

The English Medieval Leper Hospital in Context

Swii Yii Lim

Introduction

Lepers and leprosy have long exercised a particular fascination in the popular imagination since the medieval period. The stereotype of the medieval leper – an itinerant outcast suffering from terrible physical disfigurement – is a powerful image that still persists, yet the reality was far more complicated. Major historical studies have been dedicated to lepers and leprosy, but work on leper hospitals remains scanty in comparison.¹ This is particularly true of the archaeology. Recent excavations such as those at Winchester and Chichester, however, have done much towards addressing this shortfall and complementing the work of French and British revisionist historians. What the archaeological evidence provides is an emerging picture of lepers not as outcasts, but as members integrated into the social fabric of medieval society and treated with some measure of dignity and respect.

Leprosy in Britain

How and when leprosy first arrived in Britain is still uncertain. Skeletal evidence from Cirencester and Poundbury Camp, Dorset suggests that the disease was already present during the Roman period.² Now commonly known as Hansen's disease, leprosy is an infectious, air-borne disease that can be traced archaeologically by changes in the skeletal structure, most often in the cranial area and the extremities.³ We now know that it is caused by *Mycobacterium leprae*, a pathogen belonging to the same family as tuberculosis. When infected, symptoms can range from very mild (tuberculoid) to extremely severe (lepromatous), with tell-tale deformity of the face and limbs in individuals with low immune resistance.⁴ As a disease, it did not appear to have been a significant problem in England until the 11th century and was already on the decline by the 14th century.⁵

The Social Perception of Lepers

During the Middle Ages, however, "leprosy" was a fluid term used to designate a whole host of skin – and even venereal – diseases. So long as it looked like *lepra*, it was effectively *lepra*. A strict medical definition would have been foreign to the medieval mindset, which did not differentiate between physical and spiritual aspects of disease. To the medieval Christian, physical symptoms of leprosy were manifestations of an underlying spiritual malaise – the sign of a diseased soul and evidence of a sinful nature. The disease was also thought to make the afflicted lustful, sexually profligate, and beast-like.⁶

However, as the doctrine of purgatory developed in the Middle Ages, lepers also came to be seen in another light: rather than being sinful penitents, lepers were an elect few, enduring Christ-like suffering and purgatory on earth in exchange for surety in the afterlife.⁷ As such, their elevated status meant their intercessory prayers were thought to have special efficacy

¹ On lepers: Richards (1977), Rawcliffe (2006).

² Manchester and Roberts (1989) 266; Reader (1974).

³ Ortner (2008).

⁴ Manchester (1984) 167.

⁵ Magilton (2008) 9.

⁶ Orme and Webster (1995) 26.

⁷ Magilton (2008) 12; Rawcliffe (2006) 60-61.

and were particularly attractive to wealthy hospital benefactors seeking to build up spiritual credit while alive.

Neither was leprosy a respecter of rank. Indeed, the social rank of both sufferer and observer likely played a significant role in determining one's attitude towards the disease.⁸ The famously afflicted included the likes of King Baldwin IV of Jerusalem (1160-85) and Robert FitzPernel, Earl of Leicester (d. 1204), as well as clergymen like Richard Wallingford of St Albans.⁹ These figures presented an alternative image, whereby their rank – and by extension, stronger moral character – rendered the leper “noble”. As a result, medieval attitudes to lepers varied and were rather ambivalent, ranging from horror and disgust to sympathy and pious concern.

Many of the misconceptions that still pervade our understanding of medieval leprosy actually stem from modern attitudes towards the disease. During the 19th century, so-called contagionists championed the idea of lepers as outcasts who needed to be segregated and contained.¹⁰ Obsessed with hygiene and a fear of the plague, they anachronistically pointed to leper hospitals as an example of how the disease was safely controlled in the Middle Ages. By segregating lepers in isolated communities, they argued, the threat of infection could be contained.

In actuality, medieval man had no real concept of infection.¹¹ Physical illness, as mentioned previously, was closely linked to the state of the soul or to divine intervention. Ideas about contagion in the modern, medical sense did not start to take root until the 14th century, after a devastating series of plagues and famine had contributed to a general sense of social upheaval in Britain.¹² Yet the popular image of leper hospitals as isolation wards for social outcasts – however anachronistic – remains influential.

The Function of Medieval Hospitals

Medieval hospitals were complex places providing more than simply medical treatment or a cure. They both saw themselves and were seen as houses of religion: ergo the alternative names of a *domus dei* or *maison dieu* (“house of God”).¹³

The purpose of a hospital also frequently changed over time. In the 12th century, hospital establishments were sometimes a hospice, sometimes a hospital. In later times, they often served as an almshouse as well, with many offering a combination of two or more of these services.¹⁴ This was particularly true for leper hospitals, which converted into almshouses or hospices after the devastation of the Black Death and as leprosy petered out in the 14th century.¹⁵

Understanding the social perception of leprosy and lepers is thus vital to understanding how and why medieval *leprosaria* cannot simply be seen as isolation wards for social outcasts or

⁸ Magilton (2008) 11.

⁹ Magilton (2008) 9-10.

¹⁰ Rawcliffe (2006) 17-29; Touati (2000) 181-2.

¹¹ Manchester (1993) 8.

¹² Touati (2000) 197.

¹³ Orme and Webster (1995) 35.

¹⁴ Knowles and Hadcock (1953) 40.

¹⁵ Knowles and Hadcock (1953) 310-11.

the unwanted sick. Perhaps somewhat perplexing to the modern mind, leper hospitals were primarily places of spiritual rather than physical care. As such, hospitals served a multiplicity of functions. For the inmates, *leprosaria* provided shelter, physical care, and in the case of the seriously ill, medication and treatment. But above all, the quasi-monastic lifestyle expected of the inmates catered to their spiritual needs as well. Indeed, some lepers deliberately sought the structured lifestyle and the spiritual refuge offered by a *leprosarium*. For patrons, sponsoring a hospital was a means to demonstrate their wealth and piety, and to bank spiritual credit in the form of intercessory prayers. The latter was especially specific to leper hospitals and particularly sought after. Viewed in this light, the theological – rather than purely medical – agenda behind early endowments speaks more to the social and spiritual aspirations of the benefactors than the actual incidence of leprosy.¹⁶

The Typology and Layout of Leper Hospitals

Despite the multivariate and fluid nature of hospital function in the medieval period, archaeologists have tried to classify the architectural remains in order to establish a typology relating size, location, and the provisioning of buildings to a specific social function.¹⁷ In doing so, this aids in the identification, classification, and understanding of future hospital sites. *Leprosaria*, for example, constituted only one of four types of hospitals, the others being almshouses, hospices, and institutions caring for the sick poor.¹⁸

The layout of medieval hospitals typically consisted of several buildings in an enclosed precinct with controlled access, and the exact facilities available varied depending on the foundation date and purpose. Not all hospitals necessarily had a chapel and cemetery.¹⁹

To some extent, leper houses follow the same pattern. Excavations have demonstrated clear boundary markers, such as the precinct walls surrounding some 3 ha at St. Nicholas, Fife.²⁰ Otherwise, the general assumption is that leper hospitals developed organically and were made up of timber structures, possibly grouped around a chapel.²¹ Where extant, chapels were standalone structures. However, there is a noticeable lack of evidence for the accommodation of inmates. Sites with a communal hall may well have functioned as a dormitory, such as that at St Mary Magdalene's, Glastonbury, but no archaeological evidence exists to suggest that residents were housed in individual cells. In general, more excavation is needed to better understand the layout of these institutions.

The Location of Hospitals in the Landscape

Within the wider landscape, leper hospitals were often located on the urban periphery.²² The extramural location, however, was not necessarily a means of segregating a shunned population as other types of hospitals can also be found outside city walls. Hospitals were an integrated part of the urban landscape, encircling most major towns, serving as waypoints for travelers and boundary markers delineating the city circuit.²³ Rather, economic and social

¹⁶ Rawcliffe (2006) 4-5.

¹⁷ Gilchrist (1993) 102.

¹⁸ See Table 1 in Atkins and Popescu (2010) for a summary of hospitals founded before AD 1150.

¹⁹ Gilchrist (1993) 103.

²⁰ Youngs, Clark and Gaimster (1988) 302.

²¹ Gilchrist (1993) 204.

²² Knowles and Hadcock (1953) 40-1.

²³ Rawcliffe (2007) 257-8.

reasons unrelated to modern conceptions of contagion play a key role in understanding the siting of medieval *leprosaria*.

Due to the special nature of its inmates' condition, a leper hospital was often highly dependent on alms for financial support.²⁴ The prominent location of leper hospitals on major thoroughfares leading in and out of towns ensured a steady flow of traffic – and thus income – from the charitably minded. As endowments dwindled in the late medieval period, begging became an increasingly important source of revenue. The proximity to bridges and tollbooths also allowed for the solicitation of funds from passing travelers.

An extramural location also meant that fresh water was more readily available, as was land for agricultural purposes. In addition to gardening and farming, animal husbandry was a vital part of a hospital's economy and was undertaken by the more able-bodied residents. Some leper hospitals such as St. Laurence's and St. James' at Canterbury engaged in substantial farming activity, occupying precincts of 3.5 ha and at least 2 ha respectively.²⁵ Instead of being liminal or marginal institutions, hospitals strategically exploited their suburban location for economic sustainability.

Somewhat overlooked in the literature is the advertising potential of hospitals due to their prominent location.²⁶ For patrons, hospitals provided an opportunity to demonstrate one's generosity and piety writ large in the form of a substantial monument as visitors passed through the city gate. Examples include St. Bartholomew's gatehouse in London with the insignia of Richard Whittington, the merchant, and St. Cross at Winchester, patronized by the cardinal, Henry Beaufort.²⁷

Conclusion

Far from being isolated communities, *leprosaria* were a common sight to medieval travelers as they entered major cities. More importantly, however, archaeology is challenging our traditional assumptions about the leper as a lowly outcast. Not only did leper hospitals take both the physical and spiritual provision of their inmates very seriously, these institutions also played a social and economic role in urban society. In short, medieval leper hospitals were complicated, multifunctional places that were an integrated – rather than segregated – part of the urban landscape.

²⁴ Magilton (2008) 22.

²⁵ Rawcliffe (2007) 262.

²⁶ Rawcliffe (2007) 265-7.

²⁷ Rawcliffe (2007) 266.

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