *the* disease of the Middle Ages, due to ‘... its sufficiently [emotionally] moving symptoms, its apparent chronological permanence, its incomparable visibility in the archives’.⁴³ However, to what extent did medieval people identify disease and ill health

³⁹ Marcovitch (ed.), *Black's Medical Dictionary*, p. 406.

⁴⁰ Demaitre, pp. 131, 155–9; F.-O. Touati, ‘Contagion and Leprosy: Myth, Ideas and Evolution in Medieval Minds and Societies’, in L. I. Conrad and D. Wujastyk (eds), *Contagion: Perspectives from Pre-Modern Societies* (Aldershot: Ashgate, 2000), pp. ??.

⁴¹ Demaitre, p. 158.

⁴² de Beaurepaire, *Inventaire-Sommaire*, p. ? (G6616 – not yet consulted).

⁴³ ‘... ses symptômes suffisamment pathétiques, son apparente permanence chronologique, son incomparable visibilité archivistique’. F.-O. Touati, *Maladie et société au Moyen Âge. La lèpre, les lépreux et les*

in general with leprosy? The thirteenth-century theologian Jacques de Vitry addressed ‘... lepers and the other sick’ collectively in his sermons, and it has been suggested that this indicates his view that lepers were representative of the sick in general.⁴⁴ It is indeed striking that the lepers in Rouen’s leper hospitals were often referred to as ‘infirmi’ or ‘malades’, literally meaning ‘sick people’. There was a strong, albeit complex, relationship between sin and disease in medieval thinking, and leprosy was often associated with sin and divine punishment.⁴⁵ However, the idea also existed that lepers had been specially chosen by God to suffer on earth and be saved, and it would appear that this notion was specifically associated with leprosy rather than with other afflictions.⁴⁶ Furthermore, even if leprosy may have sometimes been misdiagnosed, the disease was clearly recognizable, carried a stigma, and provoked strong reactions ranging from pity and compassion to great fear. In her recent book on disability and impairment in medieval Europe, Irina Metzler chooses not to consider leprosy, ‘... since it falls into a category of its own, with its own symbolism, meaning and aetiology’.⁴⁷

The evidence from Rouen indicates that, although a person who developed leprosy did not relinquish their previous social and religious identity, the status of being a leper had a fundamental impact on their lives, to the extent that some people avoided explicitly describing themselves as leprous. Much energy was devoted to examining and judging suspected cases of leprosy, right up until the sixteenth century, and it was clearly

léproseries dans la province ecclésiastique de Sens jusqu’au milieu du XIV^e siècle (Brussels: Brepols, 1998), pp. 17–19.

⁴⁴ ‘... les lépreux et les autres malades’. N. Bériou, ‘Les lépreux sous le regard des prédicateurs d’après les collections de sermons *ad status* du XIII^{ème} siècle’, in N. Bériou and F.-O. Touati, *Voluntate dei leprosus: les lépreux entre conversion et exclusion aux XII^{ème} et XIII^{ème} siècles* (Spoleto: Centro italiano di studi sull’alto Medioevo, 1991), p. 41.

⁴⁵ On the ‘*apparent* [my emphasis] connection between physical disability and sin made in medieval times’, see Irina Metzler, *Disability in medieval Europe: thinking about physical impairment during the high Middle Ages, c.1100–1400* (London: Routledge, 2006), p. 8 and Chapters 3.1 and 4.2.

⁴⁶ See Touati, *Maladie*, p. ?.

⁴⁷ Metzler, pp. 5–6.

considered crucial to identify this specific disease. The study of leprosy sheds light on multiple aspects of medieval responses to, and understandings of, disease, but this disease stands apart from other afflictions as a particularly evocative and fascinating phenomenon in this period.