

The Roots of Persecution:
a comparison of leprosy and madness in late medieval thought and society

by

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Abstract

This thesis compares madness and leprosy in the late Middle Ages. The first two chapters explore the conceptualization of madness and leprosy, finding that both were similarly moralized and associated with sin and spiritual degeneration. The third chapter examines the leper and the mad person as social identities and finds that, although leprosy and madness, as concepts, were treated very similarly, lepers and the mad received nearly opposite social treatment. Lepers were collectively excluded and institutionalized, while the mad were assessed and treated individually, and remained within their family and community networks. The exclusionary and marginalizing treatment of lepers culminated, in 1321, in two outbreaks of persecutory violence in France and Aragon, and in lesser but more frequent expulsions through the fourteenth and fifteenth centuries. The mad were not subject to comparable, collective violence. In light of the similar moral and spiritual content of leprosy and madness as concepts, this comparison indicates that a morally condemned or stigmatized condition was not sufficient to generate persecution, or to produce a persecuted social identity. It was the structure of the concept leprosy that produced a collective social identity available to the persecuting apparatus of late medieval society, while the fluid concept of madness produced the more individual identity of the mad person, which was less susceptible to the collective actions of persecution.

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Table of Contents

Introduction	1
Madness	10
Leprosy	38
Lepers and the Mad	60
Conclusion.....	79
Bibliography.....	84

List of Illustrations

FIGURE 1 NEBUCHADNEZZAR COMING TO THE HOUSE OF A HUNTER (ANONYMOUS, NEBUCHADNEZZAR COMING TO THE HOUSE OF A HUNTER 1462)	28
FIGURE 2 NEBUCHADNEZZAR AS A WILD ANIMAL (ANONYMOUS, NEBUCHADNEZZAR AS A WILD ANIMAL C. 1400 - 1410, WITH ADDITION 1487)	28
FIGURE 3 DEMONIAK BEING EXORCISED BY CHRIST, FEATURING "FLAME HAIR" (CHRIST EXPELS DETAILS INTO THE GERASENE SWINE, DETAIL 11TH C)	30
FIGURE 4 TYPICAL REPRESENTATION OF A FOOL, FEATURING CLUB, BALD HEAD, AND ORB (ANONYMOUS 13TH C)	32

Introduction

The idea of a historical connection between leprosy and madness was raised by Michel Foucault in *Madness and Civilization*. Foucault posited that as leprosy died out in western Europe, the leprosaria that were left empty were filled by the mad during the “Great Confinement.”¹ As an empirical institutional history, this is easily disproven. The madhouse and asylum developed from the general hospital and the monastery, and are thus laterally related to the leprosarium rather than directly.² However, the Middle Ages that Foucault depicts in *Madness and Civilization* is best understood symbolically. It provides a foil to the Enlightenment modernity that is his real subject. In light of his metaphorical use of the Middle Ages, Foucault’s suggestion that the asylum was the heir of the leprosarium should be viewed as a narrative device more than an empirical institutional history. Medieval society isolated and removed the leper from society, while modern society, according to Foucault, isolated madness, in the body of the psychiatric patient, and removed it from society by confining it in the asylum. “What doubtless remained longer than leprosy, and would persist when the lazaret houses had been empty for years, were the values and images attached to the figure of the leper as well as the meaning of his exclusion, the social importance of that insistent and fearful figure which was not driven off without first being inscribed within a sacred circle.”³ Foucault’s romanticized images of the outcast, confined leper and the freewheeling madman should not be taken as fully accurate portrayals of the leper and the mad person as they existed in medieval

¹ Michel Foucault, *Madness and Civilization: a history of insanity in the age of reason*, trans. Richard Howard (New York: Pantheon Books, 1965), 3 – 7.

² H.C. Erik Midelfort, “Madness and Civilization in Early Modern Europe: a reappraisal of Michel Foucault” *After the Reformation: essays in honour of J.H. Hexter* ed Barbara C. Malament (University of Pennsylvania Press, 1980), 253.

³ Foucault, 6.

society, but they do serve as effective personifications of the concepts of leprosy and madness in medieval thought, in particular the delineated structure of leprosy as a category versus the fluidity and ambiguity of madness.

If the asylum did not directly develop out of the leprosarium, there does seem to be a relationship in spirit between the popular image of the medieval leper as an archetypal pariah and the confinement of the mentally ill in the nineteenth and twentieth centuries, and even in current discussions around mental illness which frequently emphasize the problem of stigma. But what historical connections can really be made between leprosy and madness, or madmen and lepers? How meaningful might such connections be, either for the history of leprosy or the history of madness? *Madness and Civilization* has greatly influenced the historiography of madness, but the connection between madness and leprosy has not been explored. *On the Margins of a Minority* places lepers and the mad side by side, along with the physically disabled, in Ephraim Shoham-Steiner's study of marginal groups within medieval Jewish communities. While offering an intriguing look at intersecting marginal identities and doing the important work of centering Jewish subjects in fields which frequently assume Christian subjects, *On the Margins of a Minority* is not explicitly concerned with comparing or relating leprosy and madness beyond the status of each as marginal identities.⁴ Erik Midelfort does note that Foucault misunderstood medieval attitudes towards the medieval leper in his critique of *Madness and Civilization* as it pertains to medieval and early modern history, but he does not investigate the question in detail.⁵ Perhaps some of the lack of response to Foucault's claim

⁴ Ephraim Shoham-Steiner, *On the Margins of a Minority: leprosy, madness, and disability among the Jews of medieval Europe*, trans. Haim Watzman (Detroit, MI: Wayne State University Press, 2014.)

⁵ Midelfort, "Madness and Civilization", 253

can be attributed to the relative lack of scholarly attention to the subject of leprosy in the decades following the publication of *Madness and Civilization*. Foucault instigated a revision of the history of madness, generating a field of inquiry beyond progressive medical or psychiatric histories across periods and disciplines. The history of leprosy, on the other hand, has only recently begun to receive revision.

Traditionally, histories of leprosy have emphasized the association between leprosy and sin, the expulsion of lepers from society, and their confinement – incarceration, even – in leper houses. Nineteenth-century scholars popularized the idea of a strict segregation policy, which they credited with wiping out leprosy by the end of the Middle Ages. Carole Rawcliffe argues that segregation appealed to Victorian fears and values. Regarding H.P. Wright, the author of *Leprosy and Segregation* (1885) and proponent of the supposedly medieval principle of strict segregation, she writes “[His] principle concern was the threat to Europeans, especially the English, posed by the dark menace of disease, promiscuity and racial degeneration creeping inexorably westward from the expanding colonies.”⁶ Rawcliffe also suggests that the subject of leprosy appealed to morbid Victorian sensibilities. The popularity and persistence of the idea of the “leper’s mass” – a ritual said to have been performed before a leper’s seclusion, which resembled funerary rites – seems to attest to this morbid interest. In reality, the leper’s mass seems to be little more than a historical curiosity, not gaining wide circulation until the sixteenth century, after leprosy had mostly died out in Western Europe. Nonetheless it remained prevalent in scholarship on leprosy as evidence of the leper’s abject state and absolute removal from society.⁷

⁶ Carole Rawcliffe, “Isolating the Medieval Leper: Ideas – and Misconceptions – about Segregation in the Middle Ages” *Harlaxton Medieval Studies* 15 (2007), 234.

⁷ Rawcliffe, “Isolating the Medieval Leper”, 232.

Saul Brody's *Disease of the Soul* represents the first comprehensive re-evaluation of leprosy in the Middle Ages. Brody's focus is the depiction of leprosy in literature, but he offers a comprehensive look at the meaning and reception of the disease in medieval society. He emphasizes that leprosy was viewed as a punishment and a sign of sin, and includes discussion of the infamous leper's mass, but he also introduces the idea that leprosy could be viewed as a sign of grace, a special penance bestowed by God that allowed the sinner to prepare in this life for the next.⁸ Peter Richard's *The Medieval Leper and His Northern Heirs*, published shortly after *Disease of the Soul*, focuses on the lives of segregated and expelled lepers and includes a selection of documents ranging in date from the fourteenth century to the twentieth.⁹

R.I. Moore also contributed to a revival of interest in lepers and leprosy by featuring them as one of the three persecuted groups he focuses on in *Formation of a Persecuting Society*, on the basis of increased mass expulsions in the fourteenth century, and the mass arrests and executions that took place in France and Aragon in 1321. These events coincided with rising violence against Jews and persecution of heretics, and Moore argues that all three trends can be linked by broader social developments which made processes of persecution essential to the structure and function of late medieval society. Through processes of classification, categorization, and stereotyping, the disparate identities of lepers, Jews, and heretics were consolidated, and rhetorically assimilated so they became different facets of a common threat to Christian society and order, and as such were subject to various acts of expulsion, destruction, and forced assimilation. Moore's understanding of leprosy was largely

⁸ Saul Nathaniel Brody, *The Disease of the Soul: leprosy in medieval literature* (Ithaca, NY: Cornell University Press, 1974.)

⁹ Peter Richards, *The Medieval Leper and His Northern Heirs* (Cambridge, Eng: D.S. Brewer; Totowa, NJ: Rowman and Littlefield, 1977.)

based on Brody and earlier scholarship that emphasized segregation and leprosy as a sign of sin. He acknowledges in the afterword of the second edition of *Formation*, that scholarship since the original publication of *Formation* has complicated and nuanced that image of leprosy and that some of the “more lurid aspects” such as the lepers’ mass ought to be discounted. His characterisation of lepers as a persecuted group, alongside heretics and Jews, may be somewhat blunt and overstated, but it remains influential for prompting debate around the nature of medieval attitudes and treatment of lepers, and is not without foundation, even without the “more lurid aspects” of the argument.¹⁰

Aspects of medieval leprosy that have received reappraisal since the publication of *Formation of a Persecuting Society*, adding detail and nuance to our understanding of the subject, include segregation,¹¹ ideas about contagion,¹² charity,¹³ visual depictions of lepers,¹⁴ and the medical understanding of leprosy.¹⁵ Much of the significant work done on leprosy in Europe has been published in French, including studies by François Beriac, Bruno Tabuteau, and F.O. Touati and Nicole Beriou. In English, Carole Rawcliffe’s *Leprosy in Medieval England* is a comprehensive look at the social roles and treatment of lepers in medieval society.

¹⁰ R.I. Moore, *The Formation of a Persecuting Society: authority and deviance in Western Europe 950 – 1250: Second edition* (Malden, MA, USA; Oxford, UK; Carleton, AUS: Blackwell Publishing, 1987, 1990, 2007.)

¹¹ Rawcliffe, Isolating the Medieval Leper: Ideas - and Misconceptions - about Segregation in the Middle Ages.

¹² Francois-Olivier Touati, “Contagion and Leprosy: Myth, Ideas and Evolution in Medieval Minds and Societies” *Contagion: perspectives from pre-modern societies* ed. L.I. Conrad and D. Wujastyk (Aldershot: Ashgate, 2000).

¹³ Carole Rawcliffe, “Learning to Love the Leper: Aspects of Institutional Charity in Anglo-Norman England” *Anglo-Norman Studies* 23 (2001).

¹⁴ Christine M. Boeckl, *Images of Leprosy: disease, religion and politics in European art* (Kirkville: Truman State University Press, 2011).

¹⁵ Michael R. McVaugh, *Medicine Before the Plague: practitioners and their patients in the Crown of Aragon 1285 – 1345* (Cambridge; New York: Cambridge University Press, 1993), 218 – 225.

Although it is geographically limited, it is detailed.¹⁶ Luke Demaitre's *Leprosy in Premodern Medicine* is a thorough history of leprosy in western medicine, which combines academic discourse and learned sources with documentation of leprosy exams and other sources reflecting the attitudes and knowledge of urban authorities and medical practitioners.¹⁷ The previously mentioned *Margins of a Minority*, by Ephraim Shoham-Steiner, includes two chapters on the medieval Jewish understanding of leprosy and the treatment and reception of lepers in Jewish communities. Substantial recent work has been done to bring greater detail to our understanding of medieval leprosy in various areas, but it remains a growing field with potential for cross analysis by disciplines such as disability studies, as well as from gender and class perspectives.

Madness has provoked the interest of historians across periods and disciplines. The publication of *Madness and Civilization* disrupted a prevailing progressive narrative of the history of madness in which historical treatment of the insane was characterised by superstition and abuse until nineteenth century asylum reforms and modern psychiatric medicine liberated the mad and brought madness out of the dark of superstition and into the light of rational inquiry.¹⁸ *Madness and Civilization* contested this liberation narrative by demonstrating that the rationalisation of madness and the transformation of madness into mental illness was an operation of power and confinement on discursive and social levels. Foucault's critique of the asylum and anti-psychiatric perspective are issues more relevant to the modern history of madness. For medieval historians, the disruption of the liberation narrative offered grounds to

¹⁶ Carole Rawcliffe, *Leprosy in Medieval England* (Woodbridge, UK; Rochester, NY: Boydell Press, 2006).

¹⁷ Luke E. Demaitre, *Leprosy in Premodern Medicine: a malady of the whole body* (Baltimore: Johns Hopkins University Press, 2007).

¹⁸ Midelfort, "Madness and Civilization", 252.

challenge the idea that medieval understanding of madness was limited to demonology and medieval treatment of the insane was necessarily cruel and superstitious.¹⁹ Perhaps the most persistent influence of *Madness and Civilization* is simply that he “recast the shape of medical history” with the popularization of the idea that madness and mental illness are both culturally constructed.²⁰ The history of madness cannot be reduced to the origin and development of modern psychiatry and psychology in contrast to historical misinterpretation and misdiagnosis. It incorporates the interpretation and use of historical concepts of madness, instead of treating current, psychiatric concepts of mental illness as universal and absolute categories and is more focused on understanding the nature and operation of madness as a concept in different historical categories.

Although history of madness is an established and diverse field, medieval madness remains somewhat limited by lack of sources, and is complicated, as I will discuss later, by lack of a clearly defined and delineated medieval concept of madness. Most substantial studies have been primarily literary, but legal history has also provided significant insight and promise. Penelope Doob’s *Nebuchadnezzar’s Children*²¹ and Judith Neaman’s *Suggestion of the Devil*,²² published in 1974 and 1975 respectively, are both foundational works that are primarily literary in their focus and address the question of medieval attitudes towards madness and the mad. More recently, Stephen Harper’s *Insanity, Individuals, and Society in Late-*

¹⁹ Midelfort, “Madness and Civilization”, 252.

²⁰ Midelfort, “Madness and Civilization”, 259.

²¹ Penelope Doob, *Nebuchadnezzar’s Children: conventions of madness in Middle English literature* (New Haven: Yale University Press, 1974).

²² Judith S. Neaman, *Suggestion of the Devil: the origins of madness* (Garden City, NY: Anchor Books, 1975).

Medieval English Literature: the subject of madness has a similar literary focus.²³ *Madness in Medieval Law and Custom* is a collection of essays that demonstrate the versatile value of legal sources to the study of medieval madness.²⁴ Shoham-Steiner's *Margins of a Minority* again provides a useful perspective by discussing medieval Jewish understanding and reception of madness. Erik Midelfort's *A History of Madness in Sixteenth-Century Germany* is technically a work of early modern history, but much of its subject matter is applicable to the subject of medieval madness or is presented with a medieval background. Its comprehensiveness also provides a blueprint for the range of directions which history of madness can lead, including law, medicine, theology, popular religion, and institutional history.²⁵ Although modern madness is viewed as a medical subject, medical histories of madness in the Middle Ages are surprisingly lacking, perhaps due to the longstanding assumption that medieval understanding of madness was primarily superstitious or theological. Although medieval historians have worked to rectify this assumption in other ways, they have not made full use of the medical sources which, as I will demonstrate, do exist.

My purpose in bringing together the subjects of madness and leprosy is to determine whether there are meaningful connections between the two beyond Foucault's metaphorical comparison. In my analysis, I make a division between concept and social identity, beginning with leprosy and madness as concepts before moving to the social identities generated by each: lepers and the mad. In my first two chapters I examine the concepts of madness and leprosy:

²³ Stephen Harper, *Insanity, Individuals, and Society in Late-Medieval English Literature: the subject of madness* (Lewiston; Queenston; Lampeter: Edwin Mellen Press, 2003).

²⁴ Wendy J. Turner, *Madness in Medieval Law and Custom* (Leiden, Netherlands: Brill, 2010).

²⁵ Erik H.C. Midelfort, *A History of Madness in Sixteenth-Century Germany* (Stanford, CA: Stanford University Press, 1999).

what they were, how they were understood, and above all, what they meant. I find the intellectual and moral treatment of each to be similar. It is at the point of identity formation and social treatment that the two diverge substantially. My third chapter is a comparison of lepers and the mad as social identities. Although both could be stigmatizing conditions, they contrasted in social reception and treatment. Moore's characterisation of lepers as a persecuted group may have been overly broad, but I find that it remains a key issue in a comparison of the mad and lepers. Lepers were the victims of collective violence whereas the mad were not. In light of the similar moralization and stigmatization of madness and leprosy, the reason for this difference cannot be sufficiently attributed to any conceptual content. Instead I examine the relationship between concept and identity, finding that conceptual structures of leprosy and madness were the root of their difference as identities and informed their social reception and treatment.

Madness

To say that a personal trait is a stigma or is stigmatizing is to say that in the eyes of general society it discredits its bearer. Whether a trait is consistently stigmatizing in all circumstances is often a complex question, but in general a stigma identifies the bearer as in some way different, and therefore lesser than a particular society's ideal human. Medieval visual depictions of madmen as wild and animalistic suggest that madness was discrediting in the eyes of medieval society and that to become mad was to become not only less than the ideal human, but to become almost less than human at all. The subject of stigma frequently arises in contemporary discussion of mental illness. That mental illness carries stigma in modern society is generally accepted, as are its harmful effects and the need to contest it. How modern mental illness stigma functions and the stigma theories built around it cannot be treated as a parallel to medieval understanding and response to madness, as the two concepts are too far removed from each other. "Mental illness" is an anachronistic term to apply in the history of madness because of the distorting power of its modern medical and psychological connotations. While the concept of mental illness remains rooted in psychology and medicine, no matter what context it is used in, the concept of madness tends to escape the boundaries of any given explanatory framework, including psychology, without retaining a consistent definition or set of traits.²⁶ It is possible, however, to reconstruct a "medieval mental illness" based on medieval understanding of the mind and of disease, and to compare the range of that concept with "madness" as it appears more broadly in the culture. In this chapter I begin my analysis of medieval madness with the medical perspective and the idea of a "medieval mental

²⁶ For an overview of the historiography of madness, and the methodological and theoretical problems around the history of madness, see *Insanity, Individuals, and Society in Late-Medieval Literature* (Harper 2003).

illness.” My intention is not to reinforce the idea that historical madness is misinterpreted mental illness or that medicine is, or should be, the primary interpretive framework for madness. I begin with the medical concept of madness as a stable and familiar foundation from which to explore the broader and often ambiguous concept of madness. The comparison between medieval mental illness and medieval madness reveals that the concept of madness operates at multiple levels of moralized discourse, which provide the material for multiple “stigma theories.”²⁷ As a “mental illness,” madness is something natural and bodily that can be moralized as a disease, whether it is a direct punishment for individual sin, a divine chastisement intended to induce penitence, or simply a natural result of the corrupted, post-lapsarian state of the human body and nature. Madness, however, is not merely a physical ailment. It interferes with reason, which means that the concept overflows medical and natural science discourses and enters theological discourses of the soul, divinity, and the nature of humanity. In relation to reason madness acquires more severe moral and spiritual implications than as a mere disease. Disease has moral implication in medieval thought, and therefore carries a degree of stigma. The misfortune and stigma of disease, however, is a common one experienced at some point by most people, either first or second hand. Madness is distinguished from general disease and takes on particular moral and spiritual significance because of its special impact on reason, so those who are identified as mad acquire a stigma that is also distinct from that attached to disease.

The popular thirteenth-century encyclopedia *De proprietatibus rerum* forms the basis of my reconstructed “medieval mental illness” because of its widespread and longstanding use,

²⁷ A stigma theory is “an ideology to explain his [the stigmatized individual's] inferiority and account for the danger he represents” constructed in order to justify or rationalize discrimination. (Goffman, 5).

and the representative nature of its content. *De proprietatibus rerum* is not a work of original scholarship; it is (an occasionally contradictory) compilation of authorities that is comprehensive and introductory rather than complex and deep. It does not give insight into contemporary academic debate or the most cutting edge knowledge and theories of the time, but it does give a picture of the general state of established academic knowledge at the time that it was compiled.²⁸ It is also a useful indicator of the content of popular knowledge well into the sixteenth century because it circulated widely among the literate laity and in both Latin and vernacular manuscripts and print editions.²⁹ Its author, Bartholomaeus Anglicus, probably completed *De proprietatibus rerum* around 1240 when he was sent to organize the new Franciscan province of Saxonia. Bartholomaeus himself was a well read and reputable scholar educated in Paris, but his encyclopedia was probably originally intended as an introductory text for the new friars under his supervision. *De proprietatibus rerum* became extremely popular. It was quickly disseminated beyond the Franciscan Order and gained popularity among lay audiences.³⁰

De proprietatibus rerum includes information on subjects ranging from the nature of angels to the properties of various plants and minerals. Medically useful subjects include the parts³¹ and properties of the human body,³² diseases and venoms,³³ and the medicinal

²⁸ For full commentary on Bartholomaeus Anglicus' sources see *Bartholomaeus Anglicus and his Encyclopedia*. (Seymour and Colleagues 1992.)

²⁹ Elizabeth Keen, *The Journey of a Book: Bartholomew the Englishman and the Properties of Things* (Canberra, Australia: ANU E Press, 2007), 4 – 5.

³⁰ Keen, 2.

³¹ Bartholomaeus Anglicus, *De proprietatibus rerum* (Frankfurt: Wolfgang Richter, 1601), IV.

³² Bartholomaeus Anglicus, V.

³³ Bartholomaeus Anglicus, VII.

properties of plants.³⁴ Through out the entries on the human body and its diseases, the encyclopedia addresses the three main areas of medical knowledge: anatomy, physiological theory, and treatment. The encyclopedia contains descriptions of four mental maladies, their cures, and their causes. That such a broad and comprehensive text includes descriptions of multiple varieties of madness, all explained in medical terms, demonstrates that medical interpretation of madness not only existed in the Middle Ages, but was well accepted, theoretically developed, and had wide circulation. Bartholomaeus' medical sources were the same major texts and writers found in the medical curricula of Paris and Chartres in the late twelfth and thirteenth centuries, including traditional Hippocratic and Galenic texts and texts brought to Salerno by Constantinus Africanus, as well as the more recent *Canon Medicinae* by Avicenna.³⁵

The four conditions that represent “medieval mental illness” in *De proprietatibus rerum* are frenzy, amentia, stupor/lethargy,³⁶ and melancholy. Frenzy, amentia, and stupor are each described in their own entry in Book VII “*De infirmatibus*.” Melancholy is referred to in the entry on amentia, but Book IV “*De humani corporis*” contains a more extensive description of the disorder in the entry on melancholic (or black) bile. These conditions are disparate in their symptoms and causes and are not collectively identified as varieties of madness. Frenzy and amentia are called madnesses,³⁷ and the way melancholy is described alongside amentia implies that it is also a madness, but the term melancholy also refers to a basic humoral property of the body, excess of which has negative mental effects. Stupor is called a “blindness of

³⁴ Bartholomaeus Anglicus, XVIII.

³⁵ Seymour, 24 – 15.

³⁶ “Stupor and lethargy” are addressed in the same entry with little distinction made between them so I treat them here as one condition.

³⁷ *Furor* and *mania*, respectively.

reason” and its description suggests that those suffering from stupor or lethargy would be called “fools” or “idiots,” designations distinct from but closely related to “lunatics” and other madmen.³⁸ What unites these conditions is that they all disrupt functions of the mind and their primary location is the brain.

For Bartholomaeus, amentia is an infection of the anterior cell³⁹ of the brain causing a loss of the imaginative faculty, which is the part of the mind that receives sense information. Patients suffering from amentia may show behavioural symptoms such as crying out, jumping around, violence towards self or others, and attempting to hide. The symptoms of amentia vary depending on the particular cause. Possible causes of amentia include melancholy foods,⁴⁰ strong wine which burns the humours, excessive study or excessive “passions of the soul” such as worry, sadness and fear, the bite of a rabid dog or venomous animal, infected air, or a corrupt humour.⁴¹ The entry on amentia mentions that melancholy is an infection of the middle cell of the brain causing a loss of reason.⁴² Book IV, *De humani corporis*, less specifically describes the melancholy condition as a general excess of melancholic humour. This entry doesn't make

³⁸ In English law, the late thirteenth-century *Praerogativa regis* distinguishes between natural-born idiots, who were congenitally *non compos mentis*, and lunatics, who went mad at some point in their lives, potentially only temporarily (Roffe and Roffe, 1709). The term “fool” (*Narrheit, stultitia*) in early modern Germany was applied to both “natural” fools, who seem to have been individuals born with mental disabilities, and “artificial” fools who were professional entertainers. In both cases, the traits of the fool included childlike naïveté and silliness (whether feigned or not,) rather than the rage or delusion of lunatics and melancholics (Midelfort, 386 – 387).

³⁹ “Est autem mania infectio anterioris cellulae capitis.” “Cell” here refers to a ventricle or chamber, rather than its meaning in modern biology.

⁴⁰ The four humours of medieval physiology were characterized by the same four properties (cold, warm, moist, and dry) as the four elements from which all material things were composed. Certain foods could be “melancholy” because they shared the same elemental traits as melancholy humour (cold and dry.)

⁴¹ Bartholomaeus Anglicus, VII.v.

⁴² Bartholomaeus Anglicus, VII.v.

such a clear distinction between melancholy and other mental disorders. “Mania,” which may overlap with either frenzy or amentia, is mentioned as one of the signs of an excessively melancholic temperament.⁴³ Melancholics are faint, fearful, sorrowful, full of dread without cause, and have a tendency to speak too much when they should be silent and to be silent when they should speak. Melancholic temperament can also be indicated by a sour taste in the mouth, and dark or blue skin tone. The long list of examples of melancholic delusions with which Bartholomaeus concludes the entry on melancholy is consistent with the other description of melancholy as an infection causing a loss of reason.⁴⁴

Although frenzy is introduced with the Biblical quotation *Percutiet te furore et mania et stupor* (Deut. 28), situating frenzy alongside amentia and stupor, it is much more physical in its manifestation than the other “mental” illnesses discussed here. It is also not related to melancholic bile, but is the result of red bile becoming heated either in the brain or elsewhere in the body causing fumes to rise to the brain. Although frenzy is described as a condition of madness and insanity, many of its signs are related less to cognitive function than to abnormal movement and are more strictly physical symptoms. Patients suffering from frenzy have roving and distended eyes, flailing hands, a shaking head, and grinding teeth. They suffer from thirst, discoloured urine, a dry and blackened tongue, and unnatural heat. Mental dysfunction is displayed in behavioural signs such as trying to get out of bed, biting and scratching, being inappropriately loud, singing, making emotional displays such as laughing and crying, and the patient shows a loss of awareness by not recognizing their own illness or its severity.⁴⁵

⁴³ Bartholomaeus Anglicus, IV.xi.

⁴⁴ Bartholomaeus Anglicus, IV.xi.

⁴⁵ Bartholomaeus Anglicus, VII.iv.

Stupor and lethargy are compared to drunkenness. They are caused by defects of the spirit which cause the soul (or mind) to become insensible. *Spiritus* in this context refers to subtle substances that mediate between the body and soul, transporting movement, sensation, and what could be generally described as the “life force” around the body. The concept of subtle spirits was refined by Avicenna, but is derived from Galen's *pneuma*, which served similar life-, movement-, and sense-giving functions in his anatomic theory.⁴⁶ The difference between Galenic *pneuma* and Christian *spiritus* is that Christian medical writers had to explain not only the animating forces and functions of the body, but make them conform to Christian doctrines of the soul. The “subtle” nature of the spirits, the result of a refining process that mixed blood and air in the heart, was theorized as an attempt to bridge the gap between the immaterial soul and the material body, allowing them to interact.⁴⁷ In stupor and lethargy various factors such as cold air or previous illness constrict the “ways of the spirit” between the brain and the body and sense organs, preventing interaction between body and soul. A patient in a stupor may be forgetful and have a loss of sense perception. Bartholomaeus does not clearly state whether these conditions refer only to slowness and lack of responsiveness in conscious patients or if comatose patients were also defined as being lethargic or in a stupor.⁴⁸

⁴⁶ Avicenna, *Canon of Medicine of Avicenna*, trans. Cameron O. Gruner (New York: AMS, 1973), 123 - 125.

Galen, *Method of Medicine*, trans. Ian Johnston and G.H.R. Horsely (Cambridge, Mass.: Harvard University Press, 2011), XII.5.

⁴⁷ Phillipa Maddern, “Murdering Souls and Killing Bodies: understanding spiritual and physical sin in late-medieval English devotional works” in *Conjunction of Mind, Body, and Soul*, ed. Danijela Kambaskovic (Dordrecht: Springer, 2014), 85.

Henrik Lagerlund, “Introduction: the mind/body problem and late medieval conceptions of the soul” in *Forming the Mind: essays on the internal senses and the mind/body problem from Avicenna to the medical enlightenment*, ed. Henrik Lagerlund (Dordrecht: Springer, 2007).

⁴⁸ Bartholomaeus Anglicus, VII.vi.

The above conditions all affect mental functions such as perception, imagination, and memory that all take place in particular chambers of the brain. Bartholomaeus calls the head the first principal part of the body; it is the source of the senses, wits, and the various veins and sinews by which *spiritus* are transported around the body. It is called the origin and cause of life, the ruler of the body and the “most worthy and noble of the members.”⁴⁹ The brain specifically is the beginning of all nerves of the body and is set in the highest place of the head, the “most excellent part of the body.”⁵⁰ The conditions described above also all act physically on the brain, although their activity and effects are not necessarily isolated in the brain. Frenzy is caused by heat and vapour in the brain, either originating in the brain or in lower members. Once the unhealthy member, wherever it is on the body, is restored to its natural state the brain will also be restored to health and both mental and physical symptoms will cease.⁵¹ Amentia and melancholy are both linked to specific parts of the brain, although an excess of melancholy bile can also pervade the whole body. Stupor is caused by a “superfluity of humour stopping the ways of spirit” preventing interaction between the brain and the rest of the body.⁵²

Considered simply from the perspective of medical sources, madnenses are no different from any other disease. Medieval physicians, and even the lay readers of Bartholomaeus' encyclopedia, knew that madness came in a variety of forms with different characteristics, symptoms, and causes, and that treatment had to be derived from an understanding of these signs and causes. Like any other disease viewed from the medieval medicine's Galenic perspective, madnenses were ultimately the result of humoral imbalances. The disease's

⁴⁹ *Caput itaque dignius et nobilius est omnibus membris* (Bartholomaeus Anglicus, V.ii).

⁵⁰ *Caput itaque dignius et nobilius est omnibus membris* (Bartholomaeus Anglicus, V.iii).

⁵¹ Bartholomaeus Anglicus, VII.iv.

⁵² *Caput itaque dignius et nobilius est omnibus membris* (Bartholomaeus Anglicus, VII.vi).

symptoms reflected the particular nature and cause of the imbalance, which in the case of the conditions discussed above ranged from poor diet, to uncontrolled passions, to fever, to rabid or poisonous animal bite.⁵³ Symptoms that reflect altered mental states or processes, such as abnormal behaviour, delusions, and catatonia appear in descriptions of frenzy, amentia, and stupor alongside purely physical symptoms such as dry tongue, blue complexion, and extreme temperature. The organization of these three conditions together at the beginning of Book IV of *De proprietatibus rerum* is derived from their shared physical location, not from a special shared category as madnenses or illnesses of the mind. They are placed together because the book is organized by region of the body in a roughly hierarchical manner beginning with the head, then moving down through the torso and abdomen. Frenzy, amentia, and stupor follow headaches at the beginning of the book because they are all located in and primarily affect the head.

Medieval medicine provided materialistic explanations for madness as a disease without relying on explanations of possession, demonic attack, or divine intervention. This is not to say that madness, and other diseases, were not understood in such terms alongside medical interpretation. Spiritual cures such as pilgrimage and encounters with relics were regularly used against madness, as they were against other diseases.⁵⁴ Materialistic

⁵³ Modern psychology and ideas of mental illness often emphasize emotional states and disturbances. Emotion was connected to health in medieval medicine and does play a role in the conditions considered here, but I will not incorporate it into my analysis of medieval madness because identifying and articulating the nature and role of emotion in relation to mind, body, and soul in medieval thought with sufficient clarity to make it a useful analytic category is beyond the scope of this study. It is sufficient to note that emotion was conceived of as a bodily phenomenon in Galenic medicine but it was not unconnected to the soul and mind. For more on emotions in medieval and early modern thought, see *Emotions and Health, 1200 – 1700* (Carrera 2013).

⁵⁴ Midelfort, *A History of Madness*, 278 – 284.

understanding of madness was not incompatible with a belief in supernatural intervention. Even when natural explanation was given precedent over supernatural, medical interpretation of madness did not make it a morally neutral condition. Instead it placed madness under the same moral interpretive framework as disease in general. Disease could indicate individual moral and spiritual status, or simply be viewed as a reflection of the moral and spiritual state of human nature in general. The former perspective emphasizes relatively direct divine involvement in individual affliction, whereas the latter ultimately attributes disease to God's will but at a greater remove, leaving room for more emphasis on disease as a natural and material phenomenon.

There are three primary purposes of disease in medieval moral thought: punishment, purgation, and test. God can punish a sinner with the torments of disease as a precursor to the torments of damnation, or a sinner can be saved if disease is suffered penitently and purges them. Disease as test is related to disease as penance. Righteous people may suffer agonies and temptations as tests of faith, and disease may be one variety of agony.⁵⁵ Penelope Doob matches each of these purposes with one of the three medieval literary conventions of madness that she identifies in *Nebuchadnezzar's Children*. The Mad Sinner is an individual whose sin, often pride or irrational rage, is so extreme and perverse that he is struck with actual madness as punishment. The Unholy Wild Man is also a sinner, but is purged and redeemed by a temporary madness that drives him from society. He returns to society and to grace upon his recovery. The Holy Wild Man also lives outside of society, but voluntarily. He is mad in the eyes of those who view his voluntary hardship and rejection of society as insanity, but his behaviour is spiritually sane because it is undertaken as penance and asceticism. The Holy

⁵⁵ Neaman, 49 – 50.

Wild Man's madness (whether perceived or actual) and resulting hardships serve to test and refine his faith.⁵⁶

Disease or madness as individual punishment or penance can provide a useful moral lesson on an individual level, but the more widely applicable moral explanation of disease was that it was the result of the generally corrupted and sinful post-lapsarian human nature. It is the consequence of, and punishment for, Original Sin rather than necessarily being a punishment for personal sin. Augustine writes that at the Fall “human nature was in his [Adam's] nature vitiated and altered to such an extent that he suffered in his members the warring of disobedient lust, and became subject to the necessity of dying. And what he himself had become by sin and punishment, such he generated those whom he begat.”⁵⁷ The Fall transformed human nature so fundamentally that not only was Adam punished with death and bodily suffering, but he passed that corrupted nature on to his descendants, burdening all of humanity with the punishment for Original Sin. Humanity's corrupted nature provides a poetic punishment for Original Sin – “what else is man's misery but his own disobedience to himself, so that in consequence of his not being willing to do what he could do he now wills to do what he cannot?”⁵⁸ Humanity suffers for its own disobedience by being afflicted by a mind and body that will not obey its will. The mind is disturbed and the flesh suffers, ages, and dies. The sufferings of the flesh encompass death, disease, and carnal desires, and they are linked to the sufferings of soul. “The pains which are called bodily pains are pains of the soul and from the

⁵⁶ Doob, 54 – 55.

⁵⁷ Augustine, Bishop of Hippo, *City of God*, trans. Marcus Dods (New York: Modern Library, 2000) XIII.iii.

⁵⁸ Augustine, XIV.xv.

body” for the flesh cannot feel pain or desire without the soul which animates and gives feeling to the body.⁵⁹

Hildegard of Bingen makes a similar connection between Original Sin and spiritual and physical suffering but elaborates it with a physiological explanation framed in the terms of humoral medicine. Human infirmities are the result of a poisonous “flegma”⁶⁰ that was not present in the body in Paradise. At the moment of transgression this flegma coagulated in Adam's blood.⁶¹ This black bile “spews every evil,” induces melancholy, and “rouses every plague in human beings.” Hildegard says that melancholy is characterized by sadness, fear, doubt, and an inability to “feel... joy in the heavenly life” or “take... comfort in [the] present life.”⁶² Therefore sin, physical suffering, and spiritual suffering are all linked, as in Augustine's account of Original Sin, but by a physiological system of flegma and bile. Although God ultimately allows melancholy and disease to be the punishment for Original Sin, Hildegard emphasizes the Devil's role in tempting and corrupting Adam and Eve. “Through the Devil's first suggestion... this melancholia belongs to the nature of every human being.”⁶³ The connection between disease and Original Sin means that disease, even when purely natural in its origin and immediate causes, has moral and spiritual meaning. This is not incompatible with material explanations of disease or with the role of physicians as healers. In fact, as Hildegard shows, when it comes to the origin, cause, or ultimate significance of disease, medicine and theology cannot only coexist, they can be combined into a unified theory.

⁵⁹ Augustine, XIV.xv

⁶⁰ *Flegmata*

⁶¹ Hildegard, *Causae et Curae*, ed. Paul Kaiser (Leipzig: B.G. Teubner, 1903), 36.

⁶² Hildegard, 38 – 39.

⁶³ Hildegard, 38.

Disease, as it is moralized in medieval thought, fulfills the original meaning of “stigma.” It is a sign on the body that signifies the moral state of the bearer.⁶⁴ In the case of holy men and women it might signify special grace, so is not a discrediting stigma. More often, however, disease indicates a sinful state that must be either punished or purged. As a consequence, and marker of Original Sin, however, the stigma of disease is to a degree shared by all of humanity, and is thus mitigated. Madness exposes its sufferer to exceptional stigma because it cannot be wholly reduced to physical disease. Madness affects mental functions such as memory, perception, and cognition, which in medicine and natural philosophy were located in particular sections of the brain and were explained in material terms. In theology, however, the mind was connected to the soul. The term *mens* (mind) was equivalent to, but less used than, *animus*, which referred to the rational and uniquely human part of the soul (*anima*).⁶⁵ Questions of the nature of the mind and its interaction with the body were more often framed as questions of the nature and operation of the soul. Materialist explanations of the mind and body, often derived from non-Christian sources such as Aristotle or Galen, were complicated by Christian doctrine which required the existence of an immaterial soul and begged the question of how the immaterial soul and material body were joined and interacted.⁶⁶ Medicine offered materialist accounts of madness as a condition of the body and brain but the complicated relationship between mind, body, and soul created a bridge that madness could cross from medicine to theology.

⁶⁴ Goffman, 1.

⁶⁵ Lagerlund, 3.

⁶⁶ Lagerlund, 2, 5.

Gerald J. Grudzen, *Medical Theory about the Body and the Soul in the Middle Ages: the first western curriculum at Monte Cassino* (Lewiston, Queenston, Lampeter: The Edwin Mellen Press, 2007), 3.

The conventional theological view of the nature of the soul was that it is a spiritual and rational substance that gives life and perfection to the human body, which it is separate from but inhabits or is bound.⁶⁷ In Book III of *De proprietatibus rerum*, *De anima*, Bartholomaeus Anglicus emphasizes the soul's unbodily nature – that it cannot be measured, it cannot grow or shrink, it is not larger in a large body nor smaller in a small body. The body and soul are distinct, though intertwined, entities. The body is the vehicle of the soul and the soul is attached to the body “as the mover to the moved, and as the captain to a ship.”⁶⁸ It is also described as residing in the heart like a spider sitting in the centre of its web, receiving any movement or activity at the far ends of its web.⁶⁹ From a medical and anatomical perspective, the immateriality of the soul raised the problem of how to explain the mechanisms by which the soul vivifies the body. The concept of spirits, developed by Avicenna and derived from Galen's *pneuma*, was used to explain how the immaterial soul could move and receive sense information through the body. The relationship between soul and body was further explained by adopting the concept of a three-part soul from Aristotle. The powers of movement, sensation, and vitality which were carried through the body by *spiritus* are powers of the embodied soul, as are the powers of generation, nutrition, and growth. The embodied soul comprises of the vegetative soul and the animal soul. The vegetative soul gives life but no feeling, as in plants. The animal soul gives life and feeling, but no higher reason, as in animals. The human soul is the rational soul, which gives life, feeling, and reason. Quoting Aristotle, Bartholomaeus explains that the vegetative soul is like a triangle because it has the three

⁶⁷ Maddern, 28.

Lagerlund, 4 – 5.

⁶⁸ *Ut motor mobile et nauta navi* (Anglicus, III.iii.)

⁶⁹ Bartholomaeus Anglicus, III.iii.

powers of growth, nourishment, and generation, like the three points of a triangle. The animal soul is like a square because it contains the triangle of the vegetative soul plus the power of feeling (which includes sense and movement.) The human, rational soul is a circle because it is perfected by its power of reason and it encompasses the powers of the animal and vegetative soul.⁷⁰

The rational soul is the most crucial part of medieval psychology because it is the part that reconciles philosophical descriptions of the mind and body with Christian doctrinal positions on the immortal soul. The rational soul is the immaterial and immortal soul of Christian doctrine. It has the capacity for abstract comprehension of spiritual truths, while the lower animal soul only has the basic cognitive capabilities of sense perception, empirical reasoning, and memory.⁷¹ In theory, the immaterial rational soul, unlike the animal soul located in the brain and reliant on nerves and bodily senses, should not be affected by the processes and states of the material human body. As a disease, madness is caused by bodily processes and substances which disrupt functions of the animal soul which occur in the brain. There is little to distinguish the behaviour of a madman with impaired basic cognitive functions such as memory and perception from that of someone who lacks higher reason, though. The rational soul's highest purpose was the contemplation and apprehension of spiritual truths. Its power of understanding on such an abstract level is not dependent on the body,⁷² but any outward expression or sign of understanding, or regular understanding and interaction with the material world do rely on the body, the senses, and the cognitive functions of the animal soul. In spite of theoretical distinctions between animal cognition and human intellectual reason, and

⁷⁰ Bartholomaeus Anglicus, III.vii.

⁷¹ Maddern, 28.

⁷² Grudzen, 5.

understanding of madness as material disease, the medieval madman appeared to be lacking higher reason. This seeming lack of human reason is what set the madman apart from those who suffer physical disease, and give madness a different moral valance than mere disease.

Reason had deep significance for medieval Christian thought regarding morality and spirituality, the nature of God and Creation, and even what it means to be human. The period and set of intellectual developments which are sometimes characterized as the twelfth-century renaissance emphasized the concept of reason and self-consciously embraced (and contested) its application as a process to questions of Christian doctrine as well as the natural sciences and liberal arts. Beyond the development of methods of rational argument and reasoning, *ratio*, the capacity for abstract and spiritual understanding was combined with Stoic ideas which identified the principle or quality of reason with divinity. The order of the universe and laws of nature were governed by reason and God was its supreme expression. This meant that reason was a legitimate path to understanding of God and revealed truths, and that the study of the natural world and non-Christian philosophers were legitimate pursuits that could serve the pursuit of the rational understanding of God. It also had the effect of “Christianizing reason.” Medieval thinkers who embraced reason where not looking to contest the truth of revealed Christian doctrine, nor did they believe that rational truth could contradict Christian truth. That non-Christian texts and rational methods could contain truth reinforced the universality of Christian truth.⁷³

Anna Sapir Abulafia has shown how this process of Christianizing reason worked to further marginalize Jews in late medieval Christian thought, eventually to the point of denying

⁷³ Anna Sapir Abulafia, *Christians and Jews in the twelfth-century Renaissance* (London; New York: Routledge, 1995), 44 – 55.

Jewish humanity. If reason supported Christian revealed truth and Jews continued to reject these truths, writers such as Peter the Venerable concluded that Jews must be blind to reason. Reason was the spark of divinity, God's special gift to humanity that united all human beings and set them apart from animals. Lack of reason, demonstrated by Jews for Christian commentators by refusal of Christian truth, was a subhuman state, a lack of the universal human trait.⁷⁴ Abulafia argues that the dehumanization of Jews in the intellectual realm set the conditions for the reception and development of Christian fantasies about inhuman Jewish behaviour such as the blood libel, well poisoning, and ritual sacrifice of Christian children.⁷⁵

Judith Neaman made a similar observation about the impact of the irrationality of the mad upon their spiritual and moral status. The madman's irrationality was a “malfunction of the link with God,” a loss of the human “instinct for virtue,” and represented a breakdown of the trait that differentiated human and animal.⁷⁶ The perception of the mad as animal-like is portrayed throughout medieval art and literature. Penelope Doob argues that the biblical king Nebuchadnezzar provided the prototype for the madman in medieval art and literature.⁷⁷ Nebuchadnezzar's second madness drives him “away from men” and he takes on animalistic characteristics in appearance and behavior (Dan 4:33.) The madresses of Romance heroes such

⁷⁴ Abulafia, 88 – 102.

⁷⁵ Abulafia, 139 – 150.

⁷⁶ Neaman, 40 – 42, 52.

⁷⁷ Doob, 55.

as Yvain, Tristan, and Lancelot are depicted in similar ways. The hero's madness drives him into the wilderness or into wild and uncivilized behavior.⁷⁸

Nebuchadnezzar's first madness, a punishment for his wrathful tyranny and pride according to medieval commentators,⁷⁹ takes the form of insane fury and rage, but he is healed and learns humility by a vision of Christ in the furnace (Dan 3:25.) His second madness occurs when his pride returns. Nebuchadnezzar is warned in an allegorical dream vision that he will be punished for his renewed pride. "Let his heart be changed from a man's, and let a beast's heart be given to him" says a "holy one" in his dream, after describing how the great tree that represents the king and his power must be cut down (Dan. 4:5 – 16.) Despite this warning, Nebuchadnezzar's pride returns and he is "driven away from among men, and did eat grass like an ox, and his body was wet with the dew of heaven: till his hairs grew like the feathers of eagles, and his nails like birds' claws" (Dan. 4:33.) Medieval interpreters agreed that Nebuchadnezzar was not actually transformed into an animal during his exile, but that he became like a beast in his madness.⁸⁰ This bestial madness manifested in a wild physical appearance and behaviour such as eating grass. Manuscript illustrations show the mad Nebuchadnezzar as a naked, hairy man in the woods with long hair and beard, sometimes walking on all fours (Figures 1 and 2.) These traits all signify the mad king's removal from

⁷⁸ Chretien de Troyes, *Yvain the Knight of the Lion*, trans. Burton Raffel (New Haven: Yale University Press, 1987), 2774 – 3024.

Lancelot of the Lake, trans. Corin Corley (Oxford; New York: Oxford University Press, 2008, first published 1989), 386 – 392.

Beroul, *The Romance of Tristan and The Tale of Tristan's Madness*, trans. Alan S. Fedrick (Penguin Books, 1978), 153 - 154.

Tristan only feigned madness, but doing so exempted him from normal boundaries and rules of civilized society. He was able to enter King Mark's court by feigning madness because "no door was closed to the fool."

⁷⁹ Doob, 69.

⁸⁰ Doob, 70.



Figure 1 Nebuchadnezzar Coming to the House of a Hunter (Anonymous, *Nebuchadnezzar Coming to the House of a Hunter* 1462)



Figure 2 Nebuchadnezzar as a Wild Animal (Anonymous, *Nebuchadnezzar as a Wild Animal* c. 1400 - 1410, with addition 1487)

human society by emphasizing an animalistic appearance and a distinct lack of features such as clothes or hair style that would represent the self control and discipline characteristic of the civilized human.

Wild, or “flame”, hair is a feature common in visual depictions of madmen and the possessed (Figure 3.) The spiky, upright hair communicates the manic energy of a lunatic's waxing madness, as well as representing, by its untamed deviation from conventional grooming, the madman's break from social norms and constraints.⁸¹ Locating madness in the woods, as in the madnesses of Lancelot and Yvain, is also a clear signal that madness set the madman outside the bounds of civilized society and in the realm inhabited by wild animals. The fact that the madman can survive, and recover, in such a setting (at least in literary representations) demonstrates his natural affinity for the wild. The madman's club (Figure 4) is related to the jester's stick, but it is also another sign of the madman's closeness to nature. The club is a crude weapon made from a branch, or even simply an uprooted sapling. In the case of Romance heroes gone mad, the contrast between such a rough weapon and the refined arms they carried as knights highlights the loss of their chivalric status and the transformation of their civilized persona with the onset of madness.⁸² In his analysis of two representations of Lancelot's madness, David Sprunger identifies the significance of freedom of movement in the two images. In the first, Lancelot's waxing madness is represented by his unrestrained freedom of movement as he flees from a castle, representing society. In the second image Lancelot's madness is waning; he is weak and easily restrained by Elaine and

⁸¹ Baldness is another iconographic convention in representations of madness, but it is most commonly used in depictions of fools or waning madness. This may reflect the fact that many treatments for madness involved shaving the head. (Sprunger, 228 – 31, 233 – 34).

⁸² Sprunger, 235 – 36.



Figure 3 Demoniac being exorcised by Christ, featuring "flame hair" (Christ expels details into the Gerasene swine, detail 11th C)

her father as he returns to sanity and society. Wildness and mania are associated with freedom and lack of restraint and Lancelot is like a wild animal in the first illustration. His return to society, sanity, and humanity is associated with restraint and as he recovers he is like a tame animal.⁸³

As was briefly discussed above, Penelope Doob identifies three literary conventions of madness, two of which are types of Wild Man.⁸⁴ The Wild Man takes multiple forms and

⁸³ Sprunger, 236, 241.

⁸⁴ The third type, the Mad Sinner, is often a pagan king and often exhibits irrational wrath or pride. The Mad Sinner is not animal-like in the same way as the Wild Man, but he is separated from faith and knowledge of God by his sin. He is struck with the debilitating irrationality of madness, making him permanently unable to know God, as a poetic punishment for his pride. (Doob, 95 – 133).

functions in medieval culture, other than representing madness, but he is always associated with nature and natural forces outside the constraints of rational, civilized human society.⁸⁵ Nebuchadnezzar's second madness, Yvain, and Lancelot are all examples of the mad Unholy Wild Man. The Unholy Wild Man retreats or is driven into the wilderness because he is mad as the consequence of sin. The hardships of the wild act as an involuntary penance and he is eventually purified and returns to sanity, and society.⁸⁶ Holy Wild Men voluntarily retreat to the wilderness to undergo the same penitential hardships and spiritual purification. These Wild Men appear mad from a worldly perspective and superficially resemble their sinful counterparts, but their motivations are eminently sane from a spiritual perspective. The supposed madness of the holy Wild Man in fact serves to reveal the true madness of the society that rejects and fails to recognize him.⁸⁷ Both Holy and Unholy Wild Men are initially normal members of human society who are driven into the wilderness by their madness, whether holy or sinful, where they take on animalistic and anti-social traits. Typical traits of Wild Men are recognizable from images and descriptions of Nebuchadnezzar: long body hair, beard, unusual diet, solitary existence. Others include dis-coloured skin, clothes of foliage or skins, physical deformity, inability to speak, and unusual size. All these traits mark the Wild Man's removal from rational and structured human social norms and closeness to irrational and anarchic nature.⁸⁸

⁸⁵ Doob, 137 – 38.

⁸⁶ Doob, 139 – 58.

⁸⁷ Doob, 158 – 64.

⁸⁸ Doob, 134.



Figure 4 Typical representation of a fool, featuring club, bald head, and orb (Anonymous 13th C)

In romance and legend, the animalistic traits of madness perform literary functions by turning the chivalric hero into a Wild Man figure. The association between the mad and animals more generally reflects the stigma of irrationality. To be irrational or non-rational in medieval Christian thought is to be something less than fully human. In the case of Jews, this irrationality stigma translated in Christian minds into paranoid fantasies of monstrous cruelty. Madmen, on the other hand, were perceived as potentially violent and dangerous due to their frenzies and delusions, but they were also perceived as vulnerable to violence and exploitation because of their condition.⁸⁹ In the Middle Ages the madman's lack of rational humanity created a

⁸⁹ Aleksandra Pfau, "Protecting or Restraining? Madness as Disability in Late Medieval France" in *Disability in the Middle Ages: reverberations and reconsiderations*, ed. Joshua Eyler (Farnham, Surrey: Ashgate, 2010).

stereotype defined by animalistic traits, rather than monstrous.⁹⁰ In the stereotype of the subhuman Jew, irrationality took the form of a profound lack of morality leading to inhuman, but calculated and intentional, actions specifically targeted at Christianity and Christendom. In the stereotype of the subhuman madman, irrationality took the form of animalistic impulse. Violence by a madman was like that of a wild animal that is unable to know better. This is why the mad were not to be punished for their actions, but could be controlled through physical confinement and corporal discipline.⁹¹

Thus far I have examined how the medical perspective on madness interacted with theology and how both informed a madness stigma and stereotype based on irrationality. I will now briefly address an area of medieval knowledge that is now frequently dismissed as “irrational” because of its supernatural content, although it was elaborated and developed by scholars using typically Scholastic rational methods. Like madness, possession alters a person's behaviour and relationship to reality. The assumption that in the superstitious Middle Ages abnormal behaviour was routinely identified as the result of supernatural or demonic activity is clearly an over simplification in light of the developed explanations and categories of mental illness found in medical texts. Madness and possession, both demonic and divine, do overlap, however. Demoniacs and mystics displayed the same outward signs, although each condition had profoundly different moral and spiritual status and demanded different responses from the

⁹⁰ The same cannot be said of modern popular depictions of madness in which psychiatric terminology and diagnoses are used to explain the behaviour and cruelty of seemingly inhuman antagonists in crime shows such as *Criminal Minds*, thrillers such as *Silence of the Lambs* and *Psycho*, and horror films that emphasize the psychological origins of a franchise monster such as Michael Myers in *Halloween*.

⁹¹ Regarding the legal treatment of the insane as unable understand or will their actions, and therefore as being unable to legally consent or take responsibility, Judith Neaman wrote that “because of the legal protection granted to the insane, because of their immunity, they have been amongst the most feared segments of the populace.” (Neaman, 110).

community.⁹² Therefore, “discernment of spirits,” or the process by which a possessed individual’s spiritual identity was determined, raised the problem of interpreting an unobservable, internal state. Whether someone’s abnormal behaviour was ultimately decided to be divinely or demonically inspired was as much determined by the context of the possession and the possessed, and the observers and their context as by the objective state of the possessed person.⁹³ In many cases the same person might be declared both a demoniac and a mystic by different commentators depending on how they were predisposed to view the possessed individual. Women claiming divine inspiration were often received with suspicion and ambivalence, and were regularly accused of being demonically possessed.⁹⁴

Madness can be incorporated into this overlapping relationship between demonic possession and mystical experience. Madness could be attributed to demonic possession and madness could make one more susceptible to possession.⁹⁵ Similarly, those mystics whom doubters called demoniacs were also dismissed as mad.⁹⁶ The signs of madness, such as dissociation and detachment from the world, overlap with divine and demonic possession⁹⁷ in a similar way as the two types of possession overlap with each other. This suggests that to some extent what led someone to be declared “only mad” rather than possessed was also the result of contextual factors and the biases or expectations of those performing the diagnosis. What makes madness different from divine and demonic possession as an interpretive

⁹² Nancy Caciola, “Mystics, Demoniacs, and the Physiology of Spirit Possession in Medieval Europe” *Comparative Studies in Society and History* vol 42 no 1 (April 2000), 295.

⁹³ Nancy Caciola, *Discerning Spirits: divine and demonic possession in the Middle Ages* (Ithaca, NY: Cornell University Press, 2003), 125.

⁹⁴ Caciola, “Mystics, Demoniacs,” 273 – 279.

⁹⁵ Neaman, 56.

⁹⁶ Caciola, “Mystics, Demoniacs,” 277.

⁹⁷ Neaman, 57.

framework for abnormal behaviour is that divine and demonic possession share the same underlying explanation of possession by an external, supernatural force that enters the body and alters the mind, behaviour, and persona of the possessed person.⁹⁸ As a diagnosis (as opposed to as a description of possessed behaviour or as a sign of possession) madness points to an entirely different, natural explanation based on the physical state of the body itself, which may alter the mind and behaviour but is not supernatural in its origins, except in the sense that all things are created and willed by God. Distinctions between madness and possession, and natural and supernatural causes may not have mattered very much to ordinary medieval people. Demoniacs and madmen were both cured by spiritual means at shrines and on pilgrimage, after all – as were many more physical ailments! However, the possibility for the distinction existed in the different discourses in which the two explanatory frameworks were developed. Madness was developed and elaborated as a concept in learned medicine, possession in Scholastic theology.

The relationship between madness and divine possession complicates the argument that irrationality imbued madness with a dehumanizing stigma because it impeded the rational path to Christian truth. Madness and mystical experience are both non-rational states. The label of madness could even be harnessed in service of a holy person's saintly identity, as in the case of Holy Fools⁹⁹ and the previously mentioned Holy Wild Men. Accepted mystics are few and far between, however. Mysticism in medieval religion is strongly associated with women and female modes of piety, and as Nancy Caciola has shown, women mystics were routinely

⁹⁸ Caciola, "Mystics, Demoniacs," 279 – 280.

⁹⁹ The Holy Fool is more prevalent in Eastern Orthodox hagiography but some Western saints have been identified as Holy Fools, including St Francis and Brother Juniper. On Francis and Juniper, see chapters eleven and twelve of *Flesh Made Word* (Kleinberg, 2008), and on Holy Fools in general see *Perfect Fools* (Saward 1980).

doubted and met with suspicion.¹⁰⁰ Non-rational, faith-based and affective religiosity, particularly popular among religious lay women and popular movements such as the Franciscans, was perhaps in part a response to the rise of rationalist, Scholastic theology, which was effectively the exclusive domain of the educated few. Perhaps mysticism, along with emotive and affective piety, offered a sanctioned outlet for otherwise stigmatized expressions of irrationality. The mystic was identified as holy rather than mad or demonically possessed, either by lucky circumstances or shrewd public relations. The rationale for the acceptance of her particular behaviour and raving was that it supposedly expressed religious truth. This mystical truth had been received by means of faith alone, rather than by faith supported by reason. The mad on the other hand were simply incapable of reason and did not have the special grace by which a mystic receives divine truths. The divinely possessed should perhaps be described as super-rational, rather than irrational, so overcome the negative connotations of irrationality.

The stigma of mental illness is a frequent subject in contemporary discussions of mental illness and the mentally ill in society. The stigma of modern mental illness and the meaning of medieval madness are not comparable, due to differences in the concepts of mental illness and madness. Mental illness is conceptually derived from madness but as a concept it remains rooted in medical and psychological discourse even when it is serving a narrative function such as in the construction of a monstrous fictional character. Madness is a diffuse concept that flows into multiple levels of discourse without retaining a clear definition as a category, as we can see in its relationship to the supernatural phenomenon of possession and the use of spiritual cures such as pilgrimage to cure cases of madness alongside medical and demonic conditions.

¹⁰⁰ Caciola, "Mystics, Demoniacs," 273 – 279.

Through my analysis of medieval medical understanding of madness, however, I have shown that it is possible to identify a medieval mental illness: rationally categorized varieties of madness explained according to natural medical principles as they were understood by medieval physicians. This medical perspective lends a degree of stability to the concept and provides the foundation for analysis of the medieval stereotyping and stigmatization of madness. A stigma theory for madness can be constructed based on an understanding of it as a disease. Disease is a physical sign of sin and corrupted human nature, whether it is interpreted as punishment for personal sin or the consequence of Original Sin. It is the relationship between madness as a disease, the mind, and the soul, however, that distinguishes madness from mere disease and provides the material for truly dehumanizing stigmatization of madness. Madness, whether or not the concept is understood in complex medical terms, impairs the faculty of reason. Reason is the essential function of the human soul that differentiates humans from animals. With the development of Scholastic theology, methods of reason also took on increasing significance as a method by which religious truths could be comprehended. Loss of the faculty of reason was not simply an impairment of cognitive function, it was a loss of a humanity. Literary and visual depictions of madmen reinforce this loss of humanity that accompanies a loss of reason by representing madmen as wild and animalistic.

Leprosy

Lepers are archetypal figures of stigma and exclusion in Western cultural imagination. Like madness, leprosy was closely associated with sin, punishment, and spiritual degeneration. The Bible provided the foundation for medieval interpretation of leprosy. In addition to the Old Testament's characterization of leprosy as an impure state and dictate that those with the condition were to be isolated and excluded from the healthy community, the New Testament prescribed charitable treatment of lepers following the model of Christ. Both Biblical attitudes were reproduced and expanded upon in medieval hagiography, in which interactions between lepers and saints were recurring tropes. While my interpretation of madness used medical discourse as a foundation to stabilize the concept, my analysis of leprosy will emphasize the Biblical foundation of medieval thought on leprosy. Unlike madness, leprosy was an unambiguously physical condition, but leprosy was not medicalized until the late Middle Ages, in that responses to the condition primarily relied on theological authorities and precedent rather than medical professionals or scholars. Leprosy became the subject of extensive medical description, analysis, and diagnosis in the late Middle Ages, but medical discourse on leprosy remained an analysis of an ultimately Biblical category, rather than a medical category. Although medical discourse was secondary to the cultural meaning and significance of leprosy, and developed late in the disease's history, the physical manifestation of the disease was of primary significance to the disease's meaning and its reception. More explicitly moralizing sources show the leprous body to be a focal point of social responses to leprosy, whether charitable or prejudiced.

The Bible contains the foundation of two primary attitudes towards lepers in the Middle Ages, as well as guidance for their appropriate treatment. In the Old Testament, *lepra* is framed

as a divine punishment and a state of impurity. Christian interpretation of Leviticus justified the social exclusion of lepers on the basis of impurity, and Old Testament depictions of leprosy as divine punishment for transgression further associated the disease with moral corruption and sin. The New Testament, on the other hand, depicted lepers as recipients of mercy and advocated charitable treatment. The Old Testament was written well before Hansen's Disease, the modern condition identified most closely with medieval leprosy, reached the Mediterranean world.¹⁰¹ *Tsara'at*, the Hebrew word translated as λέπρα, *lepra*, or leprosy, originally referred simply to skin disease, not to leprosy in particular. Although *lepra* also originally referred to a superficial skin condition, by the eleventh century it was consistently used to describe a condition resembling Hansen's disease, or leprosy. Through translation and the evolution of the word *lepra*, the superficial and sometimes temporary *tsara'at* of the Hebrew Bible was transformed in the Christian Old Testament into the incurable, disfiguring, and debilitating disease of leprosy.¹⁰²

Christian interpretation also altered the meaning of the “uncleanliness” of *tsara'at* and its moral significance. According to Leviticus 13, those with leprosy must live “outside the camp” for they are “unclean.” From a Christian perspective, uncleanliness or impurity implied a moral, rather than ritual, impurity.¹⁰³ Leviticus outlines the differential process by which a priest identified whether or not a skin condition is leprosy is outlined in Leviticus 13. If the

¹⁰¹ Although archeological studies are limited, they do consistently find that skeletal remains from medieval lepers' cemeteries show signs of damage consistent with the advanced stages of Hansen's Disease, demonstrating that, although misdiagnosis no doubt did occur, there is continuity between the medieval category *lepra* and modern leprosy or Hansen's Disease. (Miller and Smith-Savage, 19 – 20).

¹⁰² Demaitre, 84 – 91.

Tsara'at was also linked to leprosy in medieval Jewish thought (Shoham-Steiner, 32 - 33).

¹⁰³ Demaitre, 84.

condition was leprosy, the individual was unclean and was marked as a leper by a variety of identifying measures. “His clothes shall be rent, and his head bare, and he shall put a covering upon his upper lip, and shall cry Unclean, unclean” (Lev 13:15). The leprous individual had to live apart from others for the duration of the condition. “He is unclean: he shall dwell alone; without the camp shall his habitation be” (Lev 13:45). Unlike medieval leprosy, which was defined by its natural incurability,¹⁰⁴ Old Testament leprosy could be a temporary condition. Leviticus 14 describes the sacrifices and procedures for receiving a former leper back into the community after he or she has been found to be clean by a priest. Leprosy also appears in the Old Testament episodes as a punishment. Miriam is struck with leprosy for speaking against Moses (Num 12:10 – 16) and Uzziah was struck with it on the forehead for burning incense in the temple and infringing upon priestly roles (II Chron 26:16 – 21). Leviticus 13 provided the foundation for the customary exclusion and isolation of lepers through out the Middle Ages. To Christian interpreters, Leviticus showed that leprosy was an external sign of a person’s essential moral and spiritual impurity, and that that person must be removed from the community. The punishments of Miriam and Uzziah showed leprosy as a direct, punitive consequence of transgression, further linking the disease to sin.

The New Testament refers to leper’s excluded status and the rites of the Old Testament. Ten lepers whom Christ heals are described as standing at a distance. When they ask Christ to have mercy on them, he tells them to show themselves to the priest and they are found to be clean (Luke 17:11 – 14). Christ cleanses another leper and also tells him to show himself to the priest, and “offer for your cleansing those things that Moses commanded” (Mark 1:40 – 44). Both these passages refer to the priest’s role in declaring a leper to be clean according to

¹⁰⁴ Demaitre, 241.

Leviticus 14. Christ, however, has the power to make lepers who seek his mercy, clean. Christ's instructions to the cleansed lepers to show themselves to the priest suggests that their bodily conditions were miraculously cured, but the symbolic significance of these episodes is that when these lepers sought Christ's mercy, he cleansed them of the impurity associated with the condition by Old Testament law. Christ also did not shun lepers for their impurity, as he stayed at the house of Simon the leper (Mark 14:3). The New Testament retains the Old Testament association between leprosy and sin or impurity, but shows mercy to be Christ's response to leprosy, and the one to emulate. Christ told his apostles to "Heal the sick, cleanse the lepers, raise the dead, cast out demons" (Matt 10:8), establishing charity towards lepers as an aspect of apostolic practice.

Medieval hagiography reiterated and elaborated the images of lepers and leprosy found in the Bible. Saints associated with leprosy can mostly be divided into those who cure and those who minister.¹⁰⁵ Hagiography originating prior to 1100 tends to emphasize the punishment or penance aspect of leprosy, linking it to sin, and features saints who imitate Christ by performing miraculous cures. Around the twelfth century there was a shift to emphasizing saints who practice *imitatio Christi* by ministering to lepers as an act of humility and charity, with miraculous cures being a secondary or absent aspect of their interactions with lepers. Earlier hagiography treats leprosy as a nearly supernatural condition through which saints exhibit their holy powers, while later hagiography treats leprosy as a more mundane

¹⁰⁵ Boeckl, 79.

state of physical suffering and social exclusion and depicts saints to respond to both these aspects by providing material charity and personal compassion.¹⁰⁶

The apocryphal story of St Sylvester curing the Emperor Constantine by baptism perhaps most explicitly reflects the link between leprosy and sin. In a fifth-century version of the life of St Sylvester, the pagan emperor Constantine suffers from leprosy until Sylvester converts and baptizes him. In this story, the emperor's leprosy is clearly linked to his paganism and his cure to the purification of conversion and baptism.¹⁰⁷ In other stories, miraculous cures demonstrate the saint's powers. St Benedict is credited with curing a boy of leprosy.¹⁰⁸ St Romanus is described as creating a sort of curative chain reaction in a leper house. Romanus cleansed a few lepers by his touch, and as the cleansed lepers shook their companions awake they passed on the miraculous touch until the whole house was cured.¹⁰⁹ As a naturally incurable disease, the ability to cure leprosy was an effective and dramatic illustration of a saint's powers and connection to God, as well as a recognizable link to the acts of Christ.

Jennifer Stemmle's study of responses to leprosy in Liege shows these themes reflected at the level of local hagiography. Eleventh-century hagiography disseminated around Liege depicted leprosy as a supernatural condition under the control of God and the saints, and associated it with punishment and penance. St Remaculus struck a rebellious monk with leprosy and the missionary St Maclovis struck uncooperative Bretons with leprosy, causing

¹⁰⁶ Jennifer Stemmle, "From Cure to Care: Indignation, Assistance and Leprosy in the High Middle Ages" *Experiences of Charity 1250 – 1650* ed. Anne M. Scott (Farnham, Surrey, England: Ashgate, 2015), 43 – 44.

¹⁰⁷ Boeckl, 108.

¹⁰⁸ Pope Gregory I "Second Dialogue (The Life of St. Benedict)" *Medieval Sourcebook*, trans. PW (1608), ed. Saint Pachomius Library (1995), (New York: Forham University, 1996) <http://legacy.fordham.edu/Halsall/basis/g1-benedict1.asp>, Ch 26.

¹⁰⁹ Gregory of Tours, *Life of the Fathers* trans. Edward James (Liverpool: Liverpool University, 1991), 8.

them to convert and beg the saint to cure them and remain with them. St Guldida cured a repentant woman who was previously struck with "the most unclean leprosy because of her sins." In these stories, leprosy appears as a punishment and a powerful inducement to penitence, and the miraculous cure of leprosy as a possible reward for repentance. In a more unusual story, St Hiltrudis gave leprosy to an infant whose crying prevented a girl from fully hearing the voices of angels coming from a church dedicated to the saint. The saint gave the child leprosy and then cured it at a designated place, not as a punishment, but as a demonstration of her powers so others would believe the girl's story about hearing the heavenly voices at the saint's church.¹¹⁰ St Hiltrudis' legend resembles the legend of St Perigrinus, which was associated with the abbey of St Denis. The leper Peregrinus witnessed Christ consecrating the church and Christ commanded the leper to tell King Dagobert I to not repeat the consecration ceremony the next day. In order to lend credence to Perigrinus' story, Christ healed him by pulling his leprous skin off his face.¹¹¹ In those stories, the punitive and moral aspects of leprosy are not addressed so explicitly. Instead, control of leprosy is used as a sign of a miraculous encounter. The legends of Saints Remaculus, Guldida, and Maclovis also use control of leprosy to demonstrate each saint's power.

Saints lives and legends originating after the twelfth century continue the traditional association between saints, lepers, and *imitatio Christi*, but with emphasis on the more practical virtues of charity and humility rather than supernatural curative powers. There was a transition from depicting penitential lepers struck with a punishing disease and supernaturally powerful saints who cure, to penitential, care-giving saints and lepers defined by their socially marginal

¹¹⁰ Stemmle, 47 – 50.

¹¹¹ Boeckl, 119 – 120.

status and physical suffering. These ministering saints demonstrate charity, humility, and their own penitence by giving alms and performing acts of humility and compassion such as bathing and kissing lepers. The spiritual condition of the lepers in these stories was secondary to their miserable and needy condition, which emphasizes the compassion and humility of the saints who interact with them.¹¹²

Bonaventura's *Life of Saint Francis* gives an encounter with a leper a significant role in Francis' conversion. Initially repulsed and horrified by unexpectedly coming upon a leper while travelling, Francis remembered the commitment to the religious life that was developing in his mind and leaped from his horse to kiss the leper's hand and give him alms. When Francis turned back towards the leper after remounting his horse, the leper had vanished. From that point on, Francis was moved by the spirit of poverty, humility, and "inward godliness," and began serving among the lepers, "render[ing] unto [them] humble and kindly services in his benevolent goodness."¹¹³ Francis is not credited with actually curing a leper until a much later version of his life in *The Little Flowers of Francis of Assisi*, which contains a story of Francis curing a leper so blasphemous and unpleasant in character that none of the other brothers would serve him. Francis washed the leper, and where his hands touched the leprosy was healed. This miracle, and Francis' charity, so moved the leper that he repented. He died shortly after and Francis received a vision of the leper's soul on its way to heaven.¹¹⁴ Catherine of Siena nursed a leprous woman whose disease had become so foul that no one else would tend to her. Catherine humbly served the leprous woman as she would "the spouse of her soul," but the

¹¹² Stemmle, 50.

¹¹³ Saint Bonaventure, *The Life of Saint Francis* (London: J.M. Dent, 1904), I.5 – 6.

¹¹⁴ Brother Ugolino, *The Little Flowers of Saint Francis of Assisi: in the first English translation*, trans. Roger Hudleston, 1926 (reprint; Grand Rapids, Mich: Christian Classics Ethereal Library, n.d.), 133 – 137.

leper became filled with pride and ingratitude. The leprous woman was abusive towards Catherine, who even contracted leprosy on her hands from touching the woman. Nonetheless, Catherine persisted in her charitable care until the woman dies and is buried by Catherine herself, at which point Catherine's own leprosy on her hands was miraculously cured.¹¹⁵

Elizabeth of Hungary and Eleazar of Sabran were both lay people of noble backgrounds who followed apostolic models of piety that emphasized serving the poor and the sick with humility. Jacob of Voragine's chapter on Elizabeth of Hungary in *The Golden Legend* does not mention a specific leprous patient but says in passing that “she brought the mesels abed, and washed their sores” and that “she was of so great humility that, for the love of God, she laid in her lap a man horribly sick, which had his visage stinking like carrion.”¹¹⁶ As a founder of hospitals known for her personal ministrations to the sick and poor, however, Elizabeth came to be associated with lepers, and there are numerous visual depictions of her tending to lepers¹¹⁷ as well as later additions to her legend that feature them, including the previously mentioned episode in which the leper she allowed to sleep in her husband's bed vanished, leaving a crucifix. Eleazar was said to have met six lepers while traveling and kissed them. Some time after he left, the stench of their illness was replaced with a sweet scent and they were cured.¹¹⁸

¹¹⁵ Raymond of Capua, *The Life of St Catharine of Sienna*, trans. a member of The Order of the Sacred Heart (Dublin: James Duffy and Co, n.d.), 112 – 115.

¹¹⁶ Jacobus Voragine, “The Golden Legend or Lives of the Saints”, trans. William Caxton, 1483, ed. F.S. Ellis, 1931 *Medieval Sourcebook* (New York: Fordham University, 2000) <http://legacy.fordham.edu/Halsall/basis/goldenlegend/GoldenLegend-Volume6.asp#Elizabeth>.

Rotten breath and smell from the nasal cavity is an effect of the decay associated with leprosy.

¹¹⁷ Boeckl, 85, 124 – 128.

¹¹⁸ Boeckl, 89.

Miraculous cures do occur in the lives of ministering saints, as in Eleazar's legend and the episode in *The Little Flowers of Francis of Assisi*, but the emphasis is on the saint's material charity and care for lepers and the demonstration of the virtues of humility and charity, rather than supernatural powers. The stories focus on the saint's penitence rather than their ability to bring about penitence in the leper. When a leper does show penitence in these stories it is not because they have been stricken by leprosy for their sins, it is because they have been moved by the charitable and pious example of the saint; just as the story's audience is supposed to be moved. Ministering saints demonstrate their piety, rather than their power, by following the example of Christ, who bid his apostles to "Heal the sick, cleanse the lepers, raise the dead, cast out devils" (Matt 10:8) and who was even willing to reside in the house of a leper (Matt 26:6, Mark 14:3.) While some hagiographic depictions of lepers drew on Old Testament concepts of leprosy that associate it with sin and punishment, others emphasized charitable attitudes towards lepers modeled by Christ in the New Testament. The former is particularly characteristic of hagiography prior to the eleventh century, and the latter characteristic of later saints' lives, but both images of leprosy have origins in the Bible and coexisted in medieval thought and culture.

Hagiography reflects popular and theological understanding of leprosy. Medical interpretation did not gain a significant place in discourses on leprosy until the late Middle Ages. Academic interest in leprosy peaked in the fourteenth century.¹¹⁹ Although medical treatises were not explicitly moralizing and do not usually show direct Biblical influence,¹²⁰ the category of *lepra* was Biblical in its origin and medical discourse was inevitably influenced

¹¹⁹ Demaitre, 224.

¹²⁰ Official documentation of leprosy examinations shows more direct Biblical influence. (Demaitre, 77).

by wider cultural attitudes. Until the eleventh century, medical terminology for leprosy was more inconsistent and ambiguous than the theological terminology. The Greek λέπρα (and its Latin equivalent, *lepra*), in Hippocratic and Aristotelian texts referred to a superficial skin condition. When Hansen's Disease emerged in the Roman world at the beginning of the Common Era, it was called *elephantia*, for the resemblance of the sufferer's thickened skin to that of an elephant. The terms *elephantia* and *lepra* were conflated and confused as the result of overlapping and ambiguous usage, most influentially by Galen. Until the eleventh century, *elephantia* was the most prevalent medical term for leprosy. At that point, the writings of Salernitan physicians began to use *lepra* as the primary term, with *elephantia* referring to a subtype of *lepra*. *Lepra*, with its Biblical connotations, remained the dominant term from the eleventh century on.¹²¹ The unification of medical and theological discourses with the shared use of the term *lepra* created a Biblical history for the medical category and a naturalistic explanation for the Biblical condition. Although medical treatises tend not to show direct biblical influence, it is significant that *lepra* ultimately overtook *elephantia* in medical discourse, demonstrating that theological categories and interpretation had primary significance for the identity and meaning of medieval leprosy.

Although *lepra* and *elephantia* appear in medical texts from antiquity, leprosy remained primarily a social issue until the fourteenth century. Michael McVaugh discusses the "medicalization of leprosy" in the early fourteenth century as an especially significant demonstration of changes in the social role of physicians and medical practitioners precisely because leprosy was such a socially significant condition. It was at this time that academically trained medical professionals began to gain special authority on the question of leprosy

¹²¹ Demaitre, 83 – 88.

diagnosis. Medical examinations were an extension of the judicial process by which lay juries identified lepers. Physicians were given increasing authority for their presumed expertise by lawyers, who were also academically trained, and the general public, including accused lepers who might seek a medical opinion in the case of an unfavorable verdict from a lay jury.¹²² Prior to the “medicalization of leprosy,” examination and diagnosis of lepers was primarily handled by priests, secular authorities, and residents of the local leprosaria.¹²³ It was a social condition more than a medical one, in that diagnosis resulted in a transformation of social persona and status more than medical treatment. A diagnosis of leprosy made someone a “leper,” with all the associated social consequences and cultural connotations, rather than making them a “leprosy patient” or a “person with leprosy.”¹²⁴

Medical treatises were more concerned with the description, classification, identification, and to a lesser extent, treatment, of leprosy than with passing moral judgment, but they did validate negative stereotypes and associations between leprosy and poor moral character. Avicenna suggested that erratic behaviour was characteristic of the incipient stage of leprosy and that lepers were melancholic, with “bad and cunning habits.” Guy de Chauliac described them as “clever, cunning, hot tempered” and Ambroise Pare as “timid, deceiving, suspicious.”¹²⁵ Lepers were especially associated with lechery and the sin of lust. This

¹²² Michael McVaugh, 218 – 225.

McVaugh’s study focuses on Aragon, but Luke Demaitre also notes the expanding official authority and role of medical professionals with regards to leprosy examination and diagnosis beginning in the fifteenth century (6 – 8) and that physicians themselves argued for their ultimate expertise and authority in the matter of diagnosis beginning in the fourteenth century (22 – 26).

¹²³ Demaitre, 36.

¹²⁴ Christine Boeckle notes this transformation of persona represented in visual representations such as an illustration in the *Gospel Book of Otto III* and a depiction of the legend of St Peregrinus in the *Missal of St Denis* (Boeckl, 35, 120).

¹²⁵ Demaitre, 210.

association appears in literature but was reinforced by the popular the medical opinion that leprosy was spread through intercourse with a leper or with a woman whose last partner was a leper.¹²⁶ Medical texts also directly identified increased sexual desire as a symptom of leprosy.¹²⁷

Two attitudes are discernable in medieval thought regarding lepers. One is that leprosy was a punishment or a sign of personal sin, and a marker of moral or spiritual impurity. The other is that lepers were miserable and suffering marginal people who should be treated with charity and mercy. Both these attitudes had foundations in the Bible and were expressed in real social treatment. Lepers were forced into seclusion or expelled from communities on the basis of the laws of Leviticus and the perception of lepers as impure. The foundation and support of leprosaria was charitable, but also facilitated the exclusion and seclusion of lepers. As sufferers of a divine punishment, inhabitants of some leprosaria came to be seen as not only deserving recipients of charity, but as quasi-religious figures for their penitential attitude towards the burden of their disease and the monastic lifestyle of their institution.¹²⁸ The charitable attitude towards leprosy seemingly contradicts the conception of leprosy as a sign of impurity and sin, but, in the context of an ideology where everyone is affected by both Original Sin and personal sin, and God is the true and ultimate judge of moral worth, the moral and spiritual status of individual lepers was irrelevant to their status as deserving recipients of charity. Acts of charity had merit in themselves, not on the basis of their recipients' worthiness.¹²⁹ Stories of

¹²⁶ Demaitre, 173.

¹²⁷ Demaitre, 209.

¹²⁸ Rawcliffe, *Leprosy in Medieval England*, 263.

¹²⁹ On the "indiscriminate charity" of the early Middle Ages and the development of the "deserving poor" in the late Middle Ages, see *A Social History of Disability in the Middle Ages* (Metzler 2013), 204 – 206.

ministering saints tend to focus on the spiritual status of the saint, with the leper's spiritual state being secondary or unmentioned. Lepers in these stories receive charity because they are marginal, suffering, and needy, not necessarily because they have spiritual merit. For example, Catherine's care for Tecca the leper had spiritual merit as a charitable act, even though the ungrateful Tecca is never described as repenting before her death.¹³⁰ The leper as recipient of charity and the leper as sinner could coexist in medieval imagination with little conflict.

There is more significant contradiction between the charitable and persecutory treatment of lepers than there is between the "negative" and "positive" attitudes and perceptions of leprosy that underlie each. Examination of sources justifying each reveal a commonality, though, in a disgusted response to the leprous body. Hagiography that describes and valorizes charitable acts towards lepers by saints presented as models of ideal Christian behavior emphasize the corrupted, repulsive nature of the leprous body through description, the reactions of ordinary people to the leper, and even the saint's own initial reactions. Francis' initial and transformative encounter with a leper on the road "filled him with loathing" and it was only "when he recalled the purpose of perfection that he had even then conceived in mind, and remembered that it behooved him first of all to conquer self" that he dismounted to kiss the leper's hand and give him alms.¹³¹ Francis' kiss was accompanied by the giving of alms, but his primary motivation was self-mortification: overcoming his own repulsion and uncharitable limitations through intimate engagement with the unpleasant object that triggered such reactions. The leper woman cared for by Catherine of Siena was so diseased that "the smell arising from her disease repelled everyone, so that no person had courage to take care of

¹³⁰ Raymond of Capua, 112 – 115.

¹³¹ Bonaventure, I.5.

her," except for the saintly Catherine, whose "patience led her to support with joy the violence of the leper's temper as well as the disgusts inseparable from that loathsome malady." "All shuddered" when Martin of Tours kissed a leper¹³² and Elizabeth of Hungary's tenderness towards a man with a "stinking visage" was met with "loathing" and "scorn."¹³³

All these saints modelled charity and compassion towards lepers as an aspect of ideal Christian behavior. At the same time, the lepers in these stories were defined by their repulsive physical state, which is met with loathing and revulsion. Lepers were a hagiographic trope because they have biblical associations that invited comparison between the saint and Christ, but the leprous body itself served a number of meaningful purposes, especially in later hagiography. The miserable physical condition of leprosy highlighted the marginal social condition of the leper, and thus the humility and charity of the saints, often merchant class or noble, who crossed social boundaries to interact with them. It also adds a component of self mortification to the interaction which would not be so pronounced if saints were simply ministering to ordinary, non-leprous paupers. In hagiography, the leprous body provoked responses of pity and charity. Margery Kempe was moved by the desire to "kissyn the lazerys whan sche sey hem er met wyth hem in the stretys," which was so strong as to cause "gret mornyng and sorwyng,"¹³⁴ but most ordinary Christians were probably not so moved to embrace the lepers they saw in the streets. However, the sight of the disfigured leprous body may have provoked pity in the pious, and been a reminder of the charitable duty exemplified by saints such as Catherine and Francis.

¹³² Sulpitius Severus, "On the Life of St. Martin" trans. Alexander Roberts, *A Select Library of Nicene and Post-Nicene Fathers of the Christian Church* (New York, 1894), XVIII.

¹³³ Jacobus Voragine.

¹³⁴ Margery Kempe, *The Book of Margery Kempe* ed. B. Windeatt, (Cambridge, UK: D.S. Brewer, 2004), 327 – 327.

The conspiracy theory that drove waves of arrests and violence against lepers in France and Aragon in 1321¹³⁵ suggests that the leprous body provoked mistreatment and prejudice as much, if not more, than it prompted pious pity or charity. The 1321 persecutions were an exceptional event in the history of leprosy. Together, they were the only instance of a wave of violence, both state and popular, against lepers that had all the hallmarks of conspiracy theory-driven persecution recognizable from early modern witch panics and persecutions of heretics and Jews. Lepers were subjected to other persecutory actions, such as expulsions and restrictions on movement and entrance into some cities and towns. These measures, however, tended to be motivated more by fear of vagrant and rootless poor and growing prejudice against beggars rather than lepers in particular.¹³⁶ The 1321 persecutions are exceptional not just for their level of violence, but because they targeted all lepers, including institutional ones.

The most detailed account of the 1321 persecution is by the continuator of the *Chronique Latine de Guillaume de Nangis*, but it was also described by the inquisitor Bernard Gui, the anonymous *Chronique Parisienne*, and various other local chronicles throughout France, as well as leaving archival traces. Jacques Fournier's inquisitorial records contain the deposition of Guillaume Agasse, the head of a leper colony in Pamiers, shortly before Philip V ordered a general arrest of lepers.¹³⁷ The arrests were prompted by rumours that lepers in

¹³⁵ The events in France and Aragon coincided and were clearly connected since James II of Aragon was initially motivated to act against lepers entering his realm by rumours of events in France. However, David Nirenberg has shown that although they featured the same accusations and rumours, and drew on the same stereotypes, the waves of violence in France and Aragon took different forms and had different meanings in each context. (*Communities of Violence: persecution of minorities in the Middle Ages*, 123 – 124).

¹³⁶ Rawcliffe, "Isolating the Medieval Leper", 247.

The fourteenth century saw the institution of measures such as statutes punishing able-bodied begging, as well as restrictions on lepers and expulsions. (Scott, 23.)

¹³⁷ Malcolm Barber, "Lepers, Jews and Moslems: the plot to overthrow Christendom in 1321", *History* vol 66 no 216 (1981).

France and elsewhere in Christendom were conspiring to poison wells and springs in order to kill the healthy or turn them into lepers. Much like in witch panics such as that at Arras in 1460,¹³⁸ the initial rumours and accusations were elaborated in torture-driven interrogations which led to further arrests and accusations.¹³⁹ The most extensive version of the conspiracy appears in the *Chronique Latine*, but many of the details in that version also appear in the deposition in Fournier's records. Although royal ordinances did not mention Jews, it was popularly believed and documented in chronicles that Jews reportedly recruited and supplied the lepers with poison in order to damage or overthrow Christendom.¹⁴⁰ In the *Chronique Latine* version, the plot is extended to the King of Grenada, who is said to have recruited Jews to help him destroy Christendom. They, in turn, suggested the use of lepers, since Christians were already suspicious of Jews, and lepers lived and moved freely in Christian society. The Jews recruited the leaders of the lepers, who recruited their brethren by reminding them how the Christians despise and mistreat lepers. The Jews also promised the lepers “infinite” money and lordship of their regions as payment. Like accusations and rumours surrounding other victims of persecution and conspiracy theory, including heretics, Jews, Templars, and later on witches, the *Chronique Latine* account includes secret meetings, an intention to destroy Christendom and replace it with a new world order, and claims that at their secret meetings the lepers desecrated the host and professed their denial of Christ and the Catholic faith as part of their initiation into the conspiracy.¹⁴¹

¹³⁸ Jessica J. Roussanov, “The Kings, the Dukes and the *Arrageois*: State Building and Identity in Fifteenth-Century Arras” (doctoral dissertation, Northwestern University, 2009), 75 – 115.

¹³⁹ Barber, 6.

¹⁴⁰ Barber, 5.

¹⁴¹ Continuator, *Chronique latine de Guillaume de Nangis de 1113 a 1300: avec les continuations de cette chronique de 1300 a 1368* (Paris: J. Renouard, 1843), 34.

Lepers throughout France were arrested, imprisoned, tortured, and executed by authorities, and were attacked by the public as the result of this rumour.¹⁴² In Aragon, travellers and foreigners were targeted as suspicious, but leprosy accusations also became strategically powerful and were used in more personal conflicts.¹⁴³ Although the concept of contagion was gaining more widespread understanding in the fourteenth century, it seems that fear of medical contagion could only have had a distant influence on the conception and spread of this rumour. The substance that the lepers were going to poison the wells with, which was not made by them but provided by a Jew, was described as being made from human blood and urine, and three unnamed herbs ground up with a communion host. Another leper was reportedly found with a bound rag containing the head of a snake, feet of a toad, and a women's hair, all of which was “somehow stained by black and foul fluid so it was not only horrible to feel but to see” and did not burn when it was thrown on the fire.¹⁴⁴ The lepers’ alleged method of spreading leprosy was through poison or magic, rather than anything resembling late medieval understanding of the transmission or causes of leprosy,¹⁴⁵ which were primarily sexual or congenital transmission, or the relatively new concept of contagious miasma.¹⁴⁶

It is important to note that while lepers were the immediate victims of the accusations of well poisoning, the conspiracy theory was actually directed at more traditional “enemies of Christendom,” Jews and Muslims, especially in France. Like the blood libel and accusations of well poisoning made during the Black Death, the conspiracy theory behind the 1321

¹⁴² Barber.

¹⁴³ David Nirenberg, *Communities of Violence: persecution of minorities in the Middle Ages* (Princeton, NJ: Princeton University Press, 1996), 105.

¹⁴⁴ Continuator, 32.

¹⁴⁵ Barber, 15 – 16.

¹⁴⁶ Demaitre, 133 – 155.

persecutions primarily reflects a fear of the religious other.¹⁴⁷ As was noted even by the fictional Jews contracted by the King of Granada in the *Chronique Latine*, Jews were routinely suspected by Christians, which is why they supposedly selected the lepers to carry out the plot.¹⁴⁸ Ultimately the plot is attributed to the machinations of Jews and, at least in one version, is instigated by a Muslim ruler “suffering” as the result of “Christian superiority.”¹⁴⁹ Lepers were simply the manipulated pawns of the conspiracy: motivated by greed and bitterness and willing to desecrate the host and deny Christ in addition to poisoning, but not the ultimate enemies of Christendom. The pogroms against Jews that accompanied attacks upon lepers show that Jewish involvement in the conspiracy was not a secondary detail to the general public.¹⁵⁰ The 1321 persecutions and conspiracy fear ultimately fit into a context of anti-Semitic persecution and crusade-era fears and hostility towards religious others, but the inclusion of the lepers as the instrument of a plot against Christendom is nonetheless unusual.

151

The marginal status of lepers made them particularly vulnerable to the persecutory actions that were taken against them, especially those who were not attached to a leprosarium or who were already poor, and facilitated the unchecked spread of the persecution. Antipathy and distrust of growing vagrant populations perhaps played a role in the widespread acceptance

¹⁴⁷ Barber, 12.

¹⁴⁸ Continuator, 33.

¹⁴⁹ Continuator, 33.

¹⁵⁰ Barber, 5.

¹⁵¹ One of the significant differences between the events in France and in Aragon is that Jews were not targeted to the same extent in Aragon as in France. Instead, accusations targeted travellers, certain political identities associated with leprosy such as Basques and Genoese, and to some extent, Muslims. (Nirenberg, 99 – 100, 108). However, the rumours and conspiracy theory that instigated measures taken in Aragon originated in France, where there was significant violence against Jews as well as lepers.

both of the reality of a lepers' plot and of the arrests and executions that were made as a result. Other less violent expulsions and regulatory measures taken against lepers in the later Middle Ages largely seem to be the result of such negative attitudes towards poor and vagrant populations and concerns about public order. The inclusion of institutional lepers, such as Guillaume Agasse, who appeared before Jacques Fournier's deputy and was the head of a leper colony, was unusual.¹⁵² In Aragon, leprosaria suffered significantly from confiscations as well as violence against their inhabitants.¹⁵³ In France, actions against lepers began at a municipal level with local authorities confiscating lepers' and leprosaria's goods, in addition to making arrests and executions.¹⁵⁴ Philip V identified the leper's plot as *lèse majesté* – treason – which meant that that confiscated property reverted to the crown. David Nirenberg interprets the persecution of lepers in France as an expression of popular resentment and grievances against the Crown, and sees local judicial attacks on lepers and leprosaria as an usurpation of royal jurisdiction, and thus Philip's subsequent actions as an attempt not only to claim confiscated wealth, but to obscure the significance of local actions as rebellions against royal prerogative.¹⁵⁵ Whatever the origin of the well poisoning rumours or the reasons for their spread, it seems likely that greed and political opportunism played as much of a role in motivating the actions of authorities as any prejudice or fear of contagion.

A hint as to what led the general public to accept the reality of a conspiracy in which the lepers of France, including the leaders and inhabitants of leprosaria, plotted to poison all the healthy subjects of Christendom, and to sometimes act on that belief with violence against

¹⁵² Barber, 6.

¹⁵³ Nirenberg, 101.

¹⁵⁴ Nirenberg, 53 – 54.

¹⁵⁵ Nirenberg, 55.

the same people who were more commonly represented as the suffering and needy recipients of Christian charity can be found in the supposed motivation of the leprous conspirators.

It was therefore in those lepers' meetings, proposed by their masters to the others, with diabolic persuasion from the ministering of Jews, that, while among Christians, those lepers were valueless and cast off people, not even counted by [the healthy], [and] it would be some such good to conspire so that all Christians would be dead or all made uniform to lepers, and thus, with all being uniform, none would be despised by another.¹⁵⁶

The lepers believed that in Christian society they were valueless and cast off and that their situation would be improved if every living Christian was made not simply leprous, but specifically into the same form as a leper. The emphasis here is on the physical state of leper's bodies, and it is suggested that if all had that form then none could be despised as a leper. For the lepers, the primary source of their social woes, the thing that marked them for discrimination and to be despised, was not that they were in a state of ritual or moral impurity, as the Bible suggests, or that they are ill and contagious, or disabled and unable to do able-bodied labour, but was the very form and appearance of their bodies that sets them apart from healthy society.

The confessions from which the original rumours of well poisoning were elaborated into a grand conspiracy were extracted under torture. Such confessions cannot be taken at face value, and accounts such as the *Chronique Latine*, quoted above, which were built on information from those confessions, are not straightforward expressions of the perspectives of medieval lepers. Determining to what extent the details of information extracted under torture were produced by the victim or by the interrogator is difficult, and in the case of centuries-old

¹⁵⁶ *Fuit igitur in dictis leprosorum conciliis per eorum majores caeteris propositum, suadente diabolo per ministerium judaeorum, quod cum isi leprosi essent apud christianos vilissimae et abjectae personae, nec ab ipsis reputatae, bonum esset aliquod tale committere ut christiani omnes morerentur, vel omnes uniformiter leprosi efficerentur, et sic, cum omnes essent uniformes, nullus ab alio despiceretur* (Continuator, 34).

historical records, certainly impossible. In a case as improbable and fantastic as this conspiracy, it seems likely that the interrogators played a significant role, consciously or not, in fabricating the content of coerced confessions.¹⁵⁷ What can be said with certainty, however, is that the idea that the lepers of Europe might feel "valueless" and "cast off" in society and bear such a grudge that they would be willing to commit a mass poisoning were believable enough to gain widespread traction in the popular mind and validate both popular and authoritative violence. The acceptance of the details of the plot and its motivations are similarly illuminating. The intention of the supposed poisoning was not simply to kill non-lepers, but to turn healthy people into lepers so that leprosy would no longer be a stigma. The *Chronique Latine* suggests that the form and appearance of the leprous body were primary to the differentiation, identification, and stigmatization of the condition of leprosy and those who bore it. If everyone was "uniform" in their leprosy, then no one could despise anyone else.

The *Chronique Latine* provided a justification for violence and persecution against lepers on the grounds that they were dangerous to Christendom. Accounts of saints kissing and bathing lepers promoted charity and compassion as the appropriate Christian response to leprosy, although this charitable attitude did not necessarily challenge the leper's marginal place in society. The *Chronique's* image of bitter lepers conspiring to spread their disease reflected negative stereotypes and prejudiced attitudes derived from associations between leprosy, sin, and impurity. The role of lepers in the lives of ministering saints was to act as a prop in a variety of *imitatio Christi* that emphasized humility and charity. Both attitudes originate in interpretation of the Bible and are not necessarily ideologically inconsistent. The persecutory

¹⁵⁷ On the issues surrounding the historical interpretation of documentation of confessions extracted under torture, see Chapter Three of *Male Witches in Early Modern Europe* (Apps and Gow 2003).

violence of 1321 is, however, incongruous with ideal of charity modeled by popular saints and practiced by founders of leprosaria and other donors. Both the *Chronique Latine* and hagiographic accounts of charity, however, make the leprous body the focal point for interaction between leper and healthy person. The lepers in the *Chronique Latine* suggest that their physical difference is the primary cause of their mistreatment by the healthy, while hagiographic accounts describe onlookers reacting in disgust to lepers. Even the charitable actions of saints were responses to the physical state of leprosy, which triggered pity or even revulsion that must be overcome through a penitential act of charity.

Like madness, leprosy was a disease with meanings that exceeded those produced by medical discourse. Leprosy and madness were both signs of moral or spiritual degeneracy, sin, and divine punishment, but those associations could also be inverted or nuanced. Leprosy could be born with piety as a penance, and lepers frequently appear as the recipients of saintly favour in medieval hagiography. Medicine provided only a secondary level of discourse on leprosy until late in the disease's history, but unlike madness, which was an intangible and immaterial except in the materialist explanations of medicine, leprosy was closely associated with its extremely tangible physical manifestations, at all levels of thought. The tangible state of the leprous body, perceived as repulsive and horrifying, was central to the meaning of leprosy and a focal point for cultural and social reactions (both charitable and cruel) to lepers.

Lepers and the Mad

In the previous chapters I have examined how leprosy and madness were thought about, and especially what moral meanings were attached to them. Leprosy and madness were similarly moralized in medieval thought. Both were recognized as medical conditions, but were more widely associated with sin, punishment, and spiritual deficiency. This chapter examines the treatment of the social groups attached to each concept. Leprosy produced the social identity of leper, and madness produced the madman. Both were stigmatized identities, but they were treated differently in medieval society. Lepers were excluded, institutionalized, and even persecuted, whereas the mad were kept within their communities and were protected, if sometimes by the use of restraining measures. The similarities between ideas of madness and leprosy, in contrast to the differences in how the mad and lepers were treated suggests that the social treatment of lepers and mad cannot be sufficiently explained by the conceptual content of leprosy and madness. The structures of each concept, however, do have continuity with the social identities that they generated and the social treatment of each identity.

Through most of the Middle Ages, primary responsibility for the mad fell to their families and community. In England, all fools were made wards of the crown in the mid-thirteenth century. The crown usually appointed a guardian, who was a relative or family friend but not in line to inherit, to manage and care for both the fool and the fool's estate. Wards of the crown were supported from their estate and surplus went to the crown, with an allowance to the guardian. Thirteenth-century legal commentaries imply that when heirs and feudal lords were the guardians of fools, before the king took over the role, guardians often exploited or

neglected their wards.¹⁵⁸ Lunatics were not automatically made wards of the crown and appear less frequently in legal records than fools, suggesting that their care was usually handled privately by their families until disagreement arose.¹⁵⁹ Similar guardianship practices appear in French common law and Roman law.¹⁶⁰ The use of wills by families to pick guardians for mentally incompetent heirs, or to bypass them in the line of succession, became more common in England in the late Middle Ages but was mostly restricted to chartered boroughs.¹⁶¹

Through guardianship, the social network around a mad individual was altered in order to accommodate the challenges of their condition, both for themselves and others. This kept the mad within the fabric of society and made use of existing social ties to provide for their care. A leprosy diagnosis, on the other hand, transformed the leprous individual's social persona, giving them the social identity of "leper." Upon this transformation, the leprous person was removed from his or her previous social context to a marginal place "outside the camp" appropriate for a leper. In practice, many lepers probably remained in the care of their families or secluded at home if they could afford it. Leprous priests were provided for by the Church so they were able to stay in their homes while an assistant carried out the sacramental duties that could not be performed by a leper, and monks might be secluded in their cells or transferred to a leprosarium already associated with their monastic house.¹⁶² In general, lepers

¹⁵⁸ Wendy Turner, "Town and Country: comparison of treatment of the mentally disabled in late medieval English common law and chartered boroughs" *Madness in Medieval Law and Custom* ed. Wendy Turner (Leiden, Netherlands: Brill, 2010), 19.

¹⁵⁹ David Roffe and Christine Roffe, "Madness and Care in the Community: a medieval perspective" *British Medical Journal* vol 311 no 7021(Dec 1995), 1710. The crown also did not take surplus from the estates of lunatics when they did become wards of the crown. (Roffe and Roffe, 1709).

¹⁶⁰ Pfau, "Protecting or Restraining?", 99.

¹⁶¹ Turner, 35.

¹⁶² Rawcliffe, *Leprosy in Medieval England*, 267.

who were well liked by their communities were probably less vulnerable to expulsion than those who were already seen as trouble makers.¹⁶³ However, the prescribed treatment of lepers was isolation and exclusion. Even those who could stay within the boundaries of their town or monastery had to isolate themselves from the healthy, and could potentially be subject to expulsion based on their condition. Most lepers lived on the outskirts of society: in suburban leprosaria, in small informal settlements outside town, or as wandering beggars. Absolute segregation between the leprous and healthy may never have been a strictly enforced reality, but “outside the camp” was the proper, prescribed place for the leper.

The leprosarium was the institutional expression of the leper’s marginal place in society. Recent scholarship has contested the reality of rigidly enforced segregation, showing that leprosaria had more in common with general hospitals and religious institutions than with prisons or even modern quarantine practices. The actual religious devotion or piety of a particular community may have varied, but in general, leprosaria, like hospitals, were structured and governed by rules similar to those of monastic houses. Much like lay *conversi*, lepers entering leprosaria often took vows of poverty, chastity, and obedience, and were bound to a life of regulated prayer and religious observation.¹⁶⁴ Requirements that lepers not leave the grounds alone but travel in pairs, that they not spend time in taverns, and that they not spend the night outside the leprosarium without permission resemble the rules of some

¹⁶³ Carole Rawcliffe provides the example of Alice Dymock, who had a history as a criminal and a difficult neighbour and was eventually forced to leave her borough on the basis of a leprosy diagnosis, in comparison to Richard Wallingford, a well-loved but leprous abbot who was almost removed from his position after a complaint by a rival, but remained as abbot until his death after a strenuous show of support by the other monks (Rawcliffe, *Leprosy in Medieval England*, 252 – 254).

¹⁶⁴ Rawcliffe, *Leprosy in Medieval England*, 263 – 264.

religious orders and show that movement outside the grounds of the leprosarium was somewhat common and accepted.¹⁶⁵

Although leprosaria were located on the outskirts of towns, they retained ties to nearby communities in a number of ways. They participated in the urban economy by selling the surplus of their agricultural production to townsfolk and holding fairs and markets on their grounds that were exempt from city tolls and taxes.¹⁶⁶ Inhabitants of the local leprosarium were also consulted by local towns in examinations of suspected lepers until the late Middle Ages when physicians' academic authority began to take precedence over their experience.¹⁶⁷ The lepers who participated in examinations must have been accorded a degree of respect and authority by the neighboring towns and communities that their leprosaria served. In the twelfth and thirteenth century, the idea of leprosy and life in a leprosarium as a form of religious vocation or a variety of religious order gained traction, conferring a religious respectability on the institution.¹⁶⁸

Leprosaria could provide care, community, and security for lepers, and admission was often desired and voluntary. Leprosarium rules show that expulsion was a possible punishment for severe or repeated offenses against the institution's regulations and admission might involve a probationary period.¹⁶⁹ The institution was also, however, the best of a limited set of options. Without access to a leprosarium, which became increasingly inaccessible as they began to require donations upon entrance or give priority to particular people based on donors' stipulations, mendicancy was the main option for lepers who had been expelled from their

¹⁶⁵ Rawcliffe, "Isolating the Medieval Leper", 237.

¹⁶⁶ Rawcliffe, "Isolating the Medieval Leper", 238 – 239.

¹⁶⁷ McVaugh, 218.

¹⁶⁸ Rawcliffe, *Leprosy in Medieval England*, 266.

¹⁶⁹ Rawcliffe, "Isolating the Medieval Leper", 264.

communities or were unable to continue to work for a living. Begging was also a main source of income for the inhabitants of leprosaria, but their quasi-monastic costumes and institutional ties lent them respectability and they were characterized as “tame” in contrast to the “wild” lepers without institutional or community ties.¹⁷⁰ Wild lepers might live independently or in small groups outside towns or be wandering vagrants who moved from town to town and begged from other travelers. It was these rootless lepers who were most perceived as nuisances and contagious risks, both medically and morally.¹⁷¹ The community and social ties provided by the institution of the leprosarium were also only a marginal inclusion. The leprosarium developed in response to the problem of leper’s mandatory exclusion. Informal settlements of expelled lepers organized into formal institutions and attracted patrons and donors and formal recognition by the Church.¹⁷² The leprosarium was a solution to the problem of expulsion that facilitated the continuation of the practice. The leper’s proper place in medieval society was outside society, but preferably in the contained and delineated marginality of the leprosarium, rather than the chaotic marginality of the vagrant leper.

In contrast to the leper’s institutionalized exclusion, there was a distinct lack of institutional response to the mad. The mad were mostly cared for within their communities, or left to their own devices when possible. Other than shrines with a particular reputation for

¹⁷⁰ Institutional lepers, “decently and protectively clad” in the sombre, quasi-monastic hospital garb, “became deserving objects of Christian compassion... legitimized by membership of a religious community” (Rawcliffe, *Leprosy in Medieval England*, 265 – 266).

¹⁷¹ Rawcliffe, *Leprosy in Medieval England*, 284.

¹⁷² The Third Lateran Council (1179) which has been cited as formalizing segregation, actually recognized already existing settlements of lepers by acknowledging their need for spiritual care and right to receive it. It also made such settlements exempt from tithes on their lands, much like monasteries (*Canon Twenty Three*).

curing madness, such as that of St Dymphna at Gheel, there was little specialized institutional response to madness. Bethlem hospital was founded in London in 1377 and specialized in the care of lunatics, and specialized hospitals were established in the early fourteenth century in Uppsala, Sweden, and Valencia in 1409. Most medieval hospitals, however, were general shelters and almshouses for various needy people including the sick, aged, and pilgrims. If a mad person ended up in a hospital it was not specifically because they were mad, but because they were needy and powerless, perhaps as the result of that condition, and had already exhausted, been refused, or simply lacked the family and community resources that were supposed to be their first resort.¹⁷³

In addition to locating the mad within existing social networks such as family and local community, medieval law took a protective attitude towards the mad and their vulnerable state, in contrast to the marginalization and even persecution that exacerbated and took advantage of lepers' vulnerable position. The practice of guardianship may have primarily been a solution to the problem of land and wealth management,¹⁷⁴ but it was also designed to protect the rights and well-being of those who could not care for themselves by ensuring that they would not be disinherited or neglected. Fools usually came to public attention when they inherited an estate that needed management, but not all who were given guardians were wealthy landowners. Many documented cases were people whose estates were only sufficient for their maintenance, with no surplus to go to the crown.¹⁷⁵ Even the property-less might be assigned a guardian or "keeper" if they were deemed a danger to themselves or others.¹⁷⁶ Other legal discussion of

¹⁷³ Petteri Pietikainen, *Madness: a history* (Abingdon, UK; New York, NY: Routledge, 2015), 82 – 83.

¹⁷⁴ Roffe and Roffe, 1710.

¹⁷⁵ Roffe and Roffe, 1710.

¹⁷⁶ Turner, 21.

the mad circulated around issues of responsibility and protection. The mad could not understand the world, and thus the law, so they could not be held legally responsible or accountable. They were either not legally responsible or had reduced responsibility for criminal actions, and could act within the law as a witness, plaintiff, or contractor. They did retain legal rights, but a guardian had to act legally for them. Restricting the mad's legal actions protected others from misuse of the law by someone who lacked the capacity to understand it, but it also protected the mad from exploitation in legal agreements they couldn't understand and from consequences for actions they could not understand.¹⁷⁷ The mad were considered vulnerable as the result of their reduced capacity for understanding, needing special legal protection, but it was also known that they could sometimes be violent. It was often the responsibility of family, guardians, or even general community to prevent violence by madmen, including by the use of incarceration or physical restraints when necessary, because the mad could not themselves be held fully responsible for violent or destructive actions.¹⁷⁸

Aleksandra Pfau discusses a case recorded in a remission letter to the king of France which demonstrates that a protective attitude towards the mad could exist in a community, as well as in law. In 1458, Jacques Mignon, a man who was known to be “perturbed and altered in his senses” but was nonetheless well liked by his neighbours, confessed to killing his wife, who was also said to “not know how to govern herself any better than a small child,” while taking her to visit her parents in another village. He was convicted, although there was some concern over the lack of a body proving that a murder had even occurred, and the fact that Jacques had freely confessed without torture. Jacques' friends and neighbours (successfully)

¹⁷⁷ Pfau, “Protecting or Restraining”, 97 – 100.

¹⁷⁸ Pfau, “Protecting or Restraining”, 101 – 103.

sought to have him pardoned on the basis of his known and long term madness. The community knew that Jacques might have committed murder, and therefore that his madness might make him dangerous in the future, but ultimately they decided that it was Jacques who needed protection from the consequences of his own actions, which he was unable to fully comprehend or control because of his madness. They also went to considerable lengths to ensure his protection, as obtaining a remission from the king for a conviction involved the trouble and expense of travelling to the king's court in Paris and having a royal notary compose a letter narrating the circumstances of the crime and extenuating circumstances that made the subject deserving of the king's mercy.¹⁷⁹

Not all madmen and fools were treated as kindly as Jacques Mignon seems to have been, of course. They were vulnerable to abuse and violence, as is implied by English legal commentaries which suggest that the king made all fools his wards because previously they had been subject to mistreatment by their heirs. Holy Fool figures, whether their madness was real or feigned, were often depicted as experiencing bullying and scorn from the general public, in particular children, who could not recognize their holiness.¹⁸⁰ This abuse served a literary function as a demonstration of the saint's humility and patience, but for the trope to resonate it must have reflected some recognizable reality about how the mad were treated. It is also true that guardians and keepers could use physical restraints and incarceration to control mad wards who were violent and considered a potential harm to themselves or others.¹⁸¹ The mad, however, were not subjected to the same collective exclusionary measures as lepers, nor the

¹⁷⁹ Pfau, "Protecting or Restraining", 93 – 94.

¹⁸⁰ See for example, the figure of Brother Juniper in *The Little Flowers of Francis of Assisi*. (Ugolino n.d.).

¹⁸¹ Pfau, "Protecting or Restraining", 102.

escalation of such violence to the point of persecution. Any victimization suffered by individual mad people was not a violent expression of systematic marginalization and exclusion, nor was it enacted through the law, as was the case with the popular and official violence towards lepers during the 1321 persecution and other expulsions.

The 1321 persecutions in France are the only example of systematic, conspiracy theory-driven violence against lepers comparable to the persecution of Jews, heretics, and later on, witches. As a category, lepers were not defined by rejection of Catholicism or Christianity, so they were not so easily perceived as enemies of Christendom, and therefore were not subject to the same degree, frequency, and intensity of persecution as heretics and Jews. Repeated expulsions and restrictions placed on lepers in the late Middle Ages do, however, show that lepers were effected by mechanisms of persecution that R.I. Moore identifies as essential ordering structures of late medieval society. Edward III attempted to exclude lepers from London in 1346 and 1375 and in 1371 Charles V issued an order to expel or incarcerate all lepers in Paris who were not born or permanently residing there. Similar decrees from the provost of Paris followed in 1388, 1394, 1402, and 1403, as well as orders from Charles VI forbidding the entry of lepers to the city in 1404 and 1413.¹⁸² Other measures such as issuing begging licenses to institutions or only allowing lepers to enter the city on certain days to receive alms from a city official responsible for collecting alms were designed to minimize mendicancy and restrict lepers' access to the city, especially lepers not associated with a leprosarium.¹⁸³ It has been noted that these actions were driven by fear of social disorder and prejudice towards rootless poor populations in general,¹⁸⁴ but the customary marginalization

¹⁸² Brody, 96 – 99.

¹⁸³ Rawcliffe, *Leprosy in Medieval England*, 288 – 290.

¹⁸⁴ Rawcliffe, “Isolating the Medieval Leper”, 246.

of lepers and particular negative stereotypes and associations with impurity distinguished them from the general *pauperes* and made them especially vulnerable to marginalizing and persecutory actions. In the case of the 1321 arrests, persecutory actions motivated by fear of lepers escalated to the point of mass arrest and violence.

In order for a group to be the victim of Moore's "persecuting society," it had to exist as a collective identity. Urban authorities could mandate that lepers as a group were not welcome within city walls because "leper" existed as a singular, defined category to which could be attached homogenized stereotypes and traits, and which could be collectively acted upon or against. Leprosy was a condition that produced a relatively consistent set of signs, and appearance of those signs necessitated examination and determination of whether or not that individual was a leper, regardless of that individual's particular circumstances or status. Once identified as a leper, individual circumstance might have determined whether or not a leper was able to remain in seclusion at home, enter a leprosarium, or have to leave the community all together, but regardless of individual circumstance, a leper had to be isolated from healthy society and failure to do so left him or her vulnerable to expulsion. How cases of madness were identified and handled, however, was informed by individual circumstance and condition. Mental incompetence usually only came to public notice upon inheritance of property and its attendant responsibilities. In England, by the late thirteenth century, an informal system of examination had become standard in cases in which an heir's mental competency was in question. The alleged fool was examined by local authorities, and community members gave testimony in order to determine the heir's degree of incompetency, if any, and a suitable guardianship arrangement. The nature of this arrangement was dictated by the nature of the

individual's condition and his or her particular needs.¹⁸⁵ Lunatics, who suffered from temporary or cyclical madness, could have advisors to act for them in times of madness, but were recognized as legally competent in times of lucidity.¹⁸⁶ The need to formally determine an individual's degree of mental competency and sanity was circumstantially determined by that person's station in life, by their wealth and responsibilities. The collective treatment of lepers, including their persecution, was both facilitated by and contributed to the formation of "leper" into a collective social identity, whereas the identity of madman was particular and received individualised treatment. The structure and treatment of these social identities replicated the structures of the concepts that they are derived from. Leprosy was a singular and clearly delineated category and madness was a polymorphous and fluid category.

There is no clearly defined and consistent category of "madness" in medieval sources. It is indicated by a variety of terms, some nouns and others descriptive, with differing and overlapping connotations and usages. Aleksandra Pfau illustrates the "complexities and confusion" of describing and naming madness with an overview of the various terms and adjective applied to the mad in medieval French. Terms like *frenaisie* and *merencolie* refer to medical discourses, while *demoniacle* and *mal du saint* refer to supernatural causes, without necessarily literally suggesting that the sufferer was possessed. The most prevalent type of terminology related to madness was a collection of terms that suggested a lack of sense, understanding, comprehension, or knowledge, such as *hors du sen*, *hors de son mimore*, or *hors de bon sens*. Latin has similar terms suggesting lack, such as *insipiens*, *insania*, and *dementia*. *Fureur*, like English "fury" or Latin *furor* referred to a violent madness, but could

¹⁸⁵ Roffe and Roffe, 1710.

¹⁸⁶ Pfau, "Protecting or Restraining", 110.

also describe violent anger.¹⁸⁷ The French *fol* exemplifies the difficulties of vocabularies of madness. Its usage encompassed a wide range of behaviours and conditions which could also be identified by other terms but were tenuously related to each other by the shared application of *fol*. *Fol* described “mad” behaviours ranging from stupidity and loss of sense, to violent fury, to romantic infatuation.¹⁸⁸ In addition to the variety and inconsistency in the naming of madnesses, the overlapping external manifestations of madness with those of divine and demonic possession further blurred the boundaries of the concept. As an historiographical term, “madness” attempts to encompass a loose and fluid collection of historical phenomena, many of which were often identified descriptively, rather than named.

Leprosy also had many names, especially in the vernacular, but they all referred to the same thing, even if they emphasized different aspects of the condition. *Lazre* and *ladre* were derived from Lazarus, who was a composite of Biblical figures with the name, and a patron saint of lepers. *Mesel* referred the poor and wretched state of the leper, as it was derived from the Latin *misellus*, a diminutive of *miser*. The High German *ußsetzeit* meant “the quality of being set outside,” emphasizing the leper’s excluded social status. Other terms such as *der maladie* and *maletz* emphasized the particular severity of leprosy by calling it “the disease” and its sufferers “the sick” (*maladies*, *siechen*, *Melaten*).¹⁸⁹ All these vernacular terms emphasized different aspects of leprosy or the leper’s social and cultural character, but they all

¹⁸⁷ Pfau, “Madness in the Realm” (doctoral dissertation, University of Michigan, 2008), 7 – 22.

¹⁸⁸ Pfau, “Madness in the Realm”, 16.

Stephen Harper suggests that some of the problems of definition dealt with by modern scholarship on the history of madness can be attributed to the broad versatility of the French *folie* in comparison to English terms such as mania and melancholy, which are more narrow in their implications, and more medical in their origin, making them more closely equivalent to modern concepts of mental illness (Harper, 11 – 14).

¹⁸⁹ Demaitre, 80 – 82.

refer to the same person or condition. Popular terminology crosses over with learned terms in official documentation of cases of leprosy or suspected leprosy, but less so in medical texts.¹⁹⁰ Leprosy has a more inconsistent history in medical discourse, with inconsistent use of *lepra* and *elephantia* persisting until the eleventh century, but overlapping use of vernacular and medical terminology in official documents shows that by the late Middle Ages the medical label *lepra* was recognized as equivalent to the vernacular terms such as *lazre* and *mesel*. The use of *lepra* also made medical terminology consistent with Biblical terms. By the time foundations of new leprosaria peaked in the twelfth century, biblical leprosy, medical leprosy, and the popularly recognized condition of leprosy had coalesced into a singular, if multifaceted, entity.

In the late Middle Ages, as leprosy was increasingly viewed as a medical issue, there was a concerted effort to create reliable, diagnostic checklists out of such a copious mess of “occult” versus “manifest,” and “unequivocal” versus “equivocal” signs and symptoms.¹⁹¹ At the level of medical interpretation, leprosy could be a problematic category, but this endeavour to identify a consistent set of symptoms and prognosis demonstrates a certainty on the part of medical scholars that there was a singular, definable condition of leprosy to be found, described, and labeled. There was no equivalent concerted effort to reconcile the various manifestations of mental, spiritual, and behavioural disturbance under a singular title of “madness.”

The conceptualization of a singular and consistent category of leprosy produced the collective social identity of leper. Lepers were identified by a set of, theoretically, consistent

¹⁹⁰ Demaitre, 80.

¹⁹¹ Demaitre, 215 – 219.

signs that were discernable not only by the authorities responsible for identifying and regulating lepers, but to the general public, who were often responsible for bringing suspected lepers to official attention. While physicians may have quibbled over secondary symptoms and the exact progression of the disease in the late Middle Ages,¹⁹² there was a well established, consistent, and widely recognized image of leprosy that could be applied across individual cases. Although the initial stages of leprosy could be subtle, the advanced stages were severe and recognizable.¹⁹³ The social identity of “leper” was consistently recognizable across individuals, making it a collective identity that could be formed into a homogenous social category. Unlike the various vernacular, theological, and medical terms for leprosy and lepers, the various terms associated with madness do not refer to identical conditions. Medically, there were different types of madness that had different symptoms and causes. Vernacular terminology also reflected distinctions such as those between mental deficiency or loss of mental facilities (*hors de sens*,) violent madness (*fureur*, fury,) and conditions tinged with supernatural significance (*demoniacle*.) The conceptual distinctions between varieties of madness played out in the particularity of the legal treatment of the insane, which relied on individual assessment of mental capacities and formulated solutions to the legal problem of insanity based on the particular social and economic circumstances of the individual in question.

¹⁹² And perhaps with good reason. Attempts to make leprosy diagnosis more precise and certain coincided with physicians taking on increasing authority in the examination and diagnosis of suspected lepers, as well as intensifying hostility towards lepers and formal regulation of their movements. Concern with being able to produce a certain diagnosis, with supporting evidence, in the quasi-judicial leprosy examinations of the late Middle Ages may reflect an awareness of the gravity of a confirmed leprosy diagnosis for the patient (Demaitre, 234).

¹⁹³ Demaitre, 212 – 215.

Leprosy was a very visible and external condition, especially in its later stages. Whether its cause was interpreted as an internal spiritual corruption, or a physical humoral imbalance, it was consistently recognized or confirmed first by its skin symptoms, particularly the in the skin and tissue of the face.¹⁹⁴ Madness, again whether caused by spiritual or humoral imbalances, was an internal condition that was mainly discernable by sporadically appearing behavioural signs. In the case of cyclical lunatics, the condition of madness itself was not necessarily consistently present. The external and highly visible nature of leprosy, in contrast to the internal and invisible nature of madness, also made the one condition more conducive to collective identification. It was easy to recognize and place a leper, with his or her distinctive facial and skin symptoms, in relation to others of the group. Madness, on the other hand, was not immediately discernable, and with its multiple varieties, did not manifest consistently across individuals.

Visibility and consistent manifestation across individuals may have facilitated the formation of a collective social identity of “leper,” and thus the mass exclusion and even persecution of the group. As a relatively invisible and inconsistent condition, madness may have been less conducive to the formation of a collective social identity. However, visibility is not necessary for persecution. Persecution of heretics from the twelfth century on differed from the Church’s responses to early medieval heresies precisely because the Church, through the inquisition, began aggressively and systematically to seek out heresy on the assumption that it was there to be found, even if hidden and secretive, rather than simply responding on a case by case basis to instances of open and notorious heresy.¹⁹⁵ By the time early modern witches

¹⁹⁴ Demaitre, 224.

¹⁹⁵ Moore 25

had succeeded heretics as the enemy of Christendom and object of the inquisition, secrecy was such a defining trait of anti-Christian heretics and demon-worshippers that refusal to confess was interpreted as confirmation of the accused's guilt. The fact that the demon-worshipping, witchcraft-practicing sects sought by inquisitors did not actually exist outside demonological treatises and anti-heretical polemic,¹⁹⁶ while the people who were tortured and executed during witch trials were very real, demonstrates that visible (or actual) difference is not a necessary condition for the construction of an object of persecution.

R.I. Moore identifies classification and categorization as mechanisms of persecution. The second half of the Middle Ages was an "age of classification" in all areas, and led to the rhetorical consolidation of monolithic stereotypes that fueled violence and prejudice. Collective, homogenized, and named social identities could also be acted upon and against as a whole. Violence and prejudice could be enacted, and justified, at a collective level because of the shared attributes, or stereotypes, of individuals identified as members of the group in question.¹⁹⁷ Moore compares the varied and particular nature of early medieval heresies with the later totalizing association of all heresies as various heads of the same beast in the time of the inquisition, and compares the varied quality and nature of relations between Jewish and Christian communities with the monolithic rhetorical positioning of Jews as the collective enemy of Christendom.¹⁹⁸ In both cases, polemical rhetoric essentialized each group as external, or even opposed to, Christendom and attributed numerous negative traits to them, disregarding the particularity of actual heresies, heretics, and Jewish-Christian relations. This

¹⁹⁶ Alain Boureau, *Satan the Heretic: the birth of demonology in the medieval west* trans. Teresa Lavender Fagan (Chicago; London: University of Chicago Press, 2006).

¹⁹⁷ Moore, 62 – 93.

¹⁹⁸ Moore, 83 – 84.

allowed violence against members of these groups to be enacted not as violence against an individual, but as violence against a stereotyped representative of a homogenous enemy or threat.¹⁹⁹ Lepers were not victims of the same degree of violence as heretics, nor were they characterized as external, and opposed to Christendom in the same way as Jews, but they did form a similarly singular and stereotyped social group, facilitating similar violence and exclusion.

Theologically, leprosy and madness provoked similar condemnation. Both were associated with divine punishment and moral degeneracy. If anything, madness had the more severe spiritual implications. Leprosy could be born with a spiritual and pious attitude of penance, bringing the sufferer closer to God. Madness, on the other hand, deprived the sufferer of their rational faculties, and thus much of their capacity for spiritual and moral knowledge. Except in literary cases of the Holy Wildman or Holy Fool, madness was a spiritually isolating condition that removed the sufferer from God. The social treatment of the mad in comparison to lepers does not bear out this similarity. While lepers were customarily excluded from society, and even persecuted, the mad were perceived as being as vulnerable as they were dangerous. The solution to both their vulnerability and their dangerous potential was to ensure suitable guardianship and care according to individual circumstance and need. This does not mean that the mad were not subject to abuse or neglect in the Middle Ages, or that those who were already in a vulnerable social position due to social class or lack of family or community

¹⁹⁹ The rhetorical creation of monolithic religious others, whether Jews, Muslims, or heretics also produced a more homogenous Christian identity and collective, but one that could be imbued with all the positive attributes denied to the other. While this process of homogenizing and consolidating categories facilitated the persecution of ostensibly external others, it also facilitated the internal regulation of individual Christians and production of a more uniform Christianity (Moore, 82).

connections would not have often ended up in similar circumstances as the vagrant lepers so feared and despised by late medieval urban authorities, but the mad did not form a collective identity that was uniformly and systematically excluded, marginalized, or persecuted.

The similar moral content of the concepts of leprosy and madness did not translate into similar social treatment. The structure of each concept, however, can be directly related to the social responses to the identities formed by each. Leprosy was a clearly delineated and singular concept. It had multiple names which often emphasized different aspects of the condition, but they all referred to the same thing. By the twelfth century, theological, medical, and popular discourses had consolidated by the shared use of the Latin *lepra* and its vernacular equivalents. Madness, on the other hand, was a polymorphous and ambiguous concept. “Madness” refers to a loose collection of conditions varying in their manifestation and cause, referred to by a variety of terms and descriptions with particular, but often overlapping, connotations. The stable concept of leprosy could be defined and limited in a way madness could not be. It was more consistently applicable and identifiable across individuals, facilitating the formation of a defined, identifiable collective social identity. Madness, being variable in its manifestation, was less consistently and immediately identifiable across individual instances. “The mad” did not form a collective social identity in the Middle Ages in the same way as lepers, so they were not susceptible to the same collective treatment that isolated and institutionalized lepers. While being an exceptionally violent instance in the history of leprosy, the 1321 persecution was a natural escalation of the customary isolation of lepers in medieval society and the expulsions that became more frequent in the late Middle Ages. These actions are collective; they require a consistent, and homogenous group identity to act against, and leprosy supplied a more stable

and definable category than madness, so it was more applicable as a social category and identity that could be treated collectively.

Conclusion

Formation of a Persecuting Society makes persecution a central problem for the study of medieval leprosy and lepers. Moore's argument was based on a broad and one-sided representation of lepers which has since been complicated by more detailed study. Nonetheless, segregation, expulsion, and persecution are aspects of the history of leprosy, especially in the late Middle Ages. *Formation of a Persecuting Society* purported to identify a society-wide structural trend – the development of a multi-purpose persecuting apparatus that became essential to the structure and function of late medieval society - and attempted to explain it based on seemingly parallel treatment of lepers, Jews, and heretics, as well as other groups such as male homosexuals and prostitutes. Such a broad approach inevitably lacks not only detail about each group in question, but also elides meaningful differences between them. As I previously discussed, lepers were socially, but not spiritually, excluded. Lateran III in fact reinforced the necessity of spiritual care and inclusion of lepers at the beginning of the period in which their excluded status was otherwise being consolidated by the development of the leprosarium. Jews and heretics, on the other hand, were by definition outsiders, even enemies of Catholic Christendom. Eliding difference and detail reveals formal equivalence between acts of violence and persecution, and suggests shared underlying patterns and causes. Moore's ultimate argument is that the persecuting society was driven by the interests of an emerging bureaucratic class.²⁰⁰ The validity of this conclusion is less relevant to my argument than Moore's identification of the mechanisms of persecution and tracing of their development through the late Middle Ages.

²⁰⁰ Moore, 118 – 143.

David Nirenberg's *Communities of Violence* counters Moore's approach with detailed accounts and individual analysis of particular persecution events and violent practices, including the 1321 leper persecutions in France and Aragon. Nirenberg's comparison of how the same rumour and accusations played out very differently at the same time in the two different political and cultural contexts of Aragon and France reveals the meaningful importance of context.²⁰¹ Nirenberg argues that while each act of violence against Jews, or lepers, or another repeatedly victimized group may draw on pre-existing stereotypes, prejudices, and ideas, these acts arise out of particular conflict and context. If persecution is understood as a trend or structuring principle spanning all of late medieval western society, then the immediate causes of particular acts of violence become unavailable to analysis.²⁰²

Moore and Nirenberg's approaches are not irreconcilable, though. Acts of violence and persecution have particular, contextual meaning, but it is evident that some groups were recurring victims. This cannot simply be explained by availability of negative stereotypes, associations, and bias that could be drawn on in times of conflict or tension. As Nirenberg shows, the judicial attacks on lepers in France and Aragon had different functions and effects, and understanding of those aspects relies on contextualization. He also shows, however, that the meaning of each outbreak was not simply about hatred or fear of lepers. On the surface, negative stereotypes and associations about lepers made the conspiracy theory and accusations believable and validated the violence of 1321.²⁰³ But, underlying the judicial attacks on lepers by municipal and royal authority in France, Nirenberg finds a deeper conflict between local

²⁰¹ Nirenberg, 93.

²⁰² Nirenberg, 68, 124.

²⁰³ Nirenberg, 68.

authority and the crown.²⁰⁴ In Aragon, the accusations were directed according to the crown's interests, channeled away from Jews and Muslims, who were royal assets, towards lepers, whose assets could be profitably claimed.²⁰⁵ While these persecutions were the most virulent actions against lepers, they were also repeatedly expelled from various cities and towns over the fourteenth and fifteenth centuries on the stereotypical justifications that they were corrupted and contagious, both medically and morally. As Carole Rawcliffe has argued, these expulsions seem to be motivated more by underlying fears of social disorder and an uncontrolled underclass than directly by concerns about public health.

Negative stereotypes and theological condemnation were material for the surface level justification of violence and hate which was an expression of a more complex underlying conflict. If these cultural materials were sufficient to draw an identity into the pool of familiar victims through which conflict could be expressed in violence, then it would seem that the mad, whose moral status and meaning were so similar to lepers, would have suffered similar violence. In my comparison of lepers and the mad I have shown that the underlying difference between the two as social groups, can be found in the differing structures of leprosy and madness as concepts. One of Moore's most crucial points is that the distinctiveness of each persecuted identity was not the cause of persecution, but the result of its mechanisms. The singular, delineated concept of leprosy lent itself to the formation of the distinctive social identity of leper, facilitating the processes of classification and rhetoric which made the leper available for persecution. The fluid concept of madness did not lend itself to such collectivisation and allowed the mad to exist in society on a more individual level. To explain

²⁰⁴ Nirenberg, 56.

²⁰⁵ Nirenberg, 122.

the persecutory violence that occurred against various groups throughout the Middle Ages as the outcome of a single motivating force is reductive and unsustainable upon more detailed examination. Without more detailed context beyond vast social structures, each act of violence appears meaningless. At the same time, there were structural factors that determined the form that these violent expressions of conflict take, and who were the recurring victims. Particular acts of violence erupt as the result of particular conflict, but the cultural materials that they draw on as fuel and justification are made available by structural means.

My thesis began with Foucault's comparison of medieval lepers and modern madmen, and the question of whether there was a historical connection between madness and leprosy, and what it might mean. *Madness and Civilization* is more concerned with the subtle operation of power through knowledge than with eruptions of violence, but the two are not unrelated. The knowledge category of leprosy produced a social category of leper that could be acted upon by power. In moments of persecutory violence, conflict erupts in exercises of displaced, violent power. As I have shown, it was both the content and the structure of the category of leper that made lepers the occasional focal points of persecution. *Madness and Civilization* traces the consolidation, and confinement of madness in the rationally intelligible subject of the psychiatric patient. Like the leper, the psychiatric patient was a distinct category that was acted upon by reason. Medieval madness and the medieval madman were not so free from rational confinement and power as Foucault imagined. Legal sources, in fact, are among the most fruitful we have regarding medieval madness and madmen. However, it is true that the concept of madness proves slippery in the Middle Ages. It is not confined merely to the body of the person suffering from melancholy or amentia, but also the demoniac and the mystic, and arguably even monsters and animals. Although the medieval concept of madness, as a sign of

sin and an inhuman state, had sufficient content for persecution, it did not have the necessary structure to produce the type of social identity that was easily persecuted – or as easily segregated and confined as the nineteenth-century psychiatric patient. Comparison of medieval madness and leprosy did not reveal a genealogical connection between the two, although further examination of the decline of leprosy in relation to the early modern status of madness might reveal an illuminating transition point. Foucault's image of the free-wheeling medieval madman remains overly romantic, but comparison of fluid madness with delineated leprosy does reinforce his image of conceptually free-flowing medieval madness as the primordial origin of modern mental illness.

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