Author approved manuscript

Published in: *Policing the Urban Environment in Premodern Europe*, ed. by Carole Rawcliffe and Claire Weeda (Amsterdam: Amsterdam University Press, 2019)

<https://www.aup.nl/en/book/9789462985193/policing-the-urban-environment-in-premodern-europe>

ISBN: 9789462985193

CHAPTER NINE

Official Objectives of the *Visitatio Leprosorum*: Ambiguity, Ambivalence, and Variance

Luke Demaitre

Abstract

Until the eighteenth century, authorities regularly responded to reports of leprosy by ordering a formal examination, resulting in a certified judgment on the health and future of the suspect. This chapter is part of an ongoing project involving the collation of 600 certificates, recorded between 1250 and 1807, and preserved in Western European archives, set in the wider context of urban regulations, institutional statutes, and royal or imperial edicts. Contrary to prevailing stereotypes, public responses to leprosy varied quantitatively, qualitatively, regionally, and chronologically. A wide range of dynamics beyond the issue of contagion, which monopolizes retrospective discussions of Hansen's disease, is apparent. Public order was more often the paramount concern of examiners, while separation did not necessarily equate with exclusion.

Key words: contagion; diagnosis; leprosy; hospital; sequestration; poverty

Recent epidemics, from H1N1 to Ebola, have intensified, in popular perception and scientific reflection, the awareness of spreading disease. In historical studies, the awareness is contributing to a more focussed interest in the processes and agents of transmission. The tightening preoccupation with physical or 'objective' aspects of epidemics may cause a blurring of the context, while human causes and effects are relegated to a distant periphery. In

addition, the narrower focus leads some historians to the anachronism of reading modern precision into earlier mentions of contagion, and others to the ahistorical assumption that public health is the immediate or sole objective of any official measure in epidemics. These tendencies, while most evident in the vibrant discourse on bubonic plague, also shape views on the history of Hansen's disease. Views on the early impact of leprosy on society, moreover, reflect the fashionable fascination with medieval 'marginality' when they place a one-sided emphasis on the exclusion of lepers and on their treatment as a group.¹ A general aim of this essay is to broaden the understanding of communal responses to leprosy, at least of those that left an imprint in urban records. The more precise aim is to illuminate dimensions of 'sanitary policing' beyond the obvious issues of health, contagion, and sequestration.

Visitatio leprosororum

Official records of examinations and their outcomes concretely document the complex diversity in the treatment of lepers by society. The designation of documents as 'official' here means that they recorded a formal event, commonly bore the signatures of participants, and were intended for publication. The 'viewing', 'visit', or 'test' (*Besehung* or *Schau*, *visite*, *épreuve*, *proeve*) was a formal examination to determine the health and social future of a person who might be infected. A certificate (*Begutachtung* or *Gutachtung*, specific *Schauzettel* or *Schaubrief*; *lettre*; *bewys*) ranged from a simple and relatively small piece of paper to, in a few cases, an octavo parchment page.² It was routinely drawn up by a notary, and signed by the examiners and witnesses. If the document was handed to the examined individual, there would be little incentive to preserve it for posterity after his or her death. If the original or a copy was deposited with a requesting institution and/or the local government, it was more likely to land in hospital or municipal archives. This means, as should be noted at the outset, that the predominantly rural world will be visible, at best, through an urban prism.

Archived documents, still *in situ* or edited and in print, contain much information that has not yet been mined methodically. At this stage, the mining is a work in progress, so that even the most apparently secure inferences are open to adjustment. First, every newly discovered document widens the perspective available from the published collections,

¹ The emphasis was particularly evident in two studies published in 1988: *Soziale Randgruppen und Aussenseiter im Altertum*, ed. Weiler and Grassi; and Bériac, *Histoire des lépreux au Moyen Âge*.

² An excellent analysis of this variety in analogous German documents may be found in Kinzelbach, 'Negotiating on Paper'.

compiled by three researchers in particular, which supply the most abundant information, but which also call for caution because they are ‘edited’.³ Further, hitherto unexplored archives may yield certificates that affect comprehensive assessments. Whether this happens or not, we will never be able to determine the ratio of preserved to lost records.⁴ Another challenge to the researcher is that most of the affidavits are terse, and the certified verdict or judgment (*iudicium*) is most often worded in a standardized formula. Nevertheless, a combined analytical and anecdotal perusal of the documents has already yielded a wealth of insights. When the certificates are assembled in a database, they provide a broad panorama and a framework for the multifarious details that are scattered through the testimonies. These details, often seemingly incidental and thus easily overlooked, afford glimpses into the distinct levels of daily life, popular attitudes, learned ideas, and, most pertinent to this inquiry, government policies. Occasional elaborations, moreover, reflect correlations and differences between those levels. Individual certificates will both support and illustrate the discussion of objectives in the *visitatio leprosororum*, which forms the second part of this essay. It would be difficult, however, to structure this discussion without first taking an overall look at the database.

The examined records, collected from French, German, and Netherlandish sources, date from 1250 to 1807.⁵ The inclusion of England would diffuse the focus of this survey because of substantial quantitative and qualitative differences.⁶ By confining the comprehensive and comparative examination to an area of the Continent that shares the relative homogeneity of Western Europe, yet reflects the divide between Gallic and Germanic

³ Three collections of certificates carry substantial weight in my analysis. The first, published intermittently between 1907 and 1913, comprised articles by Sudhoff. The next collection was concentrated, systematic, and published with commentary by Bourgeois, *Lépreux et maladreries du Pas-de-Calais*. The most recent one, in line with current editorial standards, but also subjected to interpretation, constitutes the first volume of Picot, ‘Malades ou criminels?’.

⁴ Even in terms of the preserved records, the availability of those that have been edited, whether casually or collectively, may quantitatively and qualitatively skew our assessments.

⁵ A note on dates and documents may be helpful here. The latest actual certificate of which I have seen a copy is dated 1766. The latest public visitation of which I have found a record occurs sixteen years later (1782); but it does not report either the procedure or the result. My latest actual record of an examination provides the date (1807), the place (Wursach), the name of the subject, the finding, and the outcome (*absusöndern*), but is neither a certificate nor a report of the procedure.

⁶ Valuable insights would result from a systematic comparison between Continental and English responses, particularly if guided by the thorough discussion in Rawcliffe, *Leprosy in Medieval England*.

cultures, with the Low Countries as a middle ground (a proposition which merits separate elaboration), it becomes possible to detect patterns and constants. This circumscription also facilitates the detection of relatively subtle variances, for example between the Pas-de-Calais and the Rhineland, and of changes over a limited time span, especially from the fourteenth to the sixteenth century. Broader chronological developments and geographical differences merit inquiry beyond the confines of this essay, but even within the designated area the variations are pronounced enough to allow for delineation.

It is important to keep in mind that, even when distinct profiles emerge, they may be skewed by the dominance or rise of some communities and the decline of others, by social and political upheavals, and other historical coincidences, and, most directly, by the vicissitudes of archival preservation. Legal transactions were recorded in organized settings, which involved only a fraction of society, and they might attract exceptional attention for incidental reasons, such as a penchant for bureaucracy in certain locales or intense litigiousness in some periods. Certificates, on the other hand, as personalized one-time documents, were not allotted the same time and space for preservation as charters or deeds. These varying archival considerations affected not only the amount but also the character of the extant portion of the evidence. In general, it is reasonable to allow for a margin of error in the inductions, especially when they seem to reach statistical certainty. Notwithstanding these caveats, and even if the conclusions are tentative, the number of collected records and the diversity of their provenance should limit the degree of randomness and provide a reasonable measure of reliability.

The findings gain better definition by confining our analysis to the records that provide the most complete information about the place and time, examinees and examiners, and procedure and outcome of the examination. The selected records allowed for tabulation and quantification, and, subsequently, for plotting the data in instructive graphs. The resulting charts reproduced below should be viewed as more meaningful than random projections and less definitive than ironclad evidence. They will set the stage for the drama and dynamics of the *visitatio leprosorum* that will emerge from the testimonies. Chart one represents the regional provenances of the records which, in total, document 530 individual cases (out of a number growing into the 600s). The chart is helpful by indicating a regional balance in the data on which my analysis is based. However, the near-equal numbers from the two major regions do not signify exact parity between both, because we do not know their respective ratios of extant and lost records of examinations. Furthermore, the quantitative similarity may obscure qualitative differences that become visible in other approaches, and which underlie

official policies. In fact, when the analysis is pursued in greater detail than is possible here, differences emerge even within narrower areas, as, for instance, between the Spanish Netherlands and the Dutch Republic in the Low Countries.

Chart 9.1. Geographical distribution of tallied records

Chart two displays results that are relatively predictable yet also open to further interpretation. The gender distribution of examinations in Chart two generally parallels the current consensus that, in premodern Europe, men considerably outnumbered women in contracting Hansen's disease. Aside from the epidemiological ratios, however, various social factors were responsible for the imbalance in examined subjects. Among these factors, none seems more consequential than the inequality between men and women in terms of public presence, mobility, and involvement in trades. The ramifications of this inequality for official objectives run through the certificates, as will become apparent. The overall distribution in Chart two will be refined by regional adjustments, particularly when further projections make allowance for two large files, one from French and the other from German archives, because these files skew the totals, and they will call for special attention (Charts eleven to thirteen below).

Tabulations of the rise, peak, and decline of examinations are also open to regional adjustments. Overall projections, however, of total numbers of examinations by half century and of percentile distribution by quarter century, reveal chronological patterns that are

Chart 9.2. Gender of individuals recorded as having been examined (percentages of the 530 total)

meaningful as well as surprising. The graphs peak sharply around 1525 in the absolute numbers (Chart three), but about a half-century earlier in percentages (Chart four). For timing the vertex even more precisely, I should add that around 15 per cent of all the tallied certificates were issued in the span of a mere five years, between 1491 and 1495. At face value, these peaks argue against the common assumption that leprosy declined abruptly after the Great Mortality of 1347-1350 and the subsequent waves of bubonic plague. Indeed, the later than expected peak was an initial trigger for my suspicion that factors other than the prevalence of leprosy itself motivated many *visitationes*. Aside from the influence of uneven documentation on the patterns, various external circumstances accounted for the steep rise and decline in the number of examinations. Such factors did include outbreaks of plague and the spread of *morbus gallicus* (the French Pox). The latter, in particular, would have been responsible for the time gap between French and German examinations, which appears in the bisected regional chronology of Chart five. The certificates themselves will show most

concretely how their timing was related to the religious, social, and political situations in general and in each region.

Chart 9.3. Chronological distribution (530 examinations in total)

Chart 9.4. Chronological distribution by percentages

An additional aspect of the chronology, which should not be overlooked in general projections such as Chart three, is the continuity of recorded examinations into the eighteenth century. The latest certifications of leprosy that I have found date to 1661 (Auxerre, France),

Chart 9.5. Chronological distribution of examinations by region

1734 (Wolfegg, Germany), and 1766 (Antwerp, Netherlands); the latest public visitation held specifically for the confirmation of leprosy occurred in 1782 (Antwerp, Netherlands), but information is lacking about the procedure and results. The late dates may be attributed to various factors, most of which were part of a broader historical setting, and each of which affected public policy, directly or indirectly. It is possible that Hansen's disease lingered longer outside Scandinavia than is generally assumed. Furthermore, it is likely that, notwithstanding advances in the differential diagnosis of leprosy, the subjects of scrutiny or their neighbours, and even the examiners, misidentified afflictions that closely mimicked the protean disease. A third reason is an integral part of my thesis. As individual *iudicia* will demonstrate, the term 'leprosy' was also applied to conditions that were not really medical. Even when contagiousness was an implicit issue, the label often served ulterior motives that were not always negative, as will become clearer from the certificates. The suggestion that underlying factors were at play arises even in a general overview of the verdicts that resulted from examinations. Chart six projects the percentages of *iudicia* that declared individuals to

be leprous, absolved them as ‘clean’, or issued a ‘suspended sentence’ rather than a decisive verdict.

Chart 9.6. Verdicts resulting from a visitatio (percentages of the 530 total)

Even at first sight, the distribution in Chart six argues against facile assumptions about the combined prevalence of leprosy and prejudice in premodern Europe. It should not be taken for granted that examiners found a relatively limited number of the *suspected* subjects to be leprous and almost half of them to be ‘clean’. An arguably more significant segment of the projection shows that the examiners withheld or deferred judgment in at least one-fifth of their visitations – with the noteworthy exception of one community, as we will see shortly. The provisional or suspended sentences may reflect what has been called ‘les hésitations des docteurs’, but they were also due to more complex factors, as an analysis of individual certificates will prove.⁷ Some of the complexity becomes perceptible in the different ratios of the verdicts when the results are divided by gender. Charts seven and eight reveal that, proportionately, women were *more* likely than men to be declared ‘clean’ but they were also

⁷ For a region outside the purview of this essay, see Mazzoli-Guintard, ‘Notes sur une minorité d’al-Andalus’.

Charts 9.7 and 9.8. Verdicts by gender (percentages of the 530 total)

less likely to receive an indecisive diagnosis. It is difficult to determine how much of this disparity is due to the gender ratios in the incidence of leprosy itself, to varying symptomatic manifestations, or to diagnostic procedures in examinations – and, in addition, to the previously mentioned social inequalities. Another near-imponderable will emerge shortly,

in the closer examination of the two voluminous files that slant the overall tabulations. Be that as it may, the general distribution of verdicts by gender will prove a useful context for the social conditions and official policies that influenced the *visitatio leprosorum*.

Charts 9.9 and 9.10. Gendered verdicts by region

The gendered verdicts are plotted along regional lines in Charts nine and ten, in order to provide a more nuanced background – and for clues to more complex ramifications. Every segment shows variation between the French and German judgments, with the exception of the relatively few women (4 per cent) who received a suspended sentence. German

certificates more than double the ratio of women who were declared clean, and they almost double the portion of exonerated men. In the most remarkable disparity, however, the percentage of confirmed leprous men drops by 30 points. These variations underscore the previously expressed reservations about any general conclusions to be drawn from the computations, and they merit deeper probing than is feasible here. There are ways, however, to expose both the weight and the thrust of two disproportionately rich files, one in German and the other in French archives. It is possible, moreover, to strain out some of the factors that distort statistical projections *and* to recognize the broader relevance of these same factors. It will prove helpful to look more closely at the regional provenance of the certificates, to measure and compare their distributions of the verdicts, and to correlate the results with the respective contexts.

The tabulation of German verdicts is slanted by the provenance of a sizable majority in a single city, with as many as three-quarters of the examinations having been held in Cologne. This preponderance, while due to various factors in the particular urban *milieu*, is decisively important because physicians of the University of Cologne performed nearly every recorded *Schau*. The certificates routinely name the examining practitioners with their professional titles, and many add concrete details that demonstrate the dominance of the faculty of medicine in determining the incidence of leprosy. One salient instance of this dominance dates from 1486, when the entire faculty of medicine attended the examination of Margaretha, a Benedictine nun, whom they declared free of leprosy, ‘notwithstanding some red spots on the face’. The document stated explicitly that it bore the seal of the faculty dean; and the sworn beadle-notary of the *studium* witnessed and recorded the proceedings. The records further show that beadles summoned witnesses, scheduled and orchestrated the event, presented the candidate to the examiners, and even received his or her promise to obey the verdict.⁸ Another sign of the faculty’s central role is the explicit acknowledgement, in at least 130 certificates, that the examination was held in the home of the presiding doctor, who was frequently identified as the dean. It should be noted that the prominent role of university physicians in examinations was not unique to Cologne but a hallmark of German cities, from Tübingen to Nuremberg.

⁸ ‘Urkunden’, ed. Keussen, pp. 91, 93, 96.

Chart 9.11. Cologne gendered verdicts

Another distinctive characteristic and, to some extent, a complementary feature, of the German *Schaubriefe* is the relatively limited visibility of *leprosaria*. In the case of Cologne, only seven of more than 200 certificates refer to the city's largest and most celebrated leper hospital, which was called Melaten (and stood on the site of today's central cemetery). In all seven, dated from 1526 to 1648, the doctors unequivocally contradicted a 'less just' or 'false' *iudicium* that had been issued 'in the leper house (*domo leprosorio*) near Cologne' or 'by the lepers outside the walls'. The final visit to Melaten occurred in 1712 (the latest *visitatio* inside a leper hospital in my database), when the city senate summoned the faculty dean with a colleague 'to examine the lepers'; they dismissed eleven of the twelve inmates 'with a clean bill of health' (*muniti testimonio purificativo*), and they judged one woman to be infected. The prominence of the faculty of medicine, together with the low profile of the leper hospital, naturally shaped the procedure and the outcome of examinations, but not necessarily in a readily anticipated direction, as we discover in Chart eleven.

One relatively predictable figure in this chart is the percentage of undecided or ambiguous judgments. These judgments, it should be noted, commonly included the command of a return visit, together with the recommendation, more emphatic in the Cologne

Charts 9.12 and 9.13. Cologne verdicts by gender

records than elsewhere, that the subject should remain under the supervision of ‘an experienced physician’. Notwithstanding these stipulations, the degree of indecisiveness seems hardly consistent with the advanced learning and vaunted knowledge of the university

professors. It is even more remarkable, however, that these doctors declared such proportionately small numbers of examined men and women to be leprous. The disproportion becomes more impressive when the verdicts are tabulated for each gender separately, as in Charts twelve and thirteen.

These ratios, particularly the large proportion of men and the extraordinary number of women who were exonerated, give us pause for thought, with implications far beyond this inquiry. Suffice it here to consider a few of the causes that were responsible for the low rate of leprosy diagnoses. Elaborations in the Cologne certificates echoed contemporaneous indications that doctors, in Germany and elsewhere, steadily improved their ability to differentiate symptoms; they frequently qualified an exonerating diagnosis by explaining that they had reached it ‘notwithstanding’ (*non obstante*) the semblance of leprosy. For the limited number of positive verdicts, the repeated use of the terms ‘to be separated’ and ‘to be sequestered’ (*separandus, sequestrandus*) evinces the doctors’ awareness of the negative consequence of a leprosy diagnosis. Inversely, they were also resisting the hasty and sweeping pre-judgement of ‘lepers’ by the populace at large. In the case of Cologne, they may actually have resisted attempts by the Melaten hospital to inflate the number of certified lepers and thus to raise its principal source of income. In any event, the wide gap between the numbers of ‘alleged’ or ‘suspected’ and ‘condemned’ lepers expands our outlook beyond the role of medical examiners, to a broader context that includes popular fears, social unrest, and economic distress. In this context, the tabulations and testimonies should leave no doubt that, even if concerns with contagiousness were pervasive, various other motives were involved in the staging of a *visitatio leprosorum* and, even more, in the resulting verdict.

Iudicia

The correlation between fear of contagion and other incentives for official measures becomes clearer in a counterpart of the Cologne archive, namely, the voluminous file that skews the French overview. This counterpart is less massive, but it carries broader implications. It is a legacy of the former town of Montferrand (now a part of Clermont-Ferrand in Auvergne), where the municipal consuls presided over a special court called ‘Le Tribunal de la Purge’. This court had the power to summon suspected lepers, order their examination, certify the sentence, and enforce its consequences. It operated from at least the early fourteenth century, when it was recognized by the French King Philip IV, into the second half of the seventeenth century. The tribunal, with jurisdiction over neighbouring areas ranging from Rouerge to Beaujolais, generated copious records of its judgments. Johan Picot has recently mined the archival treasure trove, in a monumental study that has inspired much of this inquiry.⁹ Thanks

⁹ Picot, ‘Malades ou criminels?’. I am profoundly grateful to Dr. Picot for generously sharing not only his study *in toto* but also, in stimulating correspondence, his insights.

Chart 9.14. Montferrand gendered verdicts

to Picot's painstaking research and judicious analysis, the interpretation of 'purge' has become pivotal in my argument for the variety of motives behind the *visitationes* and *iudicia*.

Before parsing the certificates issued by the Tribunal de la Purge, and in order to complete our comparative and comprehensive framework, we should have an idea of the general patterns to be discerned in this archive. First, the overall distribution of verdicts here, which is illustrated in Chart fourteen, differed perceptibly from that in Cologne (Chart eleven), particularly in the gender ratios: men comprised a greater share of the examinees (82 per cent) in Montferrand than in Cologne (75 per cent). Differences become more sharply delineated in a projection of the Montferrand verdicts by gender, in Charts fifteen and sixteen. Nearly half of the examined men were judged leprous, in stark contrast with the mere 7 per cent in Cologne (Chart twelve); furthermore, four times more women were declared leprous than in Cologne (Chart thirteen). Conversely, the Tribunal examiners issued far fewer 'clean' verdicts. They manifested greater confidence than the German university physicians about the diagnosis of male candidates while, on the contrary, appearing less than half as certain about the condition of female examinees. It should be noted that about a quarter of the Montferrand examiners were surgeons or barber-surgeons, and about a third had no medical credentials. These figures

Charts 9.15 and 9.16. Montferrand verdicts by gender

are consistent with the French *visitationes* in general, and they stand in contrast with the dominance of doctors in Cologne and in German *Besetzungen* as a

Charts 9.17 and 9.18. French verdicts by gender without Montferrand

whole.¹⁰ This is also a suitable place for recognizing that individual verdicts were more likely to be recorded when they were certified by physicians, and that this correlation affected the pertinent documentation not only in volume but also in thrust, to an extent that is difficult to measure.

¹⁰ Non-university practitioners, who appear rarely in German certificates, included a *Scherer*, *Barbier*, *Bader*, and, quite late (hence possibly university-trained), a *Meister der Chyrurgie* and a *Kretzenmeister*.

In one more projection, which is needed for a more nuanced evaluation of relative weight, the Montferrand file has been subtracted from the French total (of which it accounted for less than one third). The adjusted distributions, plotted in Charts seventeen and eighteen, demonstrate relative parity between Montferrand and the rest of France in the patterns of judgments of men, while the ratios were virtually inverted for women. The Tribunal file, however, had a less drastically distorting effect on the overall French profile than the impact of the Cologne verdicts on the German total (of which they made up more than three quarters): this becomes apparent when we collate Charts nine through eighteen. On the other hand, the Tribunal records are exceptionally valuable for assessing the objectives of *visitationes* and the motives behind *iudicia*. These records bear out the sense, which arises from the variation in the patterns projected above, that public health was not the single or simple motive for official measures, and that exclusion was not their sole or automatic objective. This impression advances toward certainty when we proceed from the tabulation of data to the exploration of contents.

The certificates issued by the Tribunal de La Purge leave no doubt about the goal ‘d’écarter de la société saine les lépreux signalés’, which Picot emphasized in his path-breaking study.¹¹ The primary objective of La Purge was indeed to rid and protect society from the danger of lepers spreading their dreaded disease by contagion, but this indisputable fact calls for several further observations. First, it is still advisable to point out that the notion of ‘contagion’ was then interpreted with far greater latitude than it is today. More important, the Tribunal’s ‘sanitary’ responsibility for preventing the spread of leprosy also embraced secondary concerns which ranged from social status to communal peace; similarly, sequestration was neither the absolute aim nor the exclusive method of ‘policing’ by La Purge. In a broader perspective, I suggest that the term ‘purge’ taints modern perceptions and that, for the sake of historical accuracy, we should consider the ambivalence of the Tribunal, as a public agency less sinister than the Nazi *Gesundheitsgerichte*, but more directly coercive than the US Centers for Disease Control and Prevention.¹²

This (still inchoate) effort to determine the ambivalence or, more precisely, polyvalence in the motivation for promoting the *visitatio leprosum* begins logically with official measures against the spread of disease before exploring a spectrum of ulterior

¹¹ Picot, ‘Malades ou criminels?’, I, p. 9.

¹² In view of the significant overlaps between leprosy legislation and eugenics, a valuable perspective can be drawn from histories of public health jurisprudence and ethics, such as Lombardo, ‘Medicine, Eugenics, and the Supreme Court’.

objectives, from the preservation of public security and social harmony to safeguarding material welfare. If the fear of contagion was omnipresent, it was not always expressed, decisive, or heeded. To be sure, many formulas (more in French than in German certificates) bespeak worries about contagiousness, which were shared by the authorities, the populace, and physicians. In 1499, the Tribunal de la Purge declared Anthoine de Rochefort infected by leprosy, forbade him ‘to interact with the healthy’, and banned him from the most likely places of contagion ‘such as church, fountains, ovens, mills, and rivers’.¹³ In 1546, Maistre Jacques Desmaitres confirmed the ‘common voice’ in Bapaume that Claudine Detailleux was ‘chergie de la maladie contagieuse de lepre’.¹⁴ Such charges occasionally acquired a tone of urgency in warnings about danger and allusions to fear. In 1501, for example, Pollet Roze was exonerated in Béthune even though, paradoxically, he might have ‘morphew, which is a very dangerous kind of leprosy’.¹⁵ In 1550, evidence of white morphew induced the examining physicians, surgeons, and *ladres* from the two *leprosaria* in Saint-Omer to order the sequestration of Nicolas Bernard because this kind was ‘la plus dangereuse et contagieuse’.¹⁶

Several verdicts made the risk of contagion more concrete by identifying a ‘suspect’ as a barber or a baker and thus drawing attention to an occupation that involved, directly or indirectly, contact with people. In 1395, the butcher Jehan le Caron was forbidden ‘to engage in his trade in any manner’.¹⁷ In 1520, the Cologne doctors ordered a lay brother of the Observant Order of Franciscans ‘to stay away from the task of cooking’, even though he was not yet ‘actually leprous’.¹⁸ In 1521, the Montferrand Tribunal addressed the complex case of Guillaume Chassot, the keeper of an inn ‘where many merchants spend time and stay’ and ‘grand personages come together’. Chassot suffered from leprosy according to ‘common rumour’; and many expressed the fear that he was in a position to cause ‘great harm’. The royal procurator took sworn depositions from nine witnesses, including seven butchers, several of whom declared that they would not want ‘to give Chassot a daughter in marriage,

¹³ Picot, ‘Malades ou criminels?’, II, p. 240: ‘Declairons ledit maistre Anthoine Rochefort notaire estre entaché de ladite maledie de lepre [...] et ensuivant luy avons interdit la communication des saintz mesmement les lieux comme l’esglise, fontaines, fours, molins, rivières.’

¹⁴ Bourgeois, *Lépreux*, p. 228, note 8.

¹⁵ Bourgeois, *Lépreux*, p. 240, note 52.

¹⁶ Bourgeois, *Lépreux*, p. 186.

¹⁷ Bourgeois, *Lépreux*, p. 214.

¹⁸ ‘Urkunden’, ed. Keussen, p. 90.

or to drink, eat or consort with him, for anything in the world'.¹⁹ The innkeeper received a two-month reprieve upon claiming 'to be in no condition for being examined and palpated' because he was suffering from 'the disease of Naples which gave him a tertian fever'.²⁰ He managed to be released because of 'la qualité de sa personne', but he entered the *maladrerie* less than five months later.²¹

Two other occupations generated particular anxiety about contagion because they also entailed close contact with people. While they were ironically situated at opposite ends of the social spectrum, the exercise of both had implications that transcended issues of public health. At one end stood the 'fille de joie' who appeared before four Béthune barbers in 1500,²² and the 'femme publisque' who came to be examined in Montferrand in 1523. The latter's fellow parishioners testified that she had led a 'vie lubrique' for some thirty years. She suffered from 'some facial affliction similar to smallpox (*comme veyrolle*) almost as if she had been leprous', a qualifier worth emphasizing because it hints at motives behind the fear of leprosy (and, arguably, of contagion). The witnesses declared that the parish had kept the woman out of church for two years, and that they had 'come to fear her company'. One of them asserted that he would 'not drink from her cup, eat with her, or sleep naked with her', but he admitted not knowing whether she had leprosy or *maladie de Naples*. This uncertainty probably accounted for the suspended sentence pronounced upon 'the public woman'.²³

¹⁹ Picot, 'Malades ou criminels?', II, pp. 203-206: 'En laquelle hantent et frequentent journellement plusieurs marchans et autres gens tant d'estat que d'autres [...] par le moyen de quoy en peult advenir gros inconvenient [...] s'il avoit une filhe et ledit Chassot estoit a marier il ne la luy voudroit donner en mariaige a cause de ladite suspicion et ne voudroit boyre, manger ne frequenter avec luy pour riens du mond [...] commune renommée.'

²⁰ Picot, 'Malades ou criminels?', I, p. 365 note 279; I, pp. 46, 351: '[N]'estre pour le present en estat pour estre vizité et palpé pour ce qu'il a dict estre actainct d'autre maladie, scavoir est de la maladie de Napples quy luy a causé une fievre tierce.'

²¹ Picot, 'Malades ou criminels?', I, p. 429: '[L]a qualité de sa personne.'

²² Bourgeois, *Lépreux*, p. 239 note 47.

²³ Picot, 'Malades ou criminels?', II, pp. 212-214: 'Qu'elle a commun bruit depuis XXX ans en ca de mener vie lubrique et femme publique a tous [...] Deux ans ou environ que la parroisse deslors luy deffendut l'esglize et la communicacion des gens saintz et places publiques et commencerent les habitans de ladite parroisse depuis ledit temps la faire sequester et craindre sa compaignie par ce qu'il luy survint quelque maladie au visaige comme veyrolle quasi pres comme si elle eust esté ladre [...] Enquis ledit depposant s'il voudroit boire en son varre, manger, cocher tout nut a elle, dit que nom pour raison de ce que luy est sorty au visaige et qu'il ne scet si c'est maledie de lepre ou maledie de Napples [...] Si elle estoit trouvée nom entachée de ladite maledie de lepre luy estre permis la frequentation des saintz comme au paravant la suspicion.'

At the opposite end of the conventional spectrum of respectability, clergymen were also targets of vigilance because of their interaction with others. In 1521, people suspected churchman (and one-time barber) Thorin Lebrauld to be infected. Many maintained that they were ‘afraid to approach his breath’ or ‘to sit close to him’ at supper after their *jeu de paume*. These noteworthy references to contagion by air or contact should not make us overlook the role of underlying emotions, as the witnesses reported that the cleric’s condition had ‘greatly worsened these past days, with a breaking voice, fits of anger, and pustules (*peste*), as if he were leprous’. The examiners of Le Tribunal, while admitting their inability ‘to know whether or not he was infected’, determined that, if the subject ‘was a priest and [the faithful] wished to receive communion from his chalice, they should not touch his vestments’.²⁴ The *visite* of a priest in 1564 further illustrates the combination of ambiguity in judging with a coherent sense of the risk of contagion *and* indistinct fear. The aldermen of Béthune recorded the complaint that Robert Constant, though suspected, ‘celebrates masses in churches, a very dangerous thing for the churchmen who celebrate after him, and for those who receive communion from him’. Doctors and surgeons ordered that Constant should not be allowed to say mass for six months, or even ‘to wear the vestments and ornaments of church’; however, they did not offer a decisive diagnosis.²⁵

The substantial rate of indecisive verdicts, which is projected in Charts six through eighteen above, undoubtedly reflects the diligence of the examiners. It is even more indicative of the notorious diagnostic challenge presented by the stages, forms, and mimics of leprosy or, in the words of Lille doctors in 1509, ‘les grans contrariétés que l’on trouvait en ladite maladie’.²⁶ Hesitant sentences by medical examiners sometimes drew strenuous objections from those who had initially raised a suspicion of leprosy. In 1464, a physician in Auriol, a suburb of Marseille, certified that because the symptoms of Bartolomeus Giraudi were still equivocal he should not yet be ‘completely separated’. The town officials, who had ordered the examination, ‘protested solemnly against the person’ and, perhaps more ominously,

²⁴ Picot, ‘Malades ou criminels?’, II, pp. 209-212: ‘Plusieurs gens le suspectoit d’estre ladre et creignant s’aprocher de son alayne et estre pres de sa personne [...] de bien que aloient sopper ensemble et ampres ce qu’ilz eurent joué a la paume ou alarent sopper ensemble et quant vint a l’assielt dudit sopper chacun creignoit ce metre ampres de luy [...] s’il estoit presbtre s’ilz vouldroient comugnier a son calisse, disent que non ne toucher ses abilhemens [...] par derniers jours le fait mal voir plus que les autres jours tellement qu’il a une voys cassé, collere, peste comme si estoit ladre.’

²⁵ Bourgeois, *Lépreux*, pp. 30, 241 note 53.

²⁶ Bourgeois, *Lépreux*, pp. 164, 313 note 102.

threatened to take action ‘against the goods of the physician’ if he maintained his provisional judgment.²⁷ While this is one of the numerous certificates that attest to concern about contagion, the threat by the Auriol magistrates also points to external pressures that might affect the outcome of the *iudicia leprosororum*. It is natural to wonder, but difficult to determine, whether these pressures exerted greater influence on positive, negative, or indecisive diagnoses. As for the sources of pressure, the certificates offer unmistakable clues that contagion was not an all-absorbing preoccupation.

The certificates and contextual evidence further suggest that ‘contagion’ was a conveniently malleable notion, for they reveal a considerable degree of inconsistency, both in the wording of official measures and in actual conduct. A conscious and determined defence against infection would, for instance, have raised at least some reservations about the routine staging of examinations for leprosy in the homes of doctors and, most amazing, of distinguished faculty members, as we saw in Cologne. In a reverse instance, ‘several physicians and surgeons’ examined the Arras lawyer Adrien de Bellevalet in his own residence in 1574. They diligently inspected his entire body, his urine, and the blood drawn from his right arm; they found no tell-tale signs, although his nose and mouth were deformed, which they declared insufficient grounds for having him sequestered.²⁸ We may wonder whether the lawyer’s status contributed to his being examined at home and receiving a provisional clearance. With regard to contagion, this *visite* reminds us that examinations customarily involved procedures, including palpation and bloodletting, which would have been avoided by anyone who feared infection by momentary contact or, for that matter, by infected air (miasma).

Inconsistent attitudes towards contagiousness become more evident in the instances in which an inmate was allowed or even forced to leave a leper hospital. When regents exempted a leprous resident from the restrictions regarding sequestration, they did not add an express admonition that he or she should avoid contact with the healthy. This was the case when they granted permission to travel, most often for seeking a second opinion in another town, but sometimes for different personal reasons such as a pilgrimage. The risk of contagion was also disregarded, or at least relegated to second place, when a confirmed leper was simply released from the hospital into the community. This is what the residents of Saint-Ladre in Mons wanted to do in 1450 to a man who, they claimed, had been born elsewhere and therefore did

²⁷ ‘Procès-verbal’, ed. Barthélemy, p. 117.

²⁸ Bourgeois, *Lépreux*, pp. 211, 218 note.

not qualify for support.²⁹ Similarly, the municipal council of Aix-en-Provence in 1485 expelled a leper from the Saint-Lazare hospital because he was ‘a foreigner’.³⁰

Leperous ‘foreigners’ are of special importance to this essay because they bring perspective not only to inconsistent attitudes towards contagion but, beyond, to the complexity of threats and responses, as well as to the coexistence of exclusion and inclusion. The status of these lepers, however, is elusive and often confusing, because of local variations as well as scanty documentation.³¹ Their comprehensive history remains to be written and to be retrieved from an area of scholarship that falls between the extensive research on leper hospitals and the intense discussions of premodern responses to the disease of leprosy.³² As late as 1602, the officials of Nancy (Lorraine) ordered the nuns who administered La Madeleine to dismiss the *lèpres forains* whom they had admitted ‘to the disadvantage of the residents, to whom the right to alms belongs’.³³ In German the *Sondersiechen* or ‘outside sick’ were distinguished from the residents in a *Hauptsiechenhaus*, and tellingly associated with the countryside as *Veltsiechen* or ‘the sick of the fields’.³⁴ In Dutch, the *akkerzieken* were distinct from the *hoge zieken* or ‘high sick’ (Bruges and Ypres) who lived in the ‘rich’ *leprosarium* (Ghent).³⁵ It is worth noting that the distinction between burgher and outsider, as well as the distance between town and country, could be bridged by communal care or sponsored association. In Bruges, for example, the leading Gruuthuuse family had patronized a charitable corporation or ‘guild’ (*gilde*) since 1396 for the benefit of the *ackersiecken* who were ‘staying one mile outside’ the town.³⁶ In the region between Antwerp and Brussels, the

²⁹ De Keyzer, ‘Lépreux et léproseries’, p. 536.

³⁰ Jean Pourrière, *Les Hôpitaux d’Aix-en-Provence*, p. 142 note 9.

³¹ A common but confusing assumption is that *Sondersiechen* were the only subjects of the *Schau*, as in ‘Vier Begutachtungen’, ed. Rieder, p. 385. A more recent author compounds the confusion about the group identity of leperous non-citizens, first by characterizing the Cologne Melaten as ‘das größte *Sondersiechenhaus* des Reiches’ [emphasis added], and then by equating ‘Aus-sätzigen’ [hyphenation by the author] and ‘Sondersiechen’: Felten, ‘Mittendrin statt außen vor?’, pp. 11, 13.

³² The most judicious assessment to date is Dross and Kinzelbach, “‘Nit mehr alls sein burger’”.

³³ Henri Le Page, ‘Madelaine-lès-Nancy’, p. 48.

³⁴ For a succinct and lucid note about *Veltsiechen* and leper housing in Koblenz, see the (unattributed) essay on <http://www.gr-atlas.uni.lu/index.php/articles/ge57/le205/ko209>.

³⁵ A request for admission was addressed to the commissioner ‘vande hooghesiecken van Brugge’ in 1510: Bruges, OCMW-Archief, stuk 14; *De Leprozerij*, ed. Mus, *passim*. ‘De Gentse leprozerie, beter gekend onder de naam “Rijke Gasthuis”, werd rond 1146 gesticht’: De Paermentier, ‘De relatie vrouw-ruimte’, at note 156.

³⁶ Dewitte, ‘Lodewijk van Gruuthuse’, p. 197.

veldzieken became grouped in a confraternity with statutes that were approved by the prioress of the Leuven *leprosarium* in 1521, and by Emperor Charles V in 1531.³⁷

Wandering lepers may have outnumbered the inmates of institutionalized *leprosaria*. We will never know how many of them found shelter in smaller, less endowed, and less permanent abodes, from a *maladrerie* at the edge of town to a *cabane* in a deserted place. In addition, we may tend to underestimate the number of those who were, for all intents and purposes, homeless. By definition, ‘wandering’ or ‘vagrant’ lepers were less confined and more visible than their hospitalized counterparts. While proverbially avoided by the populace, they seem to have mingled among people more than is commonly assumed. When they grew disruptive because of their numbers, unruly lifestyle, importune begging, or physical appearance, they posed societal challenges that, in turn, triggered *ad hoc* interventions and long-term measures by municipal, regional, and imperial authorities. Their everyday presence left few traces in certificates, but it surfaces in lawsuits and accounts.

An entry in the town accounts of Bruges for 1309 lists a payment for two ‘guardians’ (*bewaeress*) of seventeen ‘sick people’ (*besiecte lieden*) outside the hospital.³⁸ In a more ominous instance recorded as a municipal disbursement, a messenger from Arras received 22 *sous* from the aldermen of Lille in 1465 for coming to warn them that four men had surreptitiously left Arras and taken to the road disguised as lepers, ‘habillés à ghisse de ladre’; it is not clear whether they intended to exploit fear or mercy.³⁹ In 1516, the chapter of the cathedral of Troyes (Aube) lodged a complaint against two leprous priests for ‘not residing in their huts (*bordis*) outside the walls but among the people’ and who, ‘worse, keep concubines who publicly bring ecclesiastical vestments to the [parish] church for the masses which those *leprosi* celebrate, to the scandal and peril of all the people’.⁴⁰

On the regional level, disciplinary control over *lèpres forains* was the responsibility, at least in some urban statutes, if not in practice, of the ‘king of the scoundrels’ (*roi des ribauds*). This official was also in charge of the brothels, with the title of *roi de l’amoureuse vie*, which reminds us that the sexual transmission of disease and the potential for crime on the margins of society were (and are) overlapping issues.⁴¹ On the imperial level, discipline was the sole concern of a stern ordinance ‘against the vagabonds in Flanders’ which Charles

³⁷ Tricot and Van Hee, ‘Pest en lepra’, p. 81.

³⁸ De Potter, ‘De leproos in de middeleeuwen’, p. 174.

³⁹ ‘Documents inédits’, ed. De la Fons de Mélicocq, p. 458 note 3.

⁴⁰ Troyes, Archives départementales de l’Aube, G 1281, fol. 62r.

⁴¹ Coomans, ‘In Pursuit of a Healthy City’.

V issued in 1515, without alluding to any risk of spreading disease. The ordinance did not mention lepers explicitly, but impostors must have been among the roaming beggars who ‘pretend to be disabled’.⁴² The Emperor’s edict was reiterated through the sixteenth century. Widespread vagrancy remained a threat in times of war, plague, and famine; it is worth noting that associated dangers for public health received little attention from the authorities. Vagabondage merged with leprosy in a violent combination as late as the early eighteenth century, with the *Große Siechenbande*, gangs whose first members were, ironically, healthy inmates of *leprosaria* (including the Cologne Melaten). Some murderous highway robbers masqueraded as lepers, and a few even obtained a certificate or *Siechenbrief* by extortion. This dramatic climax, together with the preceding responses to the wandering lepers, proved that order could become more urgent than health as an objective in the service of the *res publica*.⁴³

The *visitationes* reveal neither the footprints of itinerant lepers nor the shadows of impostors, except for a few ambiguous allusions. They strangely lack echoes of the ‘simulants’ about whom Volcher Coiter and Georg Palma warned the authorities in 1572, and Ambroise Paré in 1573, when they formulated precise instructions for the examination of lepers.⁴⁴ An illustrative and intriguing story emerges from a dozen certificates, with the likelihood that two brothers may have been persistent pretenders, as well as roving mendicants. Jean and Jacques de Volckerinckhove were examined repeatedly, in Saint-Omer and three other places between 1483 and 1509, only to be admitted to hospital but then to be discharged as healthy; in between, both incurred punishment, one for ‘reprehensible relations’ and the other for ‘a dishonorable request from a leprous woman (*ladresse*)’. The brothers deserve the benefit of the doubt as possible victims of a deceptive disease, yet they exemplify problems that, while accompanying leprosy, extended beyond questions of health. Whether or not Jean and Jacques were *vagantes*, their vicissitudes also make us think about the extent to which popular and official dealings with leprous individuals differed from responses to groups of lepers. I have not found clear evidence in German records that *Sondersiechen* were examined in individual sessions, in distinction from the celebrated group *Schau* in

⁴² *Recueil des ordonnances des Pays-Bas*, ed. Laurent, pp. 457-458.

⁴³ For a different perspective on the correlation between urban order and communal health, see pp. 00-00 (GELTNER) above.

⁴⁴ For Coiter and Palma, see Nuremberg, Stadtbibliothek, Handschrift Cent.V, 42, fols. 140v-142r, 149v-153r, 156r-v. Paré, *Les oeuvres*, p. 1194, is the only place where Paré’s template is extant. See also Jütte, ‘Lepra-Simulanten’, pp. 25-42.

Nuremberg.⁴⁵ The picture is equally unclear for France. When judging Robert du Trymolet leprous in 1522, Le Tribunal ordered him ‘to withdraw to a place separated from the healthy’, but this separation did not preclude admission to a leper hospital.⁴⁶ Robert was also instructed, as Guillaume Cestrier had been two years earlier, ‘to carry the bowl and clappers’, the common attributes for lepers in public spaces; these implements, however, were carried not only by *lèpres forains* but also by residents of leper houses when they needed to travel.⁴⁷

Whenever the orders by Le Tribunal mentioned ‘separation’, they highlighted the court’s goal of removing confirmed lepers from the community, or, in other words, the exclusionary interpretation of ‘la Purge’. This interpretation reflected the outlook of a royally commissioned institution and of politicized juries that consisted of the town consuls and thus were controlled by prominent burgher families. To some extent, this context also accounts for the emphasis which the Montferrand judges placed on their *coercive power to purge society*, and which clearly influenced the medical examiners; the Cologne doctors, in contrast, judged with far less evidence of external influences, coercion, or the threat of ostracism. If the mandate of La Purge was patently exclusionary, however, it most often coexisted with an alternate objective and a note of inclusiveness. Numerous judgments expressed concern with restoring an individual’s reputation or, at least, clearing the air of uncertainty. When a neighbour suspected him in 1497, Jehan Bosquet ‘wanted to be cleared (*se vouloit fere purger*) and to know the truth’; the examiners did not find ‘anything sufficient to condemn or absolve him’, but they advised that he should be isolated until they could arrive at ‘a true judgment’.⁴⁸ Different senses of ‘purging’ poignantly converged in the case of Jacmete Parset, who was ‘accused by some people’ of *mesellerie* and came to Le Tribunal in 1449. She asked to be ‘cleared’ (*expurgée*) in order ‘to lift the suspicion’ so that she might ‘converse, eat and drink with healthy people’. With two consuls present, a physician and a barber examined Jacmete, who was found to be infected and accordingly sentenced ‘to be separated from the company of people in order to avoid the dangers’. In addition, she was ordered to carry the

⁴⁵ Demaitre, *Leprosy in Premodern Medicine*, pp. 45-51.

⁴⁶ Picot, ‘Malades ou criminels?’, II, pp. 245-246: ‘Qu’il se ait a retirer et mectre en lieu separé des sains.’

⁴⁷ Demaitre, ‘The Clapper’. For example, when Yzabel Lolier was brought from Nancy to La Magdaleine in Toul in 1542, she received ‘a clapper, a wood cup, and a pair of gloves’: Le Page, ‘Madelaine-lès-Nancy’, p. 45.

⁴⁸ Picot, ‘Malades ou criminels?’, II, pp. 264-266: ‘Dist qu’il se vouloit fere purger et savoir la verité s’il estoist entaché de ladite maladie de lepre [...] ne le troveront en luy chose souffisante pour le comdepner ou assouldre et conclurent entre eulx qu’il failloit encoure attendre le temps chault pour en fere vray jugement bien dirent entre eulx qu’il n’estoit pas bon le communiquer.’

clapper and to stay away from ‘the church, the oven and fountains, in accordance with custom’.⁴⁹

Compelling evidence outside Montferrand supports the argument that ‘purge’ had an alternate meaning, aside from the more obvious sense which prevailed at Le Tribunal. Archbishop Berthold authorized members of the Mainz Faculty of Medicine in 1493 ‘to examine those suspected of leprosy’ in order ‘to make the truth *clear* and bright’ (*pro purganda et limanda veritate*).⁵⁰ The prefect and aldermen of Valenciennes, together with the judges of the peace, in 1547 ordered Loys Fourment to be examined ‘in order to *clear* or convict him (*affin de le purger ou condempner*) of the suspicion pending against him’.⁵¹ At least one record hints at a third interpretation, or opens room for ambiguity between the two meanings of ‘purge’. In a verdict reminiscent of Leviticus 13 and its focus upon ritual purity, the physician who examined Pierre Bernard in Saintes-Maries in 1347 decided that he ‘should be separated from the company of the healthy and put in some place where he could and should complete his purification (*purgatorium adimplere*)’.⁵²

There is also a shade of ambiguity in the case of Giraud Bonvallet, who in 1510 came to Le Tribunal to defend himself against one Jehan Rossel. The latter, ‘moved by malice, shouted in the street, “Go look for Giraud, that leper! I promise you that in the coming two or three weeks I will bring him to Montferrand to have him purged (*pour le fere purger*).” By these words Rossel has conceived great hatred and ill will towards Giraud.’ The case sounded more judicial than medical, however, when Giraud requested permission to inform the Tribunal that three men who, inferentially, had joined Rossel in broadcasting his allegation were ‘indigents who behaved badly, often from drinking too much, so that one should not believe their testimony with the same trust as is given to men of good standing’. Three physicians and three surgeons examined him, and agreed that Giraud, while ‘on the way to falling into the said disease’, did not yet need to be sequestered; nevertheless, he was enjoined

⁴⁹ Picot, ‘Malades ou criminels?’, II, pp. 103-104: ‘Disant que elle avoit estée aculée par aucunes gens ou autrement de la maladie appelée de lepre ou mesellerie en nous requerant que elle fust par nous expurgée et examinée pour soy ouster de ladite suspicion et savoir la verité du fait et affin qu’elle puisse converser, boyre et manger entre lez autres gens et personnes saines [...] que elle se de separe de la consorcie du peuple pour eviter les dangiers et que elle ait a pourter les claquetes que les ladres pourtent comme est de coustume et lui deffendent l’intrage de l’église, du four et des fontaignes comme est de coutume.’

⁵⁰ *Rheingauische Alterthümer*, ed. Bodmann, I, pp. 198-199. I am grateful to Lucy Barnhouse for referring me to this source.

⁵¹ Wickersheimer, ‘Beiträge zur Geschichte des Aussatzes’, p. 145.

⁵² ‘Procès-verbal’, ed. Barthélemy, p. 120.

to frequent public places as little as possible, and to ‘appear in person a year hence’.⁵³

Giraud’s case is but one of many in which aspects of public order were interwoven with the management of public health. This complexity is pervasive as a subtext in the archives of La Purge, but numerous certificates and complementary records refer clearly to issues of public order. These issues, which often sprang from emotion rather than reason, and which sometimes lurked behind the ostensible agenda of public health, ranged from prejudicial intolerance to threatening unrest.

It is relevant to emphasize here that prejudice, driven by emotion, had an ill-defined target; that its impulsive expressions require a second look; that it commonly arose from a local and popular base; and that it often competed with centralized policies. With some irony, the term ‘parochial’ is borne out in the certificates by the frequency with which rumours are tied to a specific parish or neighbourhood, and by the infrequency with which suspicions were confirmed by the examiners. The parishioners of Saint-Donat took the initiative in excluding a ‘public woman’ and proceeding ‘to have her sequestered’ in 1523.⁵⁴ Three years earlier, the sextons of the parish of Flat brought Guillaume Cestrier to Montferrand ‘in order to have him removed from the company of the healthy’.⁵⁵ In 1537, Benoiste Merle refused to pay Le Tribunal the cost of an indecisive examination that, inferentially, was prompted by rumours in

⁵³ Picot, ‘Malades ou criminels?’, II, pp. 228-229: ‘Tout esmeu de malice [...] proffera a la Rue Publicque et entre les maisons telles paroles ou semblables: “va t’en querir ton cosin Girault Bonvalet, ladre qu’il est et te promes que dans quinze jours ou troys seupmaines prochaines je te le fere mener ou moy mesmes le maray a Montferrand pour le fere purger” par lesquelles paroles apart que ledit Rossel a consceu grand ayne et malvielence contre ledit Girault. Plus requiert ledit Bonvalet qu’il vous plaise informer que Barthelemy Boybas, Andrien Vidal et Pierre Fuzier sont gens pouvres et presque indigens et ont tres mauvaise conduyte en leurs affaires souvenettoys par tropt boyre ou par tropt menger a cause de quoy ont ne doit adjouster foy en leur tesmogniage si ample que on feroit a d’autres gens de bonne qualite [...] non obstant que ledit Girault Bonvalet soit en chemin et voye de cheoir et tomber en ladite maladie de lepre se par medecine, chirurgie et bon regime n’est ecouru ainsi qu’il nous est apparu par les signes universelz et non obstant disons et declerons que pour le present ne doit point estre separé de la compagnie des sains, touteffoiz ne doit point hanter ladite compagnie des sains et mesmement es lieulx publicques maiz le moinctz que faire se pourra et en oultre disons qu’il sera bien faict et est chose necessaire de le faire de rechiefz comparoir en personne dans l’an revolu.’

⁵⁴ Picot, ‘Malades ou criminels?’, II, p. 212: ‘Femme publique a tous [...] Deux ans ou environ que la parroisse deslors luy deffendut l’esglize et la communicacion des gens saintz et places publicques et commancerent les habitants de ladite parroisse despuis ledit temps la faire sequestrer.’ See pp. 00-00 (RAWCLIFFE) above for similar cases in England.

⁵⁵ Picot, ‘Malades ou criminels?’, II, pp. 242-243: ‘Afin de le faire oster et vuyder de la compaignie des sains.’

her parish. The judges were more decisive in 1515 when, certifying that Anthonie Lymoges was ‘not infected at all’, they charged the parishioners of Le Crest with the expenses.

It is legitimate to think about underlying motives in allegations of infection and demands for examination. Furthermore, some scepticism is in order when a popular response or an official measure seems, at first glance, a mere matter of sanitary policy aimed simply at preventing contagion. Thus, it is easy to presume that danger to health motivated the magistrate of Béthune in 1312 to set aside a place for lepers, until one realizes that the initiative responded to repeated complaints from the townspeople about their ‘extremely unpleasant’ presence.⁵⁶ It is similarly tempting to make an exclusive connection between contagion and an intervention by the town council of Marseille in 1479 when, upon closer examination, we detect the deeper social dynamics of that timeless combination of prejudice and self interest known today as ‘not in my backyard’. The authorities ordered the regents of Saint-Lazare to remedy a ‘nuisance’ caused by the hospital residents, who had to use a stream about two kilometers away to do their laundry; the local inhabitants had complained that ‘the leprous poor pass by coming and going, and they mingle, talk, and sit with the healthy and, what is worse, they wash their dirty clothes to the great detriment of the entire community.’⁵⁷

Communal homogeneity and decorum were criteria for impulsive reactions, arguably already during the ‘formation of a persecuting society’ and before they became channeled into more rigidly structured settings.⁵⁸ Appearance played an important role that, though more pronounced in popular than in official responses, should not be overlooked.⁵⁹ Augustin Thonner, dean of the faculty of medicine in Ulm in the mid-seventeenth century, pointedly underscored and elucidated the effects of disfigurement as complementing – or even surpassing – the danger of contagion. He reported consulting on a poor countrywoman who had come to town for an examination (*inspectio*) since, ‘covered by dry scabies, she was held for leprous because of this foul and loathsome sight (*ob tam fædum et abominandum contuitum*)’. The local magistrate determined that ‘she could not be tolerated in the company

⁵⁶ ‘[T]en hoogste onaangenaam’: De Potter, ‘De leproos in de middeleeuwen’, p. 175, citing the charters of the counts of Flanders, Nr 1258, in Lille.

⁵⁷ ‘Procès-verbal’, ed. Barthélemy, p. 117.

⁵⁸ There is an arguably anachronistic tendency to emphasize fears of contagion while minimizing the impact of appearance when placing medieval responses to leprosy in a broader context; this tendency is exemplified in Moore, *The Formation of a Persecuting Society*.

⁵⁹ This consideration has prompted me to produce a monograph on *Premodern Responses to Disfiguring Disease*, currently in preparation. Many aspects of aesthetics await further inquiry; one important element is explored pp. 00-00 (WEEDA) above.

of the healthy, on account of her ugly looks (*tetrum aspectum*) and of the contagious malady'; she was to be remanded to a *leprosarium* unless there was an effective and affordable treatment, which Thonner indeed claimed to have provided.⁶⁰ It is significant that, while either he or the magistrate mentioned contagion matter-of-factly and almost casually, the accent was on looks, not only when it came to the suspicion of leprosy but also the threat of sequestration.

Thonner's report bolsters an impression, which certificates and contemporaneous records convey, but which may be accidental, that Germanic sources drew special attention to aesthetics beyond the mere facts of visual appearance. The vocabulary occasionally fosters this impression while alluding to the nexus between infection and transmission through the senses. In 1572, for instance, seven members of the Nuremberg faculty signed an affidavit that, even though Hanns Statler was 'hideous and frightful' (*abschewlich und zu fliehen*), he did not need to be sequestered because he was 'infected' (*verunreinnet*) by the French Pox rather than leprosy.⁶¹ In 1557, the Flemish sworn physicians of Ypres linked sense perception with contagion, communal reactions, and public responsibility when they entreated the Regents of the Poor to look after Janneken Brassers as she had 'fallen into such utter corruption of *laderie* that no one was willing to take care of her *because of the great stench* of her sick body, for this would bring infection and corruption on everyone'.⁶² Medical verdicts occasionally sounded ambiguous, as in the 1595 recommendation in Nuremberg that Kunigunde Scherlin, although not leprous, needed to be sequestered until she recovered from her 'hideous (*abschewlichen*) scab' lest she 'infect (*beflecket*) others with it'.⁶³ Even when they paired contagiousness with repulsiveness, however, the doctors usually recognized the difference between appearance, symptoms, and causes. In 1492, the dean and two members of the Mainz faculty of medicine, after thoroughly examining Notburgis 'at her humble request', solemnly testified that she was 'not infected or made foul (*defedatam*) by the evil of leprosy, of which she stands accused'.⁶⁴

Few issues occasioned more examinations, drew a more emotional reaction, or posed a greater threat to social harmony than 'accusations' and suspicions, because these caused fear, animus, and unrest in the suspect as well as in the community. In 1525, Anthoine de

⁶⁰ Augustinus Thonerus, *Observationum medicinalium*, p. 210.

⁶¹ 'Vier Begutachtungen', ed. Rieder, p. 385.

⁶² *De Leprozerij*, ed. Mus, IV, p. 27.

⁶³ 'Vier Begutachtungen', ed. Rieder, p. 385.

⁶⁴ *Rheingauische Alterthümer*, ed. Bodmann, I, p. 188.

Montbardon, ‘of good and respectable parents and of old lineage without anyone suspected of leprosy’, appealed to La Purge after ‘certain information had been posted by hateful and malevolent witnesses’.⁶⁵ From the early-fourteenth to the mid-seventeenth century, the most telling characterization of a person who requested to be examined for leprosy was that she or he had been unjustly defamed, *defamata* or *iniuria defamatus*. *Fama*, with the dual meaning of rumour and reputation, was an almost ubiquitous term in the certificates. The consequences of ‘defamation’ were expressed concretely in Cologne in 1651, when Isac von Brisack, a ship’s captain on the Mosel and Rhine, was found ‘completely clean’ after he had ‘complained that many avoid contact with him and that this kept him from practising his craft’.⁶⁶

Suspicion acquired an accent of guilt when adjectives such as *inculpatus*, *accusé*, and *geschuldiget* were used. Judges of Le Tribunal often deepened the insinuation by phrasing their verdicts as condemnations. Thus, they ‘condemned’ Anthoine de Rochefort as infected in 1499 and, at the same time, ‘condemned’ him to a penalty of 100 *livres* if he did not enter a *maladrerie* within six weeks. Similar formulations appeared in other places, such as Béthune, where examiners routinely employed the term *condamnable* in certificates from 1500 to 1511. Certain expressions reinforced the suggestion of guilt inversely. In 1515, the Montferrand judges exonerated Anthonie Faramonde with the phrase ‘we absolve’ her, in direct opposition to condemning (‘we condemn’) her accusers to pay the cost of the examination.⁶⁷ In 1331, at the request of several cleared ‘suspects’, the chancellor of Forez ordered the castellan of Cervières (Loire) to ‘pronounce an absolving verdict’.⁶⁸ The doctors in Cologne, too, issued more than one ‘*sententia absolutoria*’, particularly in the 1560s. One of these cleared Petrus Dammer of suspicion, ‘notwithstanding the verdict to the contrary in the *leprosarium*’.⁶⁹

Examinations and verdicts frequently caused disagreements, among which those between doctors and the administrators and inmates of leper hospitals are the most visible. In

⁶⁵ Picot, ‘Malades ou criminels?’, II, p. 230: ‘Combien qu’il soit estraict de bons et noctables parens de bonne et ancienne lignée et sans ce que luy ne ses preddecesseurs ayent esté actaings ne aucunement suspicionnez d’aucune maladie de lepre mesmement ledit Montbardon ne autrement par quelque information faicte aposte par gens suspectz et par tesmoins hayneulx et malveilans.’

⁶⁶ ‘Urkunden’, ed. Keussen, p. 98.

⁶⁷ Picot, ‘Malades ou criminels?’, II, p. 241: ‘Avons absoluté et absolvons ladite deffendarresse [...] avons condempné et condempnons les comis et habitans dudit lieu du Crest es fraiz faictz par ledit procureur au pourchas et poursuyte de fere fere ladite visitacion.’

⁶⁸ Picot, ‘Malades ou criminels?’, I, p. 327: ‘De prononcer une sentence absolutoire.’

⁶⁹ ‘Urkunden und Aktenstücke’, ed. Keussen, p. 97.

1608, Cologne doctors rejected the verdict by which a youth from Antwerp had ‘been rashly and falsely held for unclean by the lepers’.⁷⁰ A judgment by the lepers of Melaten in 1574, that Tryn van Vrechen was leprous, drew a sharp rebuke from two faculty members, who protested to the town fathers that the *Lepraschau* should be entrusted to ‘the medical profession’ rather than to the ‘ignorant regents of the *leprosarium*’.⁷¹ The medical judges in Saint-Omer were more diplomatic in 1557, when they argued that Jehan Siredieu ought to be admitted to La Magdelaine, even though the lepers of the house had tried to keep him out by claiming that he ‘was only infected by a dry scab which he could have caught by poverty and deprived living’.⁷² In a reverse case, the mother superior of the Terzieken *leprosarium* in Antwerp rejected the judges’ verdicts on five suspects in 1701 because she had not been present at the examination.⁷³ The case is telling, because religious women who administered leper houses in the southern Netherlands (Antwerp, Bruges, and Ghent) appear to have maintained the upper hand over physicians more consistently and longer than anywhere else.

The issue of prerogative arose regularly in examinations, to the point of drawing more attention from officials than leprosy itself, at least as an issue of public order. The physicians of La Purge in 1488 overruled the consuls of Ambert (Puy-de-Dôme) who had confined George Chastaing as leprous.⁷⁴ In an apparently more intense case of dissent, the Montferrand judges in 1542 reversed the confinement of Jehanne Freydefont by the consuls of Olliergues, who had trespassed on the jurisdiction of La Purge.⁷⁵ There were outright contests between towns over the right to hold examinations, and some of these led higher authorities to intervene, not always successfully. The Secret Council of Charles V in 1552 prohibited the town of Kortrijk (Courtrai) from performing examinations, upon a joint complaint from the administrators of the *Lazarie* in Ghent, of Saint Mary Magdalen in Bruges, of the *leprosarium* of the Hooghen Zieken (High Sick) outside Ypres, and of the ‘*Lazarie* of Free Flanders’. It took almost a year, and an intervention from the Emperor, before Kortrijk stopped ‘usurping’ the *prueve vander lazarie*.⁷⁶ It took much longer (from at least 1568 to 1586) and repeated

⁷⁰ ‘Urkunden und Aktenstücke’, ed. Keussen, p. 98.

⁷¹ Demaitre, *Leprosy in Premodern Medicine*, pp. 24-25. For the rivalry between Melaten and the Faculty of Medicine in context, see Uhrmacher, ‘Die Lepra in Köln’, pp. 102-103.

⁷² Bourgeois, *Lépreux*, p. 31.

⁷³ Van Schevensteen, *La Lèpre dans le Marquisat d’Anvers*, p. 57.

⁷⁴ Picot, ‘Malades ou criminels?’, I, p. 62; II, p. 37.

⁷⁵ Picot, ‘Malades ou criminels?’, I, pp. 62-63; II, p. 58.

⁷⁶ *De Leprozerij*, ed. Mus, IV, pp. 21-27.

interventions by the Duke of Württemberg, to resolve a similar dispute between Tübingen and Stuttgart.⁷⁷ In conflicts such as these, the maintenance of control was at stake as much as the management of health.

Competition for control often overlapped with the material ramifications of leprosy that focused official attention upon a broad spectrum of economic and social concerns. So much of this spectrum is reflected in the certificates that it calls for a separate study, which would complement the ongoing research into, and discussion of, the budgets and property transactions of leper hospitals, as well as the bequests that they received. Suffice it here to summarize the salient fiscal aspects of the *visitatio*. Fees constitute the most immediately visible component, since they covered the cost of the procedure, regularly furnishing details on the amounts disbursed and on their distribution among the participants. Fees were often combined with fines for non-compliance and penalties for transgressions. There were different regional accents, which are at least partly due to the provenance of the records. German certificates were most precise about the fees of the doctors, as could be expected. French records more often specified reimbursements for travel, including the hire and provisioning of horses, lodging, and the meals of escorts. Poverty was mentioned frequently, earlier in France, as the reason for a reduction or remission of payment.

The issue of poverty also arose at the other end of a *iudicium*, when leprosy was confirmed. In some certificates, it even received more attention than the verdict itself. In 1573, a doctor in the hospital of Béthune determined that the widow Bétine needed to be sequestered, to be placed in the *maladrerie*, and ‘to be supported and provided for from the goods of that house as *bourgeoise*’.⁷⁸ As Annemarie Kinzelbach has shown most persuasively for German imperial towns, the focus of government measures shifted, in the late sixteenth century, to a preoccupation with poverty which almost entirely eclipses concern about contagiousness.⁷⁹ The certificates display earlier harbingers of emerging economic priorities. In 1448, the authorities in Saint-Omer decided that Jehan Gheers, though judged not to be leprous but disposed to the disease, should be examined in La Magdeleine every week ‘for the sake of charity and mercy, in consideration of his poverty’.⁸⁰ In 1457, the sworn physicians of Frankfurt recognized that the widow Fransbergerinn had a cancer of the lips and nose rather

⁷⁷ Demaitre, *Leprosy in Premodern Medicine*, pp. 44-45.

⁷⁸ Bourgeois, *Lépreux*, p. 241 note 53.

⁷⁹ Kinzelbach, ‘Negotiating on Paper’. I am deeply grateful to Professor Kinzelbach for sharing this seminal article with me before it was published.

⁸⁰ Bourgeois, *Lépreux*, pp. 30, 314, note 108.

than leprosy, yet they proposed that her condition warranted a grant of the privilege (*fryheit*) to beg, as well as ‘the alms of the separated people’.⁸¹ The shift towards an economic agenda is amply documented, for the Low Countries, by the emphasis on ‘expenses’ (*costen*) in an ordinance which the regents ‘vanden Hooghen Zieken’ in Ypres formulated in the years between 1520 and 1524.⁸² In 1559, the Ypres examiners clearly aimed for the alleviation of poverty rather than the accuracy of the diagnosis when they found Joos Gauweloos not to have leprosy but a condition that ‘may be as incurable as any kind of leprosy’, with the result that he was ‘very miserable, infected forever, and in utter need of alms’.⁸³

Conclusion

With their allusions to economic considerations, and particularly with their references to poverty and the need for alms, the certificates convincingly prove two principal propositions about the *visitatio leprosororum*. First, they demonstrate that official policies regarding leprosy reached far beyond contagion and, strictly speaking, beyond issues of public health. With more specific implications, the *iudicia* also confirm that their objective was not limited to sequestration but extended to social justice and, where necessary, the provision of succour. Even Le Tribunal de la Purge exemplified a dual goal, which undermines any tendency towards a one-sided and essentially negative interpretation of the word ‘purge’. In 1525 it manifested both its mandate to exclude lepers *and* its concern to offer them care by appointing a ‘quêteur pour les lépreux’. Conventional assumptions might lead one to think of a functionary charged with the *quête* or ‘search’ for suspects in order to purge society of a contagious menace. The nomination, however, specified that the officeholder should be licensed:

[T]o carry clappers together with a cup as if he were among those poor, so that he might draw more effectively people who are devoted to give them alms. However, we forbid him to sit or to place his cup where similar *ladres* have the right to place theirs, for we do not intend to prejudice their right to do so.⁸⁴

⁸¹ ‘Dokumente zur Ausübung der Lepraschau’, ed. Sudhoff, p. 152.

⁸² *De Leprozerij*, ed. Mus, III, pp. 95-108.

⁸³ *De Leprozerij*, ed. Mus, IV, pp. 29-30.

⁸⁴ Picot, ‘Malades ou criminels?’, II, pp. 198-199: ‘De pourter cliquetes et d’icelles ensemble du baril user comme s’il estoit du nombre desdits pouvres et pour mieulx atraire les gens devotz a leur donner l’ausmone touteffoys nous luy defendons de ne asseoir ou poser baril en lieu que semblables ladres ont droit de poser les leurs car n’entendons preiudicier en leurs droitz de ce faire.’ A ‘clapper boy’ (*klapknecht*) with a similar function

To be sure, there were varying patterns in the soliciting of alms and the control of begging. These patterns most likely contribute to the quantitative gender disparities, particularly between Montferrand and the rest of France, which certainly cannot be attributed solely to epidemiological factors or varying health conditions.

More puzzling is the pronounced gender difference between Montferrand, where almost half of examined men were judged leprous, and Cologne, where the ratio was a mere 7 per cent. The disproportion may reflect a divergence between the commission of judges to safeguard the community and the endeavour of physicians to limit the number of ‘condemned’ suspects. The rich archives of Cologne and Montferrand document urban outlooks rather than rural conditions, and they no doubt slant some of my inferences. Their weight, however, is balanced by information gleaned from numerous documents, diverse in type and provenance, which add credence and also detail and perspective. Further research should be instrumental in refining these conclusions. A more urgent desideratum is an expansion of the comparative overview, first, with a more methodical examination of the similarities and differences between France, Germany, and the Netherlands, and then between the Continent and England. It may be equally promising, if more challenging, to pursue similar explorations and comparisons south of the Alps and the Pyrenees, into Central and Eastern Europe, to the Mediterranean region – and beyond, into global and chronological space.

This initial exploration of the certificates is but a ‘horizontal’ or ‘latitudinarian’ attempt to weave discrete documents into one narrative; the next step, indispensable to any true history, is a ‘longitudinarian’ study of continuity and change over time. In the present narrative, the collected evidence from certificates has not been used to deny or minimize the role of public health, contagion, or separation in official measures. Rather, it opens dimensions beyond simplified views of responses and motives, and it shows that lepers, rather than constituting a society of the excluded, were an organic part of mainstream society, whether as a challenge to public health or public order, or as individuals who were entitled to rights and assistance. The examined certificates offer one more antidote to the reductionist and ‘polarizing equation between leprosy and contagion, lepers and rejection, and leperhouses and segregation’, and to the stubbornly ‘postulated’ universality of concerns with

is mentioned, but tied to the annual ‘begging procession’ (*bedeltocht*), by Meulemeester, ‘De melaatsenklepper’, p. 393. The precise mandate of this official merits further inquiry.

contagiousness and prevention.⁸⁵ Furthermore, when assembled into a mosaic, the *iudicia leprosororum* convey far-reaching implications, across centuries and borders. Even within a circumscribed period and area, they open a broader perspective on ‘sanitary policing’: they reveal the complexity of official responses to epidemics, of the motives behind public health measures, and even of popular attitudes towards ‘the other’.

⁸⁵ Touati, ‘Contagion and Leprosy’, pp. 182-3.

BIBLIOGRAPHY

Archival sources

Agen, Archives départementales de Lot-et-Garonne, BB 24, 26. Documents (from Agen, 1523, 1535, and 1538) kindly shared by Johan Picot.

Auxerre, Archives départementales de l'Yonne, E 481, G 1633, H 2398

Bruges, OCMW-Archief, Fonds Magdalena Leprozerie, Reg. nr. 4; lias 80, stuk 14

Montpellier, Archives départementales de l'Hérault, II E 35/42. Documents (from Ganges, 1570) kindly shared by Bruno Tabuteau.

Nevers, Archives départementales du Nivernais, cahier CC 120

Nuremberg, Stadtbibliothek, Handschriftenabteilung, Handschrift Cent.V, 42

Troyes, Archives départementales de l'Aube, G 1281, G 3394, G 3395, 41 H 1

Tübingen, Universitätsarchiv, MS 20/10, 'Gutachten der medizinische Fakultät'

Printed primary sources

'Beiträge zur Geschichte der Kölner Lepra-Untersuchungen. i. Teil. A. 1491-1664. Lepra-Untersuchungsprotokolle der Kölner medizinische Fakultät', ed. by Hermann Keussen, *Lepra*, 14 (1914), 80-98

De Leprozerij, genaamd het Godshuis der Hoge Zieken te Ieper. Oorkonden, I (1176-1300) - IV (1546-1581), in *Bijdragen tot de geschiedenis van de liefdadigheidsinstellingen te Ieper*, ed. by Octaaf Mus, vols. II-V (Ieper: OCMW, 1950-1954)

‘Documents inédits sur la maladrerie et les lépreux de Lille. Épreuve de ladres’, ed. by Alexandre de la Fons de Mélicocq, *Revue des Sociétés Savantes des Départements*, third series, 4 (1864), 458-465

‘Dokumente zur Ausübung der Lepraschau in Frankfurt am Main im XV. Jahrhundert’, ed. by Karl Sudhoff, *Lepra: Bibliotheca internationalis*, 13 (1913), 141-169

‘Eine kölnische Lepraschau vom Jahre 1357’, ed. by Ernest Wickersheimer, *Archiv für Geschichte der Medizin*, 2 (1908-1909), 434

‘Lepraschaubriefe aus dem 15. Jahrhundert’, ed. by Karl Sudhoff, *Archiv für Geschichte der Medizin*, 4 (1910-1911), 370-378

‘Lepraschaubriefe aus Italien’, ed. by Karl Sudhoff, *Archiv für Geschichte der Medizin*, 5 (1911-1912), 434-435

‘Mittelalterliche Aussatz-Proben’, ed. by Karl Sudhoff, *Archiv für Geschichte der Medizin*, 3 (1909-1910), 80

‘Neue Aussatzproben aus dem Anfang des 14. Jahrhunderts’, ed. by Karl Sudhoff, *Archiv für Geschichte der Medizin*, 8 (1914-1915), 71

Paré, Ambroise, *Les oeuvres d'Ambroise Paré [...] : diuisees en vingt huict liures, avec les figures & portraicts, tant de l'anatomie que des instruments de chirurgie, & de plusieurs monstres: reueuës & augmentees par l'auteur* (fourth edn., Paris: Gabriel Buon, 1585)

‘Procès-verbal de visite d’un lépreux en 1464 et relation juridique d’une autopsie en 1499’, ed. by Louis Barthélemy, *Actes du comité médical des Bouches-du-Rhône*, 20 (1881-1882), 116-122

Recueil des ordonnances des Pays-Bas. Deuxième série, 1506-1700. Tome premier, contenant les ordonnances du 7 Octobre 1506 au 16 Décembre 1519, ed. by Charles Laurent (Brussels: Goemaere, 1893)

Rheingauische Alterthümer, oder, Landes- und Regiments-Verfassung des westlichen oder Niederrheingaus im mittlern Zeitalter. Erste Abteilung. Die Landesverfassung, ed. by Franz Joseph Bodmann (Mainz: Kupferberg, 1819)

Thonerus, Augustinus, *Observationum medicinalium, haud trivialium, libri quatuor* (Ulm: Johannes Gerlinus, 1649)

‘Urkunden und Aktenstücke zur Geschichte der Leprauntersuchung in Köln und Umgegend, 1357-1712’, ed. by Hermann Keussen, *Lepra*, 14 (1914), 108-112

‘Vier Begutachtungen Aussatzverdächtiger durch das Nürnberger Medizinalcollegium zu Ende des 16. Jahrhunderts’, ed. by Otto Rieder, *Archiv für Geschichte der Medizin*, 4 (1910-1911), 384-385

‘Vier Schemata für Lepraschau-Atteste der Wiener medizinische Fakultät’, ed. by Karl Sudhoff, *Archiv für Geschichte der Medizin*, 6 (1912-1913), 392-393

‘Weitere Lepraschaubriefe aus dem 14.-17. Jahrhundert’, ed. by Karl Sudhoff, *Archiv für Geschichte der Medizin*, 5 (1911-1912), 154

‘Wurzacher Lepraschaubriefe aus den Jahren 1674-1807’, ed. by Karl Sudhoff, *Archiv für Geschichte der Medizin*, 6 (1912-1913), 424-434

Printed Secondary Sources

Bériac, Françoise, *Histoire des lépreux au Moyen Âge. Une société d’exclus* (Paris: Presses Universitaires de France, 1988)

Borradori, Piera, *Mourir au monde: les lépreux dans le Pays de Vaud (XIIIe - XVIIe siècle)* (Lausanne, Université de Lausanne: Cahiers lausannois d’histoire médiévale, 7, 1992)

Bourgeois, Albert, *Lépreux et maladreries du Pas-de-Calais (Xe - XVIIIe siècles)* (Arras: Mémoires de la Commission départementale des monuments historiques du Pas-de-Calais, 14:2, 1972)

Brenner, Elma, *Leprosy and Charity in Medieval Rouen* (Woodbridge: Boydell, 2015)

Burch, Sally L., ‘Leprosy and Law in Béroul’s *Roman de Tristan*’, *Viator*, 38 (2007), 141-154

De Keyzer, Walter, 'Lépreux et léproseries dans le Comté de Hainaut au Moyen Âge', in *Recueil d'études d'histoire hainuyère offertes à Maurice A. Arnould*, ed. by Jean-Marie Cauchies and Jean-Marie Duvosquel, 2 vols (Mons: Analectes d'histoire du Hainaut, 1983), I, pp. 521-544

Demaitre, Luke, *Leprosy in Premodern Medicine: A Malady of the Whole Body* (Baltimore: Johns Hopkins University Press, 2007)

Demaitre, Luke, 'The Clapper as "Vox Miselli": New Perspectives on the Iconography of Leprosy', in *Leprosy and Identity in the Middle Ages: From England to the Mediterranean*, ed. by Elma Brenner and François-Olivier Touati (Manchester: Manchester University Press, forthcoming)

De Potter, Frans, 'De leproos in de middeleeuwen', *Het Belfort*, 6 (1891), 170-177

Dewitte, Alfons, 'Lodewijk van Gruuthuse en de akkerzieken, 1489', *Biekorf*, 98 (1998), 195-198

Dross, Fritz, and Kinzelbach, Annemarie, "'Nit mer alls sein burger, sonder alls ein frembder". Fremdheit und Aussatz in frühneuzeitlichen Reichstädten', *Medizinhistorisches Journal*, 46 (2011), 1-23

Fay, Henri Marcel, *Histoire de la lèpre en France: lépreux et cagots du sud-ouest, notes historiques, médicales, philologiques suivies de documents* (Paris: Champion, 1910)

Felten, Sebastian, 'Mittendrin statt außen vor? Ein neuer Ort für Melaten bei Köln und der "Paradigmenwechsel" in der Leprosengeschichtsschreibung', *Geschichte in Köln. Zeitschrift für Stadt- und Regionalgeschichte*, 57 (2010), 11-37

Hort, Irmgard, 'Aussätzige in Melaten. Regeln zur Krankheitsdiagnose um 1540/1580', in *Quellen zur Geschichte der Stadt Köln: Spätes Mittelalter und frühe Neuzeit (1396-1794)*, ed. by Joachim Deeters and others (Cologne: Bachem Verlag, 1996), pp. 168-173

Jütte, Robert, 'Lepra-Simulanten', in *Neue Wege in der Seuchengeschichte*, ed. by Martin Dinges and Thomas Schlich (Stuttgart: Medizin, Gesellschaft und Geschichte, 6, 1995), pp. 25-42

Keussen, Hermann, 'Nachrichten über die in den Lepraprotokollen genannten Professoren und Lizentiaten, welche an den Untersuchungen teilnahmen', *Lepra*, 14 (1914), 98-108

Kinzelbach, Annemarie, 'Infection, Contagion, and Public Health in Late Medieval and Early Modern German Imperial Towns', *Journal of the History of Medicine and Allied Sciences*, 61 (2006), 369-389

Kinzelbach, Annemarie, "'an jetzt grasierender kranckheit sehr schwer darnidert". "Schau" und Kontext in süddeutschen Reichsstädten der frühen Neuzeit', in *Seuche und Mensch. Herausforderung in den Jahrhunderten*, ed. by Carl Christian Wahrmann and others (Berlin: Historische Forschungen, 95, 2012), pp. [269]-282

Kinzelbach, Annemarie, 'Negotiating on Paper: Councillors, Medical Officers and Patients in an Early Modern City', in *The Physician and the City in Early Modern Europe*, ed. by Andrew Mendelsohn and others (London: Routledge, forthcoming)

Kinzelbach, Annemarie, and Sturm, Patrick, 'Der Siechenhauskomplex vor den Toren Nördlingens: Entwicklung, Funktion und bauliche Gestalt vom 13. bis zum 18. Jahrhundert', *Jahrbuch Nördlingen*, 33 (2011), 25-54

Lombardo, Paul A., 'Medicine, Eugenics, and the Supreme Court: From Coercive Sterilization to Reproductive Freedom', *Journal of Contemporary Health Law & Policy*, 13 (1996), 1-25

Meulemeester, Jean Luc, 'De melaatsenklepper in het Museum van O.-L.-Vrouw-ter-Potterie te Brugge', *Antiek*, 22:7 (1988), 393-399

Le Page, Henri, 'Madelaine-lès-Nancy', *Mémoires de la Société d'Archéologie Lorraine*, 3 (1874), 33-64

Maréchal, Griet, 'Lepra-onderzoek in Vlaanderen (XIVde – XVIde eeuw)', *Annalen van de Belgische Vereniging voor Hospitaalgiedenis*, 14 (1976), 27-65

Maréchal, Griet, 'De leprozen in de kwartieren Brugge en het Brugse Vrije. Nieuwe cijfers', *Annales de la Société d'émulation de Bruges*, 116 (1979), 147-162

Mazzoli-Guintard, Christine, 'Notes sur une minorité d'al-Andalus: Les lépreux', in *Homenaje al profesor Carlos Posac Mon*, ed. by Manuel Ramírez and others, 3 vols (Ceuta: Instituto de Estudios Ceutíes, 1998), I, pp. 319-325

Moore, Robert I., *The Formation of a Persecuting Society: Authority and Deviance in Western Europe, 950-1250* (Malden, MA: Blackwell, 2007)

Picot, Johan, "'La Purge': une expertise juridico-médicale de la lèpre en Auvergne au Moyen Âge", *Revue historique*, 662 (2012), 204-292

Pourrière, Jean, *Les Hôpitaux d'Aix-en-Provence au Moyen âge: XIIIe, XIVe et XVe siècles* (Aix-en-Provence: Paul Roubaud, 1969)

Prevenier, Walter, 'Sociale spanningen rond leprozen en akkerzieken in 15e eeuws Vlaanderen', in *Bewogen en bewegen. De historicus in het spanningsveld tussen economie en cultuur*, ed. by Willem Frijhoff and Minke Hiemstra (Tilburg: H. Gianotten, 1986), pp. 232-248

Rawcliffe, Carole, *Leprosy in Medieval England* (Woodbridge: Boydell, 2006)

Schaefer, R.J., 'Die Lepraatteste in den Akten der medizinischen Fakultät an den alten Universität Köln', *Leprosy*, 1 (1913), 249-252

Schwarz, Ignatius, 'Zur Geschichte der Lepraschau', *Archiv für Geschichte der Medizin*, 4 (1910-1911), 383-384

Soziale Randgruppen und Aussenseiter im Altertum: Referate vom Symposium "Soziale Randgruppen und Antike Sozialpolitik" in Graz (21. bis 23. September 1987), ed. by Ingomar Weiler and Herbert Grassi (Graz: Leykam, 1988)

Sudhoff, Karl, 'Die Clever Leprosenordnung vom Jahre 1560', *Archiv für Geschichte der Medizin*, 4 (1910-1911), 386

Sudhoff, Karl, 'Was geschah mit den (nach erneuter Schau) als "leprafrei" Erklärten und aus den Leprosorien wieder Entlassenen, von behördlicher und ärztlicher Seite?', *Archiv für Geschichte der Medizin*, 6 (1912-1913), 149

Sudhoff, Karl, 'Eine Blutprobe zur Erkennung der Lepra', *Archiv für Geschichte der Medizin*, 6 (1912-1913), 159

Sudhoff, Karl, 'Einige Dokumente zur Geschichte der Lepraprophylaxe in Süditalien in der 2. Hälfte des 13. Jahrhunderts', *Archiv für Geschichte der Medizin*, 8 (1914-1915), 424

Sudhoff, Karl, 'Ein neues Leprazeichen bei der Blutprüfung', *Archiv für Geschichte der Medizin*, 11 (1918-1919), 232

Tabuteau, Bruno, 'Vingt mille léproseries au Moyen Âge? Tradition française d'un poncif historiographique', *Memini. Travaux et documents*, 15 (2011), 115-124

Touati, François-Olivier, *Maladie et société au Moyen Âge. La lèpre, les lépreux et les léproseries dans la province ecclésiastique de Sens jusqu'au milieu du XIV^e siècle* (Brussels: De Boeck Université, 1998)

Touati, François-Olivier, 'Contagion and Leprosy: Myth, Ideas and Evolution in Medieval Minds and Societies', in *Contagion: Perspectives from Pre-Modern Societies*, ed. by Lawrence Conrad and Dominik Wujastik (Aldershot: Ashgate 2000), pp. 179-202

Tricot, Jean-Pierre and Van Hee, Robrecht, 'Pest en lepra in de zestiende eeuw', in R. van Hee, ed., *Ziek of gezond ten tijde van Keizer Karel. Vesalius en de gezondheidszorg in de 16de eeuw* (Ghent: Academia Press, 2000), pp. 73-83

Uhrmacher, Martin, 'Die Lepra in Köln vom 12. bis 18. Jahrhundert', in *Krank und Gesund. 2000 Jahre Krankheit und Gesundheit in Köln*, ed. by Thomas Deres (Cologne: Kölnisches Stadt Museum, 2005), pp. 98-113

Van Schevensteen, A.F.C., *La Lèpre dans le Marquisat d'Anvers aux temps passés* (Brussels: Etablissements d'Imprimerie l'Avenir, 1930)

Westerink, Karin, 'Ter ere Gods en onze Lieve Vrouw van Eiteren, een leprozengilde', *Historische Kring IJsselstein*, 43 (1987), 41-57

Wickersheimer, Ernest, 'Beiträge zur Geschichte des Aussatzes in Frankreich und in den benachbarten Ländern', *Archiv für Geschichte der Medizin*, 5 (1911-1912), 144-153

Electronic sources (including some unpublished theses)

De Gelder, Anouk, “‘In God’s ban geslagen?’ Lepralijders van de 13e- tot vroege 16e-eeuw in Vlaanderen, een studie naar infectiebesef” (MA Thesis, University of Ghent, 2014)

http://lib.ugent.be/fulltxt/RUG01/002/162/440/RUG01-002162440_2014_0001_AC.pdf last consulted 15 August 2016

De Paermentier, Els, ‘De relatie vrouw-ruimte in religieuze en caritative instellingen te Gent in de veertiende en vijftiende eeuw. Een onderzoek naar verschillende aspecten van de geografisch-stedelijke, architecturale, sociale en rituele ruimte bij een twintigtal instellingen’ (MA Thesis, University of Gent, 1997)

http://www.ethesis.net/caritative/car_inst_inhoud.htm last consulted 10 December 2016

Fleck, Udo, “‘Diebe - Räuber - Mörder’: Studie zur kollektiven Delinquenz rheinischer Räuberbanden an der Wende vom 18. zum 19. Jahrhundert’ (PhD Thesis, University of Trier, 2003)

http://ubt.opus.hbznrw.de/volltexte/2007/399/pdf/Raeuber_01_Text.pdf last consulted 20 September 2016

Kinzelbach, Annemarie, ‘Leprosaria: The Simultaneity of Segregation and Integration in Southern German Towns’, abstract for the INHH conference, ‘Segregation and Integration in the History of the Hospital’, 10-11 April 2015, Dubrovnik

https://www.academia.edu/11924818/Leprosaria_the_Simultaneity_of_Segregation_and_Integration_in_Southern_German_Towns last consulted 15 November 2016

Murphy, Hannah Saunders, ‘Reforming Medicine in Sixteenth-Century Nuremberg’ (PhD Thesis, University of California, Berkeley, 2012)

http://digitalassets.lib.berkeley.edu/etd/ucb/text/Murphy_berkeley_0028E_12995.pdf downloaded 5 June 2016

Unattributed, a note about *Veltsiechen* and leper housing in Koblenz

<http://www.gr-atlas.uni.lu/index.php/articles/ge57/le205/ko209> accessed 15 November 2016

Other unpublished theses

Coomans, Janna, 'In Pursuit of a Health City: Sanitation and the Common Good in the Late Medieval Low Countries' (PhD Thesis, University of Amsterdam, 2018)

Picot, Johan, 'Malades ou criminels? Les lépreux devant le tribunal de la Purge de Montferrand à la fin du Moyen Âge', 3 vols. (PhD Thesis, Université Jean Moulin Lyon 3, 2012)

About the author

Luke Demaitre is a leading historian of medicine, whose publications include books and articles on the response of learned physicians to diseases ranging from asthma and cancer to insanity and marasmus. Leprosy is a principal focus of his research. Key publications include *Doctor Bernard de Gordon: Professor and Practitioner* (1980), *Leprosy in Premodern Medicine: A Malady of the Whole Body* (2007), and *Medieval Medicine: The Art of Healing from Head to Toe* (2013).