

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

a typographical error. Medieval and modern German differ. I would also point out that spelling was not standardized in the Middle Ages. Even at a much later date, Sir Walter Raleigh is known to have spelled his own name over 20 different ways.

—Stephen R. Ell, M.D., Ph.D.

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Shakespeare's "Hoar Leprosy"

TO THE EDITOR:

For those members of the College of Hansenology of the Endemic Countries who participated in their II Congress (Baton Rouge and Carville, Louisiana, U.S.A., December 1985), it was heartening to read the names "Hansen's disease" in most reports by American contributors, and "National Hansen's Disease Center" in pamphlets, stationery and signs at the former U.S. Public Health Service Hospital and on neighboring road signs. This will certainly help in consolidating the changes occurring in Brazil, Italy, Portugal, Israel, Jamaica, Trinidad-Tobago, Bolivia, and Guyana, and will also be a satisfaction to all who agree that "Leprosy" is "the most negative of all medical terms" (inquiry in the U.S. ⁶), "the continued psychic pain and trauma" (inquiry in the U.S. ⁵), "the carrier of stigma and blocker of education" (inquiry in Argentina ³), "the destroyer of the patient's personality" (inquiry in Brazil ²).

The new American term, which has also been extended to all outpatient clinics in the country, reveals that the U.S. Public Health Service had not considered the weak arguments against a new name important enough to outweigh the evident advantages of a modern and scientific terminology. In fact, none of these arguments have any validity and/or ethical foundations. Even Shakespeare has been brought to the proscenium—"What's in a name?"—to cooperate in the not so noble task of maintaining the hanseniasis patients in the darkness of the Middle Ages with "the tragic name of leprosy" (¹).

However, it will be appropriate to point out that by saying that "A rose by any other name would smell as sweet," Juliet was not

advising Romeo to keep his trouble-making family name, but imploring him to change it. And she meant it: if Romeo was not that courageous, she would change hers. Juliet is a witness for the changers, not for the anti-changers. Incidentally, the bad-smelling name "leprosy" is not exactly a rose. "Deny thy father, and refuse thy name; or if thou wilt not, but sworn my love, and I'll no longer be a Capulet. 'Tis but thy name that is my enemy; thou art thyself though, not a Montague. What's a Montague? It is nor hand, nor foot, nor arm, nor face, nor any other part belonging to a man. O! be some other name: What's in a name? That which we call a rose by any other name would smell as sweet." (*Romeo and Juliet*, Act II, Sc. II, line 34)

Some facts are really strange: objectionable names for persons, animals, products, ideas, countries, places, diseases, and organizations are changed daily. It is normal everywhere and the Bard is never involved. In contrast, Juliet's "What's in a name?" almost never fails to be misapplied when it comes to torture the already unfortunate hanseniasis patients and their families in the inferno of a medieval, shameful, and ostracizing terminology. It is not fair to the memory of Shakespeare to even suggest that he would have preferred that "tuberculosis," "mental disease," "sexually transmitted disease," "handicapped person," should fall back to the unacceptable "consumption," "lunacy," "venereal disease," "cripple" of the past. It is unthinkable that the International Leprosy Association (ILA) would relinquish its officially accepted term "leprosy patient" to retrograde to the "leper" of the Bard's times. It must be pointed out that even the ILA is not quite happy with its