

Leprosy and Social Class in the Middle Ages

TO THE EDITOR:

Dr. Ell painted a vivid picture of leprosy in the Middle Ages [Int. J. Lepr. 54:300–305, 1986], but he weakened his editorial by the statement that “autoamputation of the digits . . . facial coarsening and vocal changes occur in no other disease.”

Autoamputation of the digits, as is well known, never occurs in leprosy; what does occur is shortening of the fingers from absorption of the phalanges. Facial coarsening is characteristic of myxedema and of lipoid proteinosis, as well. Vocal change—hoarseness—does occur with great regularity in leprosy, but it is also a constant feature of myxedema and of advanced tuberculosis. The former was probably commoner than leprosy even in its epidemic heyday. Congenital syphilis probably destroyed nearly as many noses as leprosy did, and the difference in appearance is a subtle one. This, of course, would have happened only in the 16th century and afterward.

Wertlich (for *weltlich* = worldly) may have been a typographical error not readily caught by a monolingual proofreader. “Depradations” (for depredations) seems like a misspelling (I spelled “irrelevance” irrelevance until I was almost 40!). [The JOURNAL takes responsibility for this error and apologizes to Dr. Ell and Dr. Arnold, and to all its readers.—RCH]

Notwithstanding my irresistible urge to pilpulism, I enjoyed the editorial and was informed by it.

Parenthetically, “shedding the disgusting macules of leprosy” sounds much more like shedding the disgusting scales of psoriasis. What would a leprosy patient be able to “shed”? Fingers?

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Dr. Ell's Response

TO THE EDITOR:

The main point of Dr. Arnold's letter rests on an apparent ambiguity in my text. In the sentence preceding the one he quotes, I stated that no single sign or symptom was diagnostic of leprosy. I did add, however, that certain combinations of signs and symptoms can be. I then mentioned the three signs Dr. Arnold discusses. At no point did I suggest that each was unique to leprosy.

I stand corrected on the choice of the term “autoamputation.” It is certainly correct that digital autoamputation is not a feature of leprosy in a strict sense. On the other hand, I was discussing a period during which the effects of secondary infections were not separated (indeed conceptually they could not be) from those of leprosy itself. I do not think that there is any serious question as to whether or not digits were lost in this way during the Middle Ages. Nonetheless, I do regret the use of the term “autoamputation”

even in that context. The term is not a literal translation of any medieval text, so the blame is mine.

Dr. Arnold's comments on tuberculosis and syphilis in the Middle Ages cannot be substantiated from extant evidence. They are popular and reasonable assertions, but nothing more. The question of when syphilis arrived in Europe remains unanswered and essentially nothing is known of TB during the medieval period. According to standard medieval definitions of tuberculosis, entities such as gastrointestinal or renal tuberculosis were excluded and any disease that produced a cavity lung lesion was tuberculosis. The study of physical remains has added nothing of importance. In the absence of any evidence, I cannot reply to the content of these claims, even though Dr. Arnold states them as if they were facts.

The term *wertlich*, also spelled *wertlich* in the text in question, does not represent