Sickness and Sin: Medicine, Epidemics and Heresy in the Middle Ages

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Abstract

This essay explores the place of heresy in medieval society, touching upon the theories of Robert Moore that the language of disease is often used to describe heretics. In the first chapter this is developed by looking at medieval sources used in the study of heresy and medicine. The influence of Church chroniclers is discussed, giving some suggestion of the bias that can be encountered in later medieval sources. Also explored is the existence of medical journals in the Middle Ages, as well as sensational popular accounts of epidemic illness.

Following this, a detailed summary of medical practice and the position of the physician in medieval society is given. The influence of the Church and faith healing, as well as traditional or unconventional remedies, are all shown as an integral part of medicine. As an extension of this, the third chapter explores mass epidemics to consider popular opinion of more threatening disease. Particularly focusing on ergotism and insanity, this chapter considers how the role of medical care was pushed to the sidelines by more dramatic sources.

Leprosy is then explored as more than an illness, where the impact of traditional literature meant it could be used as a powerful symbol for political purposes.

In the final section, the evidence for heresy as a disease is explored considering the context of medicine in medieval society, specifically looking at leprosy but also considering elements of other epidemics and treatments as a whole. The conclusion drawn is that the language of disease used to describe heresy represents a literary divide from actual medical care in the Middle Ages. Heresy may be used as a powerful metaphor linked to devastating epidemic but is not necessarily linked to illness itself.
## Abbreviations

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Introduction

In the High Middle Ages, Western Europe saw the rise of dramatic instances of heresy, preaching against the church, which lead to devastating war and persecuting inquisition. It was a widespread phenomenon that picked up pace after the millennium, becoming particularly prominent as the Church’s power increased and specific legislation was formed. The rise of heresy was partly a result of the rise in population, with communication becoming more advanced as towns expanded and ideas were more effectively spread. However, ideas were not the only things that spread in this bustling population; conditions were ripe, too, for the impact of disastrous epidemics. Disease was more common, as already unsanitary populations grew more crowded, culminating with the devastating Black Death. With mostly Church chronicles telling the story, and a sense of religion underlying everyday life, comparisons were bound to be drawn between plagues and unruly dissent. On the one hand sickness of the body and the other a corruption of the mind.

Robert Moore has explored the crossover between heresy and disease. He especially studied the language used by medieval sources that contain metaphors of disease used to describe heretics. In almost all of his work on heresy and persecution he gives the concept of ‘heresy as disease’ at least a cursory glance. Of particular concern is the parallel between heretics and lepers, sharing similar traits of corruption, fear and persecution. Few would disagree that heresy and leprosy often go hand in hand, but few actually explore the issue further. Where historians do discuss this idea of a popular perception of heresy as some sort of plague, they are usually quoting Robert Moore’s thesis, recycling similar concepts that heresy was often compared to disease by contemporaries, showing repulsion and fear but little more. Aside from leprosy, which in itself became a highly ambiguous concept in the Middle Ages, little
contextual thought is given to other epidemics or the medical care that surround heresy. I believe it is important to consider the theory of ‘heresy as disease’ in a wider context, not just as leprosy but amongst other widespread ailments of the time.

This study will not attempt to show that heresy was ever genuinely considered an illness, believed caused by typical medieval anatomical concepts or to be treated as such, as no sources suggest this to be the case. What I intend to explore is how relevant it is that we consider the language of disease used; to understand why chroniclers would have used these particular traits to describe heresy and what it would have meant to people at the time. In doing this, I hope to give a comprehensive summary of medical attitudes in the Middle Ages, looking at numerous epidemic or extraordinary illnesses to provide contextual case studies of the diseases that existed alongside heresy.

1 Jeffrey Russell did allude to this, saying it was considered ‘possible to fall into heresy by an excess of phlegm as well as by an excess in the sanguine humour’, to be discussed later in his book but never actually addressed (J. Russell, Dissent and Reform in the Middle Ages (Berkeley, 1965), p. 44). On being asked, he told me, though unsure of what he was citing, he cannot believe there was any real link between heresy and actual illness.
Chapter 1: Medieval Sources for Medicine and Heresy

Heresy and disease are widely documented areas in medieval sources, primarily because both had such powerful impacts on society. Heretical preaching generally attacked fundamental values of the institution of the Church, whilst the scale of destruction caused by certain epidemic diseases was difficult for anyone to ignore. In a world where religion was a constant factor in life, seldom to be questioned, heresy stirred deep emotions and disease could often be interpreted as divine punishment, elements so dramatic as to be sent by the Devil to corrupt or by God to correct. Heresy and disease were therefore regularly recorded with moral judgement by those chroniclers within the Church, most often to convey a biased message towards greater piety. Straight away, it is apparent that there is a danger in reading these sources, which are almost always taken from the perspective of a Catholic God’s servants.

Medicine itself is less precarious to interpret, thanks to numerous medical journals passed down not as historical chronicles but as teaching scripts or recipes for cures. Earlier records such as Bald’s Leechbook, a 9th Century book of hazy origins,\(^2\) provide a sense of medical physician attitudes. Such books demonstrate a background for the medical tradition that is developed in the later period, and are useful as compilations for the origins of what might otherwise seem rather obscure cures that physicians later adopted. The content of the medieval medical journals in the later period is hardly original, as Jackson’s study of mental disorders shows, tracing the origins of treatment back to developments of Greek writings or popular Roman

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\(^2\) An English translation is not yet available, though MS and details surrounding it are available in C.E. Wright, *Bald’s Leechbook: British Museum Royal MSS 12 D.xvii* (Copenhagen, 1955).
Galenic traditions. In looking at the use of charms and prayer in medicine, Olsan discusses a number of different physicians’ medical journals, and the similarities in tradition tend to be greater than the differences. Such writers include Glibertus Anglicus, a surgeon who composed such texts as Compendium Medicinae, c.1240, who wrote to teach procedures and provide cures. Also noted is John Gaddesden, a physician to the English royal family who composed numerous texts as an authority on surgery, amongst other areas. Possibly the most famous of medieval medical texts, however, is Guy de Chauliac’s Anatomy. A famous medieval surgeon who studied in Toulouse, Montpellier and Bologna, Guy was a man who saw the plague first hand and constantly provided a theoretically scientific approach to the illnesses he encountered. The Anatomy was written in 1363, and provides as much a history of medical tradition as a window into practice in his time. Guy’s work is primarily medical, and the attempted scientific nature of his writing is shown when drawing criticisms of others’ use of charms.

However, whilst general medical practice is easy enough to trace for the care the physician took to pass on the tradition, documents surrounding epidemic disease as events affecting society are less clear-cut. For instance, much of the evidence regarding leprosy and madness comes from somewhat fantastical sources, which use such disease as a literary device, rather than historical chronicles. This is apparent in the fact that some of the best studies of leprosy or insanity for the period discuss fictional or at least fabricated tales more than historical texts, which are sparser. The result is that much of society’s reaction to disease has to be drawn from sources that

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5 Ibid., p. 345.
use them to demonstrate a point. Even where descriptions are not pure fiction, we have to be wary of the chroniclers trying to draw a moral.

An example of such dangers comes from Adémar of Chabannes, whose collection of millennial sources came under much controversy following Saltet’s assertion in the 1920s that he was a pathological liar. Landes discusses Adémar in detail, and the result is a depiction of a man who had an obsession with religion and saint cults to the degree that he may have exaggerated certain disasters to draw on apocalyptic ideals, or to judge the contemporary church. It is likely that his interest in an eschatological narrative emerged to counter the elite’s avoidance of such issues, and thus we cannot be certain on the one hand how far he was over-emphasising certain elements whilst on the other contemporary chronicles may have underplayed them. Landes points out that Adémar, probably far from being a mythomaniac, developed his writing as a sign of the times. With many so repressive of current developments, opposite trends like Adémar’s were bound to emerge. Further, Adémar’s colourful depiction of a crumbling society is not completely fabricated; Ralph Glaber’s accounts of disease and destruction around the same time are similarly dramatic. However, we must be wary of such sources, if not for the events that they describe but for the reactions they express, and where Adémar writes with a clearly critical purpose we cannot be sure that society as a whole reflected his pious concerns.

Other sources of the later medieval period, reflecting further instances of epidemic or dramatic ailment, are similarly skewed. Miracle accounts, for instance *The Miracles of Our Lady of Rocamadour* or *The Book of Sainte Foy*, hint towards madness or disease, but often merely as a creative device. Usually written by monks,

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9 Ibid., pp. 151-2.
10 Such as Bernard of Anges, author of *The Book of Sainte Foy*. 
these moral tales are interesting for religious reactions to such ailment in society, but they hardly provide an accurate portrayal of treatment, often dwelling on God’s will or the role a particular saint may play. Aside from specific legislation, such as government decrees to seclude lepers, it is therefore very rare for epidemic disease to appear in medieval sources without some religious moral behind it. This inevitably overplays the evil implications of disease and the role of faith in healing. In a period where the Church dominated written records, it is unlikely that any study of medieval medical practice will be able to avoid such sensationalism.

These problems are no less apparent in the sources available for medieval heresy. In fact, as far as motivations go the sources for epidemics and heresy have numerous parallels. To take the two most relevant examples in this study, William the Monk’s debate against Henry of Le Mans and William of Newburgh’s description of heretics in England, we can see the problems inherent. William the Monk, while showing no indication of whom he was writing for, provides a highly judgemental account of Henry’s heresy. He counters Henry’s points in the boldest of ways, outright insulting Henry in places, and it is clear that William is above all trying to demonstrate and condemn the flaws of heresy. Similarly, in William of Newburgh’s account we are shown an unflinchingly degrading depiction of the heretics, giving the impression of a writer who wants to show them in the worst light rather than to merely tell what happened. It is very rare to find sources for heresy written from a more neutral perspective, as the sources are usually intended not as a historical account but as a contemporary device to either spread concern or to present some

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11 Most likely William of St Thierry, a friend of St. Bernard of Clairvaux.
12 BPH, pp. 56-7.
13 For a full study of William of Newburgh, see Russell, Dissent and Reform, pp. 224-7.
14 For another example, Eberwin of Steinfeld’s ‘Letter of appeal to Bernard of Clairvaux’, HHMA, pp. 127-132.
pious triumph as rallying propaganda for the Catholic Church, as would appear to be the case in these examples.

Whilst accuracy of events must not always be cynically discarded, we must be careful in studying the sources for heresy and disease in the Middle Ages. These were dangerous elements in society, representing dilemmas to the faithful, and thus the medieval writers, most often tied to the Church, documented these events not for mere posterity but for the sake of presenting a religious message. The events may have occurred, but the message given in the sources cannot always be a truthful depiction of society; Church writers were depicting a world of judgement and evil, which could easily have been a stretch of the imagination.
Chapter 2: Medicine in the Medieval World

Studies of medical history in the Middle Ages tend to paint a bleak picture for the vast majority. In Park’s comprehensive essay tracing the rise of the medical profession as a public phenomenon in the later Middle Ages, at almost every juncture of hope that the physician’s place in society might be consolidated, or that methods were improving, we are reminded that advances were usually reserved for the wealthy. The majority, living on bare subsistence in unsanitary overcrowded conditions, were denied that learned physical care limited to the richer echelons of society.¹⁵ For Park, the unwashed masses were restricted to the care of the Barber Surgeons or poor apothecaries until health was better monitored, after c.1250, or even until the coming of the Black Death in the 1340s when concern over public health was really crystallised.¹⁶

In the earlier period, medical practice was sporadic, without standards and littered with strange practices. Medicine may have moved away from these problems with clearer standards and better education, but as it took the advent of the Black Death to drive this home it is clear that the process was slow. The physician appears in medieval sources to be held in nowhere near the same regard as we are now familiar with; medical care could be expensive and risky. Compared to the effects of prayer and faith, the actions of the physician seemed frowned upon and even feared, with miracle stories depicting surgeons leaving patients worse off than before, and charging extortionate prices to do so.¹⁷ General fear is shown by the commonly

¹⁶ Ibid., pp. 82, 87.
quoted expression of St. Augustine of Hippo, ‘the cures and remedies are themselves tortures.’

The reliance upon religion for causes and cures of sickness in the Middle Ages is prominent throughout. A major concern studying miracles is that the lot of the physician is sullied by the interplay of faith and healing. Chronicles, mostly provided by monks, with an emphasis on religion, contain a bias that plays down the role of medicine so as to elevate the role of God. However, in such a period it is impossible to separate the role of the Church from the role of the physician, so interlinked were beliefs in the elements of sin and prayer in sickness. The physician would seek to be less judgemental than the Church in finding the true nature of a disease, and was less prone to moralising the situation, but would not deny the involvement of the divine. The physician often prescribed confession, penance and self-denial. Even though these might not have been seriously believed as a medical cure it is clear they were recognised as aides to easing the psyche of the patient who would devoutly believe in them.

The Church played a larger role than a simple placebo, however. The High Middle Ages saw a rise in attempts to moralise disease, to justify illness through the sins of man with increasing legislation. Writing in London in the Fourteenth Century, Mirfeld reported that a physician, on seeing an illness, should first call in Confessors, then ‘when provision has been made for their spiritual health, he may lawfully proceed to apply his remedy to the body and make use of medicine’. That this account should provide this as a lawful procedure shows how serious the Church took such practice, that physical well-being should play second fiddle to the soul. It is a

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18 Ibid., p. 66.
19 Ibid., p. 64.
recurring theme that the physician is pushed aside as almost insignificant in the light of religion; miracle stories often recount that only after repentant prayer are the afflicted cured, often remarking on the futile application of medicine.

*The Miracles of Rocamadour*, for instance, gives numerous instances, particularly of madness, where ‘the physician’s arts could do nothing to help’. Other than neglecting the physician or simply presenting faith as more effective, however, the Church could also interfere with care, as shown by Allen when discussing melancholy and lovesickness. He demonstrates how Lateran IV prohibited medical treatment by sinful means, whereby a physician should not prescribe extramarital sexual activity, sometimes thought to ease depression, and patients were ordered to disobey such prescription. Though quite a specific example of interference, this shows how the Church would choose the sanctity of institutions such as marriage over whatever the physician might deem necessary for health, and the Church had the power as to force such decisions on the wider populace. Clay’s extensive study of the medieval hospital demonstrates how healthcare as an institution was more ecclesiastical than medical; hospitals in this period existed for care and not cure, through faith and love rather than science.

Much of the records of medieval treatment focus on more extravagant means of healing. At the tail end of the period, the poet Hocclavec was still referring to affliction as a living purgatory comparable to Hell, preoccupied with disease as punishment for sin and God and Mary as physicians, even when possessing a greater scientific knowledge of disorders. With such romantic yarns, the cures could often be far-fetched, ranging from simple repentance to obscure charms and prayers.

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22 Examples include *Miracles*, pp. 119, 123-4.
Rawcliffe draws numerous examples to show the ranging opinion of physicians regarding charms and the occult, demonstrating that though most had criticisms of soothsayers, they also all tended to at least reference charms and adhered to numerous studies of astrology and zodiac influences on illness. The odd treatments that emerged with such beliefs in place could easily range from exorcism to bizarre folk remedies whose origins can be as mysterious as their desired effect. For instance, *Bald’s Leechbook* talks of illness as caused by devil poisoning or even as attack by the secret arrows of elves. The author notes the concept of humours, discussed later, as an explanation for bodily health, but is resolved that their imbalance is caused by evil or poisons, and thus prescribes as cures peculiar remedies ranging from chants and charms to eating boiled badger testicles.

Whilst most medieval medical writers would condemn the use of miracles and marvels, saying they go against the art of medicine, they still included or referenced them in their work and seldom brushed them off entirely. An example of this that more-or-less encompasses the interplay between religion and medicine comes from Bernard of Gorden. He rejected 10 main areas of folk remedies, including soothsaying, magic, herbal amulets and divination, yet was willing to justify the use of charms, the reading of Biblical verse or the application of holistic medicines, including the use of animal faeces, as treatments. Olsan’s essay discussing this field shows that therapies’ rejection thus depended upon the shape of discourse that they attempted to augment or compete with; communities where magic enjoyed a positive reception, for instance, would notably have followed different medical beliefs. Still,

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28 Olsan, ‘Charms and prayers’, p. 349.
29 Ibid., pp. 352-3.
30 Ibid., p. 364.
such instances of unusual or faith-based medicine should not be overemphasised, no matter the influence of the Church or popular belief. Olsan creates the impression of objective physicians, trying to establish a scientific basis for their practice amidst a society where traditional values were still prominent. The degree of respect physicians might have given to more fantastical cures is shown by Michael Scot, a thirteenth century mystic, instructing ‘where medicine fails, the physician should advise the patient to go to the divines and enchantress, although this may seem wrong or contrary to the Christian faith’. Hence, the likes of charms were a last measure, to be used when medicine failed, placing the physician’s methods above such folk remedies. However, that they are separate to the Christian faith does not rule out the inclusion of acceptable Biblical charms and the like prior to such extremes; to talk of charms and faith healing, thus, was a very subjective field.

Beyond elements of faith in medicine were also problems of tradition. Medical knowledge was a matter of institution, handed down over many years, and often for the sake of the antiquity of medical ‘science’ common sense could be disregarded. Where medicine did emerge as dominant, the grounds for its practice were often still erroneous; where not based on religion it was often based on old beliefs. Firstly, illness was thought to be caused by imbalances in the humours, that seven governing bodily fluids would dictate health and excesses of one or the other could lead to sickness. The result of this customary assumption was that different treatments would be employed for different symptoms, for instance in the circumstance of a fever one treatment would be given for a temperature, one for chest pain and so on.

The concept of humours elicits comparisons to Eastern theories of Chi, and just as acupuncture today attempts to tap into channels of energy so phlebotomy, or

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31 Finucane, Miracles and Pilgrims, p. 69.
32 MIME, p. 169.
33 Rawcliffe, Medicine, p. 59.
bloodletting, was used in the Middle Ages to try and balance the humours. Bloodletting, commonly thought to be a method of flushing out toxins or evil, appearing as a cure numerous times in Bald’s Leechbook, was popular enough that the healthy would practice it regularly, and saw special buildings emerge dedicated to it, for instance at Bury St. Edmunds.\textsuperscript{34} However, despite its clear popularity and repeated appearances throughout the Middle Ages, in fact remaining common right up to a resurgence in Victorian times, bloodletting was not without its critics. Isaac Judaeus, writing in the Tenth Century, labelled it as ‘a foolish and widespread custom’\textsuperscript{35}, showing, as with other traditional takes on medicine, there were always those who saw sense that these methods were flawed.

The world of medieval medicine was still fundamentally futile. Where the Church was not imposing its values of morals and God’s will, physicians were caught up in tradition and uncertain theories. Even in the East, where the Crusaders were experiencing a more developed medical society, the resultant hospitals were primarily concerned with dietary measures, bloodletting and the balance of humours.\textsuperscript{36} Disease in this society existed as a horrifying prospect comparable to Hell on Earth, a punishment that might be eased but rarely cured. The physician’s place is unclear thanks to the Church’s records showing God as the greater healer, but there can only have been so much they could have done considering the surviving records of their medical theory. It was not, however, completely hopeless; there is always an underlying suggestion that the physician was striving to greater medical knowledge and care, even if restricted by religious and traditional circumstances. In society, however, with medicine most likely poorly regarded by the masses, any serious disease would always appear larger than life.

\textsuperscript{34} Ibid., pp. 64-67.  
\textsuperscript{35} Ibid., p. 65.  
Chapter 3: Epidemic Illness and Divine Justice

In the latter period of the Middle Ages, particularly after apparent millennial hysteria with numerous chronicles referencing eschatological plagues fearing the End of Days, we see a rise of widespread disease. With medieval medicine marred by dubious traditions and regulated by religion, society was left ignorant of proper hygiene and little could be done to prevent plagues from spreading. Adding to the lack of proper provisions against these diseases, it was often believed their spread was caused by patterns of stars, storms, crop cycles or even Jews; all tying back to a supernatural foundation of punishment.\(^ {37}\) To explore this further, I shall look specifically at the plague of ergotism and popular attitudes to mental illness, to consider the crossover between medical knowledge and social perceptions within mass medical quandary.

First, however, no study of medieval epidemics would be complete without mention of the Black Death. A unique, vast topic in itself, it is not possible to do it justice here, only to mention some of its general traits that tie it to earlier epidemics. The physician’s knowledge of the plague is evident in publications that emerged suggesting contagion could be avoided through better living. Similarly legislation developed linking the disease and sanitation, but few medical writers explicitly appear so accurate, some talking more of uncontrollable forces such as the conjunction of Jove and Saturn.\(^ {38}\) A University of Paris report, established to explain the origins of the plague for King Philip VI in 1348, claimed the outbreak was beyond human control, mostly due to the complex positioning of the planets.\(^ {39}\) John of Burgundy’s 1365 treatise is thought to have been the most widely read work, explaining the

\(^{37}\) *MIME*, p. 159.

\(^{38}\) Ibid., pp. 165-6.

\(^{39}\) Rawcliffe, *Medicine*, p. 82.
plague as a corruption of humours, due to harmful vapours caused by the evils of the world. The considered cure to such a disease was thus to live a pious life, although the ever-popular technique of bloodletting was also thought effective.\textsuperscript{40} The Black Death therefore works as a marked example of medieval disease, encompassing great fears of divine judgement and hazy medical practice. It was an epidemic that the medieval world had little hope of combating with their limited knowledge of disease, though the descriptions given by numerous medical writers do suggest they were observant in defining its nature.\textsuperscript{41} However, whilst there were apocalyptic overtones, religious fears and uncertain defences raised against the plague, it was a defining break in medieval medicine whose impact was so great that in the long run it did bring about change for the better.

In many ways an epidemic closer associated with holy judgement, where for the centuries that it raged recovery or death was almost entirely in the hands of God, ergotism provides a more acute study. Otherwise known as St. Anthony’s Fire and recurrent in medieval chronicles as variations of \textit{sacer ignis}, caused by a strain of fungus in rye bread, ergotism saw widespread infection between the 9th and 13th Centuries, particularly throughout certain provinces of France where estimates of mortality were in the thousands.\textsuperscript{42} The nature of ergotism leant much to an interpretation of divine punishment; a deadly burning\textsuperscript{43} that could, where not fatal, lead to the loss of limbs. On top of its vicious symptoms, the disease occurred most frequently in times of famine when crops had been ruined and rye was more popular.

\begin{flushright}
\textsuperscript{40}Ibid., pp. 166-7.
\textsuperscript{41}C. Creighton, \textit{A History of Epidemics in Britain} (London, 1965), p. 120.
\textsuperscript{42}Ibid., pp. 52-3.
\end{flushright}
thanks to its perseverant nature.\footnote{Ibid., pp. 146-8.} It seemed incurable to the medieval physician, and thus survival was attributed mostly to prayer or the effects of religious relics. The greatest remedy for ergotism was considered to be water that was washed over relics.\footnote{The scale of the epidemic was shown by the abundant vessels stored. G. Barger, *Ergot and Ergotism* (Edinburgh, 1931), p. 48.} The most common therapy aside from holy water was a balm made up of a secret recipe of plants, and with this considered it appears the only real aid that the physician could give was from higher quality food provided at hospitals.\footnote{Rutkowska-Plachcinska, ‘The ‘fire’ disease’, pp. 158-9.} That it was considered more than an illness is evident by all accounts. Where reference is made to the role of the physician it is usually as a defeated figure or one who aids God’s work. This is shown by Hugh of Lincoln’s biographer’s account that survivors, who had usually lost limbs, ‘go about with their scars, a living testament to the plague, to the skill of their Physician, an object of fear, but an encouragement of devotion.’\footnote{MIME, p. 160.} This small passage says a lot about the disease; something to be feared, something the physician was unable to effectively tackle, but as an ‘encouragement of devotion’ it shows respect for God’s mercy.

Ergotism sees its greatest fervour around the turn of the millennium, where both Ralph Glaber and Adémar of Chabannes point out, amongst other epic apocalyptic signs, a certain plague. Glaber describes it as ‘a hidden fire which consumed and severed from the body any limb which it affected’, saying ‘Men found remedies for this evil pestilence in the shrines of many saints’.\footnote{R. Glaber, *The Five Books of the Histories – Book 2*, France, J., (trans.), (Oxford, 2002), p. 77.} Amidst imagery of volcanoes and great fires, this disease for Glaber is perfectly apt as another in a chain of devastating God-sent disasters. Adémar’s description is similarly dramatic. He says
‘a fiery flame seized the people of the Limoges especially’, going on to tie it to a terrible famine with such vicious details as a brother having to eat his own sister.\textsuperscript{49}

Adémar’s account is of particular interest as he talks of the Council of Limoges, 994, a meeting to directly address this plague of ergotism. The Duke of Aquitaine, the Abbot of St Martial and the Bishop of Limoges were all involved, along with numerous relic-toting bishops of Aquitaine. The result of this council was the conclusion that through the power of the relics and a three day fast the plague was cured, resulting in oaths of peace and justice.\textsuperscript{50} As one of very few accounts showing a legislative move to combat ergotism in the Middle Ages, we see a religious stance that suggests a cure can only come through piety, that those afflicted by the disease suffer because of their Earthly sin. How far Adémar’s account is personally motivated to attack clerical corruption is impossible to tell, but as the descriptions of the plague and the Peace are far from unique it is clear that with such a disease faith certainly took priority over medicine. However, popular reaction was not solely based on religion. Later, the Order of St Anthony emerged with a similar vigour to that of the Order of St John, establishing hospitals across Europe. It is suggested, though, that even in these places specifically founded to address the disease, there is little evidence of their capacity to heal and some hospitals became little more than homeless shelters, some not even accepting sufferers of ergotism.\textsuperscript{51} In such circumstances it is hardly surprising that in facing such a plague most turned to God rather than medicine.

Insanity is by and large a more ambiguous area to consider in the Middle Ages. Though clearly an issue of the day, with the mad appearing constantly in

\textsuperscript{49} Landes, \textit{Relics, Apocalypse and the Deceits of History}, p. 318.
literature, mental disorders were too individual to be generalised. In the most comprehensive study of the treatment of mental illnesses in the Middle Ages, Jackson asserts that it is not appropriate to think of them as disorders but rather as mental states, for perceptions at the time could easily praise the madness of mystics or holy men whilst damning that of the local fool. Those close to the victim usually dealt with perceived disorders, and the physician rarely attempted treatment, painting a picture of an illness outside society’s responsibility. Treatment was not a public concern, and where we do find discussion of the mad in medieval medical literature, which is rare, they are usually taken to holy places or simply treated alongside the diseased. No special provision was made for the mad until the 14th Century, and it was not until the 15th that hospitals really made a move towards attempting to treat such an ailment. However, madness may not have reached epidemic scale until the 15th Century, but could also be less moral a disease as others, treated primarily as a mental disorder so early as the 13th Century.

Such treatment is evident in Jackson’s study. He explores the writings of earlier medieval physicians, in which we can see humours again play an important part in medical perceptions. Treatments were suggested for the most common disorders like melancholy, akin to modern notions of depression, such as to perform phlebotomy on the forehead, to release a build up of trapped blood, or to pay attention to diet or heat. Other treatments included baths and bleeding to the point of fainting, especially for problems like lycanthropy or mania, often considered purely physical. So in medicine it would appear there was a stress on physiological cures.

53 Clay, Hospitals, pp. 31-3.
Treatment was usually based on phlebotomy and purgatism, but physicians were trying to tackle the problem logically; Gilbertus Anglicus shows careful thinking in prescribing such cures as reassurance and occupational therapy, whilst music was also frequently used.\textsuperscript{56} However, a study of Charles VI’s madness shows how varied views could be; Guillaume the physician looked to physiology, the Pope focused on morals and the king’s brother blamed the king’s weakness on having been poisoned or put in a spell. The result that physical factors were given the least credence shows that no matter the physician’s personal efforts elite society could overrule him.\textsuperscript{57} It was only with Church interference in the later period that concepts of possession and demoniacs started to seep in, though whilst increasing Church power may have led to an increasing use of supernatural explanations the physician was wary of mental states.\textsuperscript{58} Again this is an area that is hard to judge, as towards the later period records are increasingly provided by members of the Church, and with attempts to assimilate all areas of medicine, Christianity and pagan supernaturalism into their own system it is impossible to gain a reasonable perspective of their respective roles.\textsuperscript{59}

Perceptions of madness in the later part of the Middle Ages almost always come from romantic rather than historical accounts, though, and as a result moral overtones are constantly prominent. Almost all study of medieval madness focuses on literature rather than history,\textsuperscript{60} simply because it appears far more common to use madness as a colourful literary device than a problem within society. However, books such as Huot’s and Doob’s are excellent as studies of how fictional medieval stories show society’s perceptions of madness. There is often a moral of madness being

\textsuperscript{56} Doob, \textit{Nebuchadnezzar}, pp. 38-40.
\textsuperscript{57} Ibid., pp. 47-9.
\textsuperscript{58} Ibid., p. 292.
\textsuperscript{59} Ibid., p. 295.
\textsuperscript{60} The sole work I have found on later medieval insanity and society as a history is S. Harper, \textit{Insanity, Individuals and Society in Late Medieval English Literature: The Subject of Madness}, (New York, 2003), which I have not yet been able to obtain.
inflicted upon the sinful and cured by redemption, but the madness appears more as an appropriate punishment rather than showing us genuine perceptions of true disorders. Sprunger explores the depiction of the mad with firehair and clubs, often restrained by chains, showing wild or demonic qualities. With an almost otherworldly appearance, an animalistic creation, this is the central focus of Huot’s study; the mad as depicted as an Other, outside human society.

Huot paints a very grim picture for the mad, as one who can become a victim of brutal violence without recompense, that the preservation of cultural hegemony dictates they be subdued by violence or excluded, like an insufferable beast. The degree of this segregation is shown by the perception that to have sympathy for the mad is to be like them, but conversely to be angered by them is to admit they are one of us. Thus unmitigated persecution is the only option, though not with any specific animosity towards the mad, as one would hunt an animal. Where madness is actually cared for or cured it appears in moments of temporary madness such as in miracle stories, usually the result of repentance or divine mercy; that God releases the victim from punishment or that prayer or exorcism drives out some demonic possession. For instance when a blasphemer ‘became both dumb and mad’ prayer pushed the Lady of Rocamadour to ‘[drive] out the evil spirit which had possessed his body’. This is noted only after the failure of the physician, who pronounces the man incurable. If the literature is any kind of reflection of society’s attitudes, the place of the mentally disordered in the medieval world could be somewhat bleaker than those afflicted with

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63 Ibid., p 79.
64 Miracles, pp. 123-4.
the God-sent diseases of greater epidemics; permanent madness meant a very lonely and altogether forgotten existence.

Gripping ailments such as ergotism, the plague and insanity were all, therefore, overshadowed by the medieval mentality of tying affliction to faith. The physician was often present and made whatever physiological attempts he could, but the influence of religion played down his place greatly and dogged popular perception of epidemic or severe illness as something that could only be healed by the will of a greater power. Where a sickness appeared widespread, particularly devastating or colourful in symptoms, more often than not it would have been impossible to perceive as a merely physical ailment.\textsuperscript{65} The world of medieval disease was one that put faith before medicine, both for cause and cure, and it is not hard to see why, considering the inexplicable circumstances of such dramatic afflictions.

\textsuperscript{65} For the phenomenon of St Vitus’ Dance, to provide further example, the only cures appeared to be religious rites and exorcism, commonly believed that the victims followed some devil’s whim to act wildly in an unceasing convulsion, actually a rheumatic disease. \textit{MIME}, pp. 162-3.
Chapter 4: Leprosy and Humanity

Leprosy in the later Middle Ages was treated in its own unique way as both a widespread epidemic to be cared for and a dynamic object of segregation and corruption. Where physicians may have fought against the unknown with the likes of ergotism or madness, trying to adapt to an ill-defined disease, leprosy was an affliction that the medieval world was all too familiar with, having encountered it only too often in the literature of scripture or ancient tales of sin. It is with a grim familiarity that Guy de Chauliac in his Anatomy notes at the start that whilst the physician should strive to cure all disease, one of three instances flagged as futile is that the ‘sickness is simply incurable as leprosy’.66 His later conclusion that it can be endured or alleviated but not healed is telling of how hopeless the illness appeared. Part of this resolve must have been due to the connection of leprosy to sin, as Guy instructs ‘this illness is the salvation of the soul’ and ecclesiastical tradition linked it numerous times back to divine punishment for blasphemy, betrayal or lust.67 Thus, leprosy rarely appears as merely a disease, constantly carrying heavy undertones of corruption.

A disease where more concern was generally given to cause than cure, medieval leprosy was not always well defined in terms of the accepted modern affliction. Mitchell concisely considers the implications of different forms of leprosy in the period, noting that leprosy as we understand it may not even have existed in Old Testament times. Lepra was used by Constantine Africanus, c.1018, to describe true leprosy, but the word lepra was already in common circulation for non-specific skin lesions, which was bound to lead to confusion regarding seclusion and

66 Guy de Chaulic, The Middle English Translation of Guy de Chauliac's Anatomy, B. Walker (ed.), (Lund, 1969), pp. 6-8. The other two are notably due to the patient or medicine, not the illness.
67 Brody, Disease, p. 103.
treatment. The history of the Lazar House, hospitals specifically determined for lepers, shows the 11th to the middle of the 13th Centuries as the prominent era for leprosy’s medieval peak. However, that ‘leper’ was an elastic term and the Lazar Houses that cared for them were far from specific in the patients they cared for confuses the epidemic. Those afflicted with leprosy could vary greatly in the specifics of their disease, as more than mere lepers could be defined under a blanket term, whilst victims of a variety of other diseases were also prone to take advantage of the care the Lazar House gave. That the disease was so ill-defined and prone to overlap allowed for great exaggeration of its effects, fantastical exploration of its causes and a general attitude reflecting a unique affliction that could be manipulated to suit one’s own political or religious views. When Hugh of Lincoln is reported to have lived amongst and cared for lepers, there is an account of him being very close to them and not suffering himself, as well as telling descriptions that show not all those afflicted were true lepers. Such stories showing a reverse account to that of leprosy as an evil epidemic are clear evidence of what Creighton describes as ‘the halo of exaggeration that surrounded the idea of leprosy in the medieval religious mind’.

Reaction to leprosy and popular belief surrounding it could therefore be a highly politicised creation. Douglas shows this in a comparative study linking lepers to witches, whereby both cause ‘insidious harm’, spread unseen. Crucially noted is the difference between the quite specific and careful treatment in the East compared to a vague uncertainty in the West; the latter leaving society open to use the disease as an

69 Clay, Hospitals, p. 36.
70 Ibid., pp. 39, 48-9. Other diseases cared for included scrofula, lepra, lupus, tuberculosis and erysipelas (ergotism).
71 Creighton, A History of Epidemics in Britain, p. 84.
accusatory device against a newly emerging disadvantaged class, c.1170.\textsuperscript{72} Douglas judges medieval attitudes to leprosy in the West as a case of ‘trying to cure a real social blight by isolating an imagined disease’\textsuperscript{73}, quite apart from other epidemics at the time. It went beyond illness towards a social grouping; the healthy were suspicious of lepers for their connection to sin, and this went so far as legislation outlining seclusion. As the mad were abandoned and ignored, the leper was highlighted as an archetype of moral decay. Moore notes a number of measures taken, for instance the citizens of Péronne requesting the Bishop of Tournai separate the lepers from them, c.1118, and the revocation of an old custom in Exeter, c.1244, that previously allowed lepers to walk freely amongst the people.\textsuperscript{74} The Church could be quite explicit in its call for segregation, for instance a Council at Lavaur calling that ‘lepers…be sequestered from the rest of the faithful’.\textsuperscript{75}

By far the most dramatic of Church legislation was that given in the Third Lateran Council of 1179, which included the \textit{Office at the Seclusion of a Leper}, a grim rite that was little less than a living funeral for the afflicted. Amongst other things, after this ritual was given the leper was forbidden to eat in the company of the healthy, to attend church or even so much as talk to people in tight spaces.\textsuperscript{76} However it is notable that, so harsh as this rite was, it labelled the leper as isolated but not evil; saying ‘though he may be sick in body he may be whole in soul’\textsuperscript{77}, that the leper may continue to live a pious life. This is evidence that where the Church was wary of the spread of leprosy, they were not specifically labelling it as criminal, as others would.

\textsuperscript{73} Ibid., p. 733.
\textsuperscript{74} R.I. Moore, \textit{The Formation of a Persecuting Society} (Oxford, 1990), pp. 54-7.
\textsuperscript{75} Brody, \textit{Disease}, p. 65.
\textsuperscript{77} Ibid., p. 273.
Indeed, Clay notes numerous instances of further legislation, which were often local matters of separating the sick from the healthy rather than punishments.\textsuperscript{78}

Though often used as a literary device for sin and repentance, leprosy was thus not entirely persecuted as such in the medieval world. The existence of vast numbers of leper hospitals, the formation of the Order of St Lazarus and the attempts of physicians to alleviate if not cure the disease are all evidence of this. In all likelihood the Lazar Houses were not entirely isolated, though they were out of town, and during the 14th Century they even saw healthy people attempting to gain refuge in them.\textsuperscript{79} Similarly, the strict regulations of Sherburne hospital, c.1181, dictated, with rules akin to a school, that consistently ill-behaved patients could be expelled and new patients could only be admitted when old ones departed, giving the impression that these were positions of privilege rather than imprisonment.\textsuperscript{80} There were vast numbers of leper hospitals, with resources stretched to have an abundance of carers for small numbers of lepers, giving an impression of a society taking care of their ill at some expense, even if they were separated for fear of contagion.\textsuperscript{81} However, whilst from these examples it is easy to see that seclusion and persecution was not entirely universal, this is not to say that there weren’t instances of great fear and revolt against the lepers. We cannot be sure, for example, that the strict rules weren’t implemented in cruel ways. Most importantly, though, individual instances of secular interference could often be harsher than the irregular legislation.

To return to Douglas’ idea of a reaction to social blight, much of the severity of leprosy persecution comes as a scapegoat for popular fear or as a means of

\textsuperscript{78} Including a general seclusion in the Assize of London, 1276, which was by no means universal for the time. Clay, \textit{Hospitals}, pp. 52-6.


\textsuperscript{81} P. Richards, \textit{The Medieval Leper}, p. 11.
labelling ones’ opponents as sick and sinful. Henry II of England burnt lepers outright, whilst Edward I saw fit to give them a proper Christian funeral and thus buried them alive.\(^{82}\) Edward III’s legislation that all lepers be stricken from London, 1346, is often given as one of the most striking acts against leprosy for the harshness of his decree that no one should house these people, and others followed his example.\(^{83}\) However it is unclear if these heinous reactions were due to the disease itself, or the specific actions of the ‘lepers’ in question, who might very well have just been troubleshooters calling themselves lepers or sharing certain qualities with the ambiguous disease.

By far the most striking instance of a genuine push against the lepers as a people, however, came from Philip V in the 1320s. In a move akin to the massacre of the Knights Templar and the expulsion of the Jews under Philip IV, here was a mass uprising where many lepers and Jews were burnt for fear of a plot to poison the healthy. The intricacies of this plot are studied carefully by Ginzburg and shown to be a matter of paranoid conspiracy, whereby popular fears were played into great persecution which left those in charge all the richer for the appropriation of the wealth of the leper houses.\(^{84}\) This is without doubt the greatest example of popular persecution against leprosy, or in fact any disease, and shows that it was not just a matter of illness. With lepers were found a collection of people to be feared and segregated, a grouping that sufferers of less famed disease like ergotism or madness were spared. For this reason, lepers could find themselves persecuted rather than treated, and on the other side of the coin people in precarious political, criminal or religious positions could equally find themselves labelled as lepers of one form or another. A flexible term, the medieval device of leprosy in the West was more a

\(^{82}\) Brody, *Disease*, p. 69.
\(^{83}\) Ibid., pp. 96-7.
symbol of loathing than a definition of a specific illness, and thus it is more commonly apparent in political than medical texts.
Chapter 5: Heresy and Disease

Amongst Robert Moore’s analysis of sources that describe heresy as a disease are Raymond V of Toulouse using tabes, a leprous sore that made death inevitable if infected, to describe heresies in his land; Isidore of Seville defining heresy as ‘an infection which when it catches one man quickly spreads to many’; the great inquisitor Rainer Sacconi speaking of a poison; and the term pestis, literally plague or epidemic, common in numerous accounts. Moore’s articles and books go into great detail concerning such topics, The Formation of a Persecuting Society in particular giving an extensive comparison of how heresy, Judaism and leprosy were similarly victimized. Generally concerned with the overlap in treating these elements with the same hostility, Moore draws on the universal image of the ‘leper’ as a political device for the means of a developing culture of persecution. Heresy as Disease looks closer at language used in such sources as Eckbert of Schönau, William of Newburgh and William the Monk’s debate against Henry of Le Man. Again we see use of the word pestis, as well as ‘infect’, ‘propagate’, ‘contaminate’ and ‘virus’, all references to a spreading illness that shows anxiety akin to that surrounding epidemics.

The comparison between leprosy and heresy is striking; that such ‘disease’ emerged suddenly, spread rapidly, passed through families and could not be cured, as well as being believed to be contagious. In an expression from Carolingian writer Rhabanus Maurus, ‘Leprosy is the false teaching of heretics, and lepers are heretics blaspheming against Jesus Christ’, we see that tradition to link the two groups went back some way. The parallel between heresy and leprosy is evident in the

88 BPH, pp. 4-5.
development of attitudes as well as certain damning traits, however; a central theme of Moore’s work, into the later periods of the Middle Ages legislation against leprosy was becoming more severe just as movements against the heretics were more animated. He argues that this must show some fundamental development in a society of increasing regulation and restriction; as Church power was consolidated, heresy was stringently opposed whilst leprosy, a disease associated with sin, was being similarly oppressed.

The most striking occurrence of heresy being labelled as leprosy comes from William the Monk’s tirade against Henry of Le Mans. In talking of the Biblical leper sent to a priest after being cured, William goes on to say ‘You too are a leper, scarred by heresy, excluded from communion by the judgement of the priest, according to the law, bare-headed, with ragged clothing, your body covered by an infected and filthy garment; it befits you to shout unceasingly that you are a leper, a heretic and unclean, and must live alone, outside the camp, that is to say outside the Church.’ Clearly Henry shared many traits of the leper, that he was poorly dressed and outcast from society. William is using this as a powerful metaphor, showing how Henry’s heresy ties into the traditional Biblical image of a leper cut off from society due to an illness caused by sin. Interesting, however, is that William talks so sternly of the law and the Church’s decision to sever leprosy like it would this heresy. Whilst there would have been little general legislation against leprosy at this time, c.1133-5, it must be appreciated that this comparison of leprosy draws not necessarily on popular perceptions of the actual illness at the time but moreover reflects an overarching stereotype of a disease existent primarily in literature or propaganda such as this.

89 Moore, ‘Heresy as disease’, pp. 8-11.
90 William the Monk’s debate with Henry of Le Mans’, in BPH, p. 57.
Other sources for heresy are less specific in the labels used. Their language is colourful in terms of conveying a dangerous spread akin to an epidemic, for instance Peter the Venerable talks of the teachings of Peter of Bruys as ‘a serious pestilence [that] has slain many people and infected many more’\textsuperscript{91}. Similarly, when justifying the action taken against heretics near Soissons, Guibert of Nogent deemed burnings fair ‘lest their cancer be spread’\textsuperscript{92}. Meanwhile, the heretics at Orléans, 1022,\textsuperscript{93} and those labelled by Ranier Sacconi\textsuperscript{94} are noted for the ‘poison’ of their teaching. However, of all these examples, some of the key ones which Moore notes, none really appear any more than a use of dramatic comparisons to stir trouble at the thought of such heresy. With ripe disease such as leprosy or plagues which had extensive measures to prevent the spread of contagion, it is not hard to see why these writers might have used such frightening comparisons, but there is no evidence that heresy was actually considered an affliction that could so easily be carried.

The greatest description of heresy as a plague comes from William of Newburgh’s depiction of the ‘Publicani’ in England. He refers to them in one instant as a ‘germ of heretical infection’, and constantly alludes to some contagious plague that has seeped over from the continent. The reaction to the heretics is notable, that they are excluded from society in the same way that might be expected of the medieval leper, driven from the city and left to die in the cold.\textsuperscript{95} The Assize of Clarendon that followed was no less damning, ordering that no man take care of the heretics and that any home they might have lived in be taken outside the village and burnt.\textsuperscript{96} In this example, heresy is certainly feared as a contamination that might infect

\begin{footnotes}
\footnote{91}{Peter the Venerable, ‘The teachings of Peter of Bruys’, in \textit{HHMA}, p. 119.}
\footnote{92}{Guibert of Noget, ‘Manichaens near Soissons’, in \textit{HHMA}, p. 104.}
\footnote{93}{The narrative of Paul, a Monk of Chartres’, in \textit{HHMA}, p. 76.}
\footnote{94}{‘The Summa of Rainerius Sacconi’, in \textit{HHMA}, p. 332.}
\footnote{95}{William of Newburgh, ‘Publicani in England c. 1163’, in \textit{BPH}, pp. 82-4.}
\footnote{96}{‘The Assize of Clarendon, c.1166’, p. 84.}
\end{footnotes}
England’s previously isolated island, and William refers to it as a ‘plague’ when he notes that thanks to these successful measures it never returned. However, it is hard to generalise the English perspective of heresy, in which this stands out as one of few occurrences. Similarly, this was clearly more than a perception of an infection, for in cases of genuine disease it was rare to see such a brutal reaction. Lepers were burnt, but this was seldom the result of their illness alone, usually owing to some politically or financially driven whim of the governing elite, for instance in the case of Philip V’s massacre. Lepers were also driven from the general populace and prevented from socialising with healthy people, but there was never any specific legislation preventing people from giving them aid. When lepers were driven from the towns, usually it was to the Lazar Houses outside or to a life of begging, never was it so damning as the effective death sentence of the Assize of Clarendon.

Not all heresy, though, was so harshly condemned. In the case of the monk Niphon, accused of Bogomilism, 1144, the decision was made to isolate him from human contact ‘lest his plague infect others’. 97 Here he would receive no visitors, be allowed no mail and be served by only one servant, secluded in a cell in a monastery where he could ‘speak freely to no one’. 98 Again there are clear parallels with the seclusion inflicted on lepers, as though his words alone would spread heretical thought like an infection, but again the measures taken against him were more severe than could be expected of usual epidemic fears. In the Lazar Houses, the leper had far more servants and there was always a threat of expulsion showing less than complete commitment to containing the disease. And with leprosy as the most secluded, feared and persecuted of medieval diseases, other epidemics were even further apart. There is little or no evidence of attempts to restrain or contain the spread of ergotism, for

98 Ibid., p. 225.
instance, and while the evils of whatever may have caused disease are often noted, so too are efforts to cure. The reactions to madness appear even further removed; that the insane were more-or-less disregarded is a vast divergence from the need to isolate corruptions.

Yet madness is evident in a number of heretical sources, sometimes as an explanation for sinful thought and sometimes as a punishment. In the case of the heretic Eudo, of whom numerous accounts exist, he is often described as a lunatic, deranged or simply stupid with his beliefs that he was the Son of God. One source describes that ‘filled with a diabolical spirit, he exploded into madness’, going on to say his preaching was only successful with people of simple minds.99 Likewise, when the monk Heribert is said to have been corrupted at Orléans he is described as ‘ensnared in madness and devilish error’, as though having lost his mind to heretical thought.100 In such instances it would make sense that madness be used to describe heresy, as a cause for blasphemy akin to those seen in miracle stories. However, in these cases of serious heresy, no saint comes to cure the madness; Eudo, rather, died imprisoned.

A lesser instant, we find in the miracles of Saint Faith that a peasant, after blaspheming against a church, was stricken mad, ‘forced to believe in something that, had he been of sound mind, he would have to reject’.101 Of course he was cured by prayer to Saint Faith, and saw the error of his way. What is interesting, then, is that in the cases of madness as used to explain heresy the reaction is never comparable to medical reactions to genuine disease. A clear example of this is in the case of a dialogue, of disputable origin, which discusses the maddening effects of Bogomilism. When addressing men driven to sinful actions by some demonic influence, one

100 ‘The narrative of Paul’, in HHMA, p. 76.
101 The Book of Sainte Foy, p. 213.
character considers ‘doctors…say these conditions are not the product of demons, but of humours’, to which the other responds that doctors ‘only pay attention to bodies’. In a rare instance where the physician is actually considered regarding such heresy, this shows how such heresy could so easily be seen as more serious than any physical disease could be responsible for.

Thus, epidemics could lead to oppression, and a fear of disease was responsible for some cruel legislation against victims, but whilst the language of disease in heretical sources may allude to the bold fears and destruction of epidemics it in no way reflects the more adaptive side of medieval illness. The sources for heresy often see it as a disease that could easily cause widespread infection, but not in any physical sense that can be addressed in the same way as a plague. Fire and isolation were recognised cures, certainly, but in the cases of genuine disease, as has been shown, these extremes were not the norm when it came to attempts to treat sickness.

Conclusion

I set out originally to explore the overlap between medicine and epidemics when compared to the treatment of heresy, to develop Moore’s idea of heresy as perceived as a disease, but what this study shows is a divide between the perception and reality of disease. Medicine in the Middle Ages was haphazard, and disease could be brutal, thus treatments were often severe or overboard, for instance with bloodletting and excluding legislation. However in the case of most epidemics these cures, or attempts at containment, were usually carried out with the intention of relieving the ailment. Lepers in Lazar Houses and sufferers in the Hospitals of St Anthony were comforted even where it seemed there was no hope of curing them, and remedies such as St Anthony’s Balm or Holy Water were often prescribed, representing at least some attempt to relieve the pain or some distant optimism in finding a cure. With the extent that the medieval physician appeared to strive towards cures, no matter how obscure or unsuccessful their attempts may have been, it is clear that they were still trying to treat disease. This is where I feel there emerges a divide.

The sources for heresy show a fear of infection, but no sense of an attempt to treat it other than to destroy the heretics as a means of destroying the heresy. True, it is highly unlikely that it was ever genuinely perceived as a physical ailment, but in many cases so too was madness a matter of ambiguous causes and leprosy thought caused by sin. If heresy was genuinely thought contagious like a plague, then there is no reason that it should have been considered any different to other diseases; some attempt should have been made to treat the host, if not in any physical case then at least by some form of prayer or exorcism. As it stands, where any heresy is ‘cured’ it is usually as reported a blasphemer restored to faith by a saint’s miracle, or confused
disciples reconciled by a dominant Church figure after the main heretic has been removed.\textsuperscript{103}

Thus I see ‘heresy as disease’ in a purely literary sense. Sources for heresy certainly use the ‘language of disease’ as Moore asserts, and they certainly take traits for seclusion and fear from the same vein that might govern reaction regarding epidemics, but they are most likely a reflection of attempts at fear-mongering by playing on the anxieties of the general populace. This represents a divergence between the literary device of disease as an overbearing image with moral overtones, the disease seen in scripture, miracles or events such as Philip V’s massacre, and the actuality of disease as something that was tackled on a worldly level. The heresy sources show a judgement too severe to be a simple concern of contagion, representing an attempt to show heresy as dangerous by taking the very worst elements of disease whilst disregarding the other side of the issue, that is to say any attempt to treat it.

It is apt that in the most explicit examples leprosy comes up as a basis for comparison, for leprosy was more than a mere disease. Outside instances of political intrigue and local oppression, the leper was for the most part no more persecuted than sufferers of less dramatic disease, but in terms of literature it became something far more devastating, both for body and soul. The parallels between heresy and disease therefore result from exaggerated literature and so too end there; in popular literature they were both devastating contagions that would corrupt and could only be fought through destruction and isolation. In reality, heresy suffered this cure whilst the options for illness were actually, though not necessarily successful, a lot more humane.

\textsuperscript{103} For example, Bernard of Clairvaux could be seen to have been ‘treating’ the after-effects of Henry of Le Mans’ influence when he followed the heretic in Toulouse. ‘Bernard of Clairvaux’s denunciation of Henry’, in \textit{IHMA}, pp. 122-4.
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