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**AN EXAMINATION OF THE EVIDENCE FOR THE  
EXISTENCE OF LEPROSY AND HANSEN'S DISEASE IN  
MEDIEVAL IRELAND**

**ANNE ELIZABETH PATON**

**M.A. (Hons.), M.Sc.**

Submitted in fulfillment of the requirements for the Degree of Ph.D.

**School of Humanities**

**College of Arts**

**University of Glasgow**

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## **Abstract**

Much concerning the disease termed leprosy is accepted as received knowledge, without thought to time and place, but there were many differences in how leprosy sufferers were treated across regions and eras, and so diversity should be regarded as normal. This thesis will examine what was meant by the term leprosy during primarily the medieval period between the sixth and fifteenth centuries in Ireland in order to see if this equates with the disease called Hansen's Disease in the twenty-first century. The focus will fall around the twelfth century, but as the majority of the extant documentary evidence is mainly from the early modern period, this will, out of necessity, also be discussed. There has been much written on what exactly leprosy was in the past and this thesis will not attempt to answer that question directly, instead its aim will be to contextualise the situation in medieval Ireland by examining the presence of leprosy in comparative terms in the Middle Ages.

Leprosy in medieval Ireland is a much neglected area of research due to the perception that there is a lack of evidence. Although extant documentary sources may be less than elsewhere in medieval Europe, this thesis will show that there are plenty of other forms of proof available. Ciara Crawford's unpublished thesis of 2010, which examined general illness, including leprosy in the Irish annals, is the only other research undertaken this millennium regarding leprosy in medieval Ireland, as all of the other limited research in connection with this subject was undertaken during the nineteenth and early twentieth centuries. This thesis employs all forms of extant evidence including, annals, documentary, hagiography, archaeology, paleopathology and place-names and using this multi-disciplinary approach provides confirmation of the presence of the disease, which was then termed leprosy, in medieval Ireland. This approach resulted in multiple methodological and terminology issues and this thesis will also attempt to address these in order to understand the extent and nature of leprosy in Ireland and its prevalence throughout the period under scrutiny. Employment of this multi-disciplinary approach has resulted in a surprising amount of Irish evidence concerning leprosy being gathered together for the first time. This approach enabled an image to emerge of how leprosy and its sufferers were treated and together with elsewhere, Ireland shows diverse outcomes. It must be taken into consideration however that the extant evidence is inconsistent and some geographical areas and time periods are better represented than others, resulting in an incomplete and uneven portrayal.

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I also dedicate this thesis to my sister Valerie Morgan and my mother Phyllis Parkinson, both of whom died before it was completed and who made me promise I would finish it and I devote it to their memories.

## **Author's Declaration**

This thesis is my own composition and is based on my own research. It was not undertaken in collaboration with any other student or researcher. It has not been, and will not be, presented for any other degree, at any other institution. All errors are of course my own.

## Abbreviations

AC	<i>Annals of Clonmacnoise</i>
AI	<i>Annals of Inisfallen</i>
AR	<i>Annals of Roscrea</i>
AT	<i>Annals of Tigernach</i>
AU	<i>Annals of Ulster</i>
BCG	Bacillus Calmette-Guérin
CI	<i>Chronicle of Ireland</i>
CS	<i>Chronicon Scotorum</i>
CT	<i>Annals of Connacht</i>
DIL	<i>Dictionary of the Irish Language</i>
DNA	Deoxyribonucleic Acid
FM	<i>Annals of the Four Masters</i>
HD	Hansen's Disease
LC	<i>Annals of Loch Cé</i>
LL	Lepromatous Leprosy
MDT	Multiple Drug Therapy
ML	<i>Mycobacteria leprae</i>
OED	Oxford English Dictionary
TT	Tuberculoid Leprosy
VC	<i>Vita Columba</i>
WHO	The World Health Organisation

## 1.1 GENERAL INTRODUCTION

This general introduction sets out the intended purposes and methodologies of this thesis, beginning with Luke Demaitre's observation that,

an idea of the challenges presented by the identity of the disease, the intensity of the responses, and the far-reaching practical implications of seemingly abstract concepts.<sup>1</sup>

Demaitre's viewpoint is just as relevant to Ireland as elsewhere and it is useful when studying historical leprosy to bear this statement in mind. My interest in Irish leprosy began when reading *Cath Almaine* as an undergraduate and although it is normally other aspects of this tale which intrigues people, for me, it was the appearance of a 'leper' who although portrayed as living alone, is shown as an object of ridicule, but not as someone to be feared. This was in contrast to what I knew about medieval 'lepers' at the time and when deciding on a thesis topic it seemed an interesting subject to pursue and from this grew a fascination and also a frustration with how 'lepers' are viewed generally as it consists of many myths and inaccuracies.

Much concerning leprosy is accepted as conventional knowledge, without any consideration to the time and place, but there was in fact much diversity in how leprosy sufferers were treated and considered across different regions and eras and the aim of this thesis is to examine the evidence for leprosy in Medieval Ireland in this regard. Will the evidence show that Irish 'lepers' were treated the same way throughout the country or not and whether it changed over time, as is the case with other places which have undergone study? There has been very little research concerning leprosy in Medieval Ireland, mainly due to a perception of a lack of documentary evidence, the cause for which will be discussed in Chapter Four. This relative lack of detailed textual sources has resulted in a multi-faceted and inter-disciplinary approach having to be undertaken in order to try and answer the main focus of this thesis with regard to the evidence for leprosy in Medieval Ireland and if it follows a similar pattern to elsewhere. In order to undertake this it was a necessity to examine a diverse variety of sources, including the Irish annals, archaeology, paleopathology, place-names, sculpture, folk lore and hagiography, together with analysis of the extant documentary evidence. None of the extant documents were written by an Irish 'leper' and so, as in common with elsewhere, there is no first-hand

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<sup>1</sup> Luke Demaitre, *Leprosy in Premodern Medicine*, (Baltimore, 2007), 105.



account of their own experiences. There are however early modern documents which contain the names of inhabitants of the Waterford Leper-hospital; named 'lepers' are a rare occurrence in any country and this will be discussed in Chapter Four. The disparate nature of the documentary evidence has also meant that a wider period than just the medieval period, which was the originally intended time-span, has been examined as the extant documents belong mainly to the late medieval and early modern period, up to and including the seventeenth century. Although many of the documents are from the early modern period their inclusion is fully justified as it is plausible that they may also reflect the situation in earlier times. These texts also provide an insight of the situation at this later date which is in itself valuable, especially as they show diversity in the treatment of 'lepers' which may again be a reflection of earlier times. No pre-Norman documentary evidence is extant and so what little information there is regarding this time period was gleaned from other sources. This broad range of differing sources has allowed as full a picture as is presently possible to be provided of when leprosy was endemic in Ireland and this is unlikely to change until the discovery of more archaeological finds.

Unlike Ireland, other areas and regions have been investigated in detail, such as Cologne, which has been described as having a 'cornucopia of information'<sup>2</sup> and of course historians tend to be naturally drawn to where there is plenty of evidence. In contrast Gerard Lee's book, *Leper Hospitals in Medieval Ireland*, published in 1996,<sup>3</sup> based on his earlier articles, is the only modern publication concerning leprosy in medieval Ireland. Unfortunately Lee's work is problematical and as the historian Demaitre stated,

Lee casts the widest possible net for clues, gathering the data with limited attention to their inherent significance and historical background. As a result, he has ignored current literature on leprosy, hospitals, and medieval medicine. More unfortunately, he leaves the reader suspended by quoting no documents and supplying minimal references.<sup>4</sup>

Demaitre also claims that, 'the extent of leprosy in medieval Europe tends to be overestimated.'<sup>5</sup> Lee's perplexing work has led me to conclude that it has contributed to the misconception that leprosy was more common in Ireland than elsewhere and

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<sup>2</sup> *ibid*, 42.

<sup>3</sup> Gerard Lee, *Leper Hospitals in Medieval Ireland*, (Dublin, 1996).

<sup>4</sup> Luke Demaitre, *Bulletin of the History of Medicine*, Vol. 72.3, (1998), 537-538, 537.

<sup>5</sup> Luke Demaitre, *Medieval Medicine. The Art of Healing from Head to Toe*, (U.S.A., 2013), 104.

evidence in support of this will be discussed throughout this thesis. Lee's work however is unfortunately the only modern work to date and prior to this we have to look back to the nineteenth century when Thomas Belcher<sup>6</sup> and Henry Purdon<sup>7</sup> wrote articles on Irish medieval leper-hospitals. It was not until 1940 that further work by Myles Ronan<sup>8</sup> was published, followed in 1953, by William MacArthur's article, which is still regarded as the seminal work on leprosy in medieval Ireland.<sup>9</sup> Crawford's 2010 thesis examined diseases in the Irish Annals, but did not concentrate on leprosy in any detail.<sup>10</sup> Two recent literary articles which also include discussions concerning leprosy are 'The Anatomy of Power and the Miracle of Kingship: The Female Body of Sovereignty in a Medieval Irish Kingship Tale,' by Amy Mulligan<sup>11</sup> and 'The Vita I S Brigitae and De Duodecim Abusiuis Saeculi,' by Máire Johnson.<sup>12</sup> Although this is a very short list of previous publications, these do appear to be the only works specifically concerning medieval Irish leprosy to-date, but there are mentions in other publications, such as Aubrey Gwynn and Richard Hadcock's *Medieval Religious Houses, Ireland*,<sup>13</sup> which lists sites connected with leprosy amongst their general hospital listings. Their entries, as Gwynn and Hadcock acknowledged, concerning leper-hospitals, are however heavily dependent on Lee's

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<sup>6</sup> Thomas Waugh Belcher, 'Notes on the Medieval Leper Hospitals of Ireland' *Dublin Quarterly Journal of Medical Science*, Vol. 46, Issue 1, (August, 1868), 36-45.

<sup>7</sup> Henry Samuel Purdon, 'Medieval Hospitals for Lepers near Belfast,' *Ulster Journal of Archaeology*, Second Series, Vol. 2, No. 4, (1896), 268-271.

<sup>8</sup> Myles Vincent Ronan, 'Lazar Houses of St. Laurence and St. Stephen in Medieval Dublin,' *Essays and Studies Presented to Professor Eoin MacNeill on the Occasion of his Seventieth Birthday*, ed. John Ryan, (1940), 480-489.

<sup>9</sup> William Porter MacArthur, 'Medieval 'Leprosy' in the British Isles,' *Leprosy Review*, 24, (1953), 8-19.

<sup>10</sup> Ciara Crawford, *Disease and Illness in Medieval Ireland*, (Unpublished PhD Thesis, National University of Ireland Maynooth, 2010).

<sup>11</sup> Amy Christine Eichhorn-Mulligan, 'The Anatomy of Power and the Miracle of Kingship: The Female Body of Sovereignty in a Medieval Irish Kingship Tale,' *Speculum*, Vol. 81, Issue 04, (October, 2006), 1014-1054.

<sup>12</sup> Máire Johnson, 'The Vita I S Brigitae and De Duodecim Abusiuis Saeculi,' *Studia Celtica Fennica*, No. IX, (2012), 22-35. My thanks to Dr Geraldine Parsons who drew my attention to these articles.

<sup>13</sup> Aubrey Gwynn and Richard Neville Hadcock, *Medieval Religious Houses, Ireland*, (London, 1970).

work, (at that stage mainly unpublished and in manuscript form) and the work of another unpublished scholar Dr P. Logan, and the implications of this will be discussed in Chapter Four.

Throughout this thesis the choice of both the most suitable and the most accurate terminology has been a difficult and on-going problem, one unique to this subject, and although I have tried to always clarify the situation I am not sure that I have always succeeded; something in which however I am not alone, as it is a problem that all researchers concerned with leprosy have to contend with. The serious stigma associated with the terms 'leper' and leprosy was considered by an international committee in 1948 and its suggestions were adopted by the Fifth International Congress of Leprosy and reaffirmed in 1953.<sup>14</sup>

The first two resolutions were,

**I.** It was unanimously agreed to recommend to the Congress: That the use of the term leper in designation of the patient with leprosy be abandoned and the person suffering from the disease be designated leprosy patient.

**II.** That the use of any term, in whatever language, which designates a 'person suffering from leprosy' and to which unpleasant associations are attached, should be discouraged. However, the use of the name, leprosy should be retained as the scientific designation of the disease.<sup>15</sup>

These terms are however still used in academia, as at a workshop entitled 'Leprosy, Language and Identity in the Medieval World,' held at Cambridge University on 12<sup>th</sup> and 13<sup>th</sup> April, 2011. The disease generally considered to be leprosy is today termed Hansen's Disease, HD or Hanseniasis, in honour of the Norwegian microbiologist Armauer Hansen who discovered the causative micro-organism, *Mycobacterium leprae* (ML) in 1873.<sup>16</sup> Renaming the disease was also a means by which to try and

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<sup>14</sup> Olaf Skinsnes, 'Notes from the History of Leprosy' *International Journal of Leprosy and other Mycobacterial Disease*, Volume 41, Number 2, ( April-June, 1973), 220-245, 245.

<sup>15</sup> *ibid.*

<sup>16</sup> Anthony Bryceson and Roy Pfaltzgraff, *Leprosy*, (Edinburgh, 1979), 3.

nullify the stigma associated with the terms ‘leper’ and leprosy.<sup>17</sup> Academics concerned with this subject however have differing standpoints as to the most appropriate terminology, as for instance, Carole Rawcliffe states the case for using the terms ‘leper’ and leprosy as she argues that ‘to describe medieval ‘lepers’ as sufferers from HD would not only be anachronistic but also inherently misleading.’<sup>18</sup> Demaitre however accepts the use of the term leprosy generally, but refuses to use ‘leper’ because of the negative connotations and instead refers to ‘patients’ or ‘people with leprosy.’<sup>19</sup> Similarly, Charlotte Roberts of Durham University also avoids using the term ‘leper’<sup>20</sup> for similar reasons. Terminology when discussing leprosy has become difficult as some words connected with it have become offensive and, as will be shown, the disease itself has been interpreted in many different ways and encompassed other diseases and was, at times used metaphorically. Piers Mitchell, a medical doctor who has written about historical leprosy states that, ‘There is evidence for other diseases to have been grouped under the umbrella term of ‘leprosy’ in the past,’<sup>21</sup> which succinctly describes the situation and demonstrates the difficulties in defining the exact meaning of the terms leprosy and therefore ‘lepers’ in the past. After great deliberation, the terms used in this thesis will be: leprosy to denote all of the diseases considered to be leprosy in the past; HD for modern cases and also where palaeopathological evidence indicates HD; and ‘leper’ for all of the perceived sufferers of both leprosy and HD and those regarded as such, whatever the cause. My reasoning for the use of these terms is that I agree with Rawcliffe that the use of HD in a medieval context can only result in even more confusion and is therefore not appropriate. The difficulties associated with naming diseases appropriately continues to cause concern even in the twenty-first century, as WHO have just issued advice on how to name new diseases in order to avoid causing any offense.<sup>22</sup>

HD was the most serious of the diseases which were regarded as leprosy and in all of its forms, has afflicted mankind throughout history, leaving evidence in both texts and

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<sup>17</sup> Lois N. Magner, *A History of Medicine*, (U.S.A., 1992), 124.

<sup>18</sup> Carole Rawcliffe, *Leprosy in Medieval England*, (Woodbridge, 2006), 12.

<sup>19</sup> Demaitre, *Leprosy in Premodern Medicine*, vii-viii and xii.

<sup>20</sup> Charlotte Roberts, ‘Conference Background and Context,’ Charlotte Roberts *et al*, *The Past and Present of Leprosy*, (Oxford, 2002), iv-v, v.

<sup>21</sup> Demaitre, *Leprosy in Premodern Medicine*, 62.

<sup>22</sup> <http://www.bbc.co.uk/news/health-32655030>, accessed 11<sup>th</sup> May, 2015.

the archaeological record. There are seemingly timeless descriptions, as illustrated by the following quotation,

There is no longer before our eyes that terrible and piteous spectacle of men who are living corpses, the greater part of whose limbs have mortified, driven away from their cities and homes and public places and fountains, aye, and from their own dearest ones, recognisable by their names rather than by their features: they are no longer brought before us at our gatherings and meetings, in our common intercourse and union, no longer the objects of hatred, instead of pity on account of their disease; composers of piteous songs, if any of them have their voice still left to them.<sup>23</sup>

The above could easily have been written in antiquity, medieval or modern times, but was actually composed in Latin in the mid-fourth century by Gregory of Nazianzus. The earliest stages of monastic growth in Gregory's time saw health care provided by monasteries become an important requisite and contemporary writers noted the range of treatments which were available, the organised regime and the compassionate care, which was in contrast with elsewhere, especially in the case of 'lepers.'<sup>24</sup> Treatments often combined physical and spiritual elements and in order to address the spiritual dimension of the disease, the church later founded leprosariums or leper-hospitals.<sup>25</sup> Initially priests also played a role in conducting examinations of those considered leprous, but from the latter half of the thirteenth century their involvement diminished, partly because of the growing power of towns, combined with the increasing status of physicians.<sup>26</sup> Medieval descriptions of 'lepers' whether from France, Germany or England are remarkably similar, but they may not always be referring to HD, as physicians regarded 'lepers' as sufferers of a moral as well as a physical sickness, and therefore often reported the symptoms they expected to see.<sup>27</sup> Prior to the sixteenth century physicians also commonly considered skin conditions which today would be identified as fungi, eczema, pellagra, ringworm or psoriasis and many others to be leprosy,<sup>28</sup> which adds another layer of confusion.

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<sup>23</sup> Andrew Todd Crislip, *From Monastery to Hospital, Christian Monasticism and the Transformation of Health Care in Late Antiquity*, (U.S.A., 2005), 115.

<sup>24</sup> *ibid*, 9.

<sup>25</sup> Herbert Covey, 'People with Leprosy (Hansen's Disease) during the Middle Ages,' *Social Science Journal*, Vol. 38, Issue 2, (2001), 315-322, 320.

<sup>26</sup> Demaitre, *Leprosy in Premodern Medicine*, 35.

<sup>27</sup> Saul Nathaniel Brody, *The Disease of the Soul*, (Ithaca and London, 1974), 21-22.

<sup>28</sup> Covey, 'People with Leprosy (Hansen's Disease),' 315-316.

Medieval medicine was based on the belief that the world consisted of four elements, which were fire, air, water and earth and that each of these elements was connected to one of the four main body fluids, or humours and therefore assumed the particular qualities of that element. Fire was linked with yellow bile (choler) and was hot and dry, air was associated with blood and was hot and moist, water was aligned with phlegm and was moist and cold and earth was linked to black bile, the melancholic humour which was cold and dry and to be healthy one's humours had to be balanced otherwise ill health was inevitable.<sup>29</sup> The humoral theory also resulted in the belief that there were four kinds of leprosy, '...elephantia, produced from black bile infecting the blood; leonine, from bile corrupting the blood; tyrian from phlegm infecting the blood; alopecian from corrupt blood.'<sup>30</sup> Demaitre elucidates this further stating,

Black bile was the predominant culprit, but the involvement of another humour accounted for three additional varieties. The result of disordered black bile itself was the prototypical *lepra*, the worst but most slowly advancing form, *elephantia*, in which thickening, cracking, roughness, and knobs made the skin resemble that of an elephant. If yellow bile was involved, it resulted in *leonina*, the second most grave form, which advanced more swiftly, and in which a protuberant forehead, the loss of eyebrows, and the collapse of the nostrils made the face look like that of a lion, the two other types, incidental rather than essential to leprosy, were added in order to accommodate symptoms that were not included in *elephantia* and *leonina* and, arguably even more, in order to maintain symmetry with the fourfold humoral scheme. When burned blood was mixed with the black bile, the chief effect would be the loss of hair in patches, which was named *alopecia* from the Greek for 'fox mange.' In the fourth type of *lepra*, the involvement of phlegm caused the cold and moist disposition characteristic of the snake, and it manifested itself in the discolouration and scaliness of the skin: these traits accounted for the name *tyria*, a label with an uncertain pedigree but supposedly derived from a Greek word for 'viper.'<sup>31</sup>

It can be seen from this that differing types of leprosy were indeed known and acknowledged in the medieval period and the scientific reasons for this will be explained in Chapter One in order to illustrate the twenty-first century medical explanations for these divergent forms. It was the Greek physician Galen, (129-c.200 AD), who apparently first made the connection between *lepra* and *elephas*, by mentioning them in the same sentence, and that individuals who suffered from 'the

<sup>29</sup> Carole Rawcliffe, *Medicine and Society in Later Medieval England*, (United Kingdom, 1997), 33.

<sup>30</sup> Brody, *The Disease of the Soul*, 36-37.

<sup>31</sup> Demaitre, *Medieval Medicine*, 103-104.

itch' were nurtured by foods of a bad humour and that black bile was the main reason for this.<sup>32</sup>

*Arnaldus de Villa Nova* (1235-1311) wrote *A Book on the Symptoms of Lepers*, which states that they were recognised by five symptoms which were found in urine, pulse, blood, voice and various of the limbs and bears quoting in full,

First, if you want to test a man, you must make him sing. If his voice is hoarse it is a decided symptom of leprosy; if clear, it is a good sign.

Leper's urine should be white and somewhat limpid; also clear and thin; as to contents, trumbosa(?); and it ought to have the appearance of flour or bran well ground. If the chamber pot is shaken it should give a sound, for as in Hectics it is said to lack sound because of the oiliness dissolved from the body, so in those it is said to give a sound on account of the earthiness and dryness of the contents.

The pulse should be weak, because it has weak force on account of the resistance of the artery which is, as it were, wholly burnt out.

Blood when let should be caught in a clean receptacle and let alone till it forms a deposit; afterwards it should be transferred to a linen cloth and shaken in clean water and gently squeezed until the water is not more than noticeably tinged. Then what remains in the cloth after squeezing should be taken, and if white and luminous bodies appear looking like millet or breadcrumbs, it is a mark of leprosy. Again, when the fluid floating on the surface of the blood is skimmed off, and one large grain of salt dropped into it, if it spreads out or liquefies, it is said to be a good sign; and if not, but it remains whole, it is a sign of lepra, because in such blood there is no good hot humidity, dissolving it but gross earthiness, why it cannot be dissolved. Again to such blood strong vinegar should be added, and if it boils up that is a sign of lepra. Again on the blood urine should be set; if it sinks and mixes, it is a sign of lepra; otherwise not.<sup>33</sup>

This extract is particularly enlightening as it shows that the physicians, at the time it was written, knew what they meant by the term leprosy and that they also had the means and knowledge by which they were able to diagnose it, but whether this refers only to HD, or other diseases considered leprosy at this time is unclear. It is

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<sup>32</sup> Demaitre, *Leprosy in Premodern Medicine*, 165.

<sup>33</sup> Johs Gerhard Andersen, 'Studies in the Medieval Diagnosis of Leprosy in Denmark,' *Danish Medical Bulletin*, Vol.16, (1969), 8-142, 52.

informative however, that an allusion is made to the patient's 'hoarse voice' which would suggest that it is HD which is being referred to in this text.

The peak of the outbreak of the disease or diseases deemed leprosy in Europe was during the twelfth and thirteenth centuries, although whether this was also the case in Ireland awaits to be seen. Laws at this time suggest a need, as well as a necessity, to separate the healthy population from those considered to be infected.<sup>34</sup> Susan Sontag has stated that,

Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.<sup>35</sup>

These sentiments are particularly true of leprosy which has always been regarded differently from any other illness and during the Middle Ages in particular there was a belief that it was a divine punishment for sin.<sup>36</sup> Many medieval theologians viewed leprosy as a sign of inherent immorality and a manifestation of evil and also believed it signified that the sufferer was conceived during menstruation and was a just punishment for parents who had intercourse during a time prohibited by Canon Law.<sup>37</sup> One of the many other possible causes of infection was thought to be intercourse between a leprous man and a pregnant woman.<sup>38</sup> Under Jewish Law intercourse during menstruation is also prohibited, resulting in the surgeon, Henri de Mondeville claiming in 1306, that few Jews ever suffered from leprosy.<sup>39</sup> The thirteenth century Jewish pietist, Eleazar ben Judah of Worms, also stated that intercourse during the proscribed period caused 'sons to be stricken with leprosy, even for twenty generations',<sup>40</sup> which would have been a definite deterrent. Eating pork regularly was also associated with leprosy, as what at the time were called 'germs' in the meat purportedly invaded the black bile and as Jews did not eat pork this was seen as

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<sup>34</sup> Peter Lewis Allen, *The Wages of Sin*, (Chicago, 2000), 28.

<sup>35</sup> Susan Sontag, *Illness as Metaphor*, (U.S.A., 1978), 3.

<sup>36</sup> Brody, *The Disease of the Soul*, 11.

<sup>37</sup> Rawcliffe, *Medicine and Society*, 14.

<sup>38</sup> Demaitre, *Leprosy in Premodern Medicine*, 156.

<sup>39</sup> *ibid*, 6.

<sup>40</sup> Judith R. Baskin, 'Jewish Traditions about Women and Gender Roles: from Rabbinic Teachings to Medieval Practice', *The Oxford Handbook of Women and Gender in Medieval Europe*, eds. Judith M. Bennett and Ruth Mazo Karras, (Oxford, 2013), 36-51, 44.



another reason for their seeming immunity.<sup>41</sup> The belief that eating pork was a cause of leprosy is also recorded in Ireland in the eighteenth century, and may also reflect earlier attitudes, for as Edward Ledwich states,

As they did not much boil or roast their meat, it was full of crude juices, and produced the leprosy; a disease very common here formerly, for Munster had many leper-houses: the same has been observed of other people with whom pork was in daily use.<sup>42</sup>

There were diverse beliefs as to the causes of leprosy; French bakers for example believed themselves to be particularly prone because of the heat they worked in and so gave bread to the hospital of Saint-Lazare, which was therefore obligated to admit any baker or his wife who became leprous.<sup>43</sup> The reasoning behind this stems from ancient medical theories which determined leprosy could be caused by ‘summer heat or a furnace fire,’<sup>44</sup> but perversely ‘prolonged walking in snow and living in the north,’<sup>45</sup> was also regarded as a cause. A long and varied list of foods, which if consumed, would result in leprosy, included not only pork, but also too much fish or unfresh fish, salted meat, donkey, lentils, consuming milk and fish during the same meal, hare, (presumably because of its Latin name *leporis*), cabbage, goat, fox or bear.<sup>46</sup> It was also thought that breathing in ‘corrupt or pestilential air,’<sup>47</sup> would cause leprosy.

The social attitude to leprosy in Western Europe derives from the Bible; in particular *Leviticus* and the belief that sufferers were punished by God for sinful behaviour became deeply rooted, particularly when Pope Alexander III in 1179 at the Third Lateran Council, Canon Twenty Three, decreed ‘lepers’ should have separate chapels and cemeteries.<sup>48</sup> Many medieval writers described sufferers as the ‘living dead’ and

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<sup>41</sup> Stephen Robert Ell, ‘Three Times, Three Places, Three Authors, and One Perspective on Leprosy in Medieval and Early Modern Europe,’ *International Journal of Leprosy and Other Mycobacterial Diseases*, Vol. 57, No. 4, (1989), 825-833, 827.

<sup>42</sup> Edward Ledwich, *The Antiquities of Ireland*, (Dublin, 1790), 226.

<sup>43</sup> Jacques Bataillard, *Histoire de la Boulangerie*, (Besançon, 1869), 24. I thank Dr Jim Chevalier for bringing this work to the attention of the MedMed forum in a recent on-line discussion and for providing the correct reference.

<sup>44</sup> Demaitre, *Leprosy in Premodern Medicine*, 163.

<sup>45</sup> *ibid.*

<sup>46</sup> *Ibid*, 164.

<sup>47</sup> Demaitre, *Medieval Medicine*, 104.

<sup>48</sup> Covey, *People with Leprosy (Hansen’s Disease)*,’ 316 -319. See also Chapter Four for conflicting evidence regarding this.

in Byzantium they were termed ‘walking corpses.’<sup>49</sup> The following is the customary and accepted view of ‘lepers,’

In the High and later Middle Ages, the leper was legally and religiously cut off from the rest of society. He was seen as morally unclean. Special hospitals served to segregate lepers. Fear of the disease, religious impulses, and social attitudes combined to create this situation.<sup>50</sup>

Evidence supporting this attitude appears in the Augsburg Civic Code, dated 1276, which decreed that the public executioner had a monopoly over execution and corporal punishment and was also in charge of supervising public prostitutes, driving ‘lepers’ out of town and cleaning the public toilets, which shows that they were considered amongst the least desirable of humanity.<sup>51</sup>

It was a recurrent belief that ‘lepers’ were naturally and uncontrollably lecherous,<sup>52</sup> which as will be seen in Chapter One is, in fact, the opposite of reality. So strong was this belief some leper-hospitals attempted to ensure that male ‘lepers’ did not come into contact with any form of temptation in this regard. Rawcliffe quoting from the BL. MS Cotton Vespasian E. V. fo. 39r notes that at St Mary Magdalen’s Hospital in Reading, ‘leprous brethren’ were banned from the laundry so as to prevent them from coming into contact with the ‘buxom washerwoman.’<sup>53</sup> One palliative treatment was the avoidance of sexual intercourse altogether as it ‘drained the patient’s strength, cooled and dried an already imbalanced complexion, spread poisonous humours through the body and increased the risk of infection.’<sup>54</sup> Another recommended palliative treatment was ‘a tranquil and regulated life, devoid of stress or anxiety,’<sup>55</sup> which doctors still prescribe today for many modern ailments.

Much connected with leprosy is contradictory, as already discussed, and another example of this was the parallel but opposing view that leprosy was a special gift

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<sup>49</sup> Timothy Miller and John Nesbitt, *Walking Corpses, Leprosy in Byzantium and the Medieval West*, (Ithaca and London, 2014), 1-2.

<sup>50</sup> Stephen Robert Ell, *Dictionary of the Middle Ages*, Vol. VII, ed. Joseph Strayer, (1986), 549.

<sup>51</sup> Martha Bayless, *Sin and Filth in Medieval Culture*, (New York and London, 2012), 35.

<sup>52</sup> Brody, *The Disease of the Soul*, 12.

<sup>53</sup> Rawcliffe, *Leprosy in Medieval England*, 280.

<sup>54</sup> Demaitre, *Medieval Medicine*, 106.

<sup>55</sup> Rawcliffe, *Leprosy in Medieval England*, 260.

from God, some even going as far as describing it as a holy disease.<sup>56</sup> One exceptional archaeological find shows that ‘lepers’ were not always regarded as debased. A seventh century skeleton of a young woman, found during excavations at Edix Hill, Cambridgeshire, is one of two rare bed-burials found at this site; there being only eleven such burials known throughout England.<sup>57</sup> The woman was buried with great care, with an assemblage of grave goods which included a necklace with silver rings, keys hanging from a belt, showing she was of high-status, an oak bucket, a container formed from maple wood, knives, a rare sword beater which had been cut-down and used as a weaving batten, together with a box of treasures, which included a fossilized sea-urchin.<sup>58</sup> If all of this was not remarkable enough the skeleton also displayed the unmistakable signs of HD damage, but despite being a victim of HD this young woman was buried with care and respect.<sup>59</sup> This young woman was discovered in Grave 18 and had the changes to her skull which are associated with *facies leprosa*, together with damage to the lower part of her legs, but no changes to her hands or feet were visible.<sup>60</sup> The disease was not advanced and probably did not cause her death, but she would still have had a profuse nasal discharge and a disfigured face.<sup>61</sup> The presence of a sea-urchin in an early Anglo-Saxon grave is not uncommon and may have been regarded as a protection amulet from lightning-strikes or generally related to prosperity,<sup>62</sup> but has no known association with leprosy. Grave 93 also contained a skeleton which had damage suggestive of HD, but it did not match all of the diagnostic criteria and could not be definitively assigned as such.<sup>63</sup> The damage inflicted by HD on the skeleton and the diagnostic criteria will be discussed in Chapter Three. This society would appear to have been particularly accepting of the disfigured or disabled for as well as Grave 18 there were also several male burials

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<sup>56</sup> Timothy Miller and Rachel Smith-Savage, ‘Medieval Leprosy Reconsidered,’ *International Social Science Review*, Vol. 81, Numbers 1 and 2, (2006), 16-28, 19.

<sup>57</sup> Timothy Malim and John Hines, *The Anglo-Saxon Cemetery at Edix Hill, (Barrington A), Cambridgeshire*, (York, 1998), 266.

<sup>58</sup> *ibid*, 52.

<sup>59</sup> Robin Fleming, ‘Bones for Historians: Putting the Body back into Biography,’ *Writing Medieval Biography: Essays in Honour of Professor Frank Barlow*, ed. David Bates, *et al*, (Woodbridge, 2006), 29-48, 30. I would like to thank Gilbert Márkus for drawing my attention to this article as it achieves that rare thing of humanising bare bones, reminding us they were once flesh and blood people.

<sup>60</sup> Malim, *The Anglo-Saxon Cemetery at Edix Hill*, 176.

<sup>61</sup> *ibid*, 177.

<sup>62</sup> *ibid*, 226.

<sup>63</sup> *ibid*, 177.

showing evidence that they had become incapacitated by weapon injuries, but were still allowed to continue their lives without any reduction in status.<sup>64</sup>

Another find on the opposite side of the world shows a similarly accepting society. In the eastern area of Japan between the fifteenth and eighteenth centuries *Nabe-kaburi* burials were performed, in which the deceased were buried with an iron pot or mortar over their heads, which has been explained as a way to stop the spread of particular diseases such as HD or tuberculosis.<sup>65</sup> Last century it was realised that some of those buried in this manner also had HD-specific skeletal changes and in 2014 evidence confirming the presence of ML DNA was published, as two of the skeletons with apparent lesions tested positive for ML from nasal cavity samples.<sup>66</sup> The *Nabe-kaburi* burials contained similar grave goods to those buried in the rest of the cemetery and there is also evidence of memorial events having taken place.<sup>67</sup> Such memorial ceremonies were designed to cleanse the spirit of someone who had died in an unusual manner and it is likely that not only HD, but also other disease sufferers were treated in this way, as well as those who had suffered accidental deaths.<sup>68</sup> The two skeletons which tested positive had lived long enough with HD for the distinctive deformities that it causes to be visible, and suggests that they were cared for and on death were buried in the same way as everyone else, but with the addition of an iron pot.<sup>69</sup> This could show that even though victims of HD were cared for, the society was still afraid of the transmission of disease post-mortem and as the pots were valuable they may also have been a form of tribute and not a sign of disdain.<sup>70</sup> This apparent respect for the victims of HD at both sites is against the long accepted European view of ‘lepers’ and it should be noted that not only are the sites on different continents they are also from different millennia, illustrating the disparity of treatment leprosy sufferers have experienced both geographically and over time.

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<sup>64</sup> *ibid.*, 294.

<sup>65</sup> Suzuki, *et al.*, (2014), Paleopathological Evidence and Detection of *Mycobacterium leprae* DNA from Archaeological Skeletal Remains of *Nabe-kaburi* (Head-Covered with Iron Pots) Burials in Japan. PLoS ONE 9(2): e88356 doi:10.1371/journal.pone.0088356. Accessed 30<sup>th</sup> June, 2014.

<sup>66</sup> *ibid.*

<sup>67</sup> *ibid.*

<sup>68</sup> *ibid.*

<sup>69</sup> *ibid.*

<sup>70</sup> *ibid.*

Another anti-stereotypical example dates to the fourteenth century and is from the Gallic and Germanic areas, where beggars were controlled by license and the way to obtain a permit was to be certified, after examination, as a 'leper.'<sup>71</sup> In contrast to the majority who were accused of being 'lepers,' these beggars wanted to be declared leprous, so they could join the beggars' ranks, presumably because begging provided a more than adequate living,<sup>72</sup> or at least sufficient to live with the stigma. This example also brings into focus the meaning of the term 'leper' as what exactly were these beggars declared to be suffering from? Were they actually leprous in the widest sense of the term or were they only suffering from the afflictions and ill health that poverty brings along with it? This is a question which will be examined several times during this thesis and will be considered in detail later.

Another example of how differently non-European 'lepers' were treated comes from Jerusalem where Baldwin IV was crowned king in 1174, even though he was known to be suffering from leprosy, and we could speculate that this would not have occurred in western Christendom.<sup>73</sup> In contrast, in medieval Byzantine and Islamic worlds 'lepers' were allowed complete freedom to go wherever they wished,<sup>74</sup> which is in contrast to much of later Europe. Initially European leprosy sufferers were also comparatively free, as shown in statements given after the supposed plot in 1321 to overthrow Christendom in which, as well as 'lepers,' Jews and Muslims were implicated. The Inquisitor of Toulouse states that,

In 1321 there was detected and prevented an evil plan of the lepers against the healthy persons in the kingdom of France. Indeed, plotting against the safety of the people, these persons, unhealthy in body and insane in mind, had arranged to infect the waters of the rivers and fountains and wells everywhere, by placing poison and infected matter in them and by mixing prepared powders, so that healthy men drinking from them or using the water thus infected, would become lepers, or die, or almost die, and thus the numbers of the lepers would be increased and the healthy decreased.<sup>75</sup>

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<sup>71</sup> Demaitre, *Leprosy in Premodern Medicine*, 46.

<sup>72</sup> *ibid.*

<sup>73</sup> Mary Douglas, 'Witchcraft and Leprosy: Two Strategies of Exclusion,' *Man*, New Series, Vol. 26, No. 4, (1991), 723-736, 724.

<sup>74</sup> Allen, *The Wages of Sin*, 26.

<sup>75</sup> Malcolm Barber, 'Lepers, Jews and Moslems: The Plot to Overthrow Christendom in 1321,' *History*, (1981), 1-17, 1.

It is not my intention to discuss the so-called plot here but to demonstrate how itinerant 'lepers' were in France prior to 1321. One statement given at the time, by Guillaume Agasse, who was head of the leper-colony at Estang in Pamiers, claimed that two fellow sufferers had travelled to Toulouse the previous year to seek poisons and had stayed overnight with a fellow 'leper' who was commander of the house of Auterive.<sup>76</sup> Agasse also states that, on receiving a letter he too set out to travel to Toulouse and stayed overnight at the leper-colony in Saverdun, before arriving at a similar establishment in Toulouse where he remained over night with forty other 'lepers' who had also been summoned.<sup>77</sup> This shows that although leprosy sufferers were segregated in France, they were allowed to roam freely, as long as they stayed overnight at a recognised 'leper' establishment. This changed after the 'plot' was discovered and on 21<sup>st</sup> June, 1321 Philip V issued an ordinance for the arrest of all 'lepers' and subsequently many were burnt alive.<sup>78</sup> In comparison in 1276 the assizes in London declared 'lepers' could not live within the city, whereas in France at the same time, (with the exceptions of Normandy and Beauvais) they enjoyed all of the same legal rights as healthy members of the population.<sup>79</sup> In Scotland twelfth century Burgh laws and thirteenth century Church Canons expelled those designated leprosy from the country, but in 1427 the Scots parliament forbade 'lepers' to beg in town, signifying that the earlier bans were unsuccessful.<sup>80</sup> In 1346 King Edward III issued an edict expelling 'lepers' from London's city boundaries as he feared the disease would spread and also because they were a nuisance with their rapacious begging; however further edicts had to be issued in 1348, 1372 and 1375,<sup>81</sup> suggesting the first was unsuccessful. We have already seen in connection with the supposed plot of 1321, that it was not only 'lepers' who were treated in this way, as heretics, homosexuals, Jews and anybody whose behaviour fell out with society's norms were also targeted.<sup>82</sup> In this context it is interesting to also note that heretics were described as 'spiritual lepers,' who were contaminated by a noxious corruption from which their soul could never recover.<sup>83</sup>

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<sup>76</sup> *ibid*, 6.

<sup>77</sup> *ibid*, 7.

<sup>78</sup> *ibid*, 3.

<sup>79</sup> Covey, 'People with Leprosy (Hansen's Disease),' 318.

<sup>80</sup> Allen, *Wages of Sin*, 28.

<sup>81</sup> Covey, 'People with Leprosy (Hansen's Disease),' 319.

<sup>82</sup> Rawcliffe, *Medicine and Society*, 14.

<sup>83</sup> *ibid*.

Despite evidence contradicting the conventional 'leper' western stereotype, it was unquestioned until the 1990s, when it was challenged by French historian François-Olivier Touati and in this millennium by Luke Demaitre and Carole Rawcliffe. All three of these historians dispute the view that 'lepers' were excluded and stigmatised and have shown instead how they remained in contact with everyday life within society;<sup>84</sup> just as the 'leper' in *Cath Almaine*, although living alone, still had interaction with society, although not necessarily of a convivial nature. Rawcliffe states,

The image of the segregated leper, secure behind the walls of his or her *leprosarium* or, at the very least, banished, with bell or rattle, to the outer margins of Christian society, exerts a powerful hold even today.<sup>85</sup>

Rawcliffe has argued that this perception has more to do with the nineteenth century fears of disease and a corresponding desire to separate 'lepers' from the rest of society, as demanded by a 'large and vociferous medical lobby' than with the medieval reality.<sup>86</sup> Touati also argues that,

Every consideration about leprosy and its postulated contagiousness and prevention is based on two recurrent and schematic views formulated during early modern times, reinforced during the Enlightenment, and then championed by Romantics and Positivists. The first of these makes leprosy and lepers emblematic of the dark Middle Ages... This caricature lends a veneer of permanent continuity to the phenomena under investigation.<sup>87</sup>

Touati claims that leprosy did not become associated with contagion until around 1220-1230 and only definitively from the fourteenth century onwards.<sup>88</sup> He also casts new light on the reason why 'lepers' carried bells or clappers, asserting that it was to alert communities to the presence of someone who needed alms, but could no longer shout for them because of their damaged voice-box, instead of as a warning of their presence.<sup>89</sup> In Irish hagiography bells often appear together with saints, as the following example demonstrates,

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<sup>84</sup> Elma Brenner, 'Recent Perspectives on Leprosy in Medieval Western Europe,' *History Compass*, 8/5, (2010), 388-406, 388.

<sup>85</sup> Rawcliffe, *Medicine and Society*, 14.

<sup>86</sup> *ibid.*

<sup>87</sup> François-Olivier Touati, 'Contagion and Leprosy: Myth, Ideas and Evolution in Medieval Minds and Societies,' *Contagion*, eds. Lawrence Conrad and Dominik Wujastyk, (England and USA, 2000), 179-201, 180-181.

<sup>88</sup> *ibid.*, 192.

<sup>89</sup> *ibid.*, 185.

Other great honour was moreover given by Patrick to Caillin, when they were after expelling Crom Cruach, the chief idol of all Ireland. Thereafter it was that Patrick gave his own bell to Caillin. And Patrick said, ‘I have refused and denied many of the saints of Ireland, unto this day, regarding this bell; and I gave it to none of them. Bear away the bell, however O Caillin; and though it may be thrice taken from thee, it shall be thine till the Day of Judgment. *Clog-na-righ* is the name of that bell, for many of the kings of Ireland were baptised out of it. To the children of Eoghan Mac Neill the bell is appropriate beyond all others, for out of it the two sons of Muirchertach Mac Erca, to wit, Domhnall and Fergus, two kings of Ireland, were baptised. Out of it were also baptised the free clans of the Ui-Neill, South and North. There are good virtues and bequests for the sons of Niall, if they obey that bell when it comes to them; to wit, peace and fair weather, happiness and prosperity, and luck of kings, shall be theirs. Every difficulty and oppression in which the Clann-Eoghan may be – if the bell is thrice carried round them, ‘twill save them from every danger. ‘Twill cure every plague, and disease, and anxiety, and every evil from which they may suffer.’<sup>90</sup>

The Book of Fenagh was transcribed in 1516 by Maurice, son of Paidin O’Mulconry, but cannot be a copy of the original as O’Mulconry states it was written in poetry.<sup>91</sup> It is thought that the original work, called the ‘Old Book of Caillin,’ was compiled around 1300,<sup>92</sup> although as with nearly all dating this is open to question. If the date is correct however, it means that it was composed at the time when the leprosy ‘epidemic’ was at its height elsewhere in Europe and so sufferers may have been a common sight in Ireland, but it should be noted texts concerning bells from other centuries are also extant. Bells had many uses in monastic life as shown in the above example, but they also rang as the ‘united voice of the monastery,’<sup>93</sup> and also signified the monastery’s presence as a whole.<sup>94</sup> Bells of course carried out both practical and religious functions throughout medieval Ireland and from the surviving examples it is obvious that they were used on a regular basis, due to the observable wear on them.<sup>95</sup> Bells were also sometimes enshrined and regarded as relics, which Robert Bartlett has argued signifies the importance of these relics and similar objects in Ireland over that of corporeal relics,<sup>96</sup> although as will be seen in Chapter Five this is questionable. Due to bells having such specific religious associations in Ireland, I would argue that

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<sup>90</sup> William Maunsell Hennessy, *The Book of Fenagh*, (Dublin, 1875), 233.

<sup>91</sup> *ibid*, v.

<sup>92</sup> *ibid*, vi.

<sup>93</sup> Karen Eileen Overbey, *Sacral Geographies*, (Belgium, 2012), 126.

<sup>94</sup> *ibid*.

<sup>95</sup> *ibid*, 115-116.

<sup>96</sup> Robert Bartlett, *Why Can the Dead Do Such Great Things?* (Princeton, 2013), 580.



they were never part of an Irish ‘leper’s’ accoutrements, despite their supposed ubiquity and the significance of bells elsewhere in Europe. Chapter Five of this thesis discusses examples of how Irish ‘lepers’ were supposedly dressed and none, of the extant evidence, mention bells which is further support for this assumption, although the descriptions are very few in number and mainly of a late date.

The ‘Leper Mass’ was a ceremony during which the person declared leprous, stood in a newly dug grave and was declared dead to the world, officially separating them from the rest of humanity.<sup>97</sup> The ‘Leper Mass,’ according to Rawcliffe, appears however to have originated in the French diocese of St Flour from a book ‘of extremely local circulation’ and was included merely for its curiosity value.<sup>98</sup> Although the so-called ‘Leper Mass’ fascinated the Victorians, there is no evidence that it was ever performed in either Britain or Ireland.<sup>99</sup> A supposed tradition recorded by Lady Wilde in the nineteenth century, indeed suggests that being placed alive in a grave may have had a totally different connotation in Ireland. A child born at Whitsuntide was considered unlucky and to counter this, the infant was placed in a newly dug grave for a few minutes, resulting in the ‘evil spell’ on the child being broken.<sup>100</sup>

An eighteenth century quote by Gerard Boate shows that the Irish were thought to be particularly prone to leprosy in whatever form, in bygone eras as,

it hath been almost quite freed from another disease, one of the very worst and miserablest in the world, namely the leprosy, which in former times used to be very common there, especially in the province of Munster; the which therefore was filled with hospitals, expressly built for to receive and keep the leprous persons. But many years since Ireland hath been almost quite freed from this horrible and loathsome disease, and as few leprous persons are now found there<sup>101</sup>

It should come as no surprise that leprosy was present in Ireland, as although it has been portrayed as isolated by modern and classical authors, the sea was not an

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<sup>97</sup> Rawcliffe, *Leprosy in Medieval England*, 19.

<sup>98</sup> *ibid*, 20.

<sup>99</sup> Rawcliffe, *Medicine and Society*, 20.

<sup>100</sup> Lady Wilde, *Ancient Legends, Mystic Charms and Superstitions of Ireland*, Vol. 1, (London, 1887), 270.

<sup>101</sup> Gerard Boate, *Ireland’s Naturall History 1604-1650: Being a True and Ample Description of its Situation*, (Dublin, 1755), 101.

obstacle, but rather an economic resource which opened up trade with the rest of the world.<sup>102</sup> The Vikings, for instance, left their mark as traders and sailors and extended the existing profitable slave-trade into the twelfth century.<sup>103</sup> If Ireland was not isolated then it was not only open to trade but also disease, especially via the slave-trade, for ancient ships that are regarded as ‘conveyors of merchandise, technology, and even ideas,’ were also instrumental in the spread of diseases as the cramped conditions provided excellent breeding conditions for all forms of illnesses.<sup>104</sup> Ireland was a pastoral economy and it is significant that it was urbanised differently from the continent, as population density is connected to the prevalence of HD. There has been much debate over the method by which Ireland was urbanised and the idea of monastic towns has been questioned, at least by Mary Valante, who suggests ‘the vocabulary to accurately describe the roles of large monasteries in the economy of early medieval Ireland simply does not exist.’<sup>105</sup> This problem is not confined to Ireland as defining exactly what constitutes a town or urban centre anywhere is extremely difficult.<sup>106</sup> Valante has argued that monasteries did not function as economic hubs, but rather goods, including raw materials were donated to monasteries and then used to create finished items on site, instead of being used solely for trade purposes.<sup>107</sup> What exactly constituted a town, monastic or otherwise, in medieval Ireland is too complex to explore here but the fact population distribution differed and was more concentrated in some areas than others is relevant to the spread of HD and may also have been the case for the other diseases considered to be leprosy in the medieval period.

Ireland has many extant medieval texts, particularly with regard to the ancient laws, but unfortunately there are very few references to leprosy, even though they go into great detail about sick maintenance and other similar matters. This is in marked contrast to Wales where early laws banned ‘lepers’ from accepting any inheritance

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<sup>102</sup> Edel Bhreathnach, *Ireland in the Medieval World, AD 400-1000; Landscape, Kingship and Religion*, (Dublin, 2014), 14.

<sup>103</sup> Robert Fitzroy Foster, *The Oxford History of Ireland*, (Oxford, 2001), 36.

<sup>104</sup> Samuel Mark, ‘Alexander the Great, Seafaring, and the Spread of Leprosy,’ *Journal of the History of Medicine*, Vol. 57, (2002), 285-311, 285.

<sup>105</sup> Mary Valante, *The Vikings in Ireland*, (Dublin, 2008), 30.

<sup>106</sup> *ibid*, 26.

<sup>107</sup> *ibid*.

due to them after they had been admitted to a leper-hospital.<sup>108</sup> This also applied to any sons born after a parent had been admitted, as they were not allowed to inherit their parent's property.<sup>109</sup> Welsh 'lepers' could also not plead in court in their own right as they no longer had any legal standing; but they were also exempt from being sued in connection with their profession once they were admitted to a leper-hospital.<sup>110</sup> Early Welsh laws also allowed for separation in the cases of impotence, leprosy and bad breathe, although these were less concerned with the dangers of contagion and more to do with protecting a wife's property rights.<sup>111</sup> Welsh laws date to the thirteenth century,<sup>112</sup> a time when HD was at its height, whereas Irish law codes were written as early as the seventh and eighth centuries,<sup>113</sup> which, as will be seen in Chapter Three, is prior to any archaeological evidence of HD that has been found to date in Ireland. We have already examined palaeopathological evidence of a seventh century HD sufferer from Cambridge, so the disease could have had a limited presence in Ireland, examples of which have yet to be uncovered. As will also be seen in Chapters Two and Four reference is made to early 'leper' saints and other 'lepers' are mentioned in literature from around this time, suggesting leprosy, or at least some concept of it, was present in Ireland in some form, but despite this there is still little reference to it in the laws. Most of the extant law-text manuscripts date from the fourteenth to sixteenth centuries and have probably undergone some scribal corruption and misreading,<sup>114</sup> but one reference to 'lepers' does appear in *Senchus Már*, and deals with the law of distraint,

*im dingbail mic do chich, im dingbail mic di chru, im dingbail mic di mir, di declaim, di buidir, di claim, di chaich, di daill, di an bob racht, di balaim, di dasachtaig*<sup>115</sup>

*O'Davoren's Glossary* also states that,

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<sup>108</sup> Rawcliffe, *Leprosy in Medieval England*, 271.

<sup>109</sup> *ibid.*

<sup>110</sup> *ibid.*

<sup>111</sup> *ibid.*, 268.

<sup>112</sup> *ibid.*

<sup>113</sup> Fergus Kelly, *A Guide to Early Irish Law*, (Dublin, 2005), 225.

<sup>114</sup> *ibid.*

<sup>115</sup> William Nelson Hancock, *Ancient Laws of Ireland*, Vol. 1, (Dublin, 1865), 124. '....for taking of a son from the breast, for taking care of son after a death, for taking care of a son from a mad woman, from a diseased woman, from a deaf woman, from the lepress, from a near-sighted woman, from a blind woman, from an emaciated woman, from a lame-handed woman, from a lunatic.....' *ibid.*, 125. And Daniel Anthony Binchy, *Corpus Iuris Hibernici*, Vol. ii, (Dublin, 1978), 375.4-9.

*Ruilli .i. lenmuin, ut est mac claime ni comail mathair ar nach ruilli aillsi  
uaithi .i. ar na ro lena loissi oll na claime uaithi.*<sup>116</sup>

Fergus Kelly also notes a law which states ‘a heavy fine is levied on anyone who mocks the disability of an epileptic, a leper, a lame man, a blind man or a deaf man.’<sup>117</sup> I have not however extensively researched all of the Irish law texts because references to ‘lepers’ appear to be so rare. The Irish law texts however also demonstrate this society’s concern with appearance, as for example a king was ‘expected to have a perfect body, free from blemish or disability;’<sup>118</sup> but not only law texts exhibit this obsession with physical appearance, for Mulligan points out that, in *Togail Bruidne Da Derga*,

from the first lines of the story to the last, shows a very heightened awareness of appearance of physical form. This bodily-obsessed and scopophilic narrative devotes almost sixty per cent of textual space to physical description.<sup>119</sup>

Medieval Ireland does seem to have been particularly concerned with appearance, but this should not really be surprising, given some contemporary European medical compendia also included a separate section on cosmetics which contradicts ‘the popular assumption that appearance mattered little in the daily life of medieval people,’<sup>120</sup> whether Irish or not. All humans will note if another’s face is distorted and even in the twenty-first century some sufferers of facial deformities will not leave their homes for fear of derision. Humans are social beings and it is built into us to look at one and other and if the face looking back is not normal we find it disconcerting at the least and more likely frightening. This is just one reason why leprosy has been feared throughout the ages as it marked one out as different, and this fact could also be used for punishment. An example of this occurred in medieval Sicily when Frederick II (1272-1337), issued a legal code which stated an adulterous woman could have her nose cut off if her husband did not forgive her.<sup>121</sup> Destruction

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<sup>116</sup> Whitley Stokes, ‘O’Davoren’s Glossary,’ *Archiv für Celtische Lexikographie*, Vol. II, (London, 1904), 197-504, 438. ‘Following, that is, a son of a leper, a mother does not foster so that a tumour/abscess does not follow from her, i.e. lest the great burning of the leper follow from her. *Ibid.* This was adopted from Stokes own translation with Prof. Clancy’s assistance.

<sup>117</sup> Kelly, *A Guide to Early Irish Law*, 95.

<sup>118</sup> *ibid.*, 19.

<sup>119</sup> Amy Christine Eichhorn-Mulligan, ‘Togail Bruidne Da Derga and the Politics of Anatomy,’ *Cambrian Medieval Studies*, Number 49, (2005), 1-9, 1.

<sup>120</sup> Demaitre, *Medieval Medicine*, p. 109.

<sup>121</sup> Shulamith Shahar, *The Fourth Estate*, (Cambridge, 1996), 108.

of the nose is a common indication of HD and facial damage in this way re-enforced the notion that leprosy was divine retribution, as well as mimicking someone suffering from a disease considered to be a godly punishment.

Identifying and discussing any disease, especially leprosy and HD from historic and ancient descriptions is difficult and can only be undertaken with caution. Joanne Schatzlein has argued that the modern methodology of medical historical research enables medical diagnosis via four routes: comparison of descriptions and modern understanding of the natural history of diseases; understanding the terms used in past eras and what they meant at that time; using palaeo-epidemiology to understand the incidence and dissemination of diseases in the past and lastly paleopathology.<sup>122</sup> Not all historians believe it is possible to retro-diagnose only from written sources but in this I agree with Piers Mitchell when he claims it is,

a perfectly valid and reliable technique to apply to written sources from historic populations in order to gain a more nuanced view of health and disease in the past.<sup>123</sup>

I will not attempt to retro-diagnose, but will discuss ideas concerning some of the disease terms examined during this thesis. It must be remembered however, even though leprosy appears to have a long history, this history, includes a wide range of other skin and systemic disorders<sup>124</sup> and as Purdon stated in relation to Ireland,

probably all chronic diseases of the skin, as Lupus, Eczema, Psoriasis, were considered to be forms of leprosy, and the afflicted banished to the leper-house.<sup>125</sup>

Chapter One will discuss leprosy and the clinical details of HD, examine the theories about where it originated from, as well as the confusion surrounding the terms used and also how leprosy was regarded during Antiquity, in the Old and New Testaments and the Middle Ages and the clinical descriptions supplied will demonstrate the surprising difficulty in diagnosing this disease even today.<sup>126</sup> The purpose of Chapter

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<sup>122</sup> Joanne Schatzlein, 'The Diagnosis of St Francis: Evidence for Leprosy,' *Franciscan Studies Journal*, Vol. xlvii, (1987), 181-217, 181.

<sup>123</sup> Piers Mitchell, 'Retrospective Diagnosis and the use of Historical Texts for investigating Disease in the Past,' *International Journal of Paleopathology*, 1, (2011), 81-88, 87.

<sup>124</sup> Ann Gayton Carmichael, 'Leprosy,' *The Cambridge World History of Human Disease*, ed. Kenneth Kiple, (Cambridge, 1993), 834-836, 834.

<sup>125</sup> Purdon, 'Medieval Hospitals for Lepers near Belfast,' 268.

<sup>126</sup> Magner, *A History of Medicine*, 127.

One is to provide an overview of leprosy and HD, in order to give accurate knowledge about a subject which has many misconceptions regarding its causes, infectivity and resultant damage, and is intended to make the following chapters more comprehensible. The function of Chapter Two is to discuss the terminology used in the annals of medieval Ireland for 'lepers' and leprosy as well as the other terms which have been translated as leprosy and are listed in DIL as such. By undertaking this line of enquiry, Chapter Two will examine the sometimes obscure terminology which has been connected with the term leprosy and demonstrate that many words have been wrongly associated with it. The purpose of Chapter Three is to examine evidence for leprosy in the form of archaeology and paleopathology and similarly Chapter Four will examine place-names, leper-hospitals and the comparatively scarce documentary evidence. This discussion of the available data will show that although Ireland has been regarded as lacking sufficient evidence for a meaningful study of leprosy, that this is in fact far from the case and that a wide range of insightful resources do still exist. Lastly, Chapter Five will examine 'lepers' in Irish hagiography and discuss why they appear and what their significance illustrates and also what this tells us about the disease in Ireland. A selection of both vernacular and Latin hagiography is examined and it is particularly noticeable that different terminology is used in these lives in comparison to the terms used for leprosy and 'lepers' in the annals which are discussed in Chapter Two. The conclusion will then list and discuss the evidence concerning 'lepers' in medieval Ireland and if their treatment varied over time and between different geographical areas within Ireland, as is the case elsewhere and which has been illustrated during this introduction.

## CHAPTER ONE

### WHAT IS LEPROSY?

#### 1.1 Introduction

This chapter will discuss the differing forms and definitions of leprosy as it has appeared and been regarded throughout the ages, as well as defining HD as it is classified in the twenty-first century. There has been much written on whether leprosy in the past was HD and this chapter will not attempt to answer that complicated question, but will try to contextualise the situation in medieval Ireland in comparison to antiquity and the Middle Ages, as well as looking at the normative texts of the Old and New Testaments, and how leprosy is described and treated within them.

When exactly HD reached Europe is disputed, but it was prior to the eleventh century and the return of the crusaders, who have traditionally and wrongly been blamed for its introduction.<sup>127</sup> Piers Mitchell has examined the evidence implicating the crusaders and states,

It is quite possible that as many soldiers with concealable signs and symptoms took leprosy with them on crusade, as returned with the disease, having contracted it in the Latin East. There is not much convincing evidence yet for blaming the crusades for dramatically changing the epidemiology of leprosy in medieval Europe.<sup>128</sup>

HD is still prevalent today, but is now endemic only in tropical and subtropical areas, mainly Africa, south Asia and South America, but it used to occur as far north as the Arctic Circle.<sup>129</sup> Africa currently has the highest incidence,<sup>130</sup> but there are no precise figures for the total of those infected worldwide, but in 2011 the World Health Organisation recorded 244,617 new cases.<sup>131</sup> HD requires higher than normal population density in order to spread<sup>132</sup> and as Ireland was urbanised somewhat differently from the rest of Europe this may have some bearing on its spread in

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<sup>127</sup> Christine Boeckl, *Images of Leprosy*, (USA, 2011), 24.

<sup>128</sup> Piers Mitchell, 'The Myth of the spread of Leprosy with the Crusades,' *The Past and Present of Leprosy*, eds. Charlotte Roberts, *et al*, (Oxford, 2002), 171-175, 175.

<sup>129</sup> Carmichael, 'Leprosy,' 834.

<sup>130</sup> Anthony Fauci, *et al*, *Harrison's Principles of Internal Medicine*, (USA, 2008), 1021.

<sup>131</sup> *World Health Organisation Statistics*, (Geneva, 2011), 88.

<sup>132</sup> Charlotte Roberts and Margaret Cox, *Health and Disease in Britain*, (Stroud, 2003), 120.

medieval Ireland, although this would have varied over both time and different areas. HD disappeared from Europe slowly as it receded northwards, starting with the urbanised Mediterranean areas of Italy and Spain; but there were still cases in England and Scotland during the fourteenth and fifteenth centuries and in Scandinavia up until the end of the nineteenth century.<sup>133</sup> The last endemic case of HD in Ireland was recorded in 1775 at Waterford, but further cases were reported in 1877 and another in 1891 in Ulster,<sup>134</sup> although these later cases were probably contracted abroad.

## 1.2 – What is HD?

HD is caused by the bacillus *Mycobacterium Leprae*, (ML) which is commonly found in nature and is an intracellular pathogen.<sup>135</sup> The social concepts which surround HD have further complicated the disease in the past, as shown in 1906 when Hutchison claimed,

the problem of leprosy is not for the idle-minded. It is full of intricacy and difficulty... it is a sort of aristocrat among diseases...and the history of its prevalence, increase and decline in different regions of our globe, is interwoven with civilisation itself.<sup>136</sup>

Leprosy eloquently demonstrates the differences between the biological nature of a sickness and the attributes ascribed to the sick more than any other disease and it is correct to state that both leprosy and HD represent not only different diseases but also different ideas as well.<sup>137</sup> There is much on-going research concerning ML in an attempt to discover the relationship between ancient and modern strains as this is only partly understood.<sup>138</sup> ML has five strains, each of which have a strong geographical link and it was thought that both ancient and modern European strains belonged to Type Three, until recent finds of Type Two, which is usually associated with Central Asia and the Middle East, were discovered in Scandinavian and British medieval

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<sup>133</sup> Carmichael, 'Leprosy,' 836.

<sup>134</sup> George Newman, *A History of Leprosy in the British Islands*, (London, 1895), 24-26.

<sup>135</sup> Carmichael, 'Leprosy,' 836.

<sup>136</sup> Jonathan Hutchinson, *On Leprosy and Fish-Eating; A Statement of Facts and Explanations*, (London, 1906), 1.

<sup>137</sup> Magner, *A History of Medicine*, 122.

<sup>138</sup> Tom Mendum *et al*; *Mycobacterium leprae* genomes from a British Medieval Leprosy Hospital: Towards Understanding an Ancient Epidemic, *BMC Genomics*, 15:270, (2014), 1-8, 1.



skeletons.<sup>139</sup> Another study also discovered that the ML genotype in medieval Europe is one now commonly found in the Middle East and that it has undergone very little change over the last thousand years.<sup>140</sup>

HD is a chronic disease which although infectious, is one of the least contagious of any of the communicable diseases,<sup>141</sup> although it is possible that it was far more contagious in the past.<sup>142</sup> When HD is left untreated it causes damage throughout the body including the peripheral nervous system, skin, eyes, lymph nodes, liver cells, spleen, bone marrow, the mucosa of the mouth, nose, pharynx, larynx and trachea, blood vessels, muscles, bones and testes.<sup>143</sup> Once the infection enters the bone marrow the victim is susceptible to fractures because the skeleton becomes weakened.<sup>144</sup> The fractures often occur near a joint, the cartilage of which are more liable to infection and therefore become prone to collapse and is often also accompanied by osteoporosis.<sup>145</sup> The nasal and phalanges bones are ultimately affected, causing destruction of the nasal area and the upper central incisor teeth fall out.<sup>146</sup> ML is unique in its preference for peripheral nerves and is the only bacillus which can invade and infect them, particularly in cooler areas, such as the face and limbs or any damaged parts of the body.<sup>147</sup> It took until 1960 to infect mice with ML, permitting scientific study,<sup>148</sup> and even today it cannot be cultured in a test-tube.<sup>149</sup> The exact method by which HD is contracted is still contentious with the most likely routes being via the skin, gastrointestinal or respiratory tracts, but contact with infected soil and insects are also considered to be possibilities.<sup>150</sup> Research published in 2008 found skin and nasal droplets the most likely routes of infection, but there is

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<sup>139</sup> *ibid.*

<sup>140</sup> Verena Schuenemann, *et al*, Genome-Wide Comparison of Medieval and Modern *Mycobacterium leprae*, *Science*, Vol. 341, (July, 2013), 179-183, 179.

<sup>141</sup> Touati, 'Contagion and Leprosy,' 179.

<sup>142</sup> Magner, *A History of Medicine*, 124.

<sup>143</sup> Bryceson, *Leprosy*, 1.

<sup>144</sup> Rawcliffe, *Leprosy in Medieval England*, 3.

<sup>145</sup> Bryceson, *Leprosy*, 8.

<sup>146</sup> *ibid.*

<sup>147</sup> Fauci, *Harrison's Principles of Internal Medicine*, 1021.

<sup>148</sup> Bryceson, *Leprosy*, 2.

<sup>149</sup> Tony Gould, *Don't Fence Me In*, (London, 2005), 46.

<sup>150</sup> Fauci, *Harrison's Principles of Internal Medicine*, 1022.

still no conclusive proof for the nasal-mucosal route in humans.<sup>151</sup> The same research also showed that the position of single HD skin lesions often matched the sites of common skin grazes in children, suggesting that this is another possible means of infection.<sup>152</sup>

ML prefers deeper layers of the dermis as few are ever located on the surface of intact skin, however necrotising and ulcerating lesions do expel large amounts of bacilli and entry through broken skin is therefore also plausible.<sup>153</sup> ML does not have the necessary enzymes to penetrate intact skin, despite being an extremely resilient micro-organism which can survive for as long as five months in the dust of India and still be viable.<sup>154</sup> Flies and biting insects can carry the bacilli on their legs, abdomen, mouth parts and faeces after feeding on lesions and nasal discharges, especially as the bacilli remain viable for seven days within discarded nasal secretions.<sup>155</sup> Bedbugs and mosquitoes within the vicinity of leper hospitals have also been shown to harbour ML and under laboratory conditions, mosquitoes have transmitted it to mice.<sup>156</sup>

Infection via the gastrointestinal tract is still under investigation, but flies can foul food and the breast milk of leprous mothers does contain the bacilli.<sup>157</sup> Infection via the respiratory tract is the most likely route as the nasal mucosa and mucus of untreated HD patients contain bacilli which are released via atmospheric droplets by talking, sneezing or coughing, increasing the chances of inhaling the bacilli, especially in poor, overcrowded living conditions.<sup>158</sup> Whatever the means of transmission, only a small percentage of those infected go on to develop HD with the majority of hosts being sub-clinical with no symptoms or ill-health.<sup>159</sup> HD causes diverse clinical manifestations depending on how effectively the victim's resistance

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<sup>151</sup> Charles Job, *et al*, 'Transmission of Leprosy: A Study of Skin and Nasal Secretions of Household Contacts of Leprosy Patients Using PCR,' *American Journal of Tropical Medicine and Hygiene*, Vol. 78(3), (2008), 518-521, 518.

<sup>152</sup> *ibid.*

<sup>153</sup> William Henry Jopling *et al*, *Handbook of Leprosy*, (Oxford, 1988), 2-3.

<sup>154</sup> Gould, *Don't Fence Me In*, 4.

<sup>155</sup> Jopling, *Handbook of Leprosy*, 3.

<sup>156</sup> Fauci, *Harrison's Principles of Internal Medicine*, 1022.

<sup>157</sup> Jopling, *Handbook of Leprosy*, 2.

<sup>158</sup> *ibid.*

<sup>159</sup> Bryceson, *Leprosy*, 4.

mechanisms combat the infection.<sup>160</sup> HD is described as a ‘bipolar’ disease as it can present as only one damaged peripheral nerve or a single skin blemish, which may disappear of its own accord or it can cause catastrophic overall damage, with any number of variations in between, making diagnosis difficult.<sup>161</sup> Modern medicine has established different classifications in order to assist diagnosis; those with low resistance to the infection are classed as having Lepromatous leprosy (LL), while those who are highly resistant are classed as suffering from Tuberculoid leprosy (TT), with other degrees of resistance in between.<sup>162</sup> LL is the most destructive and the most infectious and sufferers from LL are what is imagined as the typical medieval ‘leper,’ while in contrast TT is the least damaging and the least infectious.

Unlike the majority of diseases, ML does not secrete toxins and a victim may have millions of bacilli in their system and still feel well, which is why the disease is usually so advanced in patients suffering from the LL form before they realise.<sup>163</sup> HD causes distinctive nerve damage which is termed ‘glove and stocking’ anaesthesia, (meaning it affects the hands and feet) although this is not completely accurate as the bacilli’s preference for cooler areas of the body results in an uneven injury distribution.<sup>164</sup> Occasionally a short episode of general skin irritation may occur before any skin changes become visible, indicating the onset of a rapidly progressive LL.<sup>165</sup> HD cannot be diagnosed by only examining the lesions as many other skin diseases appear very similar and it is the combination of skin and neural problems, especially if a lesion is found to be numb, which indicates HD.<sup>166</sup> The loss of tactile senses results in an inability to know how hard to hold something, which puts immense strain on the finger tissues, causing distortion, paralysis or weakness, claw-hand, clawing of the toes or foot-drop which results in sufferers walking ‘with a gait like that of someone about to mount a step.’<sup>167</sup>

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<sup>160</sup> Miller, *Medieval Leprosy Reconsidered*, 16.

<sup>161</sup> Jopling, *Handbook of Leprosy*, 1 and 22.

<sup>162</sup> Rawcliffe, *Leprosy in Medieval England*, 2.

<sup>163</sup> Jopling, *Handbook of Leprosy*, 20.

<sup>164</sup> *ibid.*

<sup>165</sup> Bryceson, *Leprosy*, 14.

<sup>166</sup> Jopling, *Handbook of Leprosy*, 22-23.

<sup>167</sup> Brody, *Disease of the Soul*, 31.

The level of HD within any given population depends on two factors; the first is the percentage of people who offer low resistance and the second is the chance of coming into contact with the bacilli in the first place. Children are more susceptible than adults, as even between co-habiting couples, the chances of cross-infection are only five percent, whereas children from infected families are twelve times more likely to contract HD following an incubation period of between two to seven years.<sup>168</sup> It is difficult to accurately judge the incubation period, but two to four years is normal, although times as short as three months and as long as forty years have been recorded.<sup>169</sup> Beyond childhood the incubation time can be as long as twenty years, due to the slow growth rate of ML with only about ten percent of those exposed developing the disease.<sup>170</sup> Ninety five per cent of today's population has in-born natural immunity to HD, but it is unknown what percentage had natural immunity in the past.<sup>171</sup> Another factor which may be important, and is still under investigation, is whether genetic factors play a part in deciding someone's susceptibility.<sup>172</sup> In addition HD can take up to fifty years to become endemic within any given population.<sup>173</sup> There is a connection between the mycobacterium which causes tuberculosis and HD, with exposure to the first giving cross-immunity to the second, however conversely the most common cause of death in long-term sufferers of HD is tuberculosis.<sup>174</sup> This cross-immunity was suspected as early as 1867 when a Norwegian district medical officer noticed that where HD was endemic tuberculosis was rare.<sup>175</sup> This suspicion was confirmed more than a century later when it became apparent that in some parts of the world the BCG vaccine provided some level of protection from HD.<sup>176</sup> It is rare for HD to be the actual cause of death, as sufferers normally succumbed in the past to a secondary infection due to the extensive damage to their bodies,<sup>177</sup> especially as LL lowers resistance to other diseases.<sup>178</sup> HD is no longer a death sentence as the first

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<sup>168</sup> Jopling, *Handbook of Leprosy*, 1.

<sup>169</sup> Bryceson, *Leprosy*, 13.

<sup>170</sup> Covey, 'People with Leprosy,' 315.

<sup>171</sup> Boeckl, *Images of Leprosy*, 10.

<sup>172</sup> Covey, 'People with Leprosy,' 316.

<sup>173</sup> Johs Gerhard Andersen, 'Leprosy in Translations of the Bible' *The Bible Translator*, Volume 31, (1980), 207-212, 208.

<sup>174</sup> Carmichael, 'Leprosy,' 836.

<sup>175</sup> Gould, *Don't Fence Me In*, 54.

<sup>176</sup> *ibid.*

<sup>177</sup> Boeckl, *Images of Leprosy*, 13.

<sup>178</sup> Bryceson, *Leprosy*, 9.

curative drugs were introduced in 1943 and it is treated with Multi-Drug Therapy (MDT), consisting of Dapsone, Rifampicin, Clofazimine and recently Thalidomide.<sup>179</sup> MDT has greatly reduced the incidence of HD worldwide and it has been estimated fourteen million cases have been cured since 1985, but there has been little actual decrease in the rate of transmission and the reason for this is unknown.<sup>180</sup>

One of HD's peculiar characteristics is its tendency to be prevalent in island and coastal populations and during the Middle Ages it was believed that this was due to a largely fish diet, when in reality the actual cause was poverty and poor hygiene and HD's slow rate of progression inland after its introduction into a new population.<sup>181</sup> Hutchison writing at the beginning of the twentieth century, even after the discovery of ML, shows the belief that fish were responsible was still widespread,

the fundamental cause of the malady known as true Leprosy is the eating of fish in a state of commencing decomposition .... Fish supplied to the English market is quite free from the risk of causing Leprosy and the same statement is true of that used in most well-civilised communities and the cause of the disease is some ingredient or parasite generated by or introduced into fish which has been not cured or cured badly. Decomposing fish is the one sole cause of leprosy and is not contagious by touch. ... and that in all communities in which cured fish is an article of food the liberal use of salt is by far the most important preventative measure.<sup>182</sup>

Boate, writing in the seventeenth century considered it was the Irish themselves, who were responsible for the frequency of leprosy in their country, as he states,

For that this sickness was so general in Ireland, did not come by any peculiar defect in the land or in the air, but merely through the fault and foul gluttony of the inhabitants in the successive devouring of unwholesome salmons. The common report in Ireland is, that boiled salmons eaten hot out of the kettle in great quantity, bring this disease, and used to be the cause why it was so common: and some famous authors have not stuck to relate as much for a truth. But that is a fable, and salmons have not that evil quality, which way soever they be eaten and prepared, but when they are out of season, which is in the latter end of the year, after they have cast their spawn: upon which they do not only grow very weak and slaggy, but so unwholesome, that over their whole body they break out in filthy spots, just like a scald man's head, so as it would loath any man to see them; nevertheless the Irish, a nation extremely barbarous in all the parts of their life, did use to take them in that very season, as well as at

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<sup>179</sup> Chapman Hunter Binford, *et al*, Leprosy, *Journal of the American Medical Association*, Vol. 247, No. 16, (April, 1982), 2283-2291, 2283.

<sup>180</sup> Job, 'Transmission of Leprosy,' 518.

<sup>181</sup> Carmichael, 'Leprosy,' 836.

<sup>182</sup> Hutchison, *On Leprosy and Fish-eating*, v.

any other time of the year, and to eat them in very great abundance, as easily they might, every river and rivulet in most parts being very full of them, and by that means that horrible disease came to be so common amongst them. But the English having once gotten the command of the whole country into their hands, made very severe laws against the taking of salmons in that unwholesome season, and saw them carefully observed; whereby hindering those barbarians against their will to feed on that poisonous meat, they were the cause that that woeful sickness, which used to mightily to reign amongst them, hath in time been almost quite abolished: which great benefit, with so many others, that hateful people hath rewarded with seeking utterly to exterminate their benefactors.<sup>183</sup>

Purdon in his nineteenth century article, 'Medieval hospitals for Lepers near Belfast,' quotes the Rev Fosbroke, who claimed that 'leprosy was due to the poor living on so much fish, and that it disappeared after the introduction of tea and the wearing of linen next to the skin,'<sup>184</sup> which were considered to be signs of civilisation. This is just one example of the prevailing belief that HD sufferers were themselves responsible for contracting the disease due to their habits and lack of civilisation and that it was considered to be a disease of the lower echelons of society, to which the Irish were particularly pre-disposed to. These examples also show the diverse beliefs connected to leprosy which continued long after the scientific cause had been discovered.

### **1.3 Lepromatous Leprosy (LL)**

The following paragraphs outline the clinical definitions of what is today termed HD and are included in order to give a greater understanding of the consequences of the disease, as well as its complicated history. It is essential to be able to accurately assess a sufferer's position within the disease spectrum for several reasons as identification of the different forms enables an accurate diagnosis and therefore enables treatment.<sup>185</sup> It is also necessary to show the many different ways HD can manifest and helps to explain why it has been such a difficult disease for both the medical profession and historians to identify over the centuries.

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<sup>183</sup> Boate, *The Natural History of Ireland*, 101.

<sup>184</sup> Purdon, 'Medieval hospitals for Lepers near Belfast,' 271.

<sup>185</sup> Bryceson, *Leprosy*, 10.

The incidence of the most severe form of HD, which is LL, is twice that in men than in women and rarely occurs in children.<sup>186</sup> The incidence of the different forms of HD varies between countries, indicating a genetic component and so in India and Africa only ten percent suffer from the LL form, while it is fifty per cent in Asia and ninety per cent in Mexico.<sup>187</sup> This difference in the rate of incidence is relevant as it cannot be assumed that it was the same in Ireland as in England during the Middle Ages as any difference in genetic make-up could have played a significant role. When a patient has low resistance it results in LL, as bacilli multiply unchecked in the Schwann cells, which form part of the myelin sheath covering the peripheral nerves, but paradoxically the symptoms become apparent to the victim much later than when suffering from the TT form.<sup>188</sup> LL is a systemic disease with bacilli present in the blood and the organs.<sup>189</sup> When the bacilli break out from the nerve cells they become wandering macrophages, allowing the infection to travel around the body to other nerves via the blood, lymph and tissue fluids.<sup>190</sup> It spreads rapidly, becoming pervasive and as well as infecting the skin, it affects the rest of the body as described previously.<sup>191</sup> The early symptoms noticed by the victim are changes in the nasal mucosa, causing stuffiness, crustiness and bloody discharge, as well as skin changes and latter-day oedema in the legs, before any neural damage is experienced and it is therefore unusual for a LL victim to seek early medical treatment, which is unfortunate as this form is infectious immediately.<sup>192</sup> Skin manifestations such as macules, papules, nodules or a combination of all three appear; the main areas affected are the face, arms, buttocks, legs and sometimes the trunk, while warmer areas of the body such as the underarm, groin, perineum and hairy scalp are not.<sup>193</sup> LL is characterised by a large quantity of lesions all over the body which are bilaterally symmetrical.<sup>194</sup> Other early symptoms include nodulation and thickening of both ears and the skin of the face, the nose enlarges and the eyebrows and eyelashes become thinner, but alopecia is not a recognised symptom of HD,<sup>195</sup> although, as already

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<sup>186</sup> Fauci, *Principles of Harrison's Internal Medicine*, 1022.

<sup>187</sup> *ibid.*

<sup>188</sup> Jopling, *Handbook of Leprosy*, 19.

<sup>189</sup> Bryceson, *Leprosy*, 7.

<sup>190</sup> Jopling, *Handbook of Leprosy*, 19.

<sup>191</sup> Bryceson, *Leprosy*, 7.

<sup>192</sup> Jopling, *Handbook of Leprosy*, 19 and 23.

<sup>193</sup> *ibid.*, 23-24.

<sup>194</sup> Bryceson, *Leprosy*, 7.

<sup>195</sup> Jopling, *Handbook of Leprosy*, 25.

discussed, this was believed to be the case in the Middle Ages. As the disease progresses, thickening of the skin on the brow causes intensification of the natural forehead lines which are known as *leonine facies*, the ear lobes continue to thicken, the eyebrows disappear, the nose disintegrates and the voice becomes gruff.<sup>196</sup> The gruff voice is due to the destruction of the larynx, a potentially dangerous complication which is more common in Asia than Africa today,<sup>197</sup> and was probably also more prevalent in medieval Europe. It is just one of the many fallacies connected with leprosy that toes and fingers fall off, as instead it is the numbness of the extremities, which results in recurrent and painless trauma which causes digits to become truncated.<sup>198</sup> The disease's progression continues with the appearance of scaly patches on the skin of the thighs, legs and arms, and also sometimes on the body, while in LL the last symptom is often anaesthesia, with an inability initially to distinguish between hot and cold; the loss of sensation starting in the hands or feet and ultimately affecting them both.<sup>199</sup> The finger and toe nails become dry, withered, and narrowed and also exhibit longitudinal ridging and as bone absorption advances the truncated digits retain the nail in a shortened form, with the bone damage confined to the hands, feet and skull and occasionally to the forearm and lower leg.<sup>200</sup> The bacilli are numerous in the circulating blood and organs but cause no complications with the major organs.<sup>201</sup> All manifestations of LL show symmetrical symptoms because the bacilli become wide-spread, due to the inability of the victim's immune system to combat the disease, with the large load of bacilli in the peripheral nerves causing destruction.<sup>202</sup> An early symptom of neural damage is the inability to close the eyes which occurs when the seventh cranial nerve becomes infected.<sup>203</sup> LL also has two subgroups known as polar (LLp) and sub-polar (LLs), but the distinction is only for clinical reasons.<sup>204</sup>

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<sup>196</sup> *ibid.*

<sup>197</sup> Bryceson, *Leprosy*, 7.

<sup>198</sup> Jopling, *Handbook of Leprosy*, 25.

<sup>199</sup> *ibid.*, 25-26.

<sup>200</sup> *ibid.*, 28, 32.

<sup>201</sup> Fauci, *Principles of Harrison's Internal Medicine*, 1023.

<sup>202</sup> Jopling, *Handbook of Leprosy*, 26-27.

<sup>203</sup> *ibid.*, 28.

<sup>204</sup> *ibid.*, 48.



## 1.4 Tuberculoid Leprosy (TT)

As with LL the percentage affected by the different forms varies between countries. In India and Africa ninety percent of cases are TT, while in Asia it is only fifty percent.<sup>205</sup> In TT this time the host has an effective immune system and the disease presents in a different way. As with LL the bacilli enter the Schwann cells, multiplying very slowly and take between twelve and thirteen days just to divide in two, but once the infection is recognised by the body, granuloma form destroying the nerve, causing anaesthesia and weakness.<sup>206</sup> The disease remains localised to just one or two sites on the skin and large peripheral nerves and skin lesions are well defined.<sup>207</sup> These lesions tend to heal spontaneously from the centre, but in severe cases the follicles and sweat glands within the lesion are destroyed and sweating is impaired.<sup>208</sup> Facial lesions are less likely to be as numb as elsewhere due to the rich nerve supply in comparison to the rest of the body.<sup>209</sup> TT lesions are small, distinctly hypo-pigmented, pebble-like and heal rapidly and do not usually present along with nerve involvement, whereas larger lesions are more numerous and cause considerable nerve damage.<sup>210</sup> TT which displays macular lesions can heal spontaneously before the lesions become infiltrated.<sup>211</sup> Infiltrated lesions tend to appear in the later phases of the disease and are the result of fluid and cellular elements permeating the surrounding tissues.<sup>212</sup> The amount of infiltration causes different appearances and therefore when diffuse the skin appears shiny and the extent is difficult to see whereas when marked the lesion edges become raised but the demarcation is still nebulous.<sup>213</sup> There is pain in the early stages as approximately thirty percent of the sensory nerves must be destroyed before impairment.<sup>214</sup> Nerve lesions are also solitary and become thickened due to infiltration and irregular but the pattern of infection is asymmetrical.<sup>215</sup> In contrast to LL, TT sufferers will seek early medical help as they have neural symptoms of pain, numbness, tingling, muscle weakness and dermal

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<sup>205</sup> Fauci, *Principles of Harrison's Internal Medicine*, 1022.

<sup>206</sup> Jopling, *Handbook of Leprosy*, 17.

<sup>207</sup> Bryceson, *Leprosy*, 5, 16.

<sup>208</sup> *ibid*, 5-6.

<sup>209</sup> *ibid*, 16.

<sup>210</sup> *ibid*.

<sup>211</sup> *ibid*, 17.

<sup>212</sup> Brody, *Disease of the Soul*, 27.

<sup>213</sup> *ibid*.

<sup>214</sup> Jopling, *Handbook of Leprosy*, 17.

<sup>215</sup> Bryceson, *Leprosy*, 5.

lesions or may have only dermal or neural symptoms.<sup>216</sup> Sometimes lesions take the form of a macule (that is level with the adjoining skin), reddish on light skins but under pigmented in darker skins and are well differentiated with a dry and insensitive surface.<sup>217</sup> Contrary to LL sufferers, TT victims are not infectious and are subdivided into two groups primary and secondary, again for clinical reasons.<sup>218</sup>

## 1.5 Borderline Leprosy (BL) and Indeterminate Leprosy

There is also a third form termed Borderline Leprosy, (also called dimorphous) which attacks the nerves as in TT, but higher levels of bacilli are required for a response which is less localised and causes light or slightly under pigmented desensitised areas of skin.<sup>219</sup> BL occurs in victims whose resistance lies somewhere between LL and TT and therefore the symptoms vary, depending on their position within this range and today is the most common form of HD.<sup>220</sup> BL differs as the host's immunological status is unstable and their ability to cope with the infection varies which not only alters the time they take to respond to treatment, but also means they suffer lepra reactions (acute episodes) which result in nerve damage.<sup>221</sup> There are usually many skin lesions of all shapes and sizes and many nerves involved, although not symmetrically as in LL.<sup>222</sup>

Indeterminate leprosy is an initial form of HD and usually presents as a macule, either light or dark depending on the sufferer's skin colour.<sup>223</sup> The indeterminate form is usually found in children or people who have an undetermined immunological status, is usually transient and may heal spontaneously, although about thirty percent go on to develop full-blown HD, usually the LL form.<sup>224</sup> Over seventy percent of indeterminate lesions in Africa heal spontaneously, many without the sufferer even noticing.<sup>225</sup> The instances whereby HD is self-healing is of particularly pertinent, as

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<sup>216</sup> Jopling, *Handbook of Leprosy*, 39.

<sup>217</sup> *ibid.*

<sup>218</sup> *ibid.*, 48.

<sup>219</sup> *ibid.*, 8, 20b.

<sup>220</sup> *ibid.*, 40.

<sup>221</sup> Bryceson, *Leprosy*, 11.

<sup>222</sup> *ibid.*, 9.

<sup>223</sup> Binford, 'Leprosy,' 2287.

<sup>224</sup> Jopling, *Handbook of Leprosy*, 45.

<sup>225</sup> Bryceson, *Leprosy*, 5.

such a case will appear in Chapter Five when discussing hagiography and raises the question whether the appearance of leprosy in that case is due to literary creativity and/or is displaying knowledge of HD? It can be seen from this detailed description of HD that it can present in many diverse ways and yet all are caused by the same bacteria. It is no wonder therefore that in times past diagnosis was difficult and confusing and yet it was still recognised as one disease with differing forms, although this was further complicated by other skin diseases also being included.

## 1.6 Leprosy in Antiquity

The following paragraphs are organised geographically, rather than by time period, in order to try and make them easier to understand. Robert Cochrane stated that, ‘Whether and where leprosy existed in ancient times is difficult to determine,’<sup>226</sup> because of the often conflicting and incomplete evidence. There has been widespread debate as to the source of HD and despite the skeletal evidence which was found in the ancient eastern Mediterranean basin, it probably originated in Africa, state some experts, and gradually spread from there among humans from around 12000 BC onwards.<sup>227</sup> Others however have argued, from the historical rather than the skeletal evidence that HD originated in Asia, as the earliest descriptions of a ‘leprosy-like disease,’ date to China and India from the sixth century BC, when one of Confucius’s disciples is described with a disease akin to LL.<sup>228</sup> The description states that,

Po-Niu was suffering from leprosy. When Confucius went to visit him he would only touch his hand through the window (for the disease was a disfiguring one). The Master said ‘How fortunate to find him still alive! What a dreadful fate! That such a (sensitive) man should suffer such an illness!’<sup>229</sup>

This however only suggests the presence of a skin disease, which was termed or translated as leprosy, and may not refer to HD. In India, the ancient medical texts, *Rgveda Samhita*, dating to around 1500 BC and *Susrutas Ayurvedas*, from around 1000 BC, probably refer to HD. In these texts the term *kushtha*, meaning skin

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<sup>226</sup> Robert Greenhill Cochrane, ‘Biblical Leprosy: A Suggested Interpretation,’ *In the Service of Medicine*, (January, 1961), 3-24, 3.

<sup>227</sup> Carmichael, ‘Leprosy,’ 836.

<sup>228</sup> Jopling, *Handbook of Leprosy*, 6.

<sup>229</sup> Lu Gwei-Djen and Joseph Needham, ‘Records of Diseases in Ancient China,’ *Disease in Antiquity: A Survey of the Diseases, Injuries and Surgery of Early Populations*, ed. Don Brothwell, (Springfield, 1967), 222-238, 236.

afflictions is mentioned, but again its exact meaning is open to interpretation.<sup>230</sup> In 2009 however the oldest skeletal evidence of HD to date was discovered in Balathal in India and radiocarbon produced a date of around 2000 BC,<sup>231</sup> which would seem to prove the validity of the textual records.

Johs Gerard Andersen claimed that HD was widespread in Egypt during the reign of Husapti, around 2400 BC, and was endemic in Africa, Egypt and India for at least the last three thousand years, probably arriving in Egypt with Sudanese slaves, during the reign of Ramses II, around 1350 BC.<sup>232</sup> Archaeological work by Dzierzykray-Rogalski in Egypt on Ptolemaic inhabitants of the Dakhleh Oasis, confirmed HD's presence, as the exhumed bones of four individuals exhibited the unmistakable tell-tale signs.<sup>233</sup> These skeletons were found in a cemetery dating from the second century BC and were among seventy one individuals examined, which Dzierzykray-Rogalski argues is evidence that it was a common disease, which affected even the higher classes and that the Oasis was used for segregating high status victims as it was away from the main cities.<sup>234</sup> A new discipline called microbial phylogeography however has finally settled the dispute concerning HD's origins as it monitors the spread of microbes and also the movements of their hosts,<sup>235</sup> and evidence from single-nucleotide polymorphisms has shown that HD did originate in East Africa,<sup>236</sup> despite the skeletal evidence which has been uncovered to-date.

Around 880 BC the Indian laws *Manava Dharma-Sastra* or *Manu Smriti* issued preventative advice by forbidding marriage with the progeny of leprosy sufferers,<sup>237</sup> whatever that was considered that to be at that time. In China around 500 BC *Nei Ching Su Wen* describes a disease which sounds like HD, but attributes the description

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<sup>230</sup> Skinsnes, 'Notes from the History of Leprosy,' 221.

<sup>231</sup> G. Robbins, Tripathy VM, Misra VN, Mohanty RK, Shinde VS, et al. (2009) Ancient Skeletal Evidence for Leprosy in India (2000 B.C.), *PLoS ONE* 4(5): e5669. doi:10.1371/journal.pone.0005669, 2.

<sup>232</sup> Andersen, 'Studies in the Medieval Diagnosis of Leprosy in Denmark,' 10.

<sup>233</sup> Tadeusz Dzierzykray-Rogalski, 'Paleopathology of the Ptolemaic Inhabitants of Dakhleh Oasis (Egypt),' *Journal of Human Evolution* 9, (1980), 71-74, 72-73.

<sup>234</sup> *ibid*, 73.

<sup>235</sup> Marc Monot, et al, 'Comparative Genomic and Phylogeographic Analysis of *Mycobacterium leprae*,' *Nature Genetics*, Vol. 41, No. 12, (December, 2009), 1282-1292, 1282.

<sup>236</sup> G. M. Taylor, Tucker K, Butler R, Pike AWG, Lewis J, et al. (2013) Detection and Strain Typing of Ancient *Mycobacterium leprae* from a Medieval Leprosy Hospital. *PLoS ONE* 8(4): e62406. doi:10.1371/journal.pone.0062406, 1.

<sup>237</sup> Skinsnes, 'Notes from the History of Leprosy,' 221.

to Huang Ti whose *floruit* was sometime between 2698-2598 BC.<sup>238</sup> During the fifth century BC Herodotus wrote about Persia that,

and whosoever of the men of the city has leprosy or whiteness of the skin, he does not come into a city nor mingle with the other Persians... but a stranger who is taken by these diseases in many regions they drive out of the country altogether.<sup>239</sup>

This demonstrates that HD victims or sufferers of skin diseases were isolated and segregated from the earliest periods and that this practice did not originate with Christianity, as attested by the Greek writers.<sup>240</sup> What became terminological confusion overtime began when the Greek physician Hippocrates (BC 460-377), described the disease *lepra* as a group of inter-related skin conditions.<sup>241</sup> The use of *lepra* and its association with ‘an unpleasant skin disease, something not very nice, something you did not want to associate with or get into your home’<sup>242</sup> would have important consequences. In 345 BC Aristotle described what he considered to be leprosy, but it is impossible to tell if he was referring to HD.<sup>243</sup> Pliny the Elder (23-79 AD), unequivocally states that *elephantiasis*, which is what he called leprosy, was not known in Italy until the return of Gnaeus Pompeius Magnus (BC 106-48) from his campaign against King Mithridates of Pontus (present day Turkey) in 62 BC.<sup>244</sup> Confusingly in the modern era, *elephantiasis* is a totally different disease, caused by a parasitic nematode worm called *Filariasis*, which causes swelling and thickening of the legs.<sup>245</sup> Pliny was a naturalist not a doctor and mentions *lepra* no less than thirty one times in his writings, but unfortunately he never provides a clinical description, but as he only uses the plural form of the word, he may be describing a group of diseases rather than just one.<sup>246</sup> Pliny also lists cures for *lepra*, such as mixing garlic with marjoram, mustard with red clay, putting nettles into wine and rubbing in white wine to the affected areas.<sup>247</sup> HD spread from India into Europe, probably carried by soldiers returning in 326 BC from the Greek conquest of Asia by Alexander the Great,

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<sup>238</sup> *ibid.*

<sup>239</sup> *ibid.*

<sup>240</sup> Miller, ‘Medieval Leprosy Reconsidered,’ 20.

<sup>241</sup> Andersen, ‘Leprosy in Translations of the Bible’ 207.

<sup>242</sup> *ibid.*, 208.

<sup>243</sup> Skinsnes, ‘Notes from the History of Leprosy’ 222.

<sup>244</sup> Andersen, ‘Leprosy in Translations of the Bible,’ 209.

<sup>245</sup> Andersen, ‘Studies in the Medieval Diagnosis of Leprosy in Denmark, 34.

<sup>246</sup> *ibid.*, 28.

<sup>247</sup> *ibid.*

and consequently it spread along military, religious and mercantile routes throughout Europe.<sup>248</sup> The earliest recorded accurate, European description of a disease which appears to be HD is by the Greek Aretaeus from around 150 AD, but he calls it *elephantiasis* and he is the first to use the description ‘living death.’<sup>249</sup> Aretaeus described such issues as the disease starting on the face, which is typical of LL and notes the failure to diagnose the disease early due to the patient not noticing symptoms. Aretaeus also described how ‘the respiration is fetid from the corruption within of the breath,’ which Andersen, a leprologist, stated is the characteristic smell of a leprosy hospital.<sup>250</sup> A Byzantine physician, Oribaseos (AD 326-403) who studied medicine in Alexandria, also describes a disease he called *elephantiasis* but which today is identifiable as HD.<sup>251</sup> Oribaseos is an important source for lost texts, including those of the Alexandrian Rufus of Ephesus (AD 98-117) who quotes from another Alexandrian physician Straton, who wrote about a ‘new disease’ which is considered by scholars to be HD.<sup>252</sup> It is obvious from the descriptions surviving from the Hellenistic and classical Latin periods that their physicians did not confuse *elephantiasis* with the skin conditions they termed *lepra*, unlike the confusion that came later.<sup>253</sup> The descriptions by the classical writers of *elephantiasis* and *lepra* show *elephantiasis* is HD, while *lepra* refers to at least one or possibly a collection of skin diseases.<sup>254</sup> Dols argues that the Byzantine seventh century physician, Paul of Aegina, was able to distinguish between the different forms of HD and as genetic factors play only a small part in deciding immunity there is no reason why all of the forms of HD, as defined by modern medicine, were not present in antiquity.<sup>255</sup>

HD spread out slowly from Greece, carried by soldiers and explorers who were already incubating it and in western and northern Europe it was at its height between the tenth and fifteenth centuries.<sup>256</sup> Any doubts that this disease was mainly HD were

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<sup>248</sup> Jopling, *Handbook of Leprosy*, 6 and 7 and Andersen, ‘Studies in the Medieval Diagnosis of Leprosy in Denmark,’ 45.

<sup>249</sup> Miller, ‘Medieval Leprosy Reconsidered,’ 20.

<sup>250</sup> Andersen, ‘Studies in the Medieval Diagnosis of Leprosy in Denmark,’ 34.

<sup>251</sup> Andersen, ‘Leprosy in Translations of the Bible’ 208.

<sup>252</sup> *ibid.*

<sup>253</sup> *ibid.*, 209.

<sup>254</sup> Andersen, ‘Studies in the Medieval Diagnosis of Leprosy in Denmark,’ 46.

<sup>255</sup> Michael Walters Dols, ‘Leprosy in Medieval Arabic Medicine,’ *Journal of History of Medicine*, Vol. 34, (3), (1979), 314-333, 330.

<sup>256</sup> Jopling, *Handbook of Leprosy*, 7.

dispelled when the Danish archaeologist Møller-Christensen studied skeletons from a medieval lazaret-house cemetery in Naestved which showed the distinctive, diagnostic damage. The earliest known cases in Britain and Ireland, supplied by archaeology, are from the fourth century Romano-British cemeteries at Poundbury and Cirencester.<sup>257</sup> Since initially submitting my thesis however an article was published which has provided scientific and definitive evidence of the oldest British skeleton exhibiting HD damage discovered to date.<sup>258</sup> The skeleton, from Great Chesterford in Essex, is of a young male, aged between 21 and 35 at the time of death, but is not newly excavated as it was originally discovered between October 1953 and April 1954.<sup>259</sup> Radio-carbon dating carried out for this current study has dated it to the fifth and sixth centuries and is therefore the oldest skeleton demonstrating LL lesions which has been scientifically dated using the latest techniques to date.<sup>260</sup> Not only is it the oldest but new analysis techniques using strontium and oxygen isotopes from the dental enamel showed that this individual did not originate from Britain and probably spent his childhood in northern Europe, most likely in Scandinavia.<sup>261</sup> This new insight not only provides evidence of the presence of HD in the British Isles at this early date but also indicates that it was brought in to the country from elsewhere. If this individual was indeed from the Scandinavian region, where HD remained endemic well into the nineteenth century,<sup>262</sup> I suggest that it also provides evidence of a strong Scandinavian genetic disposition to the disease, as it appears to have been endemic both very early and very late in that area. It is also excellent evidence that there may be many HD damaged skeletons from previous excavations which await discovery in both Britain and Ireland which may further our knowledge. By the high Middle Ages HD was endemic throughout Europe, but by the nineteenth century it had slowly receded and the reason for this has been much debated and will not be discussed here. The latest theory connected with reasons for decline, which was published after I initially submitted my thesis, concerns the reduced fertility of HD

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<sup>257</sup> Charlotte Roberts, 'The Antiquity of Leprosy in Britain: the Skeletal Evidence,' *The Past and Present of Leprosy*, eds. Charlotte Roberts, et al, (Oxford, 2002), 213-222, 214.

<sup>258</sup> S. A. Inskip, et al, (2015) Osteological, Bimolecular and Geochemical Examination of an Early Anglo-Saxon Case of Lepromatous Leprosy. PLoS ONE 10(5): e012482. Doi:10. 1371/journal.pone.0124282. 1-14, 1.

<sup>259</sup> *ibid.*

<sup>260</sup> *ibid.*

<sup>261</sup> *ibid.*

<sup>262</sup> Newman, *A History of Leprosy in the British Islands*, 27.

sufferers and examines in-depth the skeletons from a French leprosarium named Saint-Thomas d'Aizier.<sup>263</sup>

During the Renaissance re-discovered Classical texts, which had been preserved through Arabic translations, were re-translated into Latin, as the contemporary learned language of western Europe, resulting in physicians using corrupted Latin, so although they were clearly describing HD, some called it *lepra*, while others called it *elephantiasis*.<sup>264</sup> During this period the physicians themselves knew what they meant and some even commented on the difference between the two, but by the nineteenth century the confusion between the terms was complete, both linguistically and in terms of diagnosis.<sup>265</sup> This confusion was not short-lived as it was not until the International Leprosy Congress of 1905, that it was finally decreed that *elephantiasis* was no longer to be used for leprosy.<sup>266</sup>

## 1.7 Leprosy in the Old Testament

Leprosy and the imperfectly matching underlying Old Testament Hebrew term *tsaraath*, have had a fundamental effect on how sufferers of diseases regarded as leprosy were treated in the medieval Christian world and even up to and including this millennium. Leprosy as described in the Old Testament had nothing to do with HD and was less a clinical definition and more an open-ended meaning that related to much more than merely an illness. This mapping of the Old Testament 'leprosy' onto the disease HD resulted in much confusion in later ages in contrast to early Jewish society, as there all it meant was someone who had been officially declared to be leprous by the priest.<sup>267</sup> If only it had stayed that simple. *Tsaraath* had less to do with disease and more to do with anxieties about social identity and the preservation of boundaries and the official withdrawal of honourable standing could be viewed as a form of status degradation ceremony from a sociological perspective.<sup>268</sup> This however

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<sup>263</sup> Joël Blondiaux, *et al*, 'The leprosarium of Saint-Thomas d'Aizier: the cementochronological proof of the medieval decline of Hansen disease in Europe,' *International Journal of Paleopathology*, published online 20<sup>th</sup> March, 2015. Doi:10.1016/j.ijpp.2015.02.005.

<sup>264</sup> Andersen, 'Leprosy in Translations of the Bible,' 209.

<sup>265</sup> *ibid*.

<sup>266</sup> *ibid*.

<sup>267</sup> Carl Kazmierski, 'Evangelist and Leper: A Socio-cultural Study of Mark, 1.40-45' *New Testament Studies*, Vol. 38, (1992), 37-50, 42.

<sup>268</sup> *ibid*.



overlooks that the descriptions of what made someone leprous, as defined in *Leviticus*, are in a section describing those things which are clean and unclean, which includes descriptions of garments and houses which could also suffer from *tsaraath*.<sup>269</sup>

The statement by Stanley Browne that,

leprosy in the Old Testament does not refer to a disease, but to a state of ritual defilement of scaly human skin and of cloth or leather or the walls of houses,<sup>270</sup>

is much more accurate. Cochrane meanwhile states,

There is certainly nothing in the Levitical record which would make one suspect the presence of leprosy among the diseases described in the thirteenth chapter of the book of Leviticus,<sup>271</sup>

especially considering that in this case HD appears as a result of disobedience, rather than as an illness. The anthropologist, Mary Douglas, also observed,

Any interpretations will fail which take the Do-nots of the Old Testament in piecemeal fashion. The only sound approach is to forget hygiene, aesthetics, morals and instinctive revulsion, even to forget the Canaanites and the Zoroastrian Magi, and start with the texts. Since each of the injunctions is prefaced by the command to be holy, so they must be explained by that command. There must be contrariness between holiness and abomination which will make over-all sense of all the particular restrictions.<sup>272</sup>

It would seem therefore *tsaraath* did not refer to just a straightforward disease, but denoted, amongst many other things, an unclean skin disease, which, in turn, became translated as leprosy<sup>273</sup> together with its various Latin or other equivalents. It is also noteworthy that when the Old Testament was written HD was apparently not endemic in the biblical area<sup>274</sup> as the earliest skeletons discovered so far in the area with HD damage were dated to the first century AD.<sup>275</sup> The problems concerning *tsaraath* are not confined to modern times as earlier versions of the Old Testament in Greek and Latin also show a lack of consistent translation from the original Hebrew, resulting in

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<sup>269</sup> *The Bible, Revised Standard Version*, (Swindon, 1971), 87.

<sup>270</sup> Stanley George Browne, 'How Old is Leprosy', *British Medical Journal*, Volume 3, ed. Martin Ware, (London, 1970), 640-641, 641.

<sup>271</sup> Cochrane, 'Biblical Leprosy: A Suggested Interpretation,' 10.

<sup>272</sup> Mary Douglas, *Purity and Danger*, (London, 1995), 50-51.

<sup>273</sup> John Wilkinson, 'Leprosy and Leviticus: The Problem of Description and Identification,' *Scottish Journal of Theology*, Vol. 30, (1977), 153-166, 153.

<sup>274</sup> Andersen, 'Leprosy in Translations of the Bible,' 209.

<sup>275</sup> Taylor, 'Detection and Strain Typing of Ancient *Mycobacterium leprae* from a Medieval Leprosy Hospital,' 17.

*tsaraath* being erroneously rendered.<sup>276</sup> This confusion of terms continued into the Bible for as Andersen states,

The translation of the term 'leprosy' or rather its Hebrew and Greek equivalents, presents a problem for the biblical translator, both in understanding what it refers to and in finding a suitable equivalent for that in the language of the translation.<sup>277</sup>

The most important passages concerning *tsaraath* are *Leviticus* 13 to 15, as the detailed descriptions make it obvious that more than one skin complaint is described, showing deliberate delineation between the different types, but this demarcation has subsequently been lost as everything was just translated as leprosy, while the older commentaries used *elephantiasis Graecorum*.<sup>278</sup> The situation did not improve as this quote shows,

It would seem, however, that by the time of the compilation of the Mishnah and Tosefta, at the beginning of the third century, all practical laws about the disease (of leprosy) had been forgotten, and the classification and identification of the disease by the rabbis were dependent not on medical facts but on an academic interpretation of the biblical law. In fact, the laws of leprosy were regarded as the most abstruse and complicated of the laws.<sup>279</sup>

*Tsaraath* appears in *Exodus*, *Numbers*, *Deuteronomy*, *Samuel 2* and *2 Chronicles*, and refers to individuals who have, in some way, offended Yahweh and, as a result, are declared unclean.<sup>280</sup> Some of these texts describe either the entire body or just the hand suddenly turning white and therefore are obviously not describing HD the disease.<sup>281</sup> *Exodus* 4.6 describes God speaking to Moses, telling him to 'Put your hand into your bosom. And he put his hand into his bosom; and when he took it out, behold, his hand was leprous, as white as snow.'<sup>282</sup> In this case it is irrelevant what the disease is however, as the point of these passages is purely symbolic as a form of divine punishment and should not be interpreted as an actual medical condition.

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<sup>276</sup> *ibid.*

<sup>277</sup> Andersen, 'Leprosy in Translations of the Bible,' 207.

<sup>278</sup> Wilkinson, 'Leprosy and Leviticus,' 153, 155.

<sup>279</sup> Louis Isaac Rabinowitz, *Encyclopedia Judaica* (Jerusalem, 1971), Vol. XI, 338.

<sup>280</sup> Andersen, 'Leprosy in Translations of the Bible' 210.

<sup>281</sup> *ibid.*

<sup>282</sup> *The Bible*, 48.

Perhaps the best illustration of this is from *II Chronicles*, 26, when King Uzziah is punished for his arrogance,

But when he was strong he grew proud, to his destruction. For he was false to the Lord his God, and entered the temple of the Lord to burn incense on the altar of incense. But Azari'ah the priest went in after him, with eighty priests of the Lord who were men of valour; and they withstood King Uzzi'ah, and said to him, 'It is not for you, Uzzi'ah, to burn incense to the Lord, but for the priests the sons of Aaron, who are consecrated to burn incense. Go out of the sanctuary; for you have done wrong, and it will bring you no honour from the Lord God.' The Uzzi'ah was angry. Now he had a censer in his hand to burn incense, and when he became angry with the priests leprosy broke out on his forehead, in the presence of the priests in the house of the Lord, by the altar of incense. And Azari'ah the chief priest, and all the priests, looked at him, and behold, he was leprous in his forehead! And they thrust him out quickly, and he himself hastened to go out, because the Lord had smitten him. And King Uzzi'ah was a leper to the day of his death, and being a leper dwelt in a separate house, for he was excluded from the house of the Lord.<sup>283</sup>

2 *Kings* 5.1-27 contains a description of someone who was considered to be a 'leper.'

Na'aman, commander of the army of the king of Syria, was a great man with his master and in high favour, because by him the Lord had given victory to Syria. He was a mighty man of valour, but he was a leper. Now the Syrians on one of their raids had carried off a little maid from the land of Israel, and she waited on Na'aman's wife. She said to her mistress, 'Would that my lord were with the prophet who is in Samar'a! He would cure him of his leprosy.' So Na'aman went in and told his lord, 'Thus and so spoke the maiden from the land of Israel.' And the king of Syria said, 'Go now, and I will send a letter to the king of Israel.

So he went, taking with him ten talents of silver, six thousand shekels of gold, and ten festal garments. And he brought the letter to the king of Israel, which read, 'When this letter reaches you, know that I have sent to you Na'aman my servant, that you may cure him of his leprosy.' And when the king of Israel read the letter, he rent his clothes and said, 'Am I God, to kill and to make alive, that this man sends word to me to cure a man of his leprosy? Only consider, and see how he is seeking a quarrel with me.'

But when Eli'sha the man of God heard that the king of Israel had rent his clothes, he sent to the king, saying, 'Why have you rent your clothes? Let him come now to me, that he may know that there is a prophet in Israel.' So Na'aman came with his horses and chariots, and halted at the door of Eli'sha's house. And Eli'sha sent a messenger to him, saying, 'Go and wash in the Jordan seven times, and your flesh shall be restored, and you shall be clean.' But Na'aman was angry, and went away, saying, 'Behold, I thought that he would surely come out to me, and stand, and call on the name of the Lord his God, and wave his hand over the place, and cure the leper. Are not Aba'na and

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<sup>283</sup> *ibid*, 364.

Pharpar, the rivers of Damascus, better than all the waters of Israel? Could I not wash in them, and be clean?' But his servants came near and said to him, 'My father, if the prophet had commanded you to do some great thing, would you not have done it? 'Wash, and be clean'? So he went down and dipped himself seven times in the Jordan, according to the word of the man of God; and his flesh was restored like the flesh of a little child, and he was clean.<sup>284</sup>

Andersen claims that in this instance the disease is scabies,<sup>285</sup> but again the specific disease is immaterial and what is important is that it was the prophet who cured Na'aman, not what Na'aman was suffering from.

Cochrane also notes that in Luther's biblical translations *se'th*, *sappahath* and *bahereth* were translated as tumour, ulcer and blister,<sup>286</sup> therefore showing the confusion the meaning of *tsaraath* and its associated words have caused. John Wilkinson raised the very pertinent question, if it is really necessary to identify the disease in order to be able to understand the meaning of these passages? In this I agree with Wilkinson as the connection with leprosy seems due to confusion and it would seem that, from the priest's point of view, it is the presence of certain physical signs which are of importance, indicating whether the sufferer is unclean or not.<sup>287</sup> It would seem that the reason for the detailed descriptions in *Leviticus* were not so much to identify the disease, but in order that the priests could determine if a person was to be regarded as ritually unclean by the community.<sup>288</sup> There is however also a fundamental contradiction between the priestly and non-priestly sources according to Joel Baden, as the non-priestly agree that *tsaraath* is a direct result of sinful behaviour while the priestly do not associate it with guilt, but rather that it is 'a simple fact of human existence.'<sup>289</sup> It is also worth noting that the part on skin diseases in *Leviticus* also discusses other health issues such as the purification of women after childbirth and *tsaraath* in houses.<sup>290</sup> It would therefore appear that the references to leprosy in the Bible are due to misunderstandings and have nothing whatsoever to do

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<sup>284</sup> *ibid*, 296-297.

<sup>285</sup> Andersen, 'Leprosy in Translations of the Bible,' 210.

<sup>286</sup> Cochrane, 'Biblical Leprosy: A Suggested Interpretation,' 13.

<sup>287</sup> Wilkinson, 'Leprosy and Leviticus,' 164.

<sup>288</sup> *ibid*, 168.

<sup>289</sup> Joel S. Baden, Candida R. Moss, 'The Origin and Interpretation of sara'at in Leviticus 13-14,' *Journal of Biblical Literature*, Vol. 130, Number 4, Winter 2011, 643-662, 644-645.

<sup>290</sup> *The Bible*, 8.

with HD, as *tsaraath* was a general name, which would have been more accurately translated as defiled or stricken.<sup>291</sup>

## 1.8 Leprosy in the New Testament

The confusion in terms continued into the New Testament. Instead of *tsaraath* the terms *lepra* and *lepros* were used instead which were then translated as leprosy and ‘leper’ in the Vulgate Bible.<sup>292</sup> Andersen claims that by the time the New Testament was written leprosy was present in that part of the world, but was known as *elephantiasis*, while *lepra* was used for an undefined group of skin diseases.<sup>293</sup> Demaitre however states in his 2007 work that *lepra* is impetigo in the same way as the Greeks used the word,<sup>294</sup> but in 2013 claims that it was ‘a grouping of various scaly skin conditions that may or may not have included an equivalent for *elephantiasis*,’<sup>295</sup> again illustrating just how difficult it is to define leprosy in the past. John Pilch also points out that the New Testament biblical use of leprosy does not represent what, we today, would consider as a medical condition.<sup>296</sup> The confusion therefore continued, but whatever *lepra* was, it was subsequently translated as leprosy. Jesus is shown cleansing or healing ‘lepers’ in the New Testament gospels of Matthew, Mark and Luke, but there is no description of the disease they suffered from<sup>297</sup> or indeed that it was an illness as such.

There has been much discussion about the significance of leprosy in the New Testament, in relation to the contemporary medical understanding of the disease.<sup>298</sup> It has generally been considered that the ‘lepers’ requests implicitly recognise Jesus’s power to cure them of a disease from which the law sought to protect the population.<sup>299</sup> Pilch however has argued that the New Testament knew nothing about disease and therefore the healing is instead the restoration of health/wholeness within the landscape of first century Palestine, enabling the sufferer to return to daily life

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<sup>291</sup> Cochrane, ‘Biblical Leprosy: A Suggested Interpretation,’ 16-17.

<sup>292</sup> Andersen, *Leprosy in Translations of the Bible*, 210.

<sup>293</sup> *ibid*, 209.

<sup>294</sup> Demaitre, *Leprosy in Premodern Medicine*, 90.

<sup>295</sup> Demaitre, *Medieval Medicine*, p. 102.

<sup>296</sup> John Pilch, *Healing in the New Testament*, (Minneapolis, 2000), 41.

<sup>297</sup> Andersen, *Leprosy in Translations of the Bible*, 210-211.

<sup>298</sup> Kazmierski, *Evangelist and Leper*, 41.

<sup>299</sup> *ibid*.

within his community.<sup>300</sup> This is what sets the stories concerning ‘lepers’ apart from other healing episodes in the New Testament as they are not concerned with disease as we would term it today, but instead are connected with both ritual and also ritual purification.<sup>301</sup> Although the term *tsaraath* is not used it is apparent from the way Jesus treats the ‘lepers’ that he considered them to be suffering from it as he sends them on to the priests to be declared clean and the majority of biblical scholars do regard these as miracle stories.<sup>302</sup> Simon the Leper, who makes an appearance in Matthew and Mark, could not have been suffering from *tsaraath* however as he was allowed within the city and was not cast out.<sup>303</sup> Andersen suggests that Simon was the ‘leper’ who came back to thank Jesus in Luke 17.16-19, and retained the epithet as a reminder that Jesus had cured him.<sup>304</sup> Kazmierski argues that Jesus’s healing of the Leper in Mark’s Gospel is not about the ‘leper,’ as the story centres on him and his new state of ‘cleanness.’<sup>305</sup> Jesus is shown in a positive light but the ‘leper’ is portrayed as an outcast, who cannot participate in normal day to day living.<sup>306</sup> It is the appreciation of the restrictions enforced on someone declared ‘unclean’ which is central to the understanding of this particular narrative.<sup>307</sup> We do know that it was only in cities and walled towns that the restrictions on the ‘unclean’ were strictly enforced and though forced to remain separate, those considered to be ‘unclean’ did have some place within society and may even have been allowed to enter synagogues.<sup>308</sup> It is clear from the gospels that Jesus did not always pay heed to the accepted boundaries and though this may have been due to his unique ‘sense of authority’ it could also be reflecting the reality of life at the poorest levels at the time.<sup>309</sup>

Whatever the precise meaning of *lepra*, it has like *tsaraath*, become confused during translation, but it is important to realise that the term has the main meaning of ritual

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<sup>300</sup> Pilch, *Healing in the New Testament*, 73.

<sup>301</sup> Kazmierski, *Evangelist and Leper*, 41.

<sup>302</sup> *ibid*, 37.

<sup>303</sup> Andersen, *Leprosy in Translations of the Bible*, 211.

<sup>304</sup> *ibid*.

<sup>305</sup> Kazmierski, *Evangelist and Leper*, 39.

<sup>306</sup> *ibid*, 40.

<sup>307</sup> *ibid*, 41.

<sup>308</sup> *ibid*, 43.

<sup>309</sup> *ibid*, 44.

separation from God<sup>310</sup> and that therefore it has nothing to do with what we regard as HD today.

## 1.9 Medieval Leprosy

The traditional view of medieval ‘lepers’ has already been discussed in the general introduction, as well as the alternative view expressed by Touati, Demaitre and Rawcliffe. Medieval skeletons exhibiting signs of HD damage are largely LL, as there is comparatively little evidence inflicted by the TT form as it does not damage the skeleton so extensively.<sup>311</sup> Browne has suggested the different forms may have played a part in the spread of HD during the Middle Ages<sup>312</sup> and although LL was the most significant, the other forms were also known and recognised.<sup>313</sup> It is agreed by most experts that HD was a fairly common sight throughout medieval Europe, but there is no agreement as to its prevalence, although it apparently reached its zenith sometime during the twelfth and thirteenth centuries.<sup>314</sup> There is only one fully reported archaeological excavation to date that has been large enough to attempt a speculative epidemiology and that was at Naestved in Denmark, but the author states that the results may not have any bearing on other areas.<sup>315</sup> The Naestved skeletons, which date from between 1250 to 1550, produced the result that at least eighty percent of them bore the bone damage inflicted by HD, therefore demonstrating a remarkable degree of correct diagnosis.<sup>316</sup> In Britain overall there have been few excavations of cemeteries connected with leper-hospitals, but adult skeletons recovered from St James and St Mary Magdalen in Chichester, (the first major excavation of a medieval hospital cemetery in Britain), showed an approximately twenty two per cent incidence of LL out of the three hundred and thirty skeletons which were uncovered.<sup>317</sup> This was very similar to excavations carried out at St John’s Timberhill in Norwich which showed an incidence of around twenty per cent in the burials examined, although they

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<sup>310</sup> Andersen, Leprosy in Translations of the Bible, 212.

<sup>311</sup> Browne, How Old is Leprosy? 641.

<sup>312</sup> *ibid*, 640.

<sup>313</sup> Keith Manchester, ‘Tuberculosis and Leprosy in Antiquity: An Interpretation’ *Medical History*, Vol. 28, (1984), 162-173, 167.

<sup>314</sup> Covey, ‘People with Leprosy,’ 318.

<sup>315</sup> Stephen Robert Ell, ‘Leprosy and Everyday Life in Fifteenth-Century Denmark,’ *Fifteenth Century Studies*, Vol. 18, (January, 1991), 83-92, 84.

<sup>316</sup> *ibid*, 85.

<sup>317</sup> John Lee Magilton, ‘*Lepers outside the gate, Excavations at the cemetery of the Hospital of St James and St Mary Magdalene, Chichester, 1986-87 and 1993*, (Chichester, 2008), 5 and 113.

considered that this was probably too low due to not being able to identify all the sufferers because of diagnostic difficulties connected to the condition of the skeletons.<sup>318</sup> The on-going excavations at Winchester however have shown an incidence more in line with Naestved, as to date, eighty six per cent of the fifty six skeletons uncovered display damage due to LL.<sup>319</sup> Work is still on-going at Winchester and will continue during the summer of 2015 as there is still much to be discovered.<sup>320</sup>

The apparent increase in leprosy sufferers during the twelfth and thirteenth centuries is based on the number of leper-hospitals which were established, but some may have never treated 'lepers,' *per se* resulting in an exaggeration of hospital numbers.<sup>321</sup> Leper-hospitals were founded for a number of complex reasons, including religious piety, provision of a form of retirement home for the founder and many factors which were completely unrelated to disease.<sup>322</sup> Its seeming prevalence could also be due to the ubiquity of leprosy in medieval sermons and hagiography, as well as in secular literature and medical writings.<sup>323</sup> Another reason for the increase in the founding of leper-hospitals may have had more to do with the 'revolution of charity' from the beginning of the eleventh century, due to increased prosperity, combined with the philosophy of support and the adulation of the poor as representing Christ, as well as the flourishing of new foundations and an aspiration to the religious life.<sup>324</sup> The belief that God chastises those he loves most and that Jesus had consorted with 'lepers' and came to resemble one metaphorically in his final moments led to them acquiring a very special status.<sup>325</sup> This attitude however changed over time and gradually 'lepers' came to be regarded as more dangerous and became subjected to restrictions.<sup>326</sup> Prohibitions began to be introduced, such as 'lepers' only being allowed to

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<sup>318</sup> Susan Anderson, 'Leprosy in a medieval churchyard in Norwich,' *Current and Recent Research in Osteoarchaeology. Proceedings of the third meeting of the Osteoarchaeological Research Group*, (Oxford, 1998), 31-37, 33.

<sup>319</sup> Taylor, 'Detection and Strain Typing of Ancient *Mycobacterium leprae* from a Medieval Leprosy Hospital,' 2.

<sup>320</sup> Pers. Comm. with Dr Simon Roffey.

<sup>321</sup> Covey, 'People with Leprosy,' 318.

<sup>322</sup> Ell, *Leprosy and Everyday Life in Fifteenth-Century Denmark*, 84.

<sup>323</sup> Demaitre, *Medieval Medicine*, 104.

<sup>324</sup> Touati, 'Contagion and Leprosy,' 199.

<sup>325</sup> *ibid.*

<sup>326</sup> Touati, 'Contagion and Leprosy,' 200.



communicate if they were downwind, as it was thought the disease was spread by breath, and in some areas they were also banned from using busy roads, attending markets or entering hostelryes or the church without first gaining permission, and also from washing in local streams, touching babies and using communal drinking cups.<sup>327</sup>

As discussed previously the consequences of untreated LL are so appalling it naturally stimulated great fear in the medieval mind and in consequence it seemed an apt retribution for two particular sins – concupiscence and pride, the worst of the deadly sins, which in turn came to represent leprosy as a cancer of the soul.<sup>328</sup> It was believed ‘lepers’ were particularly lecherous, as stated previously, which in part explains why many leprosariums operated strict regimes of prayer, fasting and mortifying of the flesh as a way to curtail their supposed voracious sexual appetites.<sup>329</sup> At various times all over Europe, sufferers were expected to wear distinctive clothes, such as long robes, gloves and horns over their shoulder, so that they were marked as social outcasts and could be easily avoided,<sup>330</sup> or so it has been thought. Footwear was mandatory to prevent spreading the disease, together with ankle length tunics commonly of coarse reddish brown cloth with long sleeves, closed at the wrist, with cowls and capes of black cloth and masks over their mouths.<sup>331</sup> In some areas ‘lepers’ were required to carry long poles so that they could point at things they wanted to buy and retrieve alms cups and also clappers, bells, rattles or castanets in order to warn of their approach, although as already pointed out Touati argues that this was instead to compensate for a sufferer’s hoarse voice.<sup>332</sup> Communities also found ‘lepers’ to be useful as scapegoats to blame for social and economic catastrophes, as we have already seen in 1321, when together with Jews, they were accused of poisoning wells in order that the king could divert attention from the ongoing famine.<sup>333</sup>

Considering how medieval ‘lepers’ were supposedly viewed it would seem logical that they had no option but to keep out of society’s way, but as with so many things

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<sup>327</sup> Covey, ‘People with Leprosy,’ 318.

<sup>328</sup> Rawcliffe, *Medicine and Society*, 14.

<sup>329</sup> *ibid*, 15.

<sup>330</sup> Covey, ‘People with Leprosy,’ 319.

<sup>331</sup> *ibid*.

<sup>332</sup> Touati, ‘Contagion and Leprosy,’ 185.

<sup>333</sup> Covey, *People with Leprosy*, 320.

connected with leprosy there was also the conflicting belief that ‘lepers’ were considered especially selected by God to endure their purgatory here on earth and therefore pass straight to heaven on their death.<sup>334</sup> This may explain why the overwhelming treatment of ‘lepers’ seems harsh, from a modern viewpoint, while in contrast some communities treated ‘lepers’ with both compassion and an understanding of their plight.<sup>335</sup> Examples of this include that of King John (1204) who permitted ‘lepers’ to have a share of all flour sold in the markets and in 1163 the Bishop of Exeter allowed them to come to the town’s markets in order to collect food or alms and even gave them special begging rights.<sup>336</sup>

As well as the obvious health implications, a diagnosis of leprosy in the Middle Ages also had serious social implications and many communities endeavoured to ensure suspected cases were correctly appraised by physicians and representatives from the Church.<sup>337</sup> Some medieval physicians however, such as the English thirteenth century Bartolomeus Anglicus and Bernhard Gordon, (1260-1318), openly admitted that they were unable to treat the disease without divine assistance.<sup>338</sup> Carrying sacred relics and using herbs to ward off the disease was one suggestion, and medieval doctors also tried herbal and chemical remedies such as Chaulmoogra (hydnocarpus) oil which was poured over the sufferer’s body.<sup>339</sup> Christians believed in the power of relics against leprosy and St Milburga’s bones (d. 715) were thought to be particularly efficacious,<sup>340</sup> in this respect. Topaz was also believed to be able to ward off leprosy, especially if worn in a ring with a ship carved on it.<sup>341</sup> A common treatment for having too much black bile, was bleeding patients and this particularly applied to ‘lepers’ who were also advised to eat fresh food, purge frequently, drink medicinal waters and bathe.<sup>342</sup> Hildegard of Bingen (1098-1179), a Benedictine abbess, recommended the use of the white lily and soil from ant-hills for their supposed curative powers.<sup>343</sup> The ability to pay also played its part, for as Johannes de

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<sup>334</sup> Rawcliffe, *Medicine and Society*, 16.

<sup>335</sup> Covey, ‘People with Leprosy,’ 316.

<sup>336</sup> *ibid*, 320.

<sup>337</sup> *ibid*, 316.

<sup>338</sup> *ibid*, 320.

<sup>339</sup> *ibid*.

<sup>340</sup> Rawcliffe, *Leprosy in Medieval England*, 169.

<sup>341</sup> Dols, ‘Leprosy in Medieval Arabic Medicine,’ 330.

<sup>342</sup> Covey, ‘People with Leprosy,’ 320.

<sup>343</sup> *ibid*.

Gaddesden stated, ‘preventing and palliating treatments of which, as we should see, some are for the poor and some for the rich.’<sup>344</sup> A cheap remedy consisted of one spoonful of thyme or thyme dodder along with goat’s fat each day,<sup>345</sup> even though goat was one of the supposed dietary causes. The rich on the other hand would be given, a ‘dram of gold shavings, to be given daily with food or drink, in the morning or at the beginning of lunch: this is the greatest remedy, and it strengthens the mind and the heart,’ although a large amount of gold or silver leaf was considered to be even better.<sup>346</sup> Another supposed cure recommended by Bartolomeus Anglicus in the thirteenth century was a soup made from the flesh of a fresh black snake which had been cooked in an earthen ware pot together with pepper, salt, vinegar, oil and water together with a special ‘bouquet garni.’<sup>347</sup> Given the lack of snakes in Ireland this recipe would have required a substitute to be used instead showing at least one possible difference in how ‘lepers’ were treated medically in medieval Ireland. The lack of any successful treatment resulted in efforts focusing on caring for ‘lepers’ and leprosariums became common during the Middle Ages, typically having walls, private gardens, chapels and cemeteries and were located outside town limits, but were often also still open to family members.<sup>348</sup>

Some medical practitioners also held important positions within the church, particularly as they were obliged by church laws to provide care and so also had relevant knowledge. The three most influential authors and physicians were Bernhard Gordon, Gilbertus Anglicus, (1180-1250) and Johannes de Gaddesden, (1280?-1361). Bernhard Gordon was French and studied at the Montpellier medical school and his text *Lilium Medicinae Inscriptum* follows classical traditions, but also contains additional information.<sup>349</sup> Gordon recognised that in order to diagnose leprosy, there must have been prolonged association with ‘lepers,’ wasting of the fingers, damage to the nose and nasal passages and that a diagnosis should only be made on the basis of two or more symptoms, never from just the one.<sup>350</sup> Gordon recognised that the disease

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<sup>344</sup> Demaitre, *Medieval Medicine*, 107.

<sup>345</sup> *ibid.*

<sup>346</sup> *ibid.*

<sup>347</sup> Magner, *A History of Medicine*, 127.

<sup>348</sup> Covey, *People with Leprosy*, 320.

<sup>349</sup> Andersen, *Studies in the Medieval Diagnosis of Leprosy in Denmark*, 49.

<sup>350</sup> *ibid.*

was incurable and appeared in the sufferer's extremities, even when not present on the face.<sup>351</sup> Gilbertus Anglicus was English and also studied at Montpellier and his text *Compendium Medicinae* shows that he followed the classical line.<sup>352</sup> Johannes de Gaddesden, who was also English, studied at Bologna and his text *Rosa Anglica IV Libris Distincta* follows the classical line, but he also includes a colour change to the face as one of the earliest symptoms, as well as the loss of sensation within the skin lesions, wasting of the fingers and anaesthesia of the hands and feet.<sup>353</sup> The only Irish version of *Rosa Anglica* that I am aware of, which has been published and translated, does not include the relevant section concerning leprosy.<sup>354</sup> An unpublished and untranslated copy of *Rosa Anglica* held by the Honourable Society of King's Inns library in Dublin however does contain the relevant portion in Irish.<sup>355</sup> During my research I have not come across any other Irish medical texts which mention leprosy and also conferred by email with Dr Aoibheann Nic Dhonnchadha of the Dublin Institute for Advanced Studies concerning this matter in the early stages of my research.

As discussed previously medieval physicians proposed various causes for leprosy, such as sexual transmission, association with a leper, bites by venomous worms, eating rotten fish or melancholic meat, conception during menstruation, imbalances of the body's humours and leprous wet nurses.<sup>356</sup> In 1246 the Franciscan monk, Bartholomaeus Anglicus hypothesised leprosy was hereditary, while the medieval physician Bernhard Gordon put forward many theories including having sex with a leprous woman and following Galenic tradition, other physicians, as shown, attributed the disease to an overabundance of black bile or melancholic humours.<sup>357</sup>

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<sup>351</sup> *ibid.*

<sup>352</sup> *ibid.*

<sup>353</sup> *ibid.*

<sup>354</sup> Winifred Wulff, *Rosa Anglica, sev Rosa medicinae Johannis Anglici: an early modern Irish translation of a section of the medieval medical textbook of John of Gaddesden*, (London, 1929).

<sup>355</sup> This was ascertained by examining a photocopy of the manuscript kindly supplied by the King's Inns library.

<sup>356</sup> Covey, *People with Leprosy*, 320.

<sup>357</sup> *ibid.*

## 1.10 Conclusion

The purpose of the historical information contained within this chapter is to help the reader to appreciate the far-reaching and long-term confusion which has been associated with the word and concept of leprosy and to realise its legacy and implications in the following chapters. Leviticus in the Old Testament is mainly responsible for how leprosy has been viewed over the centuries in the Christian western world, but today HD is a scientifically described disease. The fact that the term *tsaraath* never meant a disease, as we would recognise it today, but was instead a state of ritual uncleanness, became lost as *tsaraath* was translated and re-translated resulting in further misperceptions. What people meant in the past by leprosy would always have been understood by them in their own time, but as time passed confusion grew and this knowledge and comprehension was lost. Previously however the term leprosy has been used to refer to many different diseases and concepts which has led to much confusion and ambiguity. Historically leprosy was an umbrella term for a wide-ranging variety of skin afflictions which today we would recognise individually as scabies, mange, eczema, psoriasis, skin cancer and many others, but which previously were all termed as leprosy. The over-view of the clinical descriptions of HD contained in this chapter should allow the differences between what has been called leprosy in the past and what is termed HD today to become comparatively clear and hopefully prove to be useful in the following chapters.

## CHAPTER TWO

### TERMS ASSOCIATED WITH LEPROSY IN MEDIEVAL IRELAND

#### 2.1 Introduction

The intention in this chapter is to examine words which have become associated with leprosy in Ireland's historical literature and the annals would therefore seem to provide an excellent starting point; especially considering the potential cultural aspects of the annals as Daniel McCarthy notes,

The accumulated written chronicles of any culture represent a window onto the collective memory of the past preserved by one of its most privileged groups, its literate class.<sup>358</sup>

The annals were also selected for use as they seemingly provide a snap shot of word usage by time, although there are difficulties associated with this assumption which will be discussed later. Words listed as meaning leprosy in DIL will also be discussed and it is hoped that by using this combination a comprehensive coverage of all words associated with leprosy will be achieved. Previous commentators have already drawn observations from the way the term leprosy has been used in the annals and have come to conclusions as to its prevalence or otherwise in medieval Ireland. By this new examination of the relevant words it is intended to both achieve some sense of the historical occurrence of leprosy and for the first time scrutinise the terminology which is something which has not been undertaken before. The reasoning for this was to attempt to achieve greater clarity as to which terms related to leprosy in its widest sense and also exclude any terms which were erroneously translated as or referred to as leprosy in order to elucidate the exact nature of the terms used. The Irish annals and DIL contain at least thirteen words associated with leprosy or which have been translated as such. This number and variety of terms suggests that leprosy was used to refer to more than one medical condition and that it was also a concept with wide ranging implications, depending on which aspect it was approached from; literary, medical or religious. It will become apparent however that of the numerous words which have been transcribed or associated with leprosy, none can be irrefutably confirmed as referring to HD only. It has already been stated that the incidence of leprosy generally, according to Demaitre, is likely to have been overestimated and

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<sup>358</sup> Daniel McCarthy, *The Irish Annals*, (Dublin, 2010), 1.

that Lee's work in particular has also resulted in an overestimation of the degree of leprosy which occurred in Ireland. Given the number of words that have been termed as leprosy in Ireland however, this may also have played a part in its over-representation. The ambiguity associated with the term leprosy and its equivalents is not confined to medieval Ireland as the sense varied elsewhere as well, causing similar confusion and Ireland is also not unique in having multiple words pertaining to this disease. It will also be seen that precisely what the various terms examined meant in regard to a medieval Irish setting is difficult to ascertain.

Each term will be discussed in turn chronologically, with the example from the *Annals of Ulster* (AU) listed first, (when possible) as the paradigm, as despite its survival in only two late fifteenth and sixteenth century manuscripts, it is regarded as the most accurate and least corrupted of the pre-tenth century annals and has a layer which appears to be nearer to an Old Irish archetype.<sup>359</sup> AU also represents more than one chronicle prior to 913, as it embodies the others which were no longer available for consultation by the compilers of the other major texts at a later date.<sup>360</sup> AU also contains no lacunae in the AD period, prior to the twelfth century, unlike most of the other annals and all these factors makes it the most suitable exemplar.<sup>361</sup> AU nevertheless does have a large lacuna in the middle of the twelfth century, as do the *Annals of Inisfallen*, (AI),<sup>362</sup> which are an abbreviated survivor of a much longer text.<sup>363</sup> AU and AI are part of the Cuana group of annals and for this reason AI entries will be listed after AU, as this group 'share distinctive textual and chronological characteristics,'<sup>364</sup> according to McCarthy. The next entries listed will be from the Clonmacnoise Group, which include the *Annals of Tigernach* (AT), *Chronicon Scotorum* (CS) and the *Annals of Roscrea* (AR), and are so named because of their interest in the everyday life in the environs of Clonmacnoise and its monastery.<sup>365</sup> AT

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<sup>359</sup> Colmán Etchingham, *Viking Raids on Irish Church Settlements in the Ninth Century*, (Maynooth, 1996), 6.

<sup>360</sup> David Dumville, 'Latin and Irish in the Annals of Ulster,' *Ireland in Early Medieval Europe*, ed. Dorothy Whitelock, (Cambridge, 1982), 320-344, 321.

<sup>361</sup> *ibid*, 320 and 321.

<sup>362</sup> Gearóid MacNiocaill, *The Medieval Irish Annals, Medieval Irish History Series*, No. 3, (Dublin, 1975), 25.

<sup>363</sup> Dumville, 'Latin and Irish in the Annals of Ulster,' 332.

<sup>364</sup> McCarthy, *The Irish Annals*, 11. The Cuana group is so-called because of references in AU between 467 and 628, to the no longer extant '*Liber Cuanach*.'

<sup>365</sup> *ibid*, 9-10.

has a two hundred year lacuna prior to 974 and has a much more confined secular perspective than AU.<sup>366</sup> AR appears to originate from a much older, not specifically local source and offers, at an earlier stage at least, older terms, comparable to AU and the early part of AI,<sup>367</sup> which may have relevance in relation to leprosy entries. This group of annals will be listed after the Cuana group. Next are the Connacht group of annals, consisting of the *Annals of Loch Cé* (LC) and *Connacht* (CT) and are so called because of their interest in Connacht.<sup>368</sup> The last grouping is termed the Regnal-Canon group, because their dating uses a canon of the 'Kings of Ireland' from the time of the legendary Fir Bolg to the death of Máel Sechnaill mac Domhnaill in 1022 and consists of *The Annals of the Four Masters* (FM) and *Clonmacnoise* (AC).<sup>369</sup> AC, in its present form, is a seventeenth century translation into English from a set of no longer extant Irish annals and due to its late date it is difficult to know how reliable it is, as although it is similar to both AT and CS, it is not a direct copy of either.<sup>370</sup> Although it may seem strange to include AC in this grouping rather than the Clonmacnoise set, McCarthy claims its affinity with FM and use of the Regnal-canon dating is a more fundamental feature than 'just the semantic correspondence of some of its entries with those of the Clonmacnoise group.'<sup>371</sup> I do not necessarily agree with this, or with all of McCarthy's interpretations, but I found his classifications, (and abbreviations) useful in arranging the order of the annals and they appeared to be appropriate for this purpose.

As shown in the foregoing discussion, all of the annals have their own individual problems, but AU would appear to be the most appropriate as a paradigm. The order of listing of annals found to contain leprosy terms and which will be followed for each item examined is AU, AI, AT, CS, AR, LC, CT, FM and AC. I also examined the annals *Hiberniae*, *Pembridge*, the *Kilkenny Chronicle*, *Fragmentary Annals from the West of Ireland*, *Annals of Ireland* (Clyn), *Annales Anonymi*, *Annals of Nenagh* and *Annals of Boyle*, but found no relevant entries, which is of itself noteworthy.

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<sup>366</sup> Dumville, 'Latin and Irish in the Annals of Ulster,' 332.

<sup>367</sup> Dermot Gleeson and Seán MacAirt, 'The Annals of Roscrea,' *The Proceedings of the Royal Irish Academy*, Vol. 59, (Dublin, 1959), 137-180, 140.

<sup>368</sup> McCarthy, *The Irish Annals*, 12.

<sup>369</sup> *ibid.*

<sup>370</sup> John Bannerman, *Studies in the History of Dalriada*, (Edinburgh and London, 1974), 168.

<sup>371</sup> McCarthy, *The Irish Annals*, 12.



These particular annals were chosen as they are generally available and frequently consulted by scholars and I wanted to provide as varied a range of examples as possible. This chapter will therefore examine the annals and their problematic histories, followed by examples in chronological order, followed by the terms listed in DIL.

## 2.2 The Irish Annals

The use of annals as a source is far from straightforward and before examining the entries a description of the problems involved is of necessity provided so that these complications can be appreciated. A quote from Eoin MacNeill succinctly demonstrates some of these,

At first sight the pages of our native chronicles appear as a sort of trackless morass to the inquirer after Irish history.<sup>372</sup>

This does not fill one with confidence for their use in historical research, but MacNeill's quote from the early twentieth century is probably too pessimistic today as a great deal of research has been carried out and the annals are now instead, I would suggest, a well-trodden path. Thomas Charles-Edwards and the majority of academics, excepting McCarthy, agree that the Irish annals, as they appear today, derive from the no longer extant 'Chronicle of Ireland,' (CI) the evidence for which survives in the most part in a range of extant daughter-chronicles; a great deal of which can be recreated with a high degree of certainty, but it is likely other sources were assimilated as well.<sup>373</sup> The evidence suggests that there was one chronicle, which ran from 432 AD to 911 AD, as shown by numerous items found in particular years, which display, not only the same word order, but also an identical sequence.<sup>374</sup> CI became embedded in the annals produced from it and the evidence suggests that by the ninth century CI was just one of several chronicles being produced in Ireland at that time.<sup>375</sup> To be able to use the annals with any confidence, it is essential to establish to what degree the entries from the various versions are dependent on each other, and also the reliability of their dating.<sup>376</sup> Usually the inter-dependence of two

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<sup>372</sup> Eoin MacNeill, *Phases of Irish History*, (Dublin, 1919), 178.

<sup>373</sup> Thomas Charles-Edwards, *The Chronicle of Ireland*, (Liverpool, 2006), 1.

<sup>374</sup> *ibid.*

<sup>375</sup> *ibid.*, 1-2.

<sup>376</sup> MacNiocaill, *The Medieval Irish Annals*, 13.

texts on each other, or an ancestor, may be determined by the close word correspondence signifying, either dependence of one on the other, or that both have a common ancestor, but when two annals record the same event, with different wording, it cannot be assumed that they are autonomous of one and other.<sup>377</sup> This is because although it was easier for the scribe to copy verbatim, he may also have made alterations and contractions, and annals were also augmented by inserting new entries into previous years, implying simultaneousness, the evidence of which was lost when the text was next transcribed.<sup>378</sup> Human nature being what it is however, usually scribes would take the easiest route which was to copy entries verbatim and not randomly insert new entries, therefore retaining the sequence of entries, unless an inadvertent error was made.<sup>379</sup> There is no doubt that later chroniclers rewrote the work of their predecessors and the problems and complications this entails is something that should always be considered<sup>380</sup> as it further complicates the derivation of leprosy terms. The annals are also a source of information that is not available elsewhere and contain contemporary material, although there is no agreement as to when contemporaneous recording began.<sup>381</sup> The annals also provide confirmation with regard to dating and context when people and incidents appear in other texts, such as hagiography, and without them this would be impossible.<sup>382</sup>

The linguistic evidence is also extremely important in connection with this study of leprosy terms. AU, for instance, contains Latin entries which appear in Irish in AT, but it has been established that this does not indicate that they are different records simply because they are in different languages, but rather that AT consists of translations of the original AU Latin entries.<sup>383</sup> A further complication encountered when studying the terms from the annals is that CI was originally a largely Latin text, and therefore it has been proposed that entries entirely or mainly in Irish are likely to have been the result of interpolation.<sup>384</sup> Although CI was initially a Latin text, the annals slowly underwent a steady replacement of Latin with Irish as the language of

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<sup>377</sup> *ibid*, 14.

<sup>378</sup> *ibid*.

<sup>379</sup> *ibid*, 14-15.

<sup>380</sup> Dumville, 'Latin and Irish in the Annals of Ulster,' 320.

<sup>381</sup> *ibid*, 322.

<sup>382</sup> Nicholas Evans, *The Present and the Past in Medieval Irish Chronicles*, (Great Britain, 2010), 1.

<sup>383</sup> MacNiocaill, *The Medieval Irish Annals*, 14.

<sup>384</sup> *ibid*, 23.

composition and in AU this is particularly evident from around 730 onwards.<sup>385</sup> The connection between Latin and Irish in CI is extremely complicated and one I will not discuss here, for as well as the entries which are entirely in Irish, there are ‘hybrid’ entries of Irish and Latin,<sup>386</sup> including some concerning leprosy. Manuscripts were copied and a certain amount of modernising of the language took place, depending on the scribe, which makes accurate dating very difficult from a linguistic viewpoint.<sup>387</sup> The annal entries studied, range in date from the sixth to the fifteenth century and inevitably during such a long time period language developed and terms were superseded. This change in language is quite marked in the annals with words disappearing and appearing and this was also found to be the case with those connected to leprosy. The Irish language became dominant in AU around 939.<sup>388</sup> Common accounts, whose origins lay within CI until 911 AD, are still in evidence, but after this there was a divergence.<sup>389</sup> CI seems to have split around 740 AD, but prior to this the only other identifiable source was a set of annals compiled on Iona, after which, it is thought, the annals were collated at a monastery in Brega.<sup>390</sup> A copy of the Iona annals<sup>391</sup> may also have found its way to Brega around 740 AD and were continued there until 911 AD, although not everyone accepts this theory.<sup>392</sup> The suggestion that CI originated in Brega was made by Kathleen Hughes,<sup>393</sup> but Clonard has also been proposed, although it has also been suggested that there were two centres of annalistic recording at Brega and Armagh.<sup>394</sup> There is no irrefutable proof to demonstrate that the ninth century CI was produced at Armagh instead of Brega and the close ecclesiastical affiliation between Brega and Armagh and the parallel information both churches would have been aware of, makes it unlikely that the exact production site of CI will ever be known; although a church in South Brega is generally accepted as the most likely.<sup>395</sup> I believe that this is an important point, for if

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<sup>385</sup> Dumville, ‘Latin and Irish in the Annals of Ulster,’ 325.

<sup>386</sup> MacNiocaill, *The Medieval Irish Annals*, 23.

<sup>387</sup> Etchingham, *Viking Raids on Irish Church Settlements in the Ninth Century*, 5.

<sup>388</sup> Dumville, ‘Latin and Irish in the Annals of Ulster,’ 330.

<sup>389</sup> Charles-Edwards, *The Chronicle of Ireland*, 6.

<sup>390</sup> *ibid*, 7.

<sup>391</sup> Hughes and O’Rahilly thought that a combined Iona/Ulster Chronicle form the earliest strata of CI. Kathleen Hughes, *Early Christian Ireland: Introduction to the Sources*, (Great Britain, 1972), 123.

<sup>392</sup> Charles-Edwards, *The Chronicle of Ireland*, 9.

<sup>393</sup> Hughes, *Early Christian Ireland*, 124.

<sup>394</sup> Charles-Edwards, *The Chronicle of Ireland*, 9.

<sup>395</sup> *ibid*, 13-14.

it is possible to identify the use of local terms for leprosy and their place of origin located, it could contribute to identifying CI's place of manufacture, as well as the study of leprosy terminology itself. Unfortunately I am not a linguist, but hopefully this assemblage and examination of the terms may prove useful to one in the future in order to undertake this task.

Contemporary<sup>396</sup> record keeping may have commenced shortly after the establishment of the monastery on Iona in 563 AD and the different timings of inputting information is just one of the many reasons why entries are sometimes in the wrong year, but the chronology of CI is complicated due to its history.<sup>397</sup> For practical reasons, academics have made a one year correction to all of AU's AD entries and helpfully there are also certain events which can establish dating, such as comets and eclipses, which are recorded elsewhere.<sup>398</sup> Recent research has also shown how accurate Ireland's annals are as records of particularly cold spells were compared with ice-core samples and they displayed a remarkable degree of synchronisation and assisted in dating pre-modern volcanic eruptions.<sup>399</sup>

The use of *Anno Domini* dating in the annals only came into limited use at the end of the eighth or beginning of the ninth century and AI did not use it until after 972.<sup>400</sup> Dating is also difficult as sometimes the same entry may appear in different years in the annals due to mistakes when the entry was copied.<sup>401</sup> The annals do not form a consistent body, but have had constant editorial changes and other developments in their style and contents over, both long and short time periods.<sup>402</sup> Some annals also appear to have had their own particular interests; for example early Scottish entries often mention forts or strongholds.<sup>403</sup> There is also the problem that individual entries, as MacNiocaill states, 'tend to wander from one to another, and items not

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<sup>396</sup> In this case contemporary means both the recording of events which have just occurred and also the recording of events at a later date but by someone who witnessed them. *Ibid*, 8.

<sup>397</sup> *ibid*, 8 and 35.

<sup>398</sup> *ibid*, 36.

<sup>399</sup> Francis Ludlow, *et al*, 'Medieval Irish Chronicles reveal persistent Volcanic forcing of severe winter cold Events, 431-1649 CE,' *Environmental Research Letters*, 8, (2013), 1-10, 8. Accessed from [stacks.iop.org/ERL/9/024035](http://stacks.iop.org/ERL/9/024035) on 05/06/2013.

<sup>400</sup> MacNiocaill, *The Medieval Irish Annals*, 17.

<sup>401</sup> Hughes, *Early Christian Ireland*, 104.

<sup>402</sup> Bannerman, *Studies in the History of Dalriada*, 10.

<sup>403</sup> *ibid*, 15.

properly annalistic are found inserted in annals.<sup>404</sup> This accumulation of material has taken place regarding leprosy, one example being the entries in AT and CS for 722, demonstrating their shared history, which has had extensive information concerning the Battle of Almaine inserted at a later date and which will be discussed in Chapter Four. Lack of entries on a particular subject does not automatically mean absence in real life, as it could simply be a reflection of a particular monastery's interests or a scribe's lack of curiosity or the selection of entries from an earlier source. Another reason for confusion is the way different modern editors have translated the entries in disparate fashions, partly because of the influence of their own time and partly due to their own interpretations. I have found that this has also occurred in one of the first terms to be discussed, *sámthros*, with different editors putting their own interpretations on the translation.

When the annals were translated into English, leprosy was the word used for various Old Irish and Latin terms for diseases characterised by manifestations on the skin and from the nineteenth century onwards skin disorders were routinely interpreted as leprosy.<sup>405</sup> Crawford has made a wider study of disease in medieval Irish sources and she notes that 'an additional explanation regarding the use of this range of Old Irish and Latin terms could be a body of cultural knowledge which once existed at this time, but is now lost.'<sup>406</sup> I agree with Crawford's statement and believe this 'lost body' included orally transmitted information about diseases that would have been common knowledge, but never committed to writing and therefore is irretrievably lost. This 'knowledge' I suggest reflected how people thought in medieval Ireland and how they related to disease and without it, it is impossible for us to fully comprehend the extant material. All of these difficulties and problems therefore make it a challenge to interpret the information contained in the annals in any definitive form today, as more than one interpretation is plausible, especially with regard to leprosy.<sup>407</sup>

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<sup>404</sup> MacNiocaill, *The Medieval Irish Annals*, 17.

<sup>405</sup> Crawford, 'Disease and Illness in Medieval Ireland,' 191.

<sup>406</sup> *ibid.*

<sup>407</sup> Etchingham, *Viking Raids on Irish Church Settlements in the Ninth Century*, 2.

William MacArthur's articles from the 1940s and 1950s concerning disease and pestilence in the Irish annals were my starting point for researching leprosy in its different forms as he discusses the various diseases which are recorded in the Irish Annals and notes many entries were truncated as he states,

it was distressing to come across some isolated and incomprehensible statement, clearly a relic of what was once a fuller description but now curtailed through the arbitrary omission of details which the early transcribers did not understand.<sup>408</sup>

The problem of identifying what the annal writers meant is not confined to leprosy as generic Irish words meaning plague are often used to refer to any of the severe epidemic diseases, including bubonic plague and this does not appear to have been fully comprehended by the translators who usually simply referred to it just as plague during its rendition into English.<sup>409</sup> One Old Irish term for bubonic plague is *blefed*, *belfeth* or *belefeth*<sup>410</sup> and MacArthur states it would seem that one set of scribal editors did not fully understand any of these terms and so instead used the general descriptive phrase of 'an extraordinary universal plague throughout the world.'<sup>411</sup> Ann Dooley points out, as does MacArthur, that the etymology for *blefed* has still to be resolved, but that,

the annalists obviously saw it as a distinctive name in the sequential taxonomy of epidemics, but we do not know if it is a term that came with the plague.<sup>412</sup>

Dooley further states that *blefed* and its variants obviously caused difficulties during transcription and puts forward her own problematic suggestion, which unfortunately does not clarify the situation any further.<sup>413</sup> It can therefore be seen that this is a challenging area to research, as not only do the main sources, the annals, have a complicated history, but we have also lost some of the information needed to fully comprehend the meanings. The terms in the annals and DIL which are associated with leprosy will now be examined in an attempt to ascertain their meanings.

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<sup>408</sup> William Porter MacArthur, 'The Identification of some Pestilences recorded in the Irish Annals' *Irish Historical Studies*, Vol. VI. No. 23, (Dublin, 1949), 169-188, 169.

<sup>409</sup> *ibid*, 170.

<sup>410</sup> 'The first mortality which is called *blefed*.' Sean Mac Airt and Gearóid Mac Niocaill, *The Annals of Ulster*, Vol. I, (Dublin, 1983), 75.

<sup>411</sup> MacArthur, 'The Identification of some Pestilences' 172.

<sup>412</sup> Ann Dooley, 'The Plague and Its Consequences in Ireland,' in *Plague and the End of Antiquity*, ed. Lester Little, (Cambridge, 2007), 215-230, 218.

<sup>413</sup> *ibid*.

## 2.3 Sixth Century

### 2.3. i. *Sámthrosc* and *trosc*

Chronologically the earliest term in the annals which medieval and modern translators have associated with leprosy is *sámthrosc*; but it is not listed in DIL in this manner, as this is the only time it is attested and so it is listed under *sam* for summer, along with other examples, such as summer flood and summer tide and its meaning is not given.<sup>414</sup> *Sámthrosc* is spelt differently in the various annals, due to scribal error or differing interpretations and the date variance is because of the problems previously discussed. The entries referred to are -

AU – 554 – The pestilence i.e. leprosy called the *sámthrosc*.<sup>415</sup> *Pestis .i. lepra, que uocata est in samhthrosc*.<sup>416</sup>

AT – 553 (k.iii) The plague which is called *samtrusc*.<sup>417</sup> *Pestis quae uocatur samtrusc*.<sup>418</sup>

CS - 554 (Kal. iii) – The plague which is called the *samhtrusc .i. buidi conaill*.<sup>419</sup> *Pestis quae uocatur samhtrusc*.<sup>420</sup>

AR – Entry 19 – *Pestis quae vocatur sámthrosc*.<sup>421</sup>

AC – 552 – This year there grew a sickness called the *Sawthrust*.<sup>422</sup>

AU and CS have added glosses: the first suggesting leprosy, the second a disease which will be discussed later, *buide chonaill*. AC also has a footnote, added by the modern editors on the same page, stating that *sámthrosc* was some form of cutaneous

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<sup>414</sup> [http://edil.qub.ac.uk/dictionary/results-new.php?orth=1%20sam&&dictionary\\_choice=edil\\_2012](http://edil.qub.ac.uk/dictionary/results-new.php?orth=1%20sam&&dictionary_choice=edil_2012), DIL 2012 S 44.50.

<sup>415</sup> MacAirt, *The Annals of Ulster*, 79. Hennessey's complete translation is, 'The distemper (i.e. leprosy), which is called the Samthrosc.' This provides a slightly different slant as distemper is a skin disease and not some general malaise. It is also a good example of the importance and influence of both a translator and his time period affecting the meaning. William Maunsell Hennessey, *The Annals of Ulster*, Vol. 1, (Dublin, 1887), 55.

<sup>416</sup> MacAirt, *The Annals of Ulster*, 78.

<sup>417</sup> Whitley Stokes, *The Annals of Tigernach*, Vol. 1, (Felinfach, 1993), 101.

<sup>418</sup> *ibid*.

<sup>419</sup> William Maunsell Hennessey, *Chronicum Scotorum*, (London, 1866), 51.

<sup>420</sup> *ibid*, 50.

<sup>421</sup> Gleeson 'The Annals of Roscrea,' 146. The normal chronological listing is missing in these annals, but instead there are notes on the left-hand side to the year 730, along with indecipherable Arabic numerals between A.D. 438 and A.D. 568. It is safe however to assume that the date for this entry in the *Annals of Roscrea* is equivalent to similar entries in the other annals and definitely before A.D. 568. *Ibid*, 141.

<sup>422</sup> Denis Murphy, *The Annals of Clonmacnois*, (Dublin, 1896), 84.

disease, but the un-glossed entries do not contain any further information about *sámthros*. The problematic history of the annals has already been discussed and the fact that the earlier entries originated from one source is relevant here. It could be argued that *sámthros* was a local term for a particular disease which was passed on when it was copied or it could equally record a local outbreak of a particular disease that was then also passed on in the annals, but it is impossible to conclude from the available evidence. The information provided is very limited as it does not say what form the pestilence took, whether it was fatal or whether it was widespread or just localised. MacArthur's view on *sámthros* was,

Of the epidemics which were neither plague nor associated with famine, the earliest, given in an entry dated 554 as 'The pestilence that is called samtrug', has provoked much speculation and not a few vain imaginings. The name in itself tells us no more than that the disease gave rise to some visible signs in the skin. For this reason it has often been identified as leprosy, and a gloss to this effect has been added in the Annals of Ulster. To put it bluntly, this is absurd. Leprosy is a chronic condition of slow development. The degree of infectivity is very low, and in no circumstances could the disease give rise to a 'pestilence.'<sup>423</sup>

Crawford agrees with MacArthur that it is unlikely that *sámthros* was HD and concludes 'we cannot by any means be certain that this disease was anything other than some sort of skin condition.'<sup>424</sup> I agree that *sámthros* is not HD, as HD cannot be classed as a pestilence, and, as will be shown in Chapter Three, according to the currently available archaeological evidence, it is too early for it to be present in Ireland. DIL also states '*trosc* name of a plague'<sup>425</sup> before listing the entry from AU containing *sámthros* and given that this is under the entry for *sam* as already discussed, I suggest a literal translation of *sámthros* is summer plague or disease, which is very significant. The seasonality of the plague is well recorded and analysis has shown an 'unquestionable peak in the months of April to August, with July exhibiting the highest incidence.'<sup>426</sup> In addition, according to MacArthur, it was 'universally known, unusually hot summers in these islands favoured the outbreak and

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<sup>423</sup> MacArthur, 'The Identification of some Pestilences,' 183.

<sup>424</sup> Crawford, 'Disease and Illness in Medieval Ireland,' 194.

<sup>425</sup> DIL 2012 S 44.50.

<sup>426</sup> Dionysios Stathakopoulos, *Famine and Pestilence in the Late Roman and Early Byzantine Empire*, (Aldershot, 2004), 131 and 142.



spread of plague.<sup>427</sup> A later source, a fourteenth century Welsh poem entitled, *Haint y Nodau*, about the loss of children to plague, also demonstrates this knowledge as it states ‘*ac weithian fu’r twrn gwaethaf, oera’ swydd yn aros haf.*’<sup>428</sup> This confirms plague was recognised as a summer disease and though the reasons for this would not have been understood, it was considered significant enough to be remarked upon. There is also evidence connected to *trosc* which may explain why the leprosy gloss was added to the AU entry and why *sámthrosc* is described as a ‘cutaneous disease.’<sup>429</sup> One possibility is that the glosses were an attempt by the scribes themselves to decipher exactly what *sámthrosc* was and it is also likely that they had access to the ‘body of cultural knowledge’ as stated previously, without which the glosses’ true meaning is no longer apparent. Patrick’s Hymn also contains the phrase *la truscu* which has been glossed as ‘*i. la clamu*’ which Stokes states means ‘with lepers,’<sup>430</sup> but is this correct? It is difficult to know if this is what the gloss means, but it does show that at whatever time it was added *la truscu* and *la clamu* were considered analogous. The footnote added to Hennessy’s version of AU states,

*Samthrosc* – In the Cambridge Cod. Canon. Hibern. (134) *trusci* is glossed by ‘*scabiem*’ which would prove, without the gloss *lepra* in the entry, that ‘*samthrosc*’ was a cutaneous disease.<sup>431</sup>

The full gloss is from *Thesaurus Palaeohibernicus* under Canons, Corpus Christi College Cambridge and states ‘*Si cecum, si fructum, sicatricem habens, si papulas, bolcha aut scabiem, trusci uel inpetiginem reet.*’<sup>432</sup> Sven Meeder’s article contains a discussion of some of the words: *sicatricem*, scab or sore, *papulas*, pustule or blister, *bolcha*, blisters or boils and *scabiem, trusci*, meaning crusts on the skin.<sup>433</sup> This supports the suggestion that *sámthrosc* was a disease that manifested on the skin in some way, either in the form of blisters, scabs, sores or boils or that the skin sloughed off. Ultimately this is a gloss on *Leviticus 22*, from *Liber ex lege Moysi*, of Irish

<sup>427</sup> MacArthur, ‘The Identification of some Pestilences,’ 171.

<sup>428</sup> Hywel Fychan, ‘*Haint y Nodau*,’ ‘The Pestilence,’ *Galar Beirdd Marwnadau Plant (Poet’s Grief Medieval Welsh Elegies for Children)*, ed. Dafydd Johnston, (Tafol, 1993), 50. ‘and now the worst turn of all has happened, grimmest job awaiting summer,’ *ibid*, 51.

<sup>429</sup> Murphy, *The Annals of Clonmacnois*, 84.

<sup>430</sup> Whitley Stokes, *Thesaurus Palaeohibernicus*, Vol. II, (Cambridge, 1903), 316. *Clam* is a term which will be discussed later in this chapter.

<sup>431</sup> Hennessy, *The Annals of Ulster*, Vol. 1, 54.

<sup>432</sup> Stokes, *Thesaurus Palaeohibernicus*, Vo. II, 38.

<sup>433</sup> Sven Meeder, ‘*The Liber ex lege Moysi: Notes and Text*,’ *Journal of Medieval Latin*, Vol. 19, (2009), 173-218, 210.

derivation, as indicated by circumstantial evidence, but all of the surviving manuscripts originated in Brittany,<sup>434</sup> and therefore there is also the possibility that they are Breton rather than Irish glosses. DIL lists *trusca* as the name of a disease,<sup>435</sup> also linked to leprosy due to the term *clamtrusca* in AU which will be discussed later in this chapter. *Lepra* also appears as a gloss in the AU entry on *sámthrosca*, which as discussed in Chapter One, refers to a skin complaint and it seems that this has led to some modern editors and translators erroneously believing *sámthrosca* equated to leprosy. Historically it was believed that *sámthrosca* was connected in some way to the skin and I have found nothing during my research to disagree with this assumption, although it may be that once *sámthrosca* had this association, that inference was copied and therefore became self-perpetuating. CS however instead glosses *sámthrosca* with the words ‘.i. buide chonaill.’ *Buide chonaill* means ‘the yellow (one) of Conall,’ but MacArthur believed that this so called ‘yellow fever’ is more likely to have been relapsing fever.<sup>436</sup> MacArthur stated that the gloss connected to the 664 plague outbreak, which contains *buide chonaill*, is a later interpolation and offers an explanation for its addition.<sup>437</sup> Ann Dooley however has proposed that the literal translation of *blefed* should be ‘yellow disease’ and so it is possible that the reference to *buide chonaill* is a scribal invention or confusion which refers to a ‘yellow plague’ instead.

Without question *sámthrosca* is not HD, but is it possible to identify a potential candidate from the very limited available information. Stathakopoulos states that there are three ways to identify a historic disease: either by retrospective diagnosis based on symptoms, scientific analysis of human remains and study of the disease’s epidemiology.<sup>438</sup> In this case we only have the etymology and the suggestion that the disease manifested on the skin. Plague is one possibility as it is mentioned frequently in the Irish annals, so is it likely that *sámthrosca* was a form of plague? Before plague there must be rats and there has been much debate as to whether the black rat, (*Rattus rattus*) the vital vector for plague transmission, was present in early medieval Europe.

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<sup>434</sup> *ibid*, 179.

<sup>435</sup> DIL 2012 T 320.86

<sup>436</sup> Relapsing fever is a fever that returns after the initial bout. MacArthur, ‘The Identification of some Pestilences,’ 174.

<sup>437</sup> *ibid*, 177.

<sup>438</sup> Stathakopoulos, *Famine and Pestilence in the Late Roman and Early Byzantine Empire*, 110.

In the late 1970s the bones of at least two black rats were discovered during a dig of a fourth century Roman well in York, providing evidence that the black rat was present in Britain prior to the Norman period, which was when it was previously believed to have been introduced.<sup>439</sup> The rat bones radio-carbon dated to at least the eighth century and possibly earlier, and were a significant find, as without the black rat the Justinianic and Black Death plagues could not have been bubonic in nature.<sup>440</sup> There is also evidence for the black rat's presence in Ireland from an earlier date than had been previously believed, as Chris Lynn discovered rat bones when excavating at Rathmullan in Co. Down, in a layer dated to the Early Christian period, but unfortunately exact dating proved impossible.<sup>441</sup> Since there is precise dating for the black rat's presence in the eighth century, or earlier in England, it is probably also logical to assume its presence in Ireland at this time as well, due to the amount of trade between the two countries by boat, but this cannot be certain. Unfortunately this is the best evidence available unless or until securely dated *Rattus rattus* bones are discovered in Ireland, but there is sufficient to suggest what is believed to have been the necessary vector for bubonic plague was present during the early Christian period. Kelly also claims that there appears to be a cat chasing a rat in the eighth century *Book of Kells* in folio 48, but it could also be a mouse.<sup>442</sup> All of this may also lend credence, even though it is a twelfth century source, to Geraldus Cambrensis's account of the destruction of a library belonging to the Irish bishop Saint Yvor by rats in the fifth century.<sup>443</sup>

Since initially submitting my thesis however new evidence concerning the transmission of the plague has been published and though it still implicates the Black Rat, other factors must also now be considered. This new evidence argues that there was no permanent reservoir of the plague in Europe within the animal population and that instead it was caused by Asian animal plague reservoirs, which were driven by

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<sup>439</sup> James Rackham, 'Rattus: The Introduction of the Black Rat into Britain,' in *Antiquity*, Vol. 53:208, (Gloucester, July 1979), 65-171, 112.

<sup>440</sup> *ibid*, 113.

<sup>441</sup> Chris Lynn, 'The Excavation of Rathmullan, a raised Rath and Motte in County Down,' *Ulster Journal of Archaeology* (Third Series), (Belfast, 1981-82), 65-171, 78, 84 and 154.

<sup>442</sup> Fergus Kelly, *Early Irish Farming*, (Dublin, 1998), 243-244.

<sup>443</sup> Gerald of Wales, *The History and Topography of Ireland*, ed. Betty Radice, (England, 1982), 81.

climate-driven outbreaks, resulting in new waves of plague entering into Europe.<sup>444</sup> *Rattus rattus* still played its part in spreading the plague and sustaining outbreaks as they travelled around by ship, but did not, as previously thought, provide a continuous reservoir of the disease.<sup>445</sup> The plague reservoirs were instead sustained, not only by rats, but also gerbils and other rodents in Asia and when particularly cold and wet winters occurred, killing many of these animals, waves of fleas infected with plague were forced to find new hosts.<sup>446</sup> One such suitable host is the camel, which is known to be relatively easily infected and can in turn transmit the disease to humans, and would have provided an excellent means for plague to travel along the trade caravans which ran between Asia and Europe.<sup>447</sup>

Epidemics, such as the Black Death have long been assumed to be bubonic plague, the cause of which is *Yersinia pestis*, and recently this has been scientifically confirmed to be the case when *Y. pestis* DNA was extracted from Black Death victims.<sup>448</sup> Samuel Cohn however brought to everyone's attention in his work *The Black Death Transformed*, that the Black Death did not behave in the same way as modern plague, which leads to the fascinating question of whether a pathogenic agent is the same thing as a disease.<sup>449</sup> Since this is a thesis on leprosy and not on plague, and as there has now been scientific confirmation of the causative agent of the Black Death, I do not intend to enter into the debate about what exactly constitutes a disease and return to attempting to identify *sámthrosca*.

One of the main differences between medieval plague and modern plague was its speed of progress. The Black Death encircled the globe within five years<sup>450</sup> and the same speed can be seen in the Justinianic outbreak which took only a year to travel from Gaul to Ireland.<sup>451</sup> Modern plague in contrast, travels very slowly and in

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<sup>444</sup> Boris V. Schmid, *et al*, 'Climate-driven introduction of the Black Death and successive plague reintroductions into Europe,' *PNAS* 2015 112 (10) 3020-3025; published ahead of print February 23, 2015, doi:10.1073/pnas.1412887112, 1-6, 6.

<sup>445</sup> *ibid*, 2.

<sup>446</sup> *ibid*, 3.

<sup>447</sup> *ibid*

<sup>448</sup> Stephanie Haensch, *et al*. (2010) 'Distinct Clones of *Yersinia pestis* caused the Black Death.' *PLoS Pathog* 6 (10): e1001134. doi:10.1371/journal.ppat.1001134, 1-8, 1.

<sup>449</sup> Samuel Cohn, Jr., *The Black Death Transformed*, (London, 2002), 1.

<sup>450</sup> *ibid*.

<sup>451</sup> Dooley, 'The Plague and Its Consequences in Ireland,' 216.

comparison to medieval plague is not very contagious.<sup>452</sup> To complicate the issue even further *Y. pestis* also ‘mutates easily and often’<sup>453</sup> and the cause of these different epidemiologies may lie in this, but in whatever way *sámthroc* manifested itself, it was recognised as being different. *Y. pestis* is a static, non-spore releasing bacterium, linked to intestinal bacteria and has three differing forms, all of which can cause deadly symptoms.<sup>454</sup> The reason why it is more prevalent in the summer is that warmer weather enables rat fleas to breed more quickly and their increased numbers are therefore able to spread the disease more rapidly.<sup>455</sup> The plague bacteria produce an enzyme which clots the blood in a flea’s stomach, resulting in the flea always feeling hungry, which in turn causes the flea to feed more.<sup>456</sup> Despite this increased rate of biting the flea cannot consume the blood, but instead introduces large numbers of virulent bacteria into the bloodstream of its victim.<sup>457</sup> Plague can develop in one of three forms; bubonic, pneumonic or septicaemic.<sup>458</sup> The symptoms of bubonic plague are typified by the enlargement of the lymph nodes, although as Cohn notes, it is not the only disease that can cause this phenomenon.<sup>459</sup> These swellings are known as buboes and normally appear within two days to a week after a flea bite and may vary in size from that of an almond to a goose’s egg, and can be either excruciating or painless.<sup>460</sup> Other symptoms include a high temperature, increased pulse rate, intense thirst, delirium, coma, violent convulsions, urine retention, vomiting and either or both, diarrhea or constipation, with death occurring in around seventy per cent of patients.<sup>461</sup> Pneumonic plague has a much higher incidence during the winter months because it can last right through the winter and manifests itself on the skin to a much lesser degree because it is spread by coughing and sneezing, rather than by fleas which are killed by the cold temperatures.<sup>462</sup> It would seem therefore that one can say

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<sup>452</sup> Cohn, *The Black Death Transformed*, 1.

<sup>453</sup> Michael McCormick, ‘Toward a Molecular History of the Justinianic Pandemic,’ in *Plague and the End of Antiquity*, ed. Lester Little, (Cambridge, 2007), 290-312, 306.

<sup>454</sup> Stathakopoulos, *Famine and Pestilence in the Late Roman and Early Byzantine Empire*, 124.

<sup>455</sup> John Maddicott, ‘Plague in Seventh-Century England,’ in *Plague and the End of Antiquity*, ed. Lester Little, (Cambridge, 2007), 171-214, 184-185.

<sup>456</sup> Stathakopoulos, *Famine and Pestilence in the Late Roman and Early Byzantine Empire*, 126.

<sup>457</sup> *ibid.*

<sup>458</sup> Robert Stow Bray, *Armies of Pestilence*, (Cambridge, 1996), 19.

<sup>459</sup> Cohn, *The Black Death Transformed*, 128.

<sup>460</sup> Bray, *Armies of Pestilence*, 20.

<sup>461</sup> *ibid.*, 19-20.

<sup>462</sup> *ibid.*, 20.

with some degree of certainty that *sámthroc* was not pneumonic plague. The date *sámthroc* is recorded is also significant, as Dooley states that,

The arrival of a plague in Ireland in 544 would seem to concur with the westward trajectory of the outbreak of Justinianic Plague at this time; it had arrived in central Gaul by 543.<sup>463</sup>

This is in agreement with the ‘overwhelming consensus among scholars’ that the Justinianic Plague was also bubonic plague,<sup>464</sup> which has also been scientifically confirmed by the finding of *Y. pestis* DNA in the dental pulp of Justinianic plague victims.<sup>465</sup> The Justinianic Plague is called *bléfed* in the Irish annals and since *sámthroc* is used instead only ten years later, it would seem likely that the two terms are referring to different diseases, or at least variants of the same disease presenting in dissimilar fashions. It would seem that it is safe therefore to conclude that *sámthroc* was not perceived to be the same disease as had appeared in the earlier Justinianic outbreak, which is most likely to have been the bubonic form. MacArthur also notes that the annalists clearly differentiated between *blefed* and *buide chonaill*,<sup>466</sup> two other disease terms in the annals, which suggests that they would not use different terminology without good cause and were also knowledgeable enough in order to do so. There is another possible reason for the use of the term *sámthroc*, which is that it was a local word for a disease that was copied from one annal into another. Its apparent meaning as ‘summer disease’ however is still significant, which seems to separate it from the usual plague. The possibility that these are not contemporary entries also complicates the matter, as these are the only known attestations of *sámthroc*, so it could date from the sixth century or be a later interpolation as there is nothing to compare it with. Dooley argues that the Justinianic Plague and the later pestilence in the sixth century are one and the same, in contrast to MacArthur and Maddicott;<sup>467</sup> however in this, I would agree with the latter, as the use of different terminology in just ten years is highly suggestive of a different manifestation of disease. The Byzantines, in comparison, used the terms *loimos* and *thanatikon* during the Justinianic Plague and continued to use them in subsequent plague epidemics as

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<sup>463</sup> Dooley, ‘The Plague and Its Consequences in Ireland,’ 216.

<sup>464</sup> Stathakopoulos, *Famine and Pestilence in the Late Roman and Early Byzantine Empire*, 110.

<sup>465</sup> Michel Drancourt, et al, ‘*Yersinia pestis* Orientalis in Remains of Ancient Plague Patients, *Emerging Infectious Diseases*, Vol. 13, No. 2, (February, 2007), 332-333, 332.

<sup>466</sup> MacArthur, ‘The Identification of some Pestilences’ 173.

<sup>467</sup> Dooley, ‘The Plague and Its Consequences in Ireland,’ 218.

well.<sup>468</sup> The annals go on to note that for the next thirty years an assortment of epidemic diseases affected Ireland, arguably the majority of which were bubonic plague, but none are recorded later than the mid-570s.<sup>469</sup>

Considering all of the foregoing, it would appear *sámthros* refers to some form of epidemic disease that manifested predominantly on the skin. It is also noteworthy that most outbreaks of plague are described in the Irish annals as being a *mortalitas* but in 554 the term *pestis* is used instead with *sámthros*.<sup>470</sup> It is hard to know if there is any significance in these differing descriptions as *mortalitas* translates as ‘the state of being subject to death, mortality, a dying death,’<sup>471</sup> whereas *pestis* translates as ‘a deadly, especially an infectious or contagious disease, a plague, pest, pestilence, also noxious atmosphere, unhealthy weather.’<sup>472</sup> This could suggest that *sámthros* was recognised as a form of plague at the time, usually fatal, but there is too little information to make a judgment on this and again the use of *pestis* may not be contemporary, and could even refer instead to ‘unhealthy weather’ in the form of great heat. The hazards associated with retro-diagnosis come to the fore here especially, as it is also likely, that the viruses and bacteria which caused disease in earlier times have since mutated and present in a different form today, something which has special significance when dealing with any form of plague.<sup>473</sup> It is also important to note that each area or region could display different patterns of disease, depending on the local weather, methods of communication with other places and the normal social customs and interactions.<sup>474</sup>

Presuming that *sámthros* was a disease and not a term for an exceptionally warm summer, which resulted in all manner of skin complaints suddenly being visible, is there a suitable ‘candidate’ for this disease? To recap leprosy, pneumonic plague, bubonic plague (as it appeared in the Justinianic Plague)<sup>475</sup> and *buide chonaill* have

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<sup>468</sup> Stathakopoulos, *Famine and Pestilence in the Late Roman and Early Byzantine Empire*, 111.

<sup>469</sup> Maddicott, ‘Plague in Seventh-Century England,’ 174.

<sup>470</sup> David Woods, ‘Acorns, the Plague and the ‘Iona Chronicle,’ *Peritia, Journal of the Medieval Academy of Ireland*, Vol. 17-18, (Belgium, 2003-2004), 495-502, 499.

<sup>471</sup> Charlton Lewis and Charles Short, *A Latin Dictionary*, (Oxford, 1966), 1167.

<sup>472</sup> *ibid*, 1364.

<sup>473</sup> Bray, *Armies of Pestilence*, 9.

<sup>474</sup> Stathakopoulos, *Famine and Pestilence in the Late Roman and Early Byzantine Empire*, 132.

<sup>475</sup> Due to the shortage of records it is impossible to know exactly which form the Justinianic Plague was but Wu Lien-The, whose Treatise is still considered authoritative, states it may have been the first

already been considered unlikely, but there is one possible contender that could explain the use of *sámthrosc* and not *blefed* and that is septicaemic plague. Septicaemic plague is transmitted in the same manner as bubonic plague, but in this instance the human flea can also act as a vector, although unfortunately this form of plague is the one we know the least about.<sup>476</sup> Septicaemic plague results in an overwhelming infection of the blood and causes death so rapidly that the characteristic buboes of bubonic plague do not have the time to appear and may also be caused by a different strain of *Y. pestis* which multiplies at an unusually high rate in the human bloodstream.<sup>477</sup> The only clearly visible evidence of septicaemic plague are skin hemorrhages which can be ‘black or dusky patches’ on the skin’s surface and although these can also occur in bubonic plague they are far more numerous, earlier and more prominent in the septicaemic form.<sup>478</sup> Death usually occurs within three to four days and septicaemic plague is also usually accompanied by vomiting and diarrhea.<sup>479</sup> This could be classed as a ‘cutaneous disease’ because of the skin hemorrhages and fits with the view that *sámthrosc* was a pestilence, probably fatal, with symptoms which were predominantly visible on the skin. To quote Maddicott however – ‘not much can be built on half a dozen words in a doubtful tract,’<sup>480</sup> which is apt, as with such little information any definitive identification is impossible. I believe however that a case can be made for *sámthrosc* being the septicaemic form of plague and that whatever the disease, it was not HD. Leprosy has been used incorrectly in this instance as a translation of the term *sámthrosc*, probably because of the addition of *lepra* which added to the confusion and perhaps because *trosc* appeared to signify some sort of skin related problem.

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record of the pneumonic form, but that it is not unusual for epidemics to be a mix of bubonic and pneumonic. Wu Lien-The, *A Treatise on Pneumonic Plague*, (Geneva, 1926), 1 and 184.

<sup>476</sup> Bray, *Armies of Pestilence*, 21.

<sup>477</sup> *ibid.*

<sup>478</sup> *ibid.*

<sup>479</sup> Stathakopoulos, *Famine and Pestilence in the Late Roman and Early Byzantine Empire*, 129.

<sup>480</sup> Maddicott, ‘Plague in Seventh-Century England,’ 175.



### 2.3.ii .*Leprosus* and *Lepra*

*Lepra* was discussed in Chapter One and was shown to be an unpleasant skin disease or group of diseases and Lewis and Short's Latin dictionary states that *leprosus* is an adjective of *lepra* and means leprosy.<sup>481</sup> The next annal entries all relate to Nessán's death and most include *leprosus*, although his death is not recorded in AU which may be significant and could indicate it was a later interpolation for the reasons already discussed. The entries relating to Nessán are as follows –

AI – 556.1 - Nistán the leper died.<sup>482</sup> *Nistán leprosus obiit.*<sup>483</sup>

AT – 556.4 Neasan the leprous paused. *Neasan leprósus pausat.*<sup>484</sup>

CS – 557 – Nessán the leper rested.<sup>485</sup> *Nessan leprous quieuit.*<sup>486</sup>

AR - And Nissan *leprosus pausat.*<sup>487</sup>

AFM – 551.2 St. Neasan, the leper died.<sup>488</sup> *Neasan Lobhar d'ecc.*<sup>489</sup>

AC - 561 – Nisan the leaper Dyed.<sup>490</sup>

Who was Nessán and what do we know about him? James Ussher mentions a *Vita Nessani*<sup>491</sup> but this appears to be no longer extant.<sup>492</sup> A St Nessán was reputedly St Finbarr's successor in Cork and the two saints are often closely associated,<sup>493</sup> as shown in the *Irish Litanies*, which states 'One hundred and seventeen holy bishops of the people of the grace of the Lord in Corcach Mór with Bairre and Nessán.'<sup>494</sup> In the late twelfth century hagiography of Ailbhe of Emly, a Nessán is given a suitably deferential role as a visitor to his patron's church in search for counsel on an ethical

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<sup>481</sup> Lewis, *A Latin Dictionary*, 1052.

<sup>482</sup> Séan MacAirt, *Annals of Inisfallen*, (Dublin, 1951), 73.

<sup>483</sup> *ibid*, 72.

<sup>484</sup> Stokes, *The Annals of Tigernach*, 141.

<sup>485</sup> Hennessy, *Chronicon Scotorum*, 51.

<sup>486</sup> *ibid*, 50.

<sup>487</sup> Gleeson, 'The Annals of Roscrea', 146.

<sup>488</sup> John O'Donovan, *Annals of the Kingdom of Ireland by the Four Masters*, Vol. 1, (Dublin, 1856), 189.

<sup>489</sup> *ibid*, 188.

<sup>490</sup> Murphy, *Annals of Clonmacnoise*, 84.

<sup>491</sup> James Ussher, *The Whole Works of the Most Rev. James Ussher*, Vol. VI, (Dublin, 1639), 531.

<sup>492</sup> Pádraig Ó Riain, *A Dictionary of Irish Saints*, (Dublin, 2011), 514.

<sup>493</sup> Pádraig Ó Riain, *The Making of a Saint Finbarr of Cork 600-1200*, (Dublin, 1997), 30.

<sup>494</sup> Charles Plummer, *Irish Litanies*, (London, 1925), 55. *The Martyrology of Donegal* also contains – 'that there were seventeen holy bishops and seven hundred prosperous monks together with Bairre and St. Nesson, at Corach-Mór of Munster.' John O'Donovan, *The Martyrology of Donegal*, (Dublin, 1864), 259.

issue.<sup>495</sup> Nessán and his mother also appear in the *Tripartite Life of Patrick* and *Bethu Phátraic*, in which Nessán gives St Patrick a boiled sheep, so Patrick can feed a group of druids, magicians and jesters who are tormenting him. Patrick then foretells that as a reward for his generosity Nessán will be powerful and honoured among nations and that his church will be large and wealthy.<sup>496</sup> The almost identical tale also appears in Patrick's life in the *Book of Lismore*, only this time Nessán also brings cheese and the trouble is caused by artists and satirists.<sup>497</sup> Nessán appears on 1<sup>st</sup> December in *Felire Oengusso*, 'Declare the calends of December, Candida the fair boat! The hard passion of Panchtratus, the holy feast of Nessán of Ulster.'<sup>498</sup> The *Martyrology of Gorman*, in contrast, has two Nessán entries, neither of which is under the 1<sup>st</sup> December. The first on 17<sup>th</sup> March states, 'Patrick, apostle of Ireland, head of the belief of the Gaels, with Failtigern the joyous, holy Tigernach, Nessán.'<sup>499</sup> On the same page a note adds that Nessán is a bishop, as indeed are the rest of the saints mentioned. Under 25<sup>th</sup> July another Nessán entry states,

James, a beloved apostle, Cucuphas to protect us, with complete Christophorus. Findbarr, Ninnio, Nesson, two Fiachras (one of the twain was Fiachra the Slender of Cluain Cachtne) the white-great ones: Coelan, Critan, Colman: my Siloc lofty, sparkling the Judocus, radiant, fair skinned.<sup>500</sup>

If ever there was a time to state that Nessán was '*leprosus*' it is here, as the other saints are described as lofty, sparkling and fair-skinned.<sup>501</sup> Cuimmin's poem *On the Saints of Ireland* states, 'Nessán the holy deacon loved angelic, pure devotion: over his tooth there came not aught that was falsehood or deceit,'<sup>502</sup> and in the *Book of Lismore* it is stated that 'Patrick gave Nessán a blessing, and conferred the order of deacon upon him; and this is he who is in Mungret.'<sup>503</sup> A Nessán founded a church at Mungret, but very little is known about it after the eleventh century.<sup>504</sup> Nessán makes quite a number of appearances in the extant literature even though he has no surviving

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<sup>495</sup> William Watts Heist, *Vitae Sanctorum Hiberniae*, (Brussels, 1965), 129-130 and Charles Plummer, *Vitae Sanctorum Hiberniae*, (Oxford, 1910), 61-62.

<sup>496</sup> Whitley Stokes, *Tripartite Life of St. Patrick*, (London, 1887), 206 and 208. Kathleen Mulchrone, *Bethu Phátraic*, (Dublin, 1939), 122-123.

<sup>497</sup> Whitley Stokes, *Lives of the Saints from the Book of Lismore*, (Oxford, 1890), 162.

<sup>498</sup> Whitley Stokes, *On the Calendar of Oengus*, (Dublin, 1880), clxxiv.

<sup>499</sup> Whitley Stokes, *Martyrology of Gorman*, (London, 1895), 57.

<sup>500</sup> *ibid*, 143.

<sup>501</sup> *ibid*.

<sup>502</sup> Whitley Stokes, 'Cuimmin's Poem on the Saints of Ireland,' *Zeitschrift für Celtische Philologie*, Vol. 1, (Germany, 1897), 59-63, 65.

<sup>503</sup> Stokes, *Lives of the Saints from the Book of Lismore*, 162.

<sup>504</sup> O Riain, *A Dictionary of Irish Saints*, 514.

hagiography, but it is obvious we are dealing with more than one Nessán, either in the form of more than one person or a saint's cult that has split. This is reinforced when looking at the *Martyrology of Tallaght* for Nessáns which lists, Nessán of Corcach on 17<sup>th</sup> March,<sup>505</sup> Nessán of Mungret, who is a deacon, on 25<sup>th</sup> and 26<sup>th</sup> July,<sup>506</sup> Nessán of the Ulaid on 29<sup>th</sup> September,<sup>507</sup> and also Beoán son of Nessán on 8<sup>th</sup> August.<sup>508</sup> From this it would seem that the footnote in FM is reliable and that the Nessán of interest is the one commemorated on 25<sup>th</sup> July as '*Deocain Nesain*.'<sup>509</sup> There is a further entry on 26<sup>th</sup> July which states '*Nessain Mungarit*' followed by a footnote on the same page saying, 'of Mungarit, i.e. deacon Nessán, entered here again in error.'<sup>510</sup> The *Martyrology of Donegal* contains further information concerning Nessán in one entry from Mungret which is found under 25<sup>th</sup> July –

Nessan, Deacon of Mungairit, in Munster, When Patrick was blessing Munster he blessed Deacon Nessan, as appears in the Life of Patrick. It is of him Cuimin, of Coindeire, gave this testimony, in showing that he never told a lie out of his mouth, Thus he says – 'Nessan, the holy deacon, loves Angelic pure devotion; Never came outside his teeth What was untrue or guileful,' A very ancient old vellum-book, of which we have spoken at Feb. 1<sup>st</sup>, at Brighit states that the Deacon Nessan was like to Laurentius the Deacon, in his habits of life.<sup>511</sup>

Why therefore was Nessán designated as leprous? The most obvious reason for Nessán being leprous is of course, a skin disorder, in whatever form leprosy was considered to be at that time, especially given such epithets were usually connected with appearance, such as Saran the squint-eyed<sup>512</sup> and Tipraite the Pale.<sup>513</sup> Another is that Nessán became associated with leprosy because he died at the same time as the *sámthrosca* outbreak and it is perfectly possible that is indeed what caused his death. All of the above evidence appears to suggest that Nessán was considered far from *leprosus* in any sense that we understand today in his lifetime, but the *Martyrology of Donegal* notes in the above statement, that Nessán was 'like to Laurentius the Deacon, in his habits of life.' This is also present in *Corpus Genealogiarum*

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<sup>505</sup> Richard Irvine Best and Hugh Jackson Lawlor, *The Martyrology of Tallaght*, (London, 1931), 24.

<sup>506</sup> *ibid*, 58.

<sup>507</sup> *ibid*, 75.

<sup>508</sup> *ibid*, 61.

<sup>509</sup> *ibid*, 58.

<sup>510</sup> *ibid*.

<sup>511</sup> O'Donovan, *The Martyrology of Donegal*, 203.

<sup>512</sup> MacAirt, *Annals of Ulster*, 103.

<sup>513</sup> *ibid*, 317.

*Sanctorum Hiberniae*, confirming that the *leprosus* appellation is correctly linked to the Nessán from Mungret as there are again several Nessán entries but the most relevant is ‘*Laurentius diaconus – Dechoin Nessain.*’<sup>514</sup> This is also found in the *Book of Lismore* in the ‘List of Irish saints compared with apostles, hermits, popes etc.’<sup>515</sup> The deacon referred to is St Laurence, one of the seven deacons of Rome in the time of Pope St Sixtus II and was responsible for looking after the Church’s belongings and giving alms to the poor and the sick.<sup>516</sup> The entries that deacon Nessán is akin to St Laurence could be another reason Nessán gained the epithet *leprosus*, as St Laurence was one of the saints that leper-houses in Ireland were commonly dedicated to,<sup>517</sup> because his duties included giving out alms to the sick and poor, although it must be born in mind that this was at a much later date. It is likely that, at the time, it was known why Nessán was designated *leprosus* and may even have been complimentary, as it signified him as a person who worked with the sick, but with the loss of understanding the term has developed different connotations. The fact that Nessán’s death is not recorded in AU is also probably significant. AU, as stated previously, is regarded as representing the best evidence for the earliest annals and since AU does not record Nessán’s death this could signify these entries are later interpolations. If this is the case by the time the entry was written, any reason for Nessán’s connection to St Laurence is likely to have been forgotten and resulted in him being designated *leprosus* instead, whatever that was intended to convey. There is also a large gap in the annals before *lobur* makes another appearance, which makes it a possibility that *leprosus* has been replaced by *lobur* at some point to make Nessán’s connection with leprosy definitive and was not part of the original entry. *Lobhar* however also appears in the ninth century *Martyrology of Oengus* which does make this assumption questionable and this term will be discussed in more detail later in this chapter. Nessán’s leprous designation would therefore appear to have no connection to HD and either simply indicates that he suffered from a skin complaint or one of the other less likely explanations I have suggested.

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<sup>514</sup> Padraig Ó Riain, *Corpus Genealogiarum Sanctorum Hiberniae*, (Dublin, 1985), 161.

<sup>515</sup> Stokes, *Lives of the Saints from the Book of Lismore*, 298.

<sup>516</sup> Paul Burns, *Butler’s Lives of the Saints*, (Great Britain, 2003), 370.

<sup>517</sup> Lee, *Leper Hospitals in Medieval Ireland*, 19.

### 2.3. iii. Nuts, Sparks and Abounding Leprosy

Chronologically the next mention of leprosy occurs in AC in 569 but I believe it is the same event as two other entries in 576 in AU and 574 in AT which state – ‘*Scintilla lepre 7 habundantia nucum inaudita*.’<sup>518</sup> ‘A spark of Leprosy and an unheard of abundance of nuts.’<sup>519</sup> At first glance these are puzzling entries – what is a ‘spark of leprosy’ and what does it have to do with an ‘abundance of nuts’? These references to nut abundance are not unique and in fact they occur in the annals on a regular basis for two reasons. Firstly pigs were a vital part of the economy during this time and the many acorn, beech mast and nut entries signified that pigs could be fattened for consumption over the winter.<sup>520</sup> Another reason for the scribal interest in nuts was the concept that a kingdom’s welfare, in all senses, was ultimately tied to the king’s rule and so if he was a just ruler this would manifest with good omens,<sup>521</sup> for as McCone describes,

sovereignty must create order in all things. This is why the king’s truth is viewed as someone whose truth and person must be flawless, for it is by upholding his own honour that he upholds the honour and face of his tribe. The monarch creates order in society by himself being a personification of order. If the king cannot embody these concepts, then disaster can befall the tribe which he rules.<sup>522</sup>

Given that an ‘abundance of nuts’ is a good sign and that all is well with the kingdom and disease is a bad sign, this combination is perplexing. One explanation could be that they were originally separate items on the same line, which, following repeated transcriptions have become one. David Woods suggests a different explanation for this strange combination of entries and thinks it is the result of scribal error, but in a far more complicated way. According to Woods, these entries concerning beech mast or nuts are the first two listed in the annals as they stand today, but as I stated it is possible that another entry in AC is also connected. Woods suggests that the context of the phrase ‘which was subsequently read to refer to a crop of mast may have originally described a disease of some sort.’<sup>523</sup> He suggests that the words *habundantia nucum inauditia* have been copied incorrectly from the original Latin,

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<sup>518</sup> MacAirt, *Annals of Ulster*, 89.

<sup>519</sup> *ibid*, 88.

<sup>520</sup> Kelly, *Early Irish Farming*, 79.

<sup>521</sup> Kim McCone, *Pagan Past and Christian Present*, (Maynooth, 2000) 108.

<sup>522</sup> *ibid*, 127.

<sup>523</sup> Woods, ‘Acorns, the Plague and the ‘Iona Chronicle,’ 498.

and that the scribe did not realise the true meaning of the phrase.<sup>524</sup> Woods suggests that the correct entry, before it was transcribed, may have been *magna pestis glandularia* but that the scribe misunderstood *glandularia*.<sup>525</sup> *Glandularia*, Woods states, is ‘formed by the addition of the suffix – *arius* to the noun *glandula*, meaning ‘gland’, and means ‘of or concerning the glands’, that is ‘glandular.’<sup>526</sup> Lewis’s Latin dictionary does not list *glandularia* but, *glans*, meaning acorn, *glandulae*, the diminutive of acorn, but importantly it also means the glands of the throat i.e. tonsils and swollen glands in the neck.<sup>527</sup> *Glandarius* is an adjective of *glans* meaning ‘belonging to acorns or mast’<sup>528</sup> and Woods states *glandula* is made by adding the diminutive suffix *ulus* to *glans* which in turn means fruit of the acorn or beech mast and therefore etymologically speaking the noun *glandula* means little nuts.<sup>529</sup> However, as Woods states, the human glands are also called *glandula* because they feel just like ‘little nuts’ and therefore the scribe mistook *pestis glandularia*, a term for bubonic plague, for a plague of nuts instead.<sup>530</sup> In the *Chronicle of Fredegar* this term is indeed used to describe plague: ‘*Eo anno cladis glandularia Marsilia et reliquas Provinciae civitates gravitr vastavit*,’ that is ‘In this year Marseilles and other cities of Provence were devastated by plague.’<sup>531</sup> This does seem a very complex explanation but there may be yet more to this than mere scribal error. Paul the Deacon in his *Historia Langobardorum*, when discussing a severe outbreak of bubonic plague in Liguria records,

There began to appear in the groins of men and in other rather delicate places, a swelling of the glands, after the manner of a nut or date, presently followed by an unbearable fever, so that upon the third day the man died.<sup>532</sup>

This is not an isolated comparison as it is also found when the plague hit Padua,

And these conditions combined with other forces of darkness sparked a ferocious plague in the city of Padua with little nuts forming on some around

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<sup>524</sup> *ibid.*

<sup>525</sup> *ibid.*

<sup>526</sup> *ibid.*

<sup>527</sup> Lewis, *A Latin Dictionary*, 816.

<sup>528</sup> *ibid.*

<sup>529</sup> Woods, ‘Acorns, the Plague and the ‘Iona Chronicle,’ 498-499.

<sup>530</sup> *ibid.*, 499.

<sup>531</sup> John Michael Wallace-Hadrill, *The Fourth Book of the Chronicle of Fredegar with its Continuations*, (London, 1960), 12.

<sup>532</sup> Edward Peters, *History of the Lombards*, by Paul the Deacon, translated by William Dudley Foulke, (Philadelphia, 1974), 86-87.

the throat, on others, on the arms, and on some, on the thighs, along with an intolerable and burning fever with discharges of blood.<sup>533</sup>

These examples lend credence to these entries being caused by scribal confusion, as buboes were compared to nuts in times of plague in more than one region and it is also interesting that the last example also includes ‘sparked.’ Though a nut may seem to be a strange thing to compare buboes to, in the fourteenth century Welsh poem, ‘Pestilence,’ which was mentioned previously, it also compares buboes to apples, onions, peas, berries, halfpennies and even seaweed scales.<sup>534</sup>

This may be one explanation of the nuts part of the entry but where does the spark of leprosy come into this? *Scintilla* literally translated, according to Woods, is ‘a particle of fire, spark,’<sup>535</sup> but could also be used metaphorically to define ‘something small from which bigger things can grow,’<sup>536</sup> which is strangely just like a nut. The dictionary terms *scintilla* as a diminutive, meaning a singular spark.<sup>537</sup> This could be another explanation of these strange entries, but there must still have been an element of scribal scrambling involved as well, to result in such a contradictory and confusing combination. A more accurate translation of *scintilla lepre*, according to Woods, would be a ‘minor outbreak of leprosy,’ but if it was so minor why is it recorded in the annals at all, especially as no other disease outbreak is qualified in such a manner; indeed the usual qualification is how serious the contagion is, by using either *magna* or *gravissima* and may suggest that this description originally described a larger outbreak of disease.<sup>538</sup> Given that previous outbreaks of plague had arrived in Ireland three years after occurring in Constantinople is there also an appropriately timed plague outbreak this could refer to?<sup>539</sup> Thanks to the Spanish chronicler, John of Biclaro, there is a record of plague in Constantinople in 573 which fits perfectly chronologically with the Irish ‘spark of leprosy.’<sup>540</sup> According to Woods it would

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<sup>533</sup> Galeazzo e Bartolomeo Gatari, *Cronaca Carrarese confrontata con la redazione di Andrea Gatari* [AA. 1318-1407], eds. Antonio Medin e Guido Tolomei, Vol. 1 *Rerum Italicarum Scriptores* XVII/1 (Città di Castello, 1931), 559-600. Thank you to Professor Samuel Cohn for providing this reference.

<sup>534</sup> Fychan, ‘*Haint y Nodau*,’ *Galar Beirdd Marwnadau Plant*, 53 and 55.

<sup>535</sup> Woods, ‘Acorns, the Plague and the ‘Iona Chronicle’ 499.

<sup>536</sup> *ibid.*

<sup>537</sup> Lewis, *A Latin Dictionary*, 1643.

<sup>538</sup> Woods, ‘Acorns, the Plague and the ‘Iona Chronicle,’ 499.

<sup>539</sup> *ibid.*, 500.

<sup>540</sup> *ibid.*

seem perfectly plausible that the ‘leprosy spark’ described a further outbreak of glandular or bubonic plague in Ireland and that scribal error resulted in an erroneous and misleading entry.<sup>541</sup> I find this explanation by Woods intriguing, but am not completely convinced by his imaginative hypothesis; however, given that we have already noted there were repeated bouts of plague in Ireland, some of which have been described as leprosy, this explanation is plausible, but there may be simpler ones. The first of these is as per the footnote in AU which says,

This entry is misplaced in the MSS being introduced into the middle of the record of the battle of Teloch which should probably follow it, as in the printed text in the next page.<sup>542</sup>

This substantiates the theory entries were wrongly transcribed, but there are also similar entries, in AI,

576.2 A plentiful crop of nuts. *Cnomes imda*.

577.2 People afflicted with small-pox. *Bolggach for doenib*.<sup>543</sup>

These entries could refer to the same event as ‘*Scintilla lepre 7 habundantia nucum inaudita*’ as they are similar in content and dating, but refer to an outbreak of the disease *Bolggach*, which will be discussed next. These entries are separate in AI but lend credence to the theory that two originally separate entries have inadvertently become one. There could also be another similar entry in AC 569 which states that ‘Leaprosie did abound and knobbes this year.’<sup>544</sup> Leprosy could never be described as abounding, although abounding and scintillating could be connected as they both suggest some form of movement or vitality. Also it seems to be accompanying an abounding of knobbes, which the Oxford English Dictionary, lists as ‘a rounded protuberance or swelling on the skin or on a bodily organ, a bump, lump, wart, pimple, pustule,’<sup>545</sup> suggesting some form of skin problem. AC was translated by Mageoghegan, from a no longer extant Irish original and is very much a product of his time,<sup>546</sup> and no longer having the original Irish is problematic as the original text could have answered many questions. *The Regiment of Life* which dates to 1560 and

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<sup>541</sup> *ibid*.

<sup>542</sup> Hennessy, *Annals of Ulster*, Vol. 1, 65. It should be noted this footnote does not appear in the later MacAirt translation of AU.

<sup>543</sup> MacAirt, *Annals of Inisfallen*, 77.

<sup>544</sup> Murphy, *Annals of Clonmacnois*, 89.

<sup>545</sup> *Oxford English Dictionary*, Vol. V, H-K, (Oxford, 1970), 736.

<sup>546</sup> Murphy, *Annals of Clonmacnois*, vii-viii.



is therefore close in time to Mageoghegan also contains the term knobbes, as in ‘An excellent remedy for wartes or knobbes of the head.’<sup>547</sup> In this context it would seem to mean a lump, and this could take us back to the confusion between the Latin for nuts and glands which feel like nuts or lumps.

Without the Irish original it is impossible to say but this may be another example of scribal confusion which has resulted in this entry becoming scrambled and is in fact related to the ‘spark of leprosy’ and *Bolggach* entries, especially taking into account the dating. A further explanation could be that ‘knobbes’ referred to another disease, with one possible candidate being an illness called ‘button scurvy’ or ‘Connaught button.’ This disease appears to be peculiar to Ireland and though it is known that it was not scurvy, it still remains unidentified.<sup>548</sup> An attack of ‘Connaught button’ could last for months and started with a crop of spots in the skin which slowly grew into red lumps which crusted over.<sup>549</sup> The lumps could occur anywhere on the body and could grow to be as large as a walnut and number in the hundreds and was also infectious.<sup>550</sup> ‘Button scurvy’ or ‘Connaught button’ finally died out in the nineteenth century but it had probably existed for many centuries previously and therefore is a contender for the disease ‘knobbes.’<sup>551</sup> Whatever the answer to this conundrum the only connection to leprosy that any of these entries has is that, whatever the disease was, it manifested on the skin and was therefore believed at the time to be some form of leprosy or has been translated as such.

## 2.4 Seventh Century

### *Bolggach*

The next entries in the annals concerning leprosy appear in the seventh century and as they are almost identical I have only noted the entry from AU, but it also appears in AT 680.8,<sup>552</sup> CS 676<sup>553</sup> and AC 675.<sup>554</sup>

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<sup>547</sup> Jean Goeurot, *The Regiment of Life. Whereto is added a Treaties of the Pestilence, with the Book of Children*. Newly corrected and enlarged by Thomas Phayre, (1578), 129.

<sup>548</sup> MacArthur, ‘The Identification of some Pestilences,’ 184.

<sup>549</sup> *ibid.*

<sup>550</sup> *ibid.*

<sup>551</sup> *ibid.*

<sup>552</sup> Stokes, *The Annals of Tigernach*, Vol. 1, 165.

<sup>553</sup> Hennessy, *Chronicon Scotorum*, 107.

<sup>554</sup> Murphy, *Annals of Clonmacnois*, 109.

AU 680 – A most severe Leprosy in Ireland called *bolgach* – *Lepra grauisima in Hibernia que uocatur bolgach*.<sup>555</sup>

As noted previously there is also an entry under 577 in AI which states, ‘*Bolggach for doenib*,’ which MacAirt claims is associated with smallpox.<sup>556</sup>

DIL lists *bolgach* as the name of a disease or diseases characterised by eruptive spots or pustules on the skin, such as smallpox, but it can also mean boils, syphilis, grey pox and swine pox.<sup>557</sup> DIL’s entry is based on MacArthur’s claim that *bolgach* meant smallpox and still appears in Scottish Gaelic as *balgach*.<sup>558</sup> Charles-Edwards states that ‘the disease whose characteristic symptom was blisters’ is smallpox as *bolg* means blister and associates it with smallpox.<sup>559</sup> MacArthur suggests that *bolgach*’s use for leprosy may be connected to the ‘extensive scabbing which accompanies the drying of the pustules’ and quotes Thomas Phayer from the sixteenth century *The Book of Children* who described this stage of smallpox as ‘Sometimes as it were a drye scabbe or a leproy, spredying ouer all the members.’<sup>560</sup> It is likely that *bolgach*’s only connection to leprosy was its use to describe the appearance of the dried pustules on the skin at the end of a bout of smallpox and was used as a ‘catch all’ for any manifestation of a pustular form of skin disease. The sixteenth century manuscript E.3.30, which describes the effects of the Black Death in Ireland, also uses *bolgach*<sup>561</sup> and here it is also stated to be smallpox and by this time, if not earlier, *bolgach* appears to have lost any connection it may have erroneously had with leprosy.

*Bolgach*’s occurrence in 680 coincides with Bede and Adomnán’s recording of plagues in Britain and Ireland around this time. Bede states,

Almost at the same time that this kingdom had accepted the name of Christ, many of the kingdoms of Britain were attacked by a virulent plague.<sup>562</sup>

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<sup>555</sup> MacAirt, *Annals of Ulster*, 146-147.

<sup>556</sup> MacAirt, *Annals of Inisfallen*, 76.

<sup>557</sup> DIL 2012 B 140.79.

<sup>558</sup> MacArthur, ‘The Identification of some Pestilences,’ 184 and Edward Dwelly, *The Illustrated Gaelic Dictionary*, Vol. 1, (Hants. 1981), 62.

<sup>559</sup> Charles-Edwards, *The Chronicle of Ireland*, 7.

<sup>560</sup> MacArthur, ‘The Identification of some Pestilences,’ 184.

<sup>561</sup> Winifred Wulff, ‘Tract on the Plague,’ *Ériu*, Vol. 10, (Dublin, 1926/1928), 143-154, 148, 151 and 143.

<sup>562</sup> Bede, *The Ecclesiastical History of the English People*, eds. Judith McClure and Roger Collins, (Oxford, 1969), 194-195.

Meanwhile Adomnán writes that ‘Ireland and Britain have been twice ravaged by a terrible plague.’<sup>563</sup> The second plague occurred, according to Maddicott, from 684 to 687 which seems very precise and is later than the *bolgach* entries of 675 and 680, although the annals’ dating problems play a part in this case. Maddicott’s dates are perhaps too precise, as Bede records the death of the abbess Aethelthryth in 680 by what is generally agreed to be plague, due to the presence of a ‘tumour’ in her jaw which was excised.<sup>564</sup> Is it possible that these records are of the same ‘pestilence’ as it seems improbable that two different serious maladies were ‘ravaging’ Britain at the same time - so was it bubonic plague or smallpox? McArthur is adamant that *bolgach* was smallpox, but Maddicott and all the available evidence strongly suggests that the second plague in Britain and Ireland was bubonic plague. Does this mean that two serious diseases were ‘ravaging’ Britain and Ireland at the same time, despite the slight difference in time frames. It could be *bolgach* was originally a local term for smallpox or a local outbreak which became recorded nationally in the annals, resulting in something local becoming apparently national instead. The evidence is so slim however it is impossible to make a definitive judgment, but I agree with MacArthur and Charles-Edwards that *bolgach* was smallpox and that it appears to be a separate event from the plague reported by Bede and Adomnán. *Bolgach* is therefore another term that has no apparent connection to the diseases considered to be leprosy or HD and the term has been used for an affliction of the skin.

## 2.5 Eighth Century

The next two entries appear under 722 in AT and CS, both members of the Clonmacnoise group of annals. They deal with the Battle of Almaine and come under the type of entry mentioned previously as they contain poetry and are later interpolations and will be discussed in Chapter Four.

The next entry is listed under 742.9 in AU and states, ‘Leprosy in Ireland – *Lepra in Hibernia*.’<sup>565</sup> *Lepra* and its different meanings were discussed in Chapter One, and

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<sup>563</sup> Adomnán of Iona, *Life of St Columba*, ed. Richard Sharpe, (Great Britain, 1995), 203.

<sup>564</sup> Bede, *The Ecclesiastical History of the English People*, 202.

<sup>565</sup> Mac Airt, *The Annals of Ulster*, 197.

would appear to be referring to some kind of outbreak of disease which manifested on the skin. AU 769.6 has another nuts and leprosy entry,

An earthquake and famine; and a leprous disease attacked many. Abundance of oak-mast.<sup>566</sup> *Terremotus 7 fames; 7 morbus lepre multos inuasit. Habundantia dairmesa.*<sup>567</sup>

This is another odd entry, as like the previous ‘abundance of nuts’ there is the combination of signs that all is not well in the kingdom as in earthquake and famine, but also that all is well, as there are plenty of nuts and this may be another jumbled entry. There is a plausible explanation for famine being combined with a leprous disease however, as famine provides the ideal conditions for two diseases which are both spread by lice; relapsing fever and typhus, both of which commonly occurred during periods of famine, in Ireland.<sup>568</sup> In common with relapsing fever, one of typhus’s symptoms is a rash which usually appears on the wrists or shoulders, the trunk and the armpits and then on the extremities and abdomen area but not on the face.<sup>569</sup> It would seem therefore that this is another example of the term leprosy being used for a disease that had a noticeable skin manifestation and is not related to HD.

## 2.6 Tenth Century

### 2.6. i. *Claime, Clam, Clamsaine, Claimsech, Clamrad and Clamtrusca*

The earliest attestation of *clam* in the annals is CS 722, and will be discussed in Chapter Four, as it is highly likely it is a later interpolation. This is then followed by a gap until the tenth century when the death of *Céle clam* is recorded. DIL lists a variety of words purportedly meaning leprosy and which are derived or connected to *claime*. *Claime* is listed as meaning leprosy, scabies and *lepra* as well as debility or infirmity in humans and mange in animals such as cattle or horses.<sup>570</sup> *Clam* however is termed as either leprous, mangy or a ‘leper’ in humans and an example of scurvy headed men is also included; it can also mean scabbed and be used to describe sheep

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<sup>566</sup> *ibid*, 223.

<sup>567</sup> *ibid*, 222.

<sup>568</sup> MacArthur, ‘The Identification of some Pestilences,’ 174.

<sup>569</sup> Bray, *Armies of Pestilence*, 136.

<sup>570</sup> DIL 2012 C 214.83.

as mangy.<sup>571</sup> *Claimsech* is listed as a female leper or a woman suffering from a skin disease<sup>572</sup> and *clamrad* equates to a band of ‘lepers.’<sup>573</sup> It is interesting that specific words, such as these, are listed as this suggests neither bands of ‘lepers’ or female ‘lepers’ were an uncommon sight, if a specific word existed to describe them. DIL therefore shows that although *claime* and *clam* are closely aligned there meanings are subtly varied, but all refer to some form of skin ailment in both humans and animals and do not only mean leprosy. This varied choice of meanings would also suggest that these words have evolved and may have started off referring only to skin problems, such as scabies, which were regarded at the time as ‘leprosy’ and later became adapted to mean the more serious illness of HD as it became more prevalent. Thurneysen also lists *clam* as ‘leper’ and *clamsaine* as leprosy and also remarks that the *(ai)ne* suffix is uncommon.<sup>574</sup> Vendryes lists *claime* and *claimsech* as nouns and *clam* as an adjective, ‘*lépreux, atteint d’une maladie de peau, galeux*,’<sup>575</sup> that is, leprous suffering from a skin disease, having scabies.

*Céle clam*’s death is recorded as follows -

AU 952.3 - *Flann H. Cleirigh ri Deiscirt Connacht, Domhnall m. Donnchada ridomna Temhrach, Cele clam & ancorita, Flann m. Mael Fiachrach aircinnech Maighi Eter Di Glais.*<sup>576</sup>

AFM 950.6 - *Céle Clamh ancoire Ard Macha, & Flann, mac Maoil Fiachrach, airchinnech Muighe Etir Dí Ghlais, d'éc.*<sup>577</sup>

*Céle Clamh* is believed to have been an anchorite from Armagh, which purportedly had a fraternity of *Céli Dé* from the beginning of the tenth century.<sup>578</sup> DIL lists the main meaning of *céile* as servant or fellow and that it always implied a relationship, but it is uncertain whether this was originally meant to be one of equals or not.<sup>579</sup> The term *céle* was also used in connection with the members of a particular religious group, the *Céli Dé* who are considered by some to be more ascetic than other

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<sup>571</sup> DIL 2012 C 216.28.

<sup>572</sup> DIL 2012 C 215.14.

<sup>573</sup> DIL 2012 C 216.82.

<sup>574</sup> Rudolf Thurneysen, *A Grammar of Old Irish*, (Dublin, 2003), 168.

<sup>575</sup> Joseph Vendryes, *Lexique Etymologique de L'Irlandais Ancien*, Vol. C, (Dublin, 1875-1960), 112.

<sup>576</sup> MacAirt, *Annals of Ulster*, 396. Flann ua Cléirig, king of the south of Connacht, Domnall son of Donnchad, heir designate of Temair, Céile the leper and anchorite, Flann son of Mael Fiachrach, superior of Mag eter di Glais, died. *Ibid*, 397.

<sup>577</sup> O'Donovan, *Annals of the Kingdom of Ireland by the Four Masters*, Vol. I, 666. Clclclamh, anchorite of Ard-Macha; and Flann, son of Mael-fiachrach, airhinnech of Magh-etir-di-ghlais died. *Ibid*, 667.

<sup>578</sup> William Reeves, *On the Céli Dé, commonly called the Culdees*, (Dublin, 1860), 128.

<sup>579</sup> DIL, A-C, column 96, line 75.

coenobites.<sup>580</sup> The *Céli Dé* or Culdees appeared in the second half of the eighth century and their name literally means client of God and they were closely associated with St Máel Ruain of Tallaght.<sup>581</sup> They were sited not only in Tallaght and continued into the mid-ninth century in other areas of Ireland and Wales and in the twelfth century their presence is recorded in St Andrews.<sup>582</sup> The accepted view of this group, as theorised by Hughes and Kenney, is that they were the first expression of a desire for religious reform and resurgence and their main aim was to return to an austere purity of life in the Irish monasteries, in order to counteract increasing ecclesiastical secularity.<sup>583</sup> Westley Follett, together with Richard Sharpe and Colmán Etchingham have questioned this viewpoint and have proposed instead that the members of the *Céli Dé* actually identified themselves as God's own special followers and were renowned for their service, their personal devotion and pastoral care, amongst other things.<sup>584</sup> Given that *Céle Clamh* is recorded as having died in Armagh, where a group of *Céli Dé* is thought to have existed, it is a logical conclusion that *Céle Clamh* was a member of the *Céli Dé*. This is also supported by their apparent devotion to pastoral care and could explain *Céle Clamh*'s name as someone who cared for 'lepers,' which in turn earned him his epithet. It is also noteworthy that despite being 'a companion /servant of lepers' he was thought important enough for his death to be recorded in the annals. Etchingham points out that there is a connection between this *Céle Clamh* entry and one in AU for 921 which states that Ard Macha was invaded by foreigners and that they 'spared the prayer-houses with their complement of culdees and sick,'<sup>585</sup> which implies that the *Céli Dé* were considered to have a special responsibility for the poor and the ill.<sup>586</sup>

The ailment referred to here would seem to mean a form of skin disease such as scabies or mange, which was considered to be leprosy at the time this entry was written and not HD. The existence of the name *Céle Clamh* is good evidence for

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<sup>580</sup> DIL, column 97, line 5.

<sup>581</sup> Westley Follett, *Céli Dé in Ireland*, (Woodbridge, 2000), 1.

<sup>582</sup> *ibid*, 3.

<sup>583</sup> *ibid*.

<sup>584</sup> *ibid*, 6.

<sup>585</sup> Mac Airt, *Annals of Ulster*, 373. It used to be thought that the first reference to a leper-hospital in the annals was dated to AU 921, but it had been wrongly translated as oratories. Lee, *Leper hospitals in Medieval Ireland*, 15-16.

<sup>586</sup> Mac Airt, *Annals of Ulster*, 373 and Colmán Etchingham, *Church Organisation in Ireland, AD 650 to 1000*, (Kildare, 2002), 59-360. This entry from AU will be discussed in full shortly.

those suffering from skin diseases such as these, being regarded as ‘lepers’ and together with HD sufferers, were cared for in a monastic setting, in Armagh at least. This scenario will also be seen in some of the hagiography which will be discussed in Chapter Five, where ‘lepers’ are pictured in a monastic setting.

## 2.6. ii. *Clamtrusca*

The next relevant entry is *Clamtrusca*,

AU 951.7 *Clamtrusca mor for Gallabi Atha Cliath and rith fola.*<sup>587</sup>

FM 950, ‘Great lues of bloody flux among the foreigners of Ath-Cliath.’  
*Clamtrusccad mór, 7 rit fola for Galluib Ata Cliat.*<sup>588</sup>

AC ‘The pox (which the Irishmen called the *Dolor Gentilium*) ran over all Ireland this year.’<sup>589</sup>

*Clamtrusca* consists of *clam*, which has already been discussed, and is some form of pustular skin disease, such as mange and *trusca* which is a disease or plague as discussed in relation to *sámthrosca*, so *clamtrusca* could be translated as pustular plague, mange plague or skin plague. It may seem odd that one particular group of people were apparently prone to this disease, but the foreigners were the Scandinavians in Dublin who would have had a separate ethnic identity and would also have differed genetically, which may have made them susceptible to different diseases than the local population. Men were more likely to come into contact with disease, especially sailors such as the Scandinavians, who were newly arrived in Dublin, and probably brought the infection with them from their previous port.<sup>590</sup> Dublin was also of course an urban centre so a source for all manner of diseases as the population density would aid infectivity and would be in line with the recognised ‘urban graveyard effect.’<sup>591</sup> It may however be a ‘red herring’ as it may have had as little to do with the Scandinavians as the twentieth century Spanish flu had to do with Spain. MacArthur suggests that as Mageoghegan had seen the original Clonmacnois

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<sup>587</sup> Mac Airt, *Annals of Ulster*, 396. A great outbreak of leprosy among the foreigners of Ath Cliath, and dysentery. *Ibid*, 397.

<sup>588</sup> O’Donovan, *Annals of the Kingdom of Ireland by the Four Masters*, Vol. I, 666-667.

<sup>589</sup> Murphy, *Annals of Clonmacnois*, 156.

<sup>590</sup> MacArthur, The Identification of some Pestilences recorded in the Irish Annals’ 175.

<sup>591</sup> Maryanne Kowaleski, ‘Medieval People in Town and Country: New Perspectives from Demography and Bioarchaeology,’ *Speculum*, 89/3, (July, 2014), 573-600, 583.

annals, he knew *clamtrusca* signified ‘some form of disease characterised by an eruption of pustules in the skin,’ but which pustular skin affliction?<sup>592</sup> MacArthur suggests that since Mageoghegan translated *bolgach* as smallpox then *clamtrusca* and *sámthrosc* are also smallpox, but I do not think that the evidence supports his theory, especially considering the previous discussion of *sámthrosc* and *clam*. We know that people in medieval Ireland were able to differentiate between diseases and therefore why would they give the same disease more than one name? If these were all smallpox however, one explanation could be that they were local terms that were copied and became more widespread, but there is insufficient evidence to show this. Whether *clamtrusca* was some form of plague is harder to say, although the fact that it may have been suffered by a group associated with ships and docks and therefore rats makes it seem likely. Like *sámthrosc*, this is *clamtrusca*’s only attestation and I do wonder if there is some significance in this, but am unable to discern what that might be. Whether *clamtrusca* is plague or some form of skin affliction is impossible to say as, unlike *sámthrosc*, there is not the diagnostically significant association with the summer, but the fact that *clamtrusca* could be translated as skin plague does make me wonder if this could also be septicaemic plague, as it obviously caused some kind of skin affliction. It is attested over four hundred years after *sámthrosc*’s appearance and therefore it makes it unlikely that *sámthrosc* would be used and more likely that a different, contemporary word would be used instead, but they are still linked by *trosc/trusca*. The archaeological evidence, which will be discussed in the next chapter, also suggests that what we would term as HD was not present in Dublin at this time as currently the earliest skeletal remains with evidence of HD date to the eleventh century. What is certain is that this is another disease term which has no connection with HD except for the use of leprosy as a catch-all for skin ailments. Although *clam* and its variants are so poorly attested in the annals it appears frequently in hagiography and other writings in connection with ‘lepers’ and leprosy and over time may have become adapted to mean HD, as well as its earlier meanings.

There is also an entry from the *Metrical Dindshenchas* in which *clam* and the next term *lobur* are both used and this combination is not an isolated example of the two appearing together,

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<sup>592</sup> MacArthur, *The Identification of some Pestilences recorded in the Irish Annals* 183.



*Lia Gruip, lia Gair, lia lobur,  
Lia in chlaime i tóeb na forud*<sup>593</sup>

It is difficult to know exactly what this is referring to and what it is supposed to mean, but it does show the importance of accurate translation as this could be interpreted in a number of different ways.

## 2.7 Tenth to Fifteenth Century

### 2.7. i. *Lobur*

The next term connected to leprosy is *lobur* in all its different grammatical forms. According to DIL it has a variety of meanings which include weak, infirm, sick, afflicted, one who is afflicted with some skin disease, ‘leper’ and metaphorically weak in faith, unstable, wavering and a weak believer.<sup>594</sup> DIL also lists *lobrae*, *lubra* and *luibre*, as weakness, infirmity and sickness,<sup>595</sup> and *lubra* as also having been glossed as *lepra*.<sup>596</sup> Lee claims that,

the word (leper) occurs in a variety of related forms in the Aryan languages and has the basic meaning of something which peels off. It was early applied to the inner bark of trees; the Latin form of the word was *liber* and, as this bark was used to write on, *liber* later came to mean a book.<sup>597</sup>

Although Lee makes these claims, as usual he provides no supporting evidence and I consider this to be a dubious derivation and explanation. Lee also states that the most often used Irish word for a ‘leper’ is *lobhar* which is pronounced similarly to the Irish word for a book, *leabhar*.<sup>598</sup>

*Lobur* is used in AU as follows,

AU - 921.8 *Indredh Aird Macha h-i {folio & column H47rb}.iiii. Id. Nouembris o Gallaibh Atha Cliath, .i. o Gothbrith oa Imhair, cum suo exercitu, .i. h-isint Sathurn ria feil Martain, & na taigi aernaighi do anacal lais cona lucht de cheilibh De & di lobraibh, & in ceall olcheana, nisi paucis in ea tectis exhaustis per incuriam. Indred lethan uadib for cech leth, .i. siar co h-Inis H. Labradha, sair co Bandai, fotuaith co Magh n-Illsen; acht in sluagh fathuaigh dos-farraidh*

<sup>593</sup> Edward Gwynn, *The Metrical Dindshenchas*, Vol. iv, (Dublin, 1991), 154-155. The stone of Grop, the Stone of Gar, the Stone of the Sick Men, the Leper’s Stone beside the seats. *Ibid*.

<sup>594</sup> DIL 2012 A 300.14

<sup>595</sup> DIL 2012 L 173.33

<sup>596</sup> DIL 2012 L 174.21

<sup>597</sup> Lee, *Leper Hospitals in Medieval Ireland*, 12.

<sup>598</sup> *ibid*.

*Muircertach m. Neill & Aignert m. Murcadho co remid foraiib & co fargabsat ile, paucis elapsis subsidio sublustris noctis.*<sup>599</sup>

That is, Ard Macha was invaded by the foreigners of Áth Cliath, i.e. by Gothfrith grandson of Ímar, with his army, on the fourth of the Ides 10th of November, the Saturday before the feast of Martin, and the prayer-houses with their complement of culdees and sick he spared from destruction, and also the monastery, save for a few dwellings which were burned through carelessness. They harried widely on all sides, westwards to Inis Ua Labrada, eastwards to the Banna, and northwards to Mag Ilesen. But Muirchertach son of Niall and Aignert son of Murchad came upon the force that had gone north, defeating them, and they left many dead behind, only a few escaping in the dim light of dusk.<sup>600</sup>

It has already been stated that this was originally considered to be the earliest reference in the annals to a leper-hospital, but this was due to a mistaken translation of the word for oratories. Lee claims that Armagh also had the *Lis Aeidhedh*,

a hospital or hospice for guests in the city, is mentioned in the annals of the eleventh and twelfth centuries and it possessed an endowment of land. It is doubtful this structure was inside the Rath as, in all the burnings of Armagh, no mention is made of it. It was probably attached to the early monastery as was the case with Clonmacnoise. It is believed that a hospital for the sick and infirm existed in the tenth century.<sup>601</sup>

The evidence concerning Armagh will be discussed in further detail in Chapter Four.

The following entry shows how the translator's choice of meaning can influence and affect a passage and its interpretation.

CT - 1232.9 *Fachtra h. hAllgaith Comarba Dromma Mucado 7 oificiel h. Fiachrach, fer tigi aiged 7 lubra 7 leginn 7 lesaigti tiri 7 talman, in hoc anno quieuit.*<sup>602</sup>

Fachtna O hAllgaith, coarb of Drumacoo and official of the Ui Fiachrach, who kept a guest-house and a leper-house and was (a man) of learning and a benefactor of the countryside, died.<sup>603</sup>

This time *lubra* has been translated as 'leper,' but to quote the translator,

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<sup>599</sup> Mac Airt, *Annals of Ulster*, 373.

<sup>600</sup> *ibid*, 372.

<sup>601</sup> Lee, *Leper Hospitals in Medieval Ireland*, 28.

<sup>602</sup> *ibid*, 44.

<sup>603</sup> Alexander Martin Freeman, *Annala Connacht*, (Dublin, 1944), 45.

The text as it stands, would mean either that he was a guesthouse keeper, a leper, a scholar &c. or that the house was for guests, leprosy, learning &c.<sup>604</sup>

The translator is struggling to make sense of this passage, especially as the other entry concerning Fachtna O hAllgaith's death only serves to further complicate matters.

FM – 1232 *Fachtna Ua h-Allgaith comhorba Droma Mucadha 7 oifícel Ua f-Fiacrach fer tighe aoidhedh, leighinn, & lubhra, & lesaighthe truagh do écc.*<sup>605</sup>

This time it is translated as -

Faghtna O'Hallgaith, Coarb of Drumacoo, and official of Hy fiachrach (Aidhne), who had kept an open house for strangers, the sick, and the indigent, and also for the instruction of the people, died.<sup>606</sup>

The differences in the word's interpretation are very important as the alternate readings results in a very different understanding of the passage. Did Fachtra O'Hallgaith run a guest house for the learned, the sick and also the infirm? If this was the case it could be providing us with an insight into how 'lepers' were viewed in society at this time in Ireland and that perhaps they were less shunned than is generally assumed to be the case elsewhere. The hagiographies (as will be seen in Chapter Five) do show that indeed, as elsewhere, monasteries cared for 'lepers,' but would a monastery have run both a guest house and a leper-hospital in the same place? Would the presence of a 'leper' house have deterred people from using the guest house? There is another text which may shed some light on the situation in connection this time with Kilmainham Hospital which comes from the sixteenth century *Repertorium Viride*,

The place in Archbishop Alen's time, and doubtless long before, was 'a hospital and a guesthouse, but not an almshouse nor an infirmary like the other Hospital of St John the Baptist at the New Gate of Dublin, but one for pilgrims and guests.'<sup>607</sup>

This entry graphically shows the confusion connected to the term hospital which will be discussed in Chapter Four, as the meaning of hospital has evolved and altered considerably over the centuries. Another reference, this time quoted by Lee, and as usual not referenced may also be insightful.

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<sup>604</sup> *ibid*, 44-45.

<sup>605</sup> O'Donovan, *Annals of the Kingdom of Ireland by the Four Masters*, Vol. III, 260.

<sup>606</sup> *ibid*, 261.

<sup>607</sup> Charles McNeill, 'The Hospitallers at Kilmainham and Their Guests,' *The Journals of the Royal Society of Antiquaries of Ireland*, Sixth Series, Vol. 14, No. 1, (June 30<sup>th</sup>, 1924), 15-30, 20.

Another form of privilege (connected to the Hospitaller Order), was known as *housebote* or *firebote*, and an interesting example of it occurs in the reign of James I, as belonging to St Stephen's leper hospital, Cork. Cormac MacCartie, lord and proprietor of Blarney Castle, exercised a 'service custom' by which he and his attendants, with their horses, could claim hospitality for twenty-four hours whenever he and they rode into Cork, in return for which the hospital authorities had the right to obtain wood from his estate for the repairs of their house and for fuel; he surrendered this right to the Crown in 1621.<sup>608</sup>

This suggests that there was a practice of requesting hospitality at leper-houses which throws new light on Drumacoo, but it is impossible to know if it was a common custom or if it only occurred as a reciprocal arrangement, but an English example shows a similar situation. In the 1330's the leprous sisters of Maiden Bradley in Wiltshire petitioned the Pope for help in connection with a dispute concerning lapsed rights. Due to the economic situation at this time the nuns were struggling with a lack of income, but they were still expected to provide hospitality, because of the nunnery's location on a road which went through Selwood forest. This demonstrates that despite the presence of 'leprous nuns' it did not stop travellers accepting their hospitality,<sup>609</sup> and may be this was also the case at Drumacoo. Further references will be made to this site during this thesis, as other evidence connected to it will be discussed. This intriguing entry concerning Drumacoo is vexing as it is impossible, given the information available, to ascertain what is being referred to precisely and will continue to be impossible to clarify, which is unfortunate as it may be evidence that staying at a 'leper' establishment was not necessarily feared by the healthy in society.

The next entry appears in –

CT -1409.2 – *In lubra do gabail Rig Saxan & a thasc do techt a nErinni.*<sup>610</sup>

Leprosy attacked the King of England and the report came to Ireland.<sup>611</sup>

This entry refers to an illness suffered by Henry IV of England and should be, at first sight therefore, a perfectly straightforward reference that the king had HD, as we are dealing with a well-known historical character. Unfortunately this is not the case as

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<sup>608</sup> Lee, 'The Leper Hospitals of Munster,' 15.

<sup>609</sup> Rawcliffe, *Leprosy in Medieval England*, 309.

<sup>610</sup> Freeman, *Annala Connacht*, 402-403.

<sup>611</sup> *ibid*, 404.

Henry IV did not suffer from HD, but was deemed to be leprous in the medieval metaphorical sense for at least two reasons; showing again the complexities which surround this disease. The first was that Henry executed Archbishop Richard Scrope on 8<sup>th</sup> June, 1405.<sup>612</sup> Executing a servant of God alone would have been sufficient for Henry to be regarded as a ‘leper’ in the spiritual sense in many quarters, but this was compounded by what happened on the night of Scrope’s execution, when Henry woke up his servants by screaming ‘traitors, traitors, you have thrown fire over me!’<sup>613</sup> Henry complained that his skin was burning and felt unwell and one account states that red pustules appeared all over his face.<sup>614</sup> Considering that this occurred on the same day as Scrope’s execution it is not surprising that the chronicles started reporting that Henry had been smitten with leprosy. Henry probably also fell foul of Lancastrian propaganda as his illness was extremely fortuitous for them and the use of the highly emotive term of leprosy benefitted them.<sup>615</sup> Prior to this Henry had not enjoyed the best of health and had suffered from some form of skin affliction, but the examination of his body in the nineteenth century proved that he did not suffer from HD, as he had intact nasal passages.<sup>616</sup> It is known that he had ‘the pox’ as far back as 1388, but as two other people in his household were also ill, it is likely that this was a viral illness, such as chickenpox.<sup>617</sup> There have been many suggestions as to the identity of Henry’s illness, including that it was psychosomatic due to his sense of insecurity and stress which were not beneficial to his mental state.<sup>618</sup> Whatever ailed Henry the only extant and probably accurate description comes from Adam Usk who was a close friend which states, ‘Henry suffered an infection which resulted in a festering of the flesh, dehydration of the eyes, and rupture of the internal organs.’<sup>619</sup> This is quite a good description of leprosy, but we know that this is not what afflicted Henry and medical historians have spent a great deal of time puzzling over the symptoms. It is not surprising however, considering the description of the illness and Scrope’s execution that Henry was considered a ‘leper,’ but again its use here is for other reasons which do not relate to HD.

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<sup>612</sup> Ian Mortimer, *The Fears of Henry IV*, (London, 2008), 300.

<sup>613</sup> *ibid.*

<sup>614</sup> *ibid.*

<sup>615</sup> *ibid.*, 431.

<sup>616</sup> *ibid.*

<sup>617</sup> *ibid.*, 72, 396 and 397.

<sup>618</sup> Derek Wilson, *The Plantagenets*, (London, 2011), 278.

<sup>619</sup> Mortimer, *The Fears of Henry IV*, 322.

The next annal entries concern the death of Mairgreg daughter of Tadc O Cerbaill –

AU 1451 – *Mairgreg ingen hui Cerbaill idon ingen rig Eile, ben hui Conchobuir fhailti, in Calbac, mac Murcard hui Concobuir-bean ir ferr tainic I n-a haimrir I n-Erinn 7 a n-Albain – a heg fa feil Opitoe na bliadna na fa buaid n-aitrite. Occur fuair a mac bar in rectmain cétna, idon, Feidlim maic hi Concobuir 7 apaille.*<sup>620</sup>

Margaret, daughter of Ua Cerbaill, namely, daughter of the king of Eili, wife of Ua Concobuir Failghe, that is, the Calbach, son of Murchadh Ua Concobuir – the best woman that came in her time in Ireland, - she gave two general invitations to all who were in quest of chattel in Ireland and Scotland – died about the feast of St. Brigit of this year, that victory of penance. And her son died the same week, namely Feidhlimidh, son of Ua Concobuir and so on.

LC – *Mairgreg igen I Cerbaill, bean I Conchobair failte, i.i an Calbac, dhecc.*<sup>621</sup>  
Margaret, daughter of O’Cerbháill, wife of O’Conchobhair Failghe, i.e. the Calbach, died.

CT 1451.2 – *Margreg ingen Taidc h. Cerbaill rí Ele, aenroga ban Gaidel, ben is mo dorigine do tochraib & do templaib & do lebraid & do cholchaib Oifrind & do cech uili adme dar fogain d’eclais, ben tuc in da Gairm coitchind a n-aenbliadain, im fel Dasinchell I Cill Aichid & im cefteil Mure a Raith Imain, do ec do galur cigi in hoc anno; & mac ochta na Laigen uili .i. Fedlim mac an Chalbaig & Margreci, do ecc do galur nach alaind re innisin imaille ria .i. in lubra.*<sup>622</sup>

Mairgreg daughter of Tadc O Cerbaill king of Ely, the best of the women of the Gaedil and the one who made most causeways, churches, books, chalices and all articles useful for the service of a church, and she who issued the two general invitations in one year, at Killeigh at the feast of Dasinchell and at Rathangan at the first festival of Mary, died of a cancer in the breast this year; and Feidlim, son of Calbach [O Conchobair Failg] and Mairgreg, the darling of all the Leinster people, died of a disease which it is not fitting to mention with her, namely leprosy.

FM – 1451, Margaret, daughter of O’Carroll, i.e. Teige, the wife of O’Conor Faily, namely, the Calvach, the best woman in her time in Ireland, for it was she who gave two general entertainments of hospitality in one year to the poor, died after the victory of extreme unction and repentance, and having gained the victory over the world and the devil. Felim O’Conor, the son of the Calvach, and of the forementioned Margaret, heir to the lordship of Offaley, a man of

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<sup>620</sup> Hennessy, *Annals of Ulster*, Vol. III, 170-171.

<sup>621</sup> William Maunsell Hennessy, *Annals of Loch Cé*, Vol. II, (Dublin, 1871), 160-161.

<sup>622</sup> Freeman, *Annala Connacht*, 492-493.

great fame and nobility, died, after having been in a consumptive disease for a long time; and there was only one night between the death of each.<sup>623</sup>

Here the CT entry has *lubra* as the cause of Felim O’Conor’s death and this has been translated as leprosy, but the entry in AU simply states that he died the same week; LC only mentions his mother’s death and FM states that he died of a consumptive disease on the same night. AU regarded as the exemplar does not mention a cause of death, but if Felim did die of leprosy, which was thought shameful, has his cause of death being omitted for political reasons or in deference to a highly regarded family? It is interesting that the CT entry infers it was a disease to be ashamed of, which perhaps gives our only clue in the whole annals, as to how leprosy, in whatever form, was viewed in Ireland at the time. Margaret was apparently universally respected and admired so it seems unlikely that the term leprosy has been used here to ‘blacken’ her name and that of her son. These are the final entries with any reference to leprosy in the annals and apart from the last ones referring to Margaret, wife of the Calbach, which may refer to HD, the rest seem to mean some form of skin affliction.

## 2.8 *Bill, Billóc and Forcrach*

The entries in DIL concerning leprosy which are not in the annals will now be considered and are *bill*, *billóc* and *forcrach*. All of these words are very poorly attested and mainly originate from non-historical sources and glosses and other miscellaneous texts and cannot therefore be regarded as the everyday vocabulary concerning leprosy.

### 2.8. i. *Bill*

*Bill* is a word with a wide-range of meanings which DIL tentatively notes as leper, wretch, coward, laughing-stock, feebleness and misery.<sup>624</sup> It is not commonly attested but does occur in Laud 610 fo. 67b as, ‘*Féil Béóain maic Nessáin nuil, ni hattach mbille*,’<sup>625</sup> under August 8<sup>th</sup> in *Féilire Óengusso Céili de*. There is another very similar entry, also in *Féilire Óengusso Céili de*, this time under July 3<sup>rd</sup> which states, *Martrae*

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<sup>623</sup> Owen Connellan, *The Annals of Ireland*, (Dublin, 1846), 258.

<sup>624</sup> DIL 2012 B 101.20.

<sup>625</sup> Whitley Stokes, *Féilire Óengusso Céili de, The Martyrology of Oengus, the Culdee*, (London, 1905), 175. The feast of Beóán son of great Nessán and it is no prayer of paltry ones. *Ibid*.

*Cirionis, Críst! Ní hattach mbille.*<sup>626</sup> Kuno Meyer states that *bille* also occurs in the Stowe Ms. B. IV.2.<sup>627</sup> The ASNC glossary database notes *Bill .i. lobur* in *Dúil Drumma Cetta* and *Sans Cormaic*,<sup>628</sup> which leaves no doubt as to its meaning. There are few attestations to this word, all of which are early, as in the tenth century Cormac's Glossary, but most importantly this does provide evidence of some form of 'leper' in the pre-Norman period. *Bill* seems to have more to do with being worthless or wretched than illness and it is very hard to determine what if any, its link to leprosy was other than to mean someone who is feeble or ill. It appears mainly in glossaries and poetry which could suggest that it is an archaic or high register word, not for everyday use, but reserved for writing, although it does not appear in any of the hagiographies that I have consulted in relation to 'lepers.'

## 2.7. ii. *Billóc*

DIL defines *billóc* as a leper's wallet.<sup>629</sup> It appears in *Dúil Drumma Cetta* and *O'Mulconry's Glossary* in almost identical entries, *Billoc/Billog .i. tiag lobra/lobar*.<sup>630</sup> This is also a very poorly attested word and in fact this may be its only extant citing, but its importance lies in the fact that 'lepers' were apparently common enough to have a distinct word for one of their belongings. It also suggests that Irish 'lepers' were identifiable in some way, either by dress or belongings so that they were instantly recognisable. A *billóc* may have been used for collecting alms or storing food received from begging and in other places this was usually a bowl, but *billóc* was presumably something specific and recognisable as belonging to a leper. This links well to the last word to be discussed which is *forcrach*.

## 2.7. iii. *Forcrach*

*Forcrach* is defined as meaning a capacious hood, which could also be used to disguise oneself as a 'leper',<sup>631</sup> but is not directly linked to 'lepers' as a *forcrach* can be worn by other people as well. *Silva Gadelica* contains an example of its use as a

<sup>626</sup> *ibid*, 160. The martyrdom of Cyron: Christ! It is not a prayer of paltry ones. *Ibid*.

<sup>627</sup> Kuno Meyer, 'A Medley of Irish Texts,' *Archiv für Celtische Lexikographie*, iii, (1900-1907), 302-326, 311.

<sup>628</sup> <http://www.asnc.cam.ac.uk/irishglossaries/search.php?sText=bill>.

<sup>629</sup> DIL 2012 B 101.62

<sup>630</sup> <http://www.asnc.cam.ac.uk/irishglossaries/search.php?sText=bill%C3%B3c>.

<sup>631</sup> DIL, F-M, column, 325, line 65.



disguise, and although very late it is still worth quoting as it may reflect earlier customs,

*ragatsa an ar Rón cerr mac Dubánaig meic ríge ua Máil; tabar dana ar sé fuil láig ocus taes secail dam co ro cuimiltear dam. Tabar cochall Forcrach ocus tiag. Doringned amlaid sin corraibe amlaid cach lobar.*

I will go, said Rón cerr son of Dubhánach, i.e. the king of Imale's son. 'Give me now,' he went on, 'a calf's blood and dough of rye, that they be smeared on me; be there a capacious hood too furnished me, and a wallet.' All was done, so that he resembled any leper.<sup>632</sup>

This entry describes how a 'leper' is expected to be dressed so that they are distinctive and will be discussed in more detail in Chapter 5, together with the use of dough in this connection. It also shows that they are expected to have a wallet but the term *billóc* is not used in this case.

Lee also claims the term *martar* is related to 'lepers' as he states the town of Castlemartyr in Co. Cork originates from *Baile na Martra*, meaning the town of 'lepers' or maimed persons.<sup>633</sup> I cannot find this meaning in DIL and have not found it in the annals or elsewhere with regard to 'lepers' or leprosy and so have not included it in this listing, as Lee again provides no supporting evidence. The word *merthir* in Welsh however has been researched as to an accurate meaning. It was thought to mean martyr as in a 'violent death in pursuit (in some sense) of the Christian faith.'<sup>634</sup> Research carried out by David Parsons however has suggested alternative meanings, although as he states, 'Clearly that answer will not be simple and conclusive.'<sup>635</sup> Parsons has concluded that it is an ancient place-name element and could mean an early Christian cemetery which over the centuries has become, 'a mix of original early coinages, denoting cemeteries, and later foundations at the sites of specific saintly burials,'<sup>636</sup> although his research is not conclusive. What Parsons has not found is any suggestion that this place-name element has anything to do with 'lepers.'

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<sup>632</sup> Standish Hayes O'Grady, *Silva Gadelica*, (London, 1892), 378 and 379.

<sup>633</sup> Gerard Lee, 'Leprosy and certain Irish Place Names,' *Dinnseanchas*, Vol. 2, (1966-1967), 71-75, 71.

<sup>634</sup> David Parsons, *Martyrs and Memorials Merthyr Place-names and the Church in Early Wales*, (Aberystwyth, 2013), 1.

<sup>635</sup> *ibid*, 40.

<sup>636</sup> *ibid*, 47.

## 2.9 Conclusion

In this chapter the medieval Irish terminology which has been reviewed is that used in primarily chronologically bounded texts such as annals in order to try and shed some light on the usage of words which have been linked to leprosy. The intention was to review terms which academics have translated in the past to mean ‘leper’ or leprosy to see if any can be validly said to mean this and therefore to what extent we can see leprosy in the form of HD or otherwise in medieval Ireland from the evidence of the words in action. This chapter has shown that the terms used are not reliable in the majority of cases and are either very rare, or seem to be unconnected to leprosy, as in HD.

After examining the entries which mention leprosy there does however appear to be some kind of pattern. The majority of the annal entries are in the earlier years, prior to HD becoming established in Ireland to any great extent and can be discounted as far as any connection to HD is concerned and probably refer to leprosy in its broadest sense. The majority of the knowledge in Ireland concerning leprosy at this time would stem from the Bible and the terms may refer to leprosy in a biblical sense, to signify that a person was unclean or defiled in some way. The other significance of the use of leprosy is that it seems to be used for any disease that manifests on the skin. *Sámthrosca* appears to have been a form of plague with the main symptoms appearing on the skin prior to death. The use of *lepra* and *leprosus* probably refer to a scaly skin disease, possibly psoriasis, which would have been highly visible. *Clamtrusca* also appears to have been some form of plague which affected the skin and *bolgach* equates to smallpox, which is also very visible on the skin as it forms large blisters and also permanently scars survivors.

The terms also appear to be time-limited. *Sámthrosca* only appears in the mid-550s, *bolgach* around the 680s, while *clamtrusca* makes its only appearance in the 950s, but in all of these cases caution must be applied as to whether these annal entries are contemporary or not. *Bolgach* is the only term that continues in use today, probably because smallpox has only recently been eradicated, but lost its tenuous connection to leprosy along the way. *Sámthrosca* and *clamtrusca* seem to be limited to a specific time and either the disease(s) they referred to either died out or the terms were

superseded, as is the way with a living language or these were the only occurrences of those diseases. *Clam* does not appear until the 720s in the annals, while in the case of *lobur* it is not until the mid-fifteenth century, despite both these terms, as will be seen in Chapter Five, appearing frequently in hagiography and other writings. *Lobur*'s lack of use is particularly puzzling as it makes several appearances in the ninth century *Calendar of Oengus*, such as 'Colman lobor,' and 'Finan lobor.'<sup>637</sup> Is this because in these instances specific people are termed *lobor* which had some specific meaning, whereas in the annals the terms for leprosy are more general. *Leaprosie*, *lepra* and *leprosus* are used between the 560s and 760s and may signify that their use is harking back to the Bible and the terms used in antiquity.

Inexplicably there is a large gap in the entries referring to leprosy at the time when HD was at its most common elsewhere in Europe. I have no definitive explanation for this especially as 'lepers' appear frequently in hagiography during this time. One possibility could be that the leper-hospitals which were in existence in the central and high medieval period in Ireland and which will be discussed in Chapter Four were mainly to be found in the Anglo-Norman areas, whereas the sources reviewed in this chapter originate from mainly Gaelic Ireland where possibly leprosy was viewed differently and was not such a concern. It is peculiar that it is not until 1451 that a reference to leprosy is made which is likely to have been HD. Why should this be? May be 'lepers' were not that visible and either lived alone or were secluded in hospitals, but this is rather at odds with the evidence discussed in this chapter as there are specific words such as *billóc* apparently specifically referring to so-called 'lepers.' The opposite could also be equally true and 'lepers' were such a common sight in the community that their presence was not thought worth commenting on. However this seems doubtful given that the only likely reference to HD is in 1451, stating that it is not fit to mention leprosy in connection with such a fine lady. The lack of entries and this one comment could suggest that HD sufferers and victims of what was regarded as leprosy, were seen as loathsome and unclean and were therefore ignored, although this is not borne out by the literature which will be discussed in Chapter Five. It would seem therefore that not only are the terms used for leprosy a conundrum, but the lack of entries at a particularly significant time is a further conundrum. So do any

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<sup>637</sup> Stokes, *On the Calendar of Oengus*, lxxx and cxviii.

of these terms refer to HD? Probably not is the answer and the only entry possibly relating to HD could be those pertaining to the son of Mairgreg daughter of Tadc O Cerbaill in 1451; the rest seem to refer to skin diseases which were regarded as leprosy in their time or its use was metaphorical. The important role played by translators in deciding which words to use however must also have played a part and should be taken into account as any skin affliction seems to have automatically been referred to as leprosy.

## CHAPTER THREE

### PHYSICAL EVIDENCE FOR LEPROSY AND HD IN MEDIEVAL IRELAND

#### 3.1 Introduction

The purpose of this chapter is to examine the extant physical evidence for the presence of HD and leprosy in medieval Ireland and consists of paleopathology and archaeology. Paleopathology provides the only irrefutable proof of the presence of HD,<sup>638</sup> due to the distinctive damage it leaves on the skeleton and this will be discussed in detail in paragraph 3.2 and is also evidence only for HD and not leprosy in its variant personalities. The characteristic damage will be discussed and followed by examples which have been found and published to date and which are surprisingly few in number in Ireland. Archaeology provides evidence from the remains of buildings which were deemed to be leper-hospitals, although, to-date no Irish 'leper' site has been completely excavated. The last category to be examined will be that of medieval sculpture as there is no recognised representation of a 'leper' from Ireland. There are however plenty of representations in other countries and it seems strange none appear to be extant in Ireland and I therefore include a suggestion in an attempt to open up a debate concerning this matter. It cannot be irrefutably classed as a portrayal of a 'leper,' but I present it in order to enable further discussion to take place. This multi-disciplinary approach, combined with the evidence from Chapter Four, has enabled, for the first time, a complete synthesis of the extant physical, documentary and place-name evidence concerning this disease in Ireland to be presented. During the research for this chapter, one website<sup>639</sup> was used extensively as it is the only source for much of the archaeological and palaeopathological work which has been undertaken and not published elsewhere; other web-sites were consulted, such as Mapping-Death, but <http://www.excavations.ie>. provided the most comprehensive coverage with regards to leprosy. Although archaeology and paleopathology are both extremely valuable it must be remembered that they can only provide evidence when it has been uncovered and therefore much more may still await discovery which will augment the present picture.

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<sup>638</sup> Charlotte Roberts and Keith Manchester, *The Archaeology of Disease*, (UK, 2005), 1.

<sup>639</sup> <http://www.excavations.ie>.

### 3.2 Paleopathology and Archaeology

Paleopathology is the study of ancient human and animal bones. Certain diseases which damage bones can be identified by paleopathology and the pathological conditions the skeleton's owner suffered from in life diagnosed; one such disease is HD due to the distinctive damage pattern it inflicts. The areas of damage inflicted by HD on different parts of the body are not in themselves unique; the significant diagnostic feature is their combined distribution pattern throughout the skeleton.<sup>640</sup> Vilhelm Møller-Christensen coined the term *facies leprosa* to signify the damage inflicted on the facial bones of HD victims, which includes loss of the nasal spine, broadening and enlargement of the nasal opening, loss of upper incisors and sometimes also the bony nasal septum and hard palate.<sup>641</sup> The characteristic bone changes of the hands, feet, face and skull are the result of specific damage caused by *lepra* reactions, which are a severe systemic allergic response to ML, as discussed in Chapter One, or *leproma* which causes honeycombing of the bone.<sup>642</sup> Osteoporotic changes also occur, due to a lack of muscle movement and control, which causes both bone weakening and fractures.<sup>643</sup> The most common damage is caused by ignoring secondary infections due to sensory loss, resulting in bone destruction by its continued use; but whatever the cause, the result is the same, as the vascular bone surfaces crumple and joints become deformed.<sup>644</sup> The most common to suffer damage are the small bones, such as fingers, hands and feet, starting at the end, which eventually results in the appearance of a piece of 'sucked candy,' that is tapered at one end, and sometimes the cranial vault also suffers scalp lesions.<sup>645</sup> The paleopathologist must consider the overall skeleton before coming to a diagnosis, as some of the characteristic damage can also be the result of other mechanisms and diseases.<sup>646</sup>

Irish palaeopathological HD evidence is limited due to a variety of reasons including a shortage of specialists working in Ireland during the 1960s, 1970s and early 1980s, but

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<sup>640</sup> Keith Manchester, 'Infective bone changes in Leprosy,' *The Past and Present of Leprosy*, eds. Charlotte Roberts *et al*, (Oxford, 2002), 69-72, 69.

<sup>641</sup> Donald Ortner, *Identification of Pathological Conditions in Human Skeletal Remains*, (U.S.A., 2003), 264.

<sup>642</sup> Vilhelm Møller-Christensen, *Bone Changes in Leprosy*, (Bristol, 1961), 14-15.

<sup>643</sup> *ibid*, 14.

<sup>644</sup> *ibid*, 14-15.

<sup>645</sup> Ortner, *Identification of Pathological Conditions in Human Skeletal Remains*, 264.

<sup>646</sup> *ibid*, 266.

since 2007 there have been at least twenty five osteoarchaeologists active in Ireland.<sup>647</sup> Other reasons for Ireland's lack of diagnostically relevant skeletons are Ireland's acidic soil which preserves bone badly and many graveyards may lie in rural areas which have not yet undergone modern building development and no archaeological fieldwork has taken place; the apparent proliferation of HD evidence in southern England may therefore be reflecting modern development 'hot-spots' and not the actual prevalence of HD.<sup>648</sup> There may also be skeletal examples from earlier excavations which are waiting to be discovered, as shown by the recent analysis of the skeleton from Great Chesterford which was discussed earlier. Skeletons also frequently lack hand, feet and facial bones which are necessary for correct identification.<sup>649</sup> This is something that archaeologists now take care to alleviate by 'wet sieving' soil to try and find the damaged, small bones but often these are still not found as they were lost pre-mortem.<sup>650</sup> It is also likely some HD sufferers died before damage occurred to their bones and sufferers of skin afflictions, believed to be leprosy, would also be buried in cemeteries set aside for leprosy sufferers, as ordained by the Church. Denis O'Sullivan indeed states that such establishments as St Stephen's Leper-hospital were founded, for those 'afflicted with the more virulent and intractable forms of skin infections.'<sup>651</sup> It is also likely that people associated with a leper-hospital such as those who helped care for the occupants, were also buried in that institution's cemetery. To date no medieval Irish leper-hospital or graveyard has been fully excavated, although Dr Rachel Scott of DePaul University, Chicago, is planning to do so in the near future.<sup>652</sup> Sites which were believed to have associations with leprosy, such as Dublin's St Stephen's Leper-hospital and St Brendan's Cathedral, Ardfert,<sup>653</sup> have been partially excavated, but no skeletons exhibiting HD were discovered.<sup>654</sup> Two cases

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<sup>647</sup> Eileen Murphy, 'Human Osteoarchaeology in Ireland,' *Environmental Archaeology in Ireland*, eds. Eileen Murphy and Nicki Whitelaw, (Oxford, 2007), 48-64, 50.

<sup>648</sup> Roberts, 'The Antiquity of Leprosy in Britain: the Skeletal Evidence,' 215.

<sup>649</sup> *ibid.*

<sup>650</sup> Simon Roffey and Katie Tucker, 'A contextual study of the medieval hospital and cemetery of St Mary Magdalen, Winchester, England,' *International Journal of Palaeopathology*, Vol. 2, Issue 4, Dec. 2012, 170-180, doi:10.1016/j.ijpp.2012.09.018, accessed 21/04/2015.

<sup>651</sup> Denis O'Sullivan, 'The Monastic Establishments of Mediaeval Cork,' *Journal of the Cork Historical and Archaeological Society*, Vol. XLVII, 1942, 9-18, 13.

<sup>652</sup> pers. comm.

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[http://www.excavations.ie/Pages/Search.php?year=&county=&site\\_no=&site\\_name=ardfert&site\\_type=&report\\_text=&author=&grid\\_ref=&smr\\_no=&excavation\\_license\\_no=&Submit=Do+Search](http://www.excavations.ie/Pages/Search.php?year=&county=&site_no=&site_name=ardfert&site_type=&report_text=&author=&grid_ref=&smr_no=&excavation_license_no=&Submit=Do+Search), accessed 27<sup>th</sup> August, 2013.

<sup>654</sup> Eileen Murphy and Keith Manchester, 'Evidence for Leprosy in Medieval Ireland,' in *The Past and Present of Leprosy*, eds. Charlotte Roberts *et al*, (Oxford, 2002), 193-200, 196.

of HD have been identified during post-excavation analysis of skeletal remains; one from Cashel,<sup>655</sup> in County Tipperary, which had recorded connections with leprosy and another from Mount Offaly, Cabinteely, Co. Dublin, which had no known association, but neither of these findings have been published<sup>656</sup> and my attempts to contact the archaeologists concerned were unfortunately unsuccessful; one was Miriam Clyne who no longer works as an archaeologist.<sup>657</sup> The documentary evidence for the site at Cashel will be discussed in the next chapter, but the skeletal information for this site was passed to Eileen Murphy by the archaeologist concerned, Miriam Clyne in a personal communication.<sup>658</sup> The following two sites are the only ones with palaeopathological evidence of HD that have been published to date.

The first is an early site,<sup>659</sup> situated at Armoy in Antrim, which had no previously known leprosy or HD connections until excavations of St Patrick's Church began in 1997.<sup>660</sup> A large number of disarticulated skeletons were discovered buried outside the medieval church in the upper layers, together with fifty six skeletons of all ages and both sexes in the lower levels.<sup>661</sup> Radio-carbon dates for the skeletons ranged from the fifteenth to the first half of the twentieth centuries.<sup>662</sup> One definitive case of HD was discovered in the south-eastern trench, showing typical LL damage to the feet,<sup>663</sup> but unfortunately the rest of the skeleton had previously been disturbed and was missing; but despite this Donald Ortner, renowned paleopathologist, was able to conclude the individual had suffered from HD.<sup>664</sup> This was due to evidence of the loss of motor function, which had resulted in the collapse of the longitudinal arch of the foot, causing flat feet, and pitting on the top and bottom of the bones from inflammation, indicating overlying soft tissue infection; remodelling had also

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<sup>655</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Tipperary&id=10660>, accessed 26<sup>th</sup> September, 2013 and Murphy, 'Evidence for Leprosy in Medieval Ireland,' 196.

<sup>656</sup> Murphy, 'Evidence for Leprosy in Medieval Ireland,' 196.

<sup>657</sup> Pers. Comm. Barra O Donnabhain, 8<sup>th</sup> May, 2015.

<sup>658</sup> *ibid.*

<sup>659</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 373.

<sup>660</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Antrim&id=10933>, accessed 30<sup>th</sup> May, 2013.

<sup>661</sup> Murphy, 'Evidence for Leprosy in Medieval Ireland,' 196.

<sup>662</sup> Eileen Murphy, 'Human remains from St Patrick's Church, Armoy, County Antrim,' *Battles, Boats & Bones*, eds. Emily Murray and Paul Logue, (Northern Ireland, 2010), 117-121, 119.

<sup>663</sup> Murphy, 'Evidence for Leprosy in Medieval Ireland,' 196.

<sup>664</sup> Eileen Murphy and Keith Manchester, 'Be Thou Dead to the World,' *Archaeology Ireland*, Vol. 12, (Spring, 1998), 12-14, 13-14.



occurred causing the metatarsals to appear like a piece of ‘sucked candy,’ with the opposite ends largely destroyed.<sup>665</sup> Only the big toe had survived, but its destruction was so advanced, it is likely the rest of the toes had been destroyed prior to death and not lost post-mortem.<sup>666</sup> The sufferer probably also displayed *facies leprosa* and radio-carbon dating indicated death between 1444 and 1636 A.D.<sup>667</sup> The discovery of one late isolated case, is similar to the evidence elsewhere,<sup>668</sup> but as will be seen in the following chapters, in Ireland there is evidence of leper-hospitals still being fully functional in the seventeenth century and therefore still had their own cemeteries in which to bury their dead, or at least this was the case in Waterford. The discovery therefore of one late isolated case in Ireland is against the documentary evidence, but as this is limited to certain areas, it may be that this was not the case in Antrim. Further bodies were found in 2004 at the site’s southern end, but they were so badly degraded only traces remained and others, even more degraded, were discovered in 2005.<sup>669</sup> This discovery was very important as it was the first skeletal evidence of the presence of HD, therefore confirming its existence in the late-medieval to early modern period in Ireland.

The periphery of the graveyard of the church St Michael le Pole in Dublin, was excavated in 2005 and two hundred and seventy two skeletons were recovered; one presented with evidence of HD, which radio-carbon tests dated to the eleventh century; two other skeletons also displayed indicative signs, but no definitive diagnosis was possible.<sup>670</sup> The skeleton number CXCV,<sup>671</sup> was of a complete male in good condition, although the skull was missing the upper incisors, the surrounding bone and also the nasal bones; the tibia, fibulae and foot bones displayed HD damage.<sup>672</sup> The other two skeletons were CCXXX and CXLVIII; CCXXX was an adult male with damage to the outer skull, palate and nasal area, but its front teeth

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<sup>665</sup> Murphy, ‘Evidence for Leprosy in Medieval Ireland,’ 196.

<sup>666</sup> *ibid*, 196-197.

<sup>667</sup> *ibid*.

<sup>668</sup> *ibid*, 197. See Waterford in the next chapter for contradictory evidence under documentation.

<sup>669</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Antrim&id=10933>, and <http://www.excavations.ie/Pages/Details.php?Year=&County=Antrim&id=13070>, both accessed 30<sup>th</sup> May, 2013.

<sup>670</sup> Laureen Buckley, ‘Outcasts or Care in the Community?’ *Archaeology Ireland*, Vol. 22, No. 1, (Spring, 2008), 26-31, 27.

<sup>671</sup> The numbers for the skeletons are as recorded in the article.

<sup>672</sup> Buckley, ‘Outcasts or Care in the Community?’ 30.

were present.<sup>673</sup> This damage could be the result of HD or tuberculosis, but without supporting evidence from the largely missing hands and feet, a definitive diagnosis was not possible, although the remaining foot bones did display the diagnostically important typical flattening.<sup>674</sup> Skeleton CXLVIII was of a complete adolescent, also in good condition, and exhibited evidence that the connective tissues surrounding the tibiae and left fibula had been inflamed as well as the destruction of some toe and foot bones, but without *facies leprosa* a definitive diagnosis was also not possible.<sup>675</sup> Evidence from such an early date is important for two reasons. Firstly it proves the presence of HD in Hiberno-Norse Dublin.<sup>676</sup> Secondly the burial of these leprous individuals within an ordinary graveyard may indicate that ‘lepers’ were not segregated or ostracised in early Ireland;<sup>677</sup> but as the report’s authors state further evidence is required to be able to confirm this theory.

The following archaeological sites have also been investigated for evidence of HD, but despite all of them having been identified as having possible links to leper-hospitals, no palaeopathological evidence was uncovered. In 2006 a site at 30-32 Larne Road, Carrickfergus in Antrim had trial-trenches inserted near to where St Bridget’s hospital and graveyard had stood. A total of eleven trenches were dug but nothing relating to the hospital or cemetery was found, probably due to damage caused by the construction of Larne Road and the Carrickfergus to Larne railway in the 1800s.<sup>678</sup> In 2007 human remains were found in a small strip of land, on the southern boundary of the site. Twelve skeletons were discovered, but nothing was dateable and though they were thought to be from St Bridget’s,<sup>679</sup> none exhibited any damage relating to HD. In 2001 Spital Lane in Cloyne, Co. Cork was excavated as it was believed to be the site of a medieval leper-hospital, but despite digging nine large trenches, nothing indicative of such was found.<sup>680</sup> Further excavation in 2003 also

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<sup>673</sup> *ibid.*

<sup>674</sup> *ibid.*, 32.

<sup>675</sup> *ibid.*, 30-31.

<sup>676</sup> *ibid.*, 31.

<sup>677</sup> *ibid.*

<sup>678</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Antrim&id=14847> accessed 13<sup>th</sup> May, 2013.

<sup>679</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Antrim&id=17057> accessed 13<sup>th</sup> May, 2013.

<sup>680</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Cork&id=6096>, accessed 29<sup>th</sup> May, 2013.

failed to discover anything relevant,<sup>681</sup> as did work in 2005.<sup>682</sup> St Mary Magdalene's leper-hospital in the Shandon area of Cork was also excavated.<sup>683</sup> St Mary Magdalene's stood in St Anne's graveyard and although skeletons were uncovered, they were in poor condition, making dating impossible and there was no apparent evidence of HD.<sup>684</sup> Lazar's Hill, Dublin was excavated in 1998 in and around the vicinity of the hospital or hostel of St James,<sup>685</sup> with further work carried out in 2004 along the Liffey shoreline.<sup>686</sup> The documentary and place-name evidence, as will be seen in the next chapter, is extremely confusing for this site, and only further archaeological work will unravel it, but given the lie of the land has dramatically changed, success is unlikely. Another Dublin site, bordered by Stephen Street Lower and Aungier Street, where St Stephen's leper-hospital stood, was excavated in 1991. This work uncovered skeletons, but none displayed signs of HD, but other features thought to relate to the church and leper-hospital were revealed, including part of a twelfth or thirteenth century stone building which was probably the church and also a ditch and bank which may have enclosed the institution.<sup>687</sup> The site of the leper-hospital at Chapelizod, Co. Dublin was excavated in 1992 and though two bodies were uncovered neither of them displayed evidence of HD.<sup>688</sup>

Excavation was also undertaken in the grounds of the medieval Dominican Priory of St Mary Magdalen, Upper Magdalene Street in Louth during 1991, prior to the building of a new education centre.<sup>689</sup> The work was carried out under extreme time

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<sup>681</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Cork&id=9541>, accessed 29<sup>th</sup> May, 2013.

<sup>682</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Cork&id=13277>, accessed 29<sup>th</sup> May, 2013.

<sup>683</sup> [http://www.excavations.ie/Pages/Search.php?site\\_name=shandon&lm\\_offset=0](http://www.excavations.ie/Pages/Search.php?site_name=shandon&lm_offset=0), accessed 6<sup>th</sup> June, 2013.

<sup>684</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Cork&id=19302>, accessed 6<sup>th</sup> June, 2013.

<sup>685</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Dublin&id=1120>, accessed 21<sup>st</sup> October, 2013.

<sup>686</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Dublin&id=11470>, accessed 21<sup>st</sup> October, 2013.

<sup>687</sup> Laureen Buckley and Alan Hayden, 'Excavations at St Stephen's Leper Hospital, Dublin: a Summary Account and an Analysis of Burials,' *Medieval Dublin III*, ed. Sean Duffy, (Dublin, 2002), 151-194, 152-153.

<sup>688</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Dublin&id=3026>, accessed 25<sup>th</sup> September, 2013.

<sup>689</sup> Andrew Halpin and Laureen Buckley, 'Archaeological excavations at the Dominican Priory, Drogheda, Co. Louth,' *Proceedings of the Royal Irish Academy*, (Dublin, 1995), 172-253, 175.

pressures and confined to only three areas, involving only a very small part of the original priory.<sup>690</sup> Random sampling of the sixty one skeletons uncovered, dated them to the thirteenth and fourteenth centuries, but none exhibited signs of HD.<sup>691</sup> There could be several reasons for this, especially as only a small area was excavated, but it could also indicate that, in this instance, Lee is correct and the original leper-hospital was actually sited north of Termonfechin.<sup>692</sup> The 1994 excavation of Magdalen Tower uncovered a ditch, running east-west, along the tower's north-side.<sup>693</sup> This ditch had been backfilled during the thirteenth century, pre-dating the priory and was part of the town's defences or was part of the enclosure around the early thirteenth century leper-hospital.<sup>694</sup> Remnants of the Franciscan Grey Abbey, Kildare, founded either in 1254 by the Earls of Kildare or in 1260 by Gerald Fitz Maurice, with or without William de Vescei,<sup>695</sup> were investigated in 2005. It was surrendered in 1539 and included a church, belfry, dormitory, hall, three chambers, kitchen, cemetery and two gardens, but by May, 1540 it had burned down.<sup>696</sup> The site included an earthen rectilinear platform in the north-west corner, called locally the 'leper colony' which was thought to be modern and built on a natural hill, which was emphasised by creating three parallel enclosing ditches, the material from which was used to create central mounds. Material found in the ditches dated to the twelfth and thirteenth centuries, but unfortunately the interior of the enclosure was not excavated.<sup>697</sup> The archaeologists concluded the 'leper colony' either originally served as a hospital within the friary, an animal enclosure or was the first habitation area for the friars before the building of the abbey was completed.<sup>698</sup> Its use as some form of hospital is likely, despite no mention of one when it was surrendered, as it could have fallen out of use or burned down and excavation of the interior might prove very informative. The 1999 excavation of Trim's St Mary Magdalen's, Co. Meath within the area called Maudlin

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<sup>690</sup> *ibid.* 176.

<sup>691</sup> *ibid.*, 195-6.

<sup>692</sup> Lee, *Leper Hospitals in Medieval Ireland*, 54.

<sup>693</sup> Deidre Murphy, 'Recent Archaeological Discoveries in Drogheda,' *Journal of the Old Drogheda Society*, Vol. 11, (Drogheda, 1998), 6-17, 7.

<sup>694</sup> *ibid.*, 7-8.

<sup>695</sup> Philip Powell, *Antiquities of Kildare*, (Dublin, 2013), 89.

<sup>696</sup> *ibid.*

<sup>697</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Kildare&id=13823>, accessed 20<sup>th</sup> October, 2013.

<sup>698</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Kildare&id=13823>, accessed 20<sup>th</sup> October, 2013.

or Commons, adjacent to the medieval town, discovered evidence of medieval activity, remains of substantial structures, and *in situ* burning,<sup>699</sup> but no evidence of HD or a leper-hospital was found, suggesting the possibility it was an endowed townland rather than the site of a hospital. Gwynn and Hadcock list St Mullins, Co. Carlow as a large monastery<sup>700</sup> and Archdall states St Moling, who lived during the seventh century, founded an abbey there.<sup>701</sup> Still extant are a High Cross, Round Tower, oratories, churches and other buildings.<sup>702</sup> Two digs have taken place near the monastery,<sup>703</sup> but they found nothing relevant. Athenry in Galway was excavated between 1972 and 2009<sup>704</sup> and in 1998 the Spittle Gate was investigated, but no evidence of medieval settlement was found.<sup>705</sup> In 1999 further excavation was undertaken close to the Spital Gate<sup>706</sup> and in 2005 a site on the Galway Road, was investigated, including an area that was marked on the 1931 Ordinance Survey Map as a disused 'leper' compound.<sup>707</sup> Excavations in 2002 of the extensive remains at Kilbixy, Westmeath were also unsuccessful,<sup>708</sup> but given the amount of archaeology on this site it would benefit from further investigation. The following sites were believed to have 'leper' connections and were also investigated without success; Armagh,<sup>709</sup> the Priory of St Mary Magdalene, Kerry,<sup>710</sup> Hospital, Limerick,<sup>711</sup> St

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<sup>699</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Meath&id=718>, accessed 21<sup>st</sup> September, 2013.

<sup>700</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 43.

<sup>701</sup> Mervyn Archdall, *Monasticon Hibernicum*, (Dublin, 1786), 39.

<sup>702</sup> Michael Killanin and Michael Duigan, *Shell Guide to Ireland*, (London, 1962) 416.

<sup>703</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Carlow&id=4310> and <http://www.excavations.ie/Pages/Details.php?Year=&County=Carlow&id=9386>, accessed 15<sup>th</sup> May, 2013.

<sup>704</sup> [http://www.excavations.ie/Pages/Search.php?site\\_name=athenry&lm\\_offset=0](http://www.excavations.ie/Pages/Search.php?site_name=athenry&lm_offset=0), accessed 23<sup>rd</sup> August, 2013.

<sup>705</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Galway&id=1158>, accessed 23<sup>rd</sup> August, 2013.

<sup>706</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Galway&id=281>, accessed 23<sup>rd</sup> August, 2013.

<sup>707</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Galway&id=13618>, accessed 30<sup>th</sup> August, 2013.

<sup>708</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Westmeath&id=9186>, accessed 20<sup>th</sup> October, 2013.

<sup>709</sup> [http://www.excavations.ie/Pages/Search.php?site\\_name=armagh&lm\\_offset=0](http://www.excavations.ie/Pages/Search.php?site_name=armagh&lm_offset=0), accessed 31<sup>st</sup> May, 2013.

<sup>710</sup>

[http://www.excavations.ie/Pages/Search.php?year=&county=&site\\_no=&site\\_name=Killagh&site\\_type=&report\\_text=&author=&grid\\_ref=&smr\\_no=&excavation\\_license\\_no=&Submit=Do+Search](http://www.excavations.ie/Pages/Search.php?year=&county=&site_no=&site_name=Killagh&site_type=&report_text=&author=&grid_ref=&smr_no=&excavation_license_no=&Submit=Do+Search), accessed 25<sup>th</sup> September, 2013.

<sup>711</sup>

[http://www.excavations.ie/Pages/Search.php?year=&county=Limerick&site\\_no=&site\\_name=hospita](http://www.excavations.ie/Pages/Search.php?year=&county=Limerick&site_no=&site_name=hospita)

Stephen's Church, Clonmel, Tipperary,<sup>712</sup> Drumalure, Cavan,<sup>713</sup> and in Cork, Castlemartyr,<sup>714</sup> Buttevant,<sup>715</sup> Hospital Bridge,<sup>716</sup> and Spittal Hill,<sup>717</sup> Downpatrick,<sup>718</sup> Youghal, Co. Dublin,<sup>719</sup> and Loughrea.<sup>720</sup>

A site which does not appear to have been investigated is that of St Brigid, at Dungarvan in Waterford which Archdall states was 'For Lepers was built here and endowed under the invocation of St Brigid, but we know nothing further of it.'<sup>721</sup>

O'Donovan considered part of the original leper-hospital was still standing as,

Opposite the protestant church in Dungarvan is the west gable of some large building, now called the old church by the natives, but I am of the opinion that this is a part of the Leperhouse mentioned by Archdall. The part of this gable remaining contains five circular windows, each 10 inches in diameter on the aisle and constructed of cut stone; it is 29 ft long and about 30 ft high and 3 ft thick and constructed of hammered stones.<sup>722</sup>

There has however been debate about his idea as,

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l&site\_type=&report\_text=&author=&grid\_ref=&smr\_no=&excavation\_license\_no=&Submit=Do+Search, accessed 27<sup>th</sup> September, 2013.

<sup>712</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Tipperary&id=7170>, accessed 21<sup>st</sup> October, 2013.

<sup>713</sup>

[http://www.excavations.ie/Pages/Search.php?year=&county=&site\\_no=&site\\_name=Drumalure&site\\_type=&report\\_text=&author=&grid\\_ref=&smr\\_no=&excavation\\_license\\_no=&Submit=Do+Search](http://www.excavations.ie/Pages/Search.php?year=&county=&site_no=&site_name=Drumalure&site_type=&report_text=&author=&grid_ref=&smr_no=&excavation_license_no=&Submit=Do+Search), accessed 31<sup>st</sup> May, 2013.

<sup>714</sup>

[http://www.excavations.ie/Pages/Search.php?year=&county=&site\\_no=&site\\_name=Castlemartyr&site\\_type=&report\\_text=&author=&grid\\_ref=&smr\\_no=&excavation\\_license\\_no=&Submit=Do+Search](http://www.excavations.ie/Pages/Search.php?year=&county=&site_no=&site_name=Castlemartyr&site_type=&report_text=&author=&grid_ref=&smr_no=&excavation_license_no=&Submit=Do+Search), accessed 29<sup>th</sup> May, 2013.

<sup>715</sup>

[http://www.excavations.ie/Pages/Search.php?year=&county=&site\\_no=&site\\_name=buttevant&site\\_type=&report\\_text=&author=&grid\\_ref=&smr\\_no=&excavation\\_license\\_no=&Submit=Do+Search](http://www.excavations.ie/Pages/Search.php?year=&county=&site_no=&site_name=buttevant&site_type=&report_text=&author=&grid_ref=&smr_no=&excavation_license_no=&Submit=Do+Search), accessed 23<sup>rd</sup> may, 2013.

<sup>716</sup> [http://www.excavations.ie/Pages/Search.php?site\\_name=kinsale&lm\\_offset=0](http://www.excavations.ie/Pages/Search.php?site_name=kinsale&lm_offset=0), accessed 13<sup>th</sup> August, 2013.

<sup>717</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Cork&id=17301>, accessed 13<sup>th</sup> August, 2013.

<sup>718</sup> [http://www.excavations.ie/Pages/Search.php?site\\_name=Downpatrick&lm\\_offset=0](http://www.excavations.ie/Pages/Search.php?site_name=Downpatrick&lm_offset=0), accessed 11<sup>th</sup> October, 2013.

<sup>719</sup> [http://www.excavations.ie/Pages/Search.php?site\\_name=youghal&lm\\_offset=0](http://www.excavations.ie/Pages/Search.php?site_name=youghal&lm_offset=0), accessed 13<sup>th</sup> August, 2013.

<sup>720</sup> [http://www.excavations.ie/Pages/Search.php?site\\_name=Loughrea&lm\\_offset=0](http://www.excavations.ie/Pages/Search.php?site_name=Loughrea&lm_offset=0), accessed 26<sup>th</sup> August, 2013.

<sup>721</sup> Archdall, *Monasticon Hibernicum*, 689.

<sup>722</sup> Notes made by John O'Donovan, June 15<sup>th</sup>, 1841 for the Ordnance Survey, 90.

[http://www.askaboutireland.ie/aai-files/assets/ebooks/OSI-Letters/WATERFORD\\_14%20G%207.pdf](http://www.askaboutireland.ie/aai-files/assets/ebooks/OSI-Letters/WATERFORD_14%20G%207.pdf), accessed 23<sup>rd</sup> September, 2013.

Anent this remarkable structure and its original use, etc., much controversy has raged. Dr O'Donovan started the theory that it formed portion of the Leper House of Dungarven alluded to by Archdall. A second theory maintains that our wall is the remains of a lighthouse, but unfortunately for this theory all the lights here, at least those now remaining, point inland. Fifty years, ago, according to O'Donovan, local tradition pointed to the holed wall as part of the ancient church ....very strong indeed in favour of the traditional theory.<sup>723</sup>

Lastly the scheduled site at Solar in Antrim was excavated in 1993 because the land owner wanted to carry out work which required archaeological investigation to be undertaken first. The work revealed one hundred and twenty three skeletons; radio-carbon dating of which showed the earliest graves dated to the seventh or eighth century and the latest between the tenth and early thirteenth centuries.<sup>724</sup> This scheduled site is at the centre of a small late medieval parish of the same name, but there is very little information concerning it.<sup>725</sup> Although further trenches showed the cemetery extended much further, the excavation was halted.<sup>726</sup> This site has no known connections to leprosy, but the archaeologist Laureen Buckley suggested in her article that,

The name Solar could come from the Irish *sal lobhair*, meaning the disease of leprosy or 'dirty or unclean leper', and may indicate the presence of a leper hospital.<sup>727</sup>

There was no sign of HD in any of the remains uncovered<sup>728</sup> which may be of no surprise as despite Buckley's proposition that *sal lobhair* has a leprous derivation this is very questionable and unfortunately she does not indicate her reasoning for this. The website [www.logainm.ie](http://www.logainm.ie) gives Solar as the English name and also suggests Dun-coloured willow, but is still unclear as to the derivation and meaning of this place-name.<sup>729</sup> The description of the site provided by the Mapping Death website also

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<sup>723</sup> Patrick Power, 'The Ancient Ruined Churches of Waterford,' *Journal of Waterford and South-East of Ireland Archaeological Society*, Vol. III, (1897), 218.

<sup>724</sup> *ibid.*, 117.

<sup>725</sup> Declan Hurl, 'Solar Studies – an Early Medieval Cemetery Investigated,' *Battles, Boats & Bones*, eds. Emily Murray and Paul Logue, (Northern Ireland, 2010), 114-117, 116.

<sup>726</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Antrim&id=2763> accessed 15<sup>th</sup> May, 2013.

<sup>727</sup> Buckley, 'Outcasts or Care in the Community?' 29.

<sup>728</sup> *ibid.*

<sup>729</sup> <http://www.logainm.ie/en/62554?s=solar>, accessed 22<sup>nd</sup> August, 2014.

states that the derivation and the full extent of the site is unclear, but confirms that a great number of skeletons still wait to be uncovered.<sup>730</sup>

In the reverse of the usual situation however there is skeletal evidence that could support the presence of some kind of ‘leper establishment’ although the evidence is not of HD. One of the skeletons examined showed evidence of *lupus vulgaris* on the forehead, which is tuberculosis of the skin, and was advanced enough to have destroyed bone, resulting in a badly disfigured face.<sup>731</sup> This is interesting as, if in future, any further excavation is undertaken in this cemetery and HD sufferers are discovered then it would prove the earlier statement that many so-called ‘lepers’ were indeed actually suffering from skin afflictions which would also seem to be the case elsewhere as well.<sup>732</sup>

This is a synopsis of all the published archaeological and palaeopathological information in connection with leprosy and HD at this time. The most surprising aspect is the lack of palaeopathological evidence that has emerged from the sites which were believed to have been the location of a leper-hospital and also that only four sites have uncovered skeletons displaying HD damage. These findings are not unique to Ireland however for as Roberts states in relation to the rest of Britain,

A total of 128 individuals were affected (by HD) in 41 archaeological sites from a total of 8253 burials revealing skeletons (1.55%). Most examples came from the later Medieval period, most were male, and the majority of sites revealing leprosy individuals were not leprosy hospital cemeteries.<sup>733</sup>

Taking this into account it would seem therefore that the amount and type of palaeopathological and archaeological evidence found in Ireland to date is in line with everywhere else and is not unusual in this regard.

### 3.3 Sculpture

There is, to my knowledge, no recognised example of a visual representation of leprosy in medieval Ireland. This is surprising as the majority of European images

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<sup>730</sup> <http://www.mappingdeathdb.ie/idlocs>, accessed 21/04/2015.

<sup>731</sup> Roberts, *Health and Disease in Britain*, 231.

<sup>732</sup> Roffey, ‘A contextual study of the medieval hospital and cemetery of St Mary Magdalen, Winchester, England,’ doi:10.1016/j.ijpp.2012.09.018, 172.

<sup>733</sup> Roberts, ‘The Antiquity of Leprosy in Britain: the Skeletal Evidence,’ 213.



which purport to depict leprosy were produced within a religious environment which gave them a certain importance and authority; but which may also have limited the portrayal to religious subjects instead of representing reality.<sup>734</sup> Christine Boeckl states that,

it is clear that depictions of leprosy in the visual arts, compared to the prodigious and varied references in literature, focused on a few themes selected primarily from scriptural and hagiographic sources.<sup>735</sup>

It will be shown in Chapter Five that ‘lepers’ make many appearances within Irish hagiography and so it would seem improbable that no visual representations were reproduced. It may be that none have survived or that they are wrongly classed as images of plague which has occurred elsewhere. One example of this is an image in the British Museum from James le Palmer’s *Omne bonum*, London, BL MS Royal 6 E VI, Vol. 2, fol. 301 ra, which has become the ‘iconic representation of Black Death,’ but is in fact an image of leprous clerics.<sup>736</sup> I therefore propose one example for consideration in order to provide the widest possible range of evidence and invite discussion. It has already been suggested that the images on the Doorty Cross represent ‘lepers’ and this will briefly be mentioned and the second which will be discussed in detail is one of the many intriguing, ambiguous figures at Jerpoint Abbey.

In 1993 Father Ignatius Fennessy raised the intriguing question whether two of the figures, (depicted on the next page), on the Doorty Cross at Kilfenora could be ‘lepers’ when he stated that,

The tau ‘crozier’ on the Doorty cross, to my untrained eye, looks like a crutch carried by an invalid or ‘leper’, who is linking arms with another carrying a staff or walking stick. Their pose seems strange for bishops. Beneath them there is what seems to be a bird of prey picking at a human head. There is a second head, I think, also two arms with hands (one grasping the bird’s leg) and a human foot. This gruesome scene may suggest a ‘leper’s’ view of unattended death....<sup>737</sup>

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<sup>734</sup> Boeckl, *Images of Leprosy*, 162.

<sup>735</sup> *ibid.*

<sup>736</sup> Monica H. Green, Kathleen Walker-Meikle and P. Wolfgang, ‘Diagnosis of a ‘Plague’ Image; A Digital Cautionary Tale,’ *The Medieval Globe; Pandemic Disease in the medieval world; Rethinking the Black Death*, ed. Monica H. Green, TMG 1, (2014), 309-326, 311-312.

<sup>737</sup> Ignatius Fennessy, ‘Tau Crosses’ in *Archaeology Ireland*, Vol. 7, No. 2, (Dublin, 1993), 38, 38.

There has been much debate amongst art historians concerning these images and no definitive interpretation has yet been reached, as will be shown by the following statements. Richardson and Scarry claim that the,

Doorty Cross – East face – Figure of a bishop in high relief, with winged creatures on either side. Christ as Abbot of the World (?) Two ecclesiastics thrusting their croziers, a crooked and a tau, into the beast below.<sup>738</sup>

Meanwhile François Henry's states that,

the usual bishop figure holding a crozier is carved in low relief, above two burlesque figures walking companionably arm-in-arm and also holding croziers, but different in shape. They seem engaged in killing a bird which is attacking two men shown on the lower part of the shaft.<sup>739</sup>

And finally Roger Stalley's description says,

The ecclesiastic points to an enigmatic scene in which two figures thrust croziers into a monstrous bird below.<sup>740</sup>

Although a unanimous decision concerning what the Doorty Cross depicts is still to be reached, Father Fennessy's suggestion is based on the erroneous assumption that the tau cross shown is a crutch, which is not the case in this instance.



Doorty Cross. Anne Paton 4<sup>th</sup> October, 2013.

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<sup>738</sup> Hilary Richardson and John Scarry, *An Introduction to Irish Crosses*, (Cork, 1990), 42.

<sup>739</sup> Françoise Henry, *Irish High Crosses*, (Dublin, 1964), 33.

<sup>740</sup> Roger Stalley, *Irish High Crosses*, (Dublin, 1996), 41.

One of the figures present at Jerpoint Abbey will now be discussed in detail. The townland Ballylowra, immediately south-west of Jerpoint Abbey suggests there may have been a leper-hospital in the area, claims Lee.<sup>741</sup> Lee lists Jerpoint and Thomastown, St Mary Magdalen separately, but I believe it is more likely that Ballylowra was part of the endowed land of the Thomastown leper-hospital, especially as the two are only a short distance apart. There is also a graveyard situated in Cloghabrodey townland, about a quarter of a mile from Thomastown, called Modaleen and the church *Thomple-Modaleen*, which no longer exists, derived its name from a leper-hospital situated within its graveyard.<sup>742</sup>

Both Ballylowra and Thomastown are near to Jerpoint's Cistercian abbey<sup>743</sup> which is one of the most interesting, beautiful and distinctive monastic establishments from the medieval period in Ireland... and because of the many sculptured figures which adorn it, the cloister is unique.<sup>744</sup>

One of these figures I would suggest depicts a 'leper,' but as Edwin Rae states,

Dislocation, weathering, and various degrees of destruction add to the hazards of assigning specific meanings or symbolism to the members of this polyglot family, a veritable Noah's Ark of medieval imagination, augmented, revived and reinterpreted over the centuries,

particularly as it is unknown which bases, colonnades and capitals were originally together.<sup>745</sup> The surviving top-half of the figure in question is pictured below, but without hands or feet identification is impossible and it is also barely twenty centimetres high. The figure is completely covered in a hood and voluminous garment so only the face is visible, which is of course standard attire for 'lepers' and is dressed unlike the other lay figures depicted. If there ever were any distinctive markings on the face these have long since disappeared, but the nose does appear and feel to be slightly flattened, which is one of the early signs of HD. I would however stress this may well be due to weathering and not the original intention of the sculptor.

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<sup>741</sup> Lee, *Leper Hospitals in Medieval Ireland*, 52.

<sup>742</sup> William Carrigan, *The History of Antiquities of the Diocese of Ossory*, Vol. IV, (Dublin, 1905), 269.

<sup>743</sup> Thomastown and Jerpoint Abbey are about one and a half miles apart. Edwin Rae, 'The Sculpture of the Cloister of Jerpoint Abbey,' *Journal of the Royal Society of Antiquaries of Ireland*, Vol. 96, No.1, (1966), 59-91, 59.

<sup>744</sup> *ibid.*

<sup>745</sup> *ibid.*, 74 and 79.

Jerpoint was altered in line with fashion and the cloister appears to have been the latest modification, dating to the late fifteenth century.<sup>746</sup> Carvings can be found on thirty eight reconstituted piers in the cloister.<sup>747</sup> There are carvings missing, such as a Walsh knight, last seen in 1905 in Piltown and another fragment of a lady in a long robe on one side with a one-headed, two-bodied bird-like creature on the other, which was stolen from a nearby house in the 1970s.<sup>748</sup> Fifty one examples of carvings on the plates between the colonnades still remain in the cloister with a 'kaleidoscopic' range of subjects.<sup>749</sup> Originally there may have been as many as fifty six carvings, of which forty two are human figures, eighteen of which appear to be religious, but only the one depicting St Margaret on the north-face of pier seven is complete. The north-face of pier seventeen probably depicts St Catherine of Alexandria, but identification is difficult, although some carvings obviously represent the triumph of good over evil, as on the north-face of pier eleven which could be St Michael overcoming the dragon.<sup>750</sup>

The north-side of pier twelve is probably St Bartholomew and there may be another disciple on the other side. The south-side of pier seventeen probably represents a saint, whose condition does not allow identification, but St Christopher is almost certainly depicted on the east-side of pier thirty.<sup>751</sup> A knight is depicted on the north-face of pier three and because of his undersized arms and round, smiling face he is considered to be reminiscent of 'folk-art'. St James the Greater is probably shown on the east-face of pier thirty three and the other side may be St Peter. Pier thirty two probably depicts two disciples, but are unidentifiable due to damage.<sup>752</sup> The north-side of pier fourteen shows a cherub and on the west-face of pier twenty nine there is a depiction of the Trinity which has been described as 'one of the most forceful representations of the subject in all late medieval art.'<sup>753</sup> The east-face of pier twenty nine depicts a priest during Mass, while on the north-face of pier two is an abbot in

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<sup>746</sup> Richard Langrishe, 'Notes on Jerpoint Abbey, County Kilkenny,' *The Journal of the Royal Society of Antiquaries of Ireland*, Fifth Series, Vol. 36, No. 2, (1906), 1179-197, 85-186.

<sup>747</sup> Rae, 'The Sculpture of the Cloister of Jerpoint Abbey,' 64.

<sup>748</sup> Peter Harbison, 'The Vanished Faces,' *Studies*, Vol. 65, No. 257, (Spring, 1976), 53-62, 56.

<sup>749</sup> Rae, 'The Sculpture of the Cloister of Jerpoint Abbey,' 65.

<sup>750</sup> *ibid*, 66.

<sup>751</sup> *ibid*, 67.

<sup>752</sup> *ibid*, 68.

<sup>753</sup> *ibid*, 69.

the dress of a Cistercian monk, probably the abbot of Jerpoint at the time the cloister was renewed, abbots generally or the founder of the order.<sup>754</sup> On the other side of pier two is a depiction of ‘an enthusiastically blessing cleric usually referred to without hesitation as a bishop,’ despite not wearing a mitre and may represent Bishop William of Cork.



Jerpoint Abbey figure. Anne Paton, 30<sup>th</sup> September, 2013

Representation of lay figures is usually confined to memorial pieces but the presence of at least six knights, three ladies and a tenth lay person, probably male, is another

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<sup>754</sup> *ibid*, 69-70.

unusual feature of this sculpture ensemble.<sup>755</sup> Pier three, north-face depicts a Butler knight, recognisable by his shield and others could have been identified by their insignia if it was still present. No traces of any written inscriptions are present in the cloister arcade and given the generalised sculpture style and its apparent random placement, it is unlikely something as ordinary as the written word was used. Pier three shows two of the best known of the Irish nobility at the end of the fifteenth century, as it depicts Sir Piers Butler and Margaret Fitzgerald who married in 1485.<sup>756</sup> Not everyone depicted is sacred, esteemed or noble as some figures are definitely ‘earthy and ordinary’ reflecting the Church’s view it was all-inclusive and so the lowly must be encompassed.<sup>757</sup> Some seem to depict ordinary men, while the little hooded man, rubbing his tummy, on the south-side of pier nine may symbolise gluttony, conveyed in an amusing manner.<sup>758</sup> Pier nineteen shows a girl with up-flung arms and her hair flying behind her and the north-face of pier ten has a heavily bearded man. Rae states ‘at Jerpoint that medieval love of strong and direct contrast – good and evil, lay and clerical, regular and secular, male and female, young and old’<sup>759</sup> is found. Given that ‘lepers’ were part of normal every day religious life and that the church was all-inclusive, it would be more surprising for them not to have been depicted in such an array of figures, rather than for them to be absent. The evidence is far from conclusive and the dating, when leprosy was in decline elsewhere would make it questionable, but as will be seen in the next chapter, there is continuing documentary evidence of leper-hospitals into the seventeenth century. The figure is incomplete, and therefore a definitive identification will never be possible and it could, just as easily, be a local worthy.

### 3.4 Conclusion

This then is the total of the physical evidence that my research has uncovered including a contentious example of sculpture. The palaeopathological evidence is very limited, especially considering the apparent varied and extensive presence of leprosy sufferers in hagiography and other writings, which will be discussed in

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<sup>755</sup> *ibid*, 71.

<sup>756</sup> *ibid*, 72.

<sup>757</sup> *ibid*.

<sup>758</sup> *ibid*, 72-3.

<sup>759</sup> *ibid*, 73.

Chapter Five. This may also seem to be at odds with the supposed number of leper-hospitals in Ireland, but does appear to be in line with the findings elsewhere as shown by Roberts. Roberts work provides many reasons why there may be a shortage of skeletal evidence and though it is scarce in Ireland, Ireland is not unique in this. The site at Solar is tantalising and further excavations could provide skeletal evidence that leper-hospitals in Ireland were indeed not only for those suffering from HD but also housed those suffering from skin afflictions. The next chapter will discuss other types of evidence in the form of documentary and place-names and further conclusions will be drawn at the end of that chapter.

## CHAPTER FOUR

### AN EXAMINATION OF THE DOCUMENTARY AND PLACE-NAME EVIDENCE IN CONNECTION WITH LEPER-HOSPITALS IN MEDIEVAL IRELAND

#### 4.1 – Introduction

The purpose of this chapter is to examine the extant documentation together with place-names which are linked to leper-hospitals in medieval Ireland and the early modern period. It is generally believed that there is a lack of surviving documentary evidence concerning medieval Ireland in connection with any subject, but this chapter will show that there is sufficient extant documentation concerning leprosy, albeit of a fragmentary nature, to enable meaningful research to be undertaken. Deciding on a suitable means by which to organise and display the extant documentation proved to be extremely difficult and after trying various methods, organisation by the type of document appeared the easiest method by which to facilitate understanding. The initial intention had been for all forms of evidence for one site to be listed under its name, but the result was cumbersome and also repetitive which is why the following method was chosen; although the original method did produce a useful gazetteer for reference purposes. The documentation will therefore be divided into the following categories for discussion and clearly shows their diversity; Wills, Papal Documents, Grants, Incorporation, Pipe, Patent, Justiciary and Statute Rolls, Corporation Records, Charters, Deeds and Inquisitions. The evidence provided by place-names will also be discussed, especially in relation to the sites which include the terms *spittal* or Magdalen. These place-name elements were automatically presumed to be connected with leprosy by Lee and therefore have arguably expanded the number of leper-sites by a large number. Some sites only have one form of evidence and therefore it was easy to categorise them, while others have multiple evidence and therefore appear under more than one entry.

Documentation is a reliable form of evidence for the existence of a leper-hospital, if it contains a clear statement confirming this, as are place-names including references to ‘lepers’ or similar as long as they are correctly interpreted and also have supporting evidence. The extant documents are not representative of the original corpus, but are



those which have survived purely by chance. Most of the documents which mention leper-hospitals do so in passing and it is not the document's main focus of interest. The surviving corpus is also weighted towards the late medieval and early modern period and these will therefore also be examined out of necessity. This obviously has implications as they are only capturing the picture late in the day but they may also reflect the earlier position. The extant documents consist mainly of those created by institutions, individuals or families for legal or administrative purposes and also material from the Pale and therefore English styled documentation is disproportionately represented.<sup>760</sup> This is in contrast to the annals which were discussed in Chapter Two and were mainly written in areas under Gaelic influence. Neville Hadcock in a letter to Lee, dated 11<sup>th</sup> May, 1964 stated,

I have found the study of hospitals in Ireland most difficult as there are so few contemporary records. A number have records dating only from the times of Elizabeth and James I, though most of these were, very probably, in existence in the twelfth and thirteenth century.<sup>761</sup>

The reason for Hadcock's despondency and his belief that there was an apparent lack of pertinent documentation is due to the series of disasters which befell Ireland's historic records, as despite being written on long-lasting parchment and vellum only a small percentage of the originals are extant.<sup>762</sup> A fire in 1304 destroyed many of the chancery rolls and files while they were in the safe-keeping of St Mary's Abbey in Dublin,<sup>763</sup> but this was only the first of a series of calamities. The Dissolution of the monasteries during the mid-sixteenth century resulted in many monastic archives being dispersed or destroyed<sup>764</sup> and this is probably the main reason why so few documents relating to Ireland's leper-hospitals have survived. The many struggles between the Irish and the English and the change in land ownership and forfeitures during the sixteenth and seventeenth centuries also resulted in the dispersal and loss of many records which had belonged to land-holding families,<sup>765</sup> many of whom would have founded leper-hospitals or donated land to them. Fires occurred again during the eighteenth century when the records were stored in one of Dublin Castle's

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<sup>760</sup> Philomena Connolly, *Medieval Record Sources*, (Dublin, 2002), 9.

<sup>761</sup> Lee, *Leper Hospitals in Medieval Ireland*, 9.

<sup>762</sup> Connolly, *Medieval Record Sources*, 9.

<sup>763</sup> *ibid*, 9-10.

<sup>764</sup> *ibid*, 10.

<sup>765</sup> *ibid*, 11.

towers, which followed earlier damage suffered during the fifteenth century when the tower was not wind and watertight.<sup>766</sup> The final and most serious catastrophe however occurred in June 1922 during Ireland's civil war when the Public Record Office of Ireland in the Four Courts in Dublin was bombarded, resulting in a fire which destroyed the majority of its contents.<sup>767</sup> Due to the recurrent losses the secular sources originating in Gaelic Ireland which have survived are principally non-archival in nature and small in number, and unsurprisingly when the records were finally catalogued in the nineteenth century there were found to be many large lacunas.<sup>768</sup>

The close ties between the English and Irish administrations however meant that Irish records also survived in English archives and libraries and the many collections of extracts and transcriptions which were made prior to 1922 provide important alternatives to the no longer extant originals.<sup>769</sup> Although the extant records relevant to leper-hospitals are so few they do represent a wide variety of documentation and also come from a range of different geographic areas and time periods, but regrettably no foundation charter from any of Ireland's leper-hospitals has survived. This is also the case in England as little documentary evidence has survived dating from the twelfth and thirteenth centuries which was when most English leper-hospitals were founded.<sup>770</sup> There is no documentary evidence extant from the pre-Norman period either, although it is debatable if there was anything from that era to survive in the first place. It should be remembered however that some of the foundations with only late documentation probably also existed in the twelfth and thirteenth centuries as Hadcock claimed. It is also particularly noticeable that in many instances, each time period is represented primarily by one specific type of document, illustrative of its era, which in turn also reflects the growth and wane of foundations for leprosy sufferers and the disease, as well as the changing political and social scene in Ireland.

Gwynn and Hadcock's *Medieval Religious Houses, Ireland*, which lists fifty six leper-hospitals was used as a starting point for this part of the study,<sup>771</sup> but it must be

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<sup>766</sup> *ibid*, 10.

<sup>767</sup> *ibid*, 9-10.

<sup>768</sup> *ibid*.

<sup>769</sup> *ibid*, 11.

<sup>770</sup> Rawcliffe, *Leprosy in Medieval England*, 262.

<sup>771</sup> Gwynn and Hadcock, *Medieval Religious Houses, Ireland*, 346-357.

remembered that Lee's work is frequently referenced, together with that of the unpublished scholar Dr P. Logan.<sup>772</sup> Gwynn and Hadcock state that they had access to Lee's, at that point, unpublished manuscript, dated 1965 and that he also 'assisted through correspondence'<sup>773</sup> showing that he had a great deal of input to this particular chapter and how reliant they were on Lee. This may also explain why slim evidence for the existence of a leper-hospital at some sites is accepted as proof in Gwynn and Hadcock's publication; one example is the entry for Castledermot in Co. Kildare as the Hospital of St Mary Magdalen is listed as a leper-hospital on the evidence of its name only.<sup>774</sup> This is in contrast to entries in *Medieval Religious Houses Scotland*, which does not list hospitals named after Mary Magdalen as 'leper' institutions on solely place-name evidence, as for example,

Roxburgh, St Mary Magdalene. Mentioned when a master was appointed (*Cal. Pat. Rolls*, ii (1317-321), 381).<sup>775</sup>

Accurately identifying any hospital is not easy as the term originally stemmed from *hospitium*, meaning a guest-house or guest-room and meant 'a place where strangers or visitors were received' as in hospitality, but over time it came to mean a place to care for the sick.<sup>776</sup> This has caused problems determining hospital numbers generally, but even more so in connection with leper-hospitals.<sup>777</sup> There were four main types of medieval hospital institutions, almshouses, hospices for poor wayfarers and pilgrims and institutions which cared for the sick poor as well as leper-hospitals.<sup>778</sup> To further complicate the situation hospitals were sometimes dual-purpose and cared for more than one type of person, such as the poor as well as the sick.<sup>779</sup> Leper-hospitals were also sometimes reconstituted and started to care for the poor instead of just 'lepers.'<sup>780</sup> One English example of this is recorded at a hospital

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<sup>772</sup> *ibid*, 345.

<sup>773</sup> *ibid*.

<sup>774</sup> *ibid*, 347.

<sup>775</sup> Ian Borthwick Cowan and David Edward Easson, *Medieval Religious Houses Scotland*, (London and New York, 1976), 189.

<sup>776</sup> Charles George Herbermann, *Catholic Encyclopaedia*, (London, 1907), 480.

<sup>777</sup> Rawcliffe, *Leprosy in Medieval England*, 106.

<sup>778</sup> Martha Carlin, 'Medieval English Hospitals,' *The Hospital in History*, eds. Lindsay Granshaw and Roy Porter, (London and New York, 1989), 21-39, 21.

<sup>779</sup> Cowan and Easson, *Medieval Religious Houses Scotland*, 162.

<sup>780</sup> *ibid*.

in Hodsock in Blyth, which had no resident 'lepers' by 1446 and so was reconstituted to care for poor strangers and pregnant women instead.<sup>781</sup>

Ian Cowan and David Easson's introduction to their chapter on hospitals, although referring to Scotland, is just as relevant to Ireland, particularly with regard to endowed lands which were some distance from the leper-hospital that they had been donated to.

'Border-line' cases are inevitable and some items which have been listed are barely admissible, while certain others relegated to the 'uncertain' category are placed there with hesitation. In framing such a list, it is necessary to be wary of the suggestion that where the name 'Spittal' survives, a medieval hospital must have existed. Not infrequently it can be verified that 'Spittal' indicates a medieval site... In certain cases, it has apparently become attached to hospital lands at a distance from the establishment to which they belonged. In a number of instances, its occurrence admits of no explanation.<sup>782</sup>

Lee's book includes at least one hundred and four sites connected with leprosy in medieval Ireland, whilst Rawcliffe notes three hundred and twenty leper-hospitals in medieval England, suggesting between a quarter and a fifth of all known medieval English hospitals were ostensibly intended for 'lepers.'<sup>783</sup> The proportion in Scotland is similar, as a fifth of known hospitals are believed to have been for 'lepers,' but in Ireland Rawcliffe notes it is just over half.<sup>784</sup> Proportionally leper-hospital numbers appear to be higher in Ireland than Scotland and England, which raises the question of how reliable the figures are, or was there a reason Ireland had more? Lee states,

A large number of townlands in Ireland owe their names to the presence of a leper-hospital or lazer-house within their boundaries or because they comprise lands associated with such an establishment.<sup>785</sup>

Lee tends to disregard his own words however and I believe the inflated number of leper-hospitals in Ireland is mainly due to Lee's willingness to regard any place-name or townland with possible hospital or 'leper' connections as a leper-hospital. This chapter will advocate however that this is not the case and that there were fewer leper institutions in Ireland than has previously been assumed. Another reason why the

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<sup>781</sup> David Knowles and R. Neville Hadcock, *Medieval Religious Houses, England and Wales*, (London, 1971), 344.

<sup>782</sup> Cowan and Easson, *Medieval Religious Houses Scotland*, 162.

<sup>783</sup> Rawcliffe, *Leprosy in Medieval England*, 106.

<sup>784</sup> *ibid*, 108. Rawcliffe does not explain how she achieved this figure.

<sup>785</sup> Lee, *Leper Hospitals in Medieval Ireland*, 20.

numbers for Irish leper-hospitals are inflated is Lee's misuse of the evidence and tendency to see 'lepers' at every turn. One example of this concerns Archdall who records that, 'There was also a chapel, or house of 'lepers,' at Loughreagh'<sup>786</sup> together with other religious establishments. Lee claims, 'John O'Donovan noted abbey ruins and an old church, dedicated to St Brigid survived and a leper-hospital had also stood there.'<sup>787</sup> What O'Donovan actually wrote however was, 'Near the end of the town (Loughreagh) to the left of the road leading from it to Ballinasloe, stand the ruins of an old Church, which is called St Brigid's,'<sup>788</sup> but he makes no mention of the leper-hospital which was indicated by Archdall. Incidences such as these, where Lee misleadingly combines evidence and the other problems already highlighted concerning Lee's work, means no statement made by him can be accepted at face value without careful examination.

Another example of over-estimation, although not by Lee in this instance, concerns an entry in AU dated 869, which due to mistranslation, led Belcher to state that, it was the 'first mention of a leper hospital,'<sup>789</sup> as the entry states, *Orccain Airdd Macha o Amhlaim coro loscadh cona derthaighibh*.<sup>790</sup> MacArthur states *derthaighibh* is the Irish dative plural for oratories, which was mistranslated as *noscomiis*, the Latin for hospitals, which was then further compounded when it was then translated as leper-houses.<sup>791</sup> The annals do record that there was a hospital in Armagh from early times, but none of the evidence indicates that it was for 'lepers.'

A definition of an Irish medieval town may also be useful as it helps place leper-hospitals in the landscape,

it incorporates a market-place and a church and its principal functions are reflected by the presence of at least three of the following: town walls, a castle, a bridge, cathedral, a house belonging to one of the religious orders, a hospital or leper-house close to the town, an area of specialist technological activity, quays, a large school or administrative building, and/or suburbs.<sup>792</sup>

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<sup>786</sup> Archdall, *Monasticon Hibernicum*, 294.

<sup>787</sup> Lee, *Leper Hospitals in Medieval Ireland*, 62.

<sup>788</sup> Michael Herity, ed., *Ordnance Survey Letters Galway*, (Dublin, 2009), 219.

<sup>789</sup> Belcher, 'Notes on the Medieval Leper Hospitals of Ireland,' 36.

<sup>790</sup> MacAirt, *The Annals of Ulster*, Vol. 1, 324. Ard Macha was plundered by Amlaib and burned with its oratories, 325.

<sup>791</sup> MacArthur, 'Medieval 'Leprosy' in the British Isles,' 15.

<sup>792</sup> John Bradley, 'Planned Anglo-Norman Towns in Ireland,' *The Comparative History of Urban Origins in Non-Roman Europe*, eds. Howard Clarke and Anngret Simms, (Oxford, 1985), 411-468, 420.

This illustrates that leper-hospitals were also useful for increasing the status of a town and did not just benefit the sick. The Third Lateran Council in 1179 decreed ‘lepers’ must have separate establishments, but before this there had already been a surge in the founding of such institutions throughout Europe, driven probably more by a theological agenda rather than an increase in HD numbers.<sup>793</sup> Leper-hospitals and their environs routinely included a church, were built at the edge of towns and were managed by religious orders, with Franciscans in particular including care for occupants as part of their novitiate training.<sup>794</sup> Gwynn and Hadcock state Irish leper-hospitals varied in size<sup>795</sup> and the following is a description of how they may have looked.

Both hospitals and friaries were simple, heavy buildings, without ornament or embellishment of any kind. The former were houses under the direction of monks of the order of St. Augustine, and as their name implies, were intended as retreats for the indigent and impotent. Many buildings of this description were devoted solely to the reception of lepers, and fell into disuse and ruin on the disappearance of leprosy in the country.<sup>796</sup>

Medieval patron-saints were multi-faceted and functioned as a ‘comforting friend,’ role-model, intercessor with God, protector, as well as a spiritual guardian of an institution’s property and legal rights.<sup>797</sup> Certain saints became associated with leprosy, particularly Lazarus, who is a composite of two people; one from a parable in St Luke’s Gospel, who died, covered in sores, outside a rich man’s gate and the other is from St John’s Gospel. There is nothing to suggest that Lazarus in St John’s Gospel was leprous, nor do the two appear to have anything in common, but for whatever reason Lazarus became the first and best-known patron saint of ‘lepers.’<sup>798</sup> Hadcock also claimed, when discussing place-names, that the order of St Lazarus of Jerusalem was present in Ireland, although there is little evidence of this, apart from a few place-names and he also claimed that the following were in the order’s care; Athenry, Cashel, Cork, Drogheda, Dublin, Kilkenny, Lismore, Waterford, Wexford and Youghal.<sup>799</sup> Logan in contrast states that he ‘has found no evidence that any of

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<sup>793</sup> Rawcliffe, *Leprosy in Medieval England*, 5.

<sup>794</sup> Buckley, ‘Outcasts or Care in the Community’ 29.

<sup>795</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 344.

<sup>796</sup> Thomas Crofton Croker, *Researches in the South of Ireland*, (Shannon, 1969), 268-9.

<sup>797</sup> Antje Schelberg, *The Myths of Mediaeval Leprosy: a Collection of Essays*, (Göttingen, 2006), 18.

<sup>798</sup> *ibid*, 15.

<sup>799</sup> Lee, *Leper Hospitals in Medieval Ireland*, 9.

the leper hospitals in Ireland belonged to the order of St Lazarus.<sup>800</sup> Denis O'Sullivan however agrees with Hadcock and claims, St Stephen's in Cork, 'and other similar institutions in and near the medieval city may well have been ministered by the Order of the Knights of Lazarus.'<sup>801</sup> All of the other significant religious organisations were present in Ireland, such as, the Knights Hospitallers of St John and the Templars, who had arrived in Ireland in the second half of the twelfth century, together with the Norman, English, Welsh, Scottish and French mercenaries, colonists and invaders<sup>802</sup> and it would therefore seem logical to assume that the Order of the Knights of Lazarus was also present as there is no apparent reason for their absence.

Mary Magdalene's leprous associations stem from the mistaken identity of the historical Lazarus's sister, Mary of Bethany with Mary Magdalen, who then went on to become the predominant Irish patron-saint of leper-hospitals; so popular indeed leper-hospitals and their environs, became known as Maudlin Houses or Maudlins, which is a corruption of Magdalen, according to Anjte Schelberg.<sup>803</sup> One example of this is Castlecomer in Kilkenny which contains two townlands named Maudlin which is, states Lee, sufficient evidence for the existence of a leper-hospital.<sup>804</sup> Relying on only the presence of the place-name Magdalen and its derivations however is not always sufficient, as the succeeding sites will demonstrate. The following sites show that despite the presence of Magdalen in some form, these were in all probability not leper-hospitals and that there is insufficient and reliable proof that they were, despite Lee's assertions.

Around 1210, Walter de Riddlesford founded the priory of St John the Baptist, at Castledermot in Co. Kildare, under the *Fratres Cruciferi* and the leper-hospital of St Mary Magdalene was added at some time before 1540, states Lee.<sup>805</sup> The evidence for this comes from a document dated 27<sup>th</sup> November, 1540 recording the extent of St John's Hospital, Castledermot, 'In a place called the Maudelyns, 3 acr. Ar., 3.s.'<sup>806</sup>

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<sup>800</sup> Gwynn and Hadcock, *Medieval Religious Houses, Ireland*, 344.

<sup>801</sup> O'Sullivan, 'The Monastic Establishments of Medieval Cork,' 3.

<sup>802</sup> Helen Nicholson, 'Serving King and Crusade: the Military Orders in Royal Service in Ireland, 1220-1400', *The Experience of Crusading, Western Approaches*, Vol. 1, (Cambridge, 2003), 233-252, 233.

<sup>803</sup> Schelberg, *The Myths of Mediaeval Leprosy: a Collection of Essays*, 15-16.

<sup>804</sup> Lee, *Leper Hospitals in Medieval Ireland*, 51.

<sup>805</sup> *ibid*, 50.

<sup>806</sup> Newport Benjamin White, *Extents of Irish Monastic Possessions, 1540-1541*, (Dublin, 1943), 169.

which is insufficient proof that this institution was solely for ‘lepers.’ The placing of a leper-hospital in the grounds of an already established monastic foundation however, as will be seen later in this chapter, is not unusual and could be regarded as further evidence, but not of confirmation.

St Mary Magdalen in Dundalk, Co. Louth is referred to in an extent dated 6<sup>th</sup> October, 1540 about the ‘Hospital of St Leonard near Dundalke’ and lists under Demesne lands, ‘In le Mawdlennys are certain lands and 3 ‘parkys,’ worth 4.s.’ and under the Rectory of Dundalke, ‘The Mawdeleyns with tithes of other lands near the rectory, 10.li. 13.s. 4.d.’<sup>807</sup> It also states, ‘There remains only the house of the Hospital, which is in good repair,’ and was dissolved by the last Prior, Patrick Galtrym, on 23<sup>rd</sup> November, 1540.<sup>808</sup> Gwynn and Hadcock claim that this shows that the hospital of St Mary Magdalen had been annexed to St Leonard’s at some time before 1540 and was a leper-hospital.<sup>809</sup> St Leonards was under the auspices of the Fratres Cruciferi and their own hospital was ‘for both sexes, and admitted the sick, and infirm.’<sup>810</sup> In 1559 Queen Elizabeth granted ‘the rectories and churches of Dundalk and le Mawdelins’ to Henry Draycott.<sup>811</sup> None of the documents refer to this as a leper-hospital and so despite the presence of Magdalen its status is open to question.

Evidence of a hospital at Kells which was called either St Brigid or St Mary Magdalen is recorded in a charter, dated to sometime between 1117 and 1122, and states, ‘Oengus Mac Gillabain is airchinnech of the hospital of Kells.’<sup>812</sup> Gwynn and Hadcock state that this hospital was dedicated to St Brigid and then later to St Mary Magdalen and was for ‘lepers.’<sup>813</sup> There is also a quitclaim in favour of Kells Priory, by the then Prior and the Brethren of the Hospital of St John Evangelist, Kilkenny to certain lands etc. from 1427.<sup>814</sup> In an Extent dated 3<sup>rd</sup> October, 1540, made at Ardraken, listed under St Mary’s Abbey, Kells, there appears the entry,

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<sup>807</sup> *ibid*, 237-8.

<sup>808</sup> *ibid*, 237, 239.

<sup>809</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 350.

<sup>810</sup> *ibid*, 212.

<sup>811</sup> James Morrin, *Calendar of the Patent and Close Rolls of Chancery in Ireland*, Vol. I, (Dublin, 1861-3), 427-8.

<sup>812</sup> Aubrey Gwynn, ‘Some notes on the Book of Kells,’ *Irish Historical Studies*, Vol. 9, No. 34, (September, 1954), 131-161, 138.

<sup>813</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 351.

<sup>814</sup> Newport White, *Irish Monastic and Episcopal Deeds, 1200-1600*, (Dublin, 1936), 17.



Maghlendone

In this vill in le Brenny in 'Glassenys Countrey' a parcel of land cont. 60 acr. 166s. 8d.<sup>815</sup>

Máire Herbert however states in her translation of this entry concerning Oengus Mac Gillabain, that when he is described as *airchinnech thighe oeigid*, it means that he is the 'superior of the guest house'<sup>816</sup> and therefore this has nothing to do with 'lepers' or for that matter hospitals as in caring for the sick, despite the presence of Maghlendone. This entry may also provide yet another plausible explanation concerning Drumacoo which was discussed when examining the annals in Chapter Two.

St Mary Magdalen at Trim appears in the documentary record in 1335,

*Hec sunt transcripta feoffamentorum et concessionum prioris et fratrum hospitalis Hibernie de tempore Fratris Rogeris Outlawe Prioiris Eiusem Hospitalis in Capitulo Celebrato apud Tully die dominica proxima post fesum Sancti Luce Euangeliste anno domini,* and states, '*Reddendo inde annuatim nobis et successoribus nostris in domo nostra de Kilmaynanbeg quatuor marcas argenti et dimidiam soluendas ad festa Beate Marie Uirginis in Marcio et Semptembri per equals porciones et quatuor solidos argenti soluendos Hospitali Beate Marie Magdalene de Trim per manus preceptoris de Kilmayanbeg...*'<sup>817</sup>

Gwynn and Hadcock claim that this was a leper-hospital, which was abandoned and passed to the Franciscans, before the general suppression as per the following undated document,<sup>818</sup> listed under Gray Friary, which was also known as the Observative Friary of Trim.<sup>819</sup> Maurice was the last friar and was found to be seised of the church and its property which included, according to Archdall,

The Mawdelin's chapel, in ruins, a close called the Mawdelin's church-yard, annual value 6d besides reprises.<sup>820</sup>

There is also an Extent dated 11th October, 1540 for the Observant Franciscan Friars of Trim which records, 'John Hamon holds in the field called Mawdelynsfield 20 acr.

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<sup>815</sup> *ibid*, 262-3.

<sup>816</sup> Máire Herbert, *Iona, Kells and Derry*, (Oxford, 1988), 100.

<sup>817</sup> Charles McNeill, *Registrum de Kilmainham*, (Dublin, 1932), 59-60. Rendering therefore yearly to us and our successors in our house of K. beag, the four and a half marks of silver to be paid at the feasts of the Blessed Virgin Mary in March and four shillings in silver in September, to be paid in equal portions and four shillings of silver to be paid to the Hospital of the Blessed Mary Magdalene of Trim by the hand of the preceptor of Kilmainham Beag. This is my own translation.

<sup>818</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 356.

<sup>819</sup> Archdall, *Monasticon Hibernicum*, 79.

<sup>820</sup> *ibid*, 579.

Ar. and 2 acr. P; 18s.<sup>821</sup> Again the presence of Mawdelin's and Mawdelynsfield is insufficient to prove that this was the site of a leper-hospital, as it is just as likely that these were townlands linked to a leper-hospital or had no connection whatsoever. Gwynn and Hadcock also record a leper-hospital at Ratoath in Meath, but its date of foundation is unknown.<sup>822</sup> Archdall claims that an abbey which was dedicated to St Mary Magdalene in 1456 was situated close to Ratoath, which had been seised, but around 1385 it had forty acres of land with an annual value of 6s. 8d,<sup>823</sup> but nowhere is it actually referred to as a leper-hospital.

The previous examples show that a dedication to St Mary Magdalen can often indicate a leper institution, but it can never just be presumed that this is the case without further supporting evidence. In Limerick, for instance, it is particularly unsafe to automatically do so, as Mary Magdalene is also their patron-saint of Barber Surgeons.<sup>824</sup> There are also instances where Maudlin can also sometimes stem from a woman's name,<sup>825</sup> therefore bringing Lee's assumption further in to question. The next example however does show that the presence of Magdalen can also be reliable, when combined with other evidence. St Mary Magdalen (Maudlin Leper Hospital), Kilkenny as termed by Gwynn and Hadcock, claim that it was one of the principal leper-houses of Ireland, but there is no record of when it was built, but it existed by 1327,<sup>826</sup> as witnessed by the document, *Ex. Regesto. Hosp. S. Johannis iuxta Kilken.*

*Charta Petri de Whitch, Magistri Domus B. Mariae Magdalenae de Kilkenny, qua remisit clameum in 18d. ex horsplace. Dat. Kilken, 25 Aprilis, A.D., 1327.*<sup>827</sup>

Although this document does not call it a leper-hospital as will be seen, later documentation does, therefore indicating that this was also probably its status at an earlier date. Lee calls this site Kilkenny City and states that the leper-hospital was in the parish of St John the Evangelist, and was dedicated to St Mary Magdalen and probably also to St Stephen.<sup>828</sup> It is probable that the old parish church sited in St

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<sup>821</sup> White, *Extents of Irish Monastic Possessions*, 307.

<sup>822</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 355.

<sup>823</sup> Archdall, *Monasticon Hibernicum*, 568.

<sup>824</sup> *ibid.*

<sup>825</sup> <http://www.logainm.ie/en/39213>

<sup>826</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 352.

<sup>827</sup> On the 25<sup>th</sup> April, 1327, Peter de Whitch, Master of the House of the Blessed Mary Magdalen of Kilkenny, by his charter, resigned to St John's Priory, his claim of 18d. out of Horsplace. William Carrigan, *The History and Antiquities of the Diocese of Ossory*, Vol. III, (Dublin, 1905), 243.

<sup>828</sup> Lee, *Leper Hospitals in Medieval Ireland*, 52.

Stephen's graveyard was the chapel for the Magdalen hospital as the two were situated side-by-side,<sup>829</sup> which was a common configuration. Documentation listed under the 'House of Friars Preachers and Minor of Kilkenny, and Houses of Lepers there,' records its state after it fell out of use.

Extent made at Kilkenny 6 Jan. 1541.

Within the circuit, there is a chapel, old and ruinous, without a roof, and close by is an orchard, empty and worth nothing. There is small castle roofed with tiles, which was built for the defence of the lepers and the dwellers in the suburbs; this now empty and worth nothing.

Lands belong to the Hospital.

25 acr. And 1 stang ar., 22 mess. With 1 stang of land and three gardens and a small tower. The tenants pay 9.li. 12.s. 4.d. All the preceding used to be farmed for 6.li. 13.s. 4.d., and the rest of the rent allowed to the tenants for repairs of their houses.

Total of the extent, 9.li. 12.s. 4d.<sup>830</sup>

Although this document dates to the sixteenth century, it may still provide rare evidence of what constituted a typical medieval leper-hospital in Kilkenny and what was expected to be included so as to provide for the welfare of its occupants, as in their own chapel, orchard and farm land that produced income to provide support for the institution. The presence of a separate chapel for the occupants of the leper-hospital is in line with the Lateran Council decree so that spiritual care could be provided for the victims of leprosy. It is also noteworthy that the castle supplied safe refuge for both the 'lepers' and their neighbours, signifying that 'lepers' at this time were thought worthy enough to be kept safe, at least in Kilkenny. It also shows that both the 'lepers' and the locals retired to the safety of the castle in dangerous times, showing a lack of segregation. The Houses of Lepers at Kilkenny were held by the sovereign and commonality of the town in 1543<sup>831</sup> and a Corporation lease of 1598 records that the, Souvraigne, Burgesses and Commons of Kilkenny made it over to Thomas Kranisburge, a merchant,

the Magdalen Castle, ... saving, excepting, and reserving the use of the best chamber thereof for such as shall be infected of the dyseas commonly called the

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<sup>829</sup> Carrigan, *the History and Antiquities of the Diocese of Ossory*, Vol. III, 244.

<sup>830</sup> White, *Extents of Irish Monastic Possessions*, 201 and 199.

<sup>831</sup> Gwynn, *Medieval Religious Houses*, 352.

Leprosie, of the burgess of the said town when, and as often as shall please God to visit any of them with the same diseas, with the free egresse and regresse into the whole castle for such ward and watch as shall be appointed by the said souvraigne, Burgesses and Commons, to go and remayne there in all times of Commocion.<sup>832</sup>

This is further evidence that the ‘lepers’ in Kilkenny were not isolated, and in the case of Magdalen Castle they could come and go as they pleased and were also lodged in the best quarters. There is an English example which similarly records that ‘lepers’ enjoyed freedom in the leper-hospital in Huntingdon where ‘lepers came and departed at their leisure,’<sup>833</sup> showing that this apparent autonomy was not unique to Ireland. It was also discussed in the introduction that prior to 1321 French ‘lepers’ could wander freely as long as they resided overnight in an establishment specifically for them. More than that ‘Leprosie’ is designated as a disease and so despite its late date there would seem to be no doubt that we are dealing here with people who are suffering from some form of illness which was considered to be leprosy at the time. William Carrigan also states that the Magdalen Castle mentioned is Maudlin Street Castle, and that it was not the only castle accommodation for ‘lepers’ as the Kilkenny Corporation records also make reference to a castle, no longer in existence, termed the ‘Black Castle of the Madgalens.’<sup>834</sup> These examples show that the presence of Magdalen can be a good indication of a ‘leper’ establishment, when it is also supported by documentary evidence. These entries, with the exception of the last one, show that relying solely on the presence of Magdalen, in all of its different forms, is not sufficient evidence to claim that a site was a leper-hospital, without supporting evidence, even when Mary Magdalene is its patron-saint, but it can be a good indication.

Lee states that the common Irish patron-saints of leper-hospitals were Mary Magdalene, Nicholas and the first martyr Stephen, but there were also dedications to Laurence, James and John.<sup>835</sup> This varies from the rest of Europe, as in northern and central areas George or James were widespread, while in southern and Western

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<sup>832</sup> Carrigan, *History of the Diocese of Ossory*, Vol. III, 243.

<sup>833</sup> Knowles, *Medieval Religious Houses, England and Wales*, 365.

<sup>834</sup> *ibid.*

<sup>835</sup> Lee, ‘The Leper Hospitals of Munster,’ 16.

Europe Lazarus was the most common.<sup>836</sup> Recent research by Elma Brenner has also established that Thomas Beckett peculiarly had twelve leper-hospitals dedicated to him in medieval Normandy.<sup>837</sup> Ireland is not unique therefore in having its own particular saints associated with ‘lepers,’ or in having no dedications to Job, for although often associated with leprosy it is rare to find institutions which are actually dedicated to him.<sup>838</sup> It should be noted however that Boeckl does not list any of Ireland’s saints associated with leprosy in her list of the most prominent patron saints connected to ‘lepers.’<sup>839</sup>

Although there is no extant foundation charter of a leper-hospital there are traditions concerning some of them, although without any documentary proof they can never be any more than that. The earliest example concerns King John who custom states, founded St Stephen’s hospital in Waterford after 1185 because he and his sons suffered a skin condition after eating and drinking too much salmon and cider in Lismore.<sup>840</sup> It was thought to be leprosy, but on recovering the king supposedly founded and endowed a leper-hospital in gratitude and also granted it immunities and a charter of incorporation.<sup>841</sup> The hospital was situated in St Stephen’s Street and the parish therefore became known as St Stephens and included lands which had been endowed to it.<sup>842</sup> It will be seen later in this chapter however that King John only confirmed the hospital and did not actually found it.

Archdall claims that the site of St James or alternatively St James (of Compostella) at the Steyne, was founded by

Henry de Loundres, archbishop of Dublin, about the year 1220, founded an hospital, in honour of God and St James, in a place called the Steyne, near the city of Dublin; he endowed it with the lands of Kilmauchry, Kilmalmock, Sewardach, and the church of Delgeny.<sup>843</sup>

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<sup>836</sup> *ibid.*, 19.

<sup>837</sup> Elma Brenner, Presentation entitled ‘Saints and Leprosy in Normandy and England’ given on 3<sup>rd</sup> July, 2013 at the International Medieval Congress, University of Leeds.

<sup>838</sup> Schelberg, *The Myths of Mediaeval Leprosy*, 22.

<sup>839</sup> Boeckl, *Images of Leprosy*, 191-194.

<sup>840</sup> Séamus Pender, *Council Books of the Corporation of Waterford*, (Dublin, 1964), 81 and Lee, *Leper Hospitals in Medieval Ireland*, 43.

<sup>841</sup> *ibid.*

<sup>842</sup> *ibid.*

<sup>843</sup> Archdall, *Monasticon Hibernicum*, 215.

It was noted in the previous chapter that this is a very complex site in regard to its precise position, despite there being good surviving documentary evidence that it existed. Delgany included the townland Kilruddery Deerpark, which may have been associated with an order of the knights' hospitallers,<sup>844</sup> linking it to the hospital, as the church was donated for the upkeep of the Steyne in Dublin. The hospital supposedly stood where the Steyne River joined the Liffey, on a narrow protruding promontory, which no longer exists, and also bordered the present-day Townsend Street, also known as *Cnoc na Lobhar* or Lazar's-hill, states Lee.<sup>845</sup> Christopher McCready does not mention a hospital but notes,

Stane, Stayn, Stein, Steyn, (north and south of Townsend Street). This was that large flat district, extending from Westmoreland Street to the Dodder, and from the Liffey to Nassau Street and Mount Street, including the College and College Park. Parts were called Little Steyn and Great Steyn..... In 1665, we find a Statute enacting that the ambit and tract of ground, commonly called the Stane (or Lazars'-hill), be made part of the parish of St Andrew.<sup>846</sup>

Belcher also records a tradition that 'many miraculous cures of lepers were performed,' on Lazar's Hill, which is 'on the rising ground north of Townsend-street.'<sup>847</sup> John Speed's 1610 map shows an area marked 'The Hospital' on Lazars-hill, but Phillipp's 1685 map shows The Steyne standing further back from the river.<sup>848</sup> To confuse matters even further Belcher states that the hospital on Lazar's Hill 'seems to have been the same as The Steyne Hospital'<sup>849</sup> while Horatio Townsend says, 'The Steyne Hospital, in the district of Le Steyne, or the Stane, otherwise called Lazar's-hill, or Lazie-hill, about where Townsend Street is now.'<sup>850</sup> Gwynn and Hadcock call this site, St James (of Compostella) at the Steyne and they do not list it as a leper-hospital.<sup>851</sup> The evidence for this site is extremely complicated and probably revolves around whether there were one or two hospitals. The descriptions do seem to point to two different locations, and this is also supported by the map evidence of Speed and Phillip and I believe that there were two different hospitals in very close proximity, but it is impossible to state if either of them were for leprosy

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<sup>844</sup> *ibid.*

<sup>845</sup> Lee, *Leper Hospitals in Medieval Ireland*, 48-49.

<sup>846</sup> Christopher Teeling McCready, *Dublin Street Names*, (Dublin, 1987), 121.

<sup>847</sup> Belcher, 'Notes on the Medieval Leper Hospitals of Ireland,' 39.

<sup>848</sup> Lee, *Leper Hospitals in Medieval Ireland*, 49.

<sup>849</sup> Belcher, 'Notes on the Medieval Leper Hospitals of Ireland,' 39.

<sup>850</sup> Horatio Townsend, *The History of Mercer's Charitable Hospital in Dublin*, Part I, (Dublin, 1860), 9.

<sup>851</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 350.

sufferers. One other possible explanation is that these were two buildings, one for female inmates and another for male, both of which were run by the same institution, which has resulted in this confusion. Strict segregation of this nature was not unusual as in the leper-house at Yarmouth the male and female quarters were completely separate.<sup>852</sup>

Another leper-hospital with a founding tradition is the Hospital of St Nicholas in Cashel which is shown on Ordnance Survey maps as a large, rounded earthen-bank in the townland of Windmill.<sup>853</sup> The origin of this earthen-bank is hard to know but in England, at least, it was common to surround the larger leper-hospitals with walls, ditches and moats in order to exclude the evil effects of the outside world.<sup>854</sup> This earthen-bank could be the remains of some such structure but it appears to be the only example of such at an Irish leper-hospital and could instead be some ancient feature which has been re-used. This leper-hospital was reputedly founded by Sir David Latimer who was the seneschal to Archbishop Mairin O'Brien around 1230.<sup>855</sup> Beside it is the townland of Knocksaintlour, which Lee definitively claims means the 'hill of the saint of the lepers,' therefore signifying St Lazarus.<sup>856</sup> Despite Lee's claim there are other possibilities for the meaning of Knocksaintlour as a family called 'Lour' was associated with this area and there is an epitaph in the old church at Kilmakevoge to the Rev Stephen Lower who died in 1800, which states, 'He is esteemed a saint by all the peasantry'<sup>857</sup> which provides one alternative derivation of Knocksaintlour, although it is late and there could be other explanations as well.

Traditionally Latimer founded the leper-hospital because his daughter contracted leprosy after annoying a leper, who then prayed that before the year ended she would become infected. Latimer consulted the archbishop about his daughter's condition and received permission to build a house or hospital for 'lepers,' two miles from the city, with fourteen beds, which was dedicated to St Nicholas and was also endowed with three plough-lands, which is equivalent to about a thousand acres. The

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<sup>852</sup> Rawcliffe, *Leprosy in Medieval England*, 270.

<sup>853</sup> Lee, *Leper Hospitals in Medieval Ireland*, 40.

<sup>854</sup> Rawcliffe, *Leprosy in Medieval England*, 308.

<sup>855</sup> Ada Saint Leger Hunt, *Cashel and its Abbeys*, (Dublin, 1952), 16.

<sup>856</sup> Lee, *Leper Hospitals in Medieval Ireland*, 40.

<sup>857</sup> <http://www.logainm.ie/en/47520?s=Knocksaintlour>

archbishop also arranged for his burgesses to grant the ‘leper’ institution two flagons or gallons of ale out of every brewing for sale within the limits of thirty messuages of the town;<sup>858</sup> a necessity as ale was normally safer to drink than water at this time. In 1272 Archbishop David MacCarwill forcibly combined the hospital to the newly founded Cistercian Hore Abbey in Cashel, and reputedly also expelled the hospital residents.<sup>859</sup> The archbishop however did found a chantry for three priests in Cashel for the support of the hospital, which continued to be cared for by Hore Abbey.<sup>860</sup> Latimer may well have founded the leper-hospital because his daughter became infected, but obviously not because a ‘leper’ wished it to be so. What is interesting here is the quantity of ale which the local brewers were obliged to supply to the leper-hospital. This arrangement is not unique to Ireland however, as there is extant documentary evidence showing that Durham’s leper-hospital also provided a gallon a day to their inmates.<sup>861</sup> Although it was more or less a necessity at this time due to the doubtful nature of the water supplies, it also shows that the ‘lepers’ in these institutions were thought worthy enough not to be left to the hazards of the dirty drinking water.

## 4.2 Place-names

Mary Magdalen has already been discussed in connection with leper-hospitals, but there are many other place-name elements which are also associated to leprosy in medieval Ireland. In contrast to leper-hospitals, Irish place-names have been extensively researched, beginning in 1869 with the publication of Patrick Joyce’s *The Origin and History of Irish Names and Places* and continuing into the twenty-first century in 2009 with the publication of a place-names dictionary, both of which will be referenced in this chapter. Further extensive work has been carried out recently concerning Irish place-names especially in Northern Ireland, resulting in several useful web resources.<sup>862</sup> Place-names in Ireland are extremely complex as it comprises of four provinces and thirty two counties, which are also split into baronies and parishes and sub-divided into sixty thousand townlands which is all further

<sup>858</sup> Rev. Long, *Journal of Waterford Archaeological Society*, Vol. 3, (Waterford, 1897), 27-28.

<sup>859</sup> Gwynn, and Hadcock, *Medieval Religious Houses*, 347.

<sup>860</sup> *ibid.*

<sup>861</sup> Roberts, *Health and Disease in Britain*, 247.

<sup>862</sup> <http://www.placenamesni.org> and <http://www.ucc.ie/locus/>.



complicated by a ‘blanket of Anglicisation ... as a result of the English conquest, throughout a great part of the country.’<sup>863</sup> Place-name lore called *dindseanchas* also appears in early Irish literature and between the tenth and twelfth centuries it was recorded and gathered into specialist collections<sup>864</sup> and shows that the Irish have a long-standing interest in this subject.

As has already been shown place-names are extremely important, especially in relation to this research, as some incorporate *clam* and *lobur*, or have been analysed as doing so; such as Drumclamph in Tyrone, meaning ridge of (the) lepers,<sup>865</sup> although for some unidentified reason, *clam* appears significantly less often in place-names than *lobur*. Joyce states *lobur* became anglicised as *lour*, *lower*, *loura* and *lure* and ‘wherever we find a name containing this word, we may generally infer that some kind of hospital or asylum for lepers was formerly established there.’<sup>866</sup> I would however take issue with this as on many occasions it is more likely such sites were endowed land belonging to leper-hospitals rather than the site of a hospital, but Lee agrees with Joyce that these sites refer to a leper-hospital. There are plenty of examples, such as *cnoc na lobhar* (Knocknalower), which means little hill of the ‘lepers’ and *gort na lobhar* (Gortnalower), which translates as field of the ‘lepers.’<sup>867</sup> There are examples of Knocknalower in, Kilcommon in Co. Mayo,<sup>868</sup> Kilrush in Co. Wexford and Ardnageehy,<sup>869</sup> and of Gortnalower in Clear Island in Cork,<sup>870</sup> Inchigeelagh,<sup>871</sup> Addergoole in Galway<sup>872</sup> and Ardfinnan in Tipperary,<sup>873</sup> but these are just a few of the many examples.

Another place-name which also means the ‘lepers’ field’ is *achadh na lobhar* or Aghneloor which is found in the northern part of Sheephouse in the parish of Kilbixy and was land endowed to a leper-hospital, which was still in use in 1639, and was

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<sup>863</sup> Deirdre and Laurence Flanagan, *Irish Place Names*, (Dublin, 1994), 1-2.

<sup>864</sup> Patrick McKay, *Place-Names of Northern Ireland*, Vol. 4, (Belfast, 1992-2004), ix.

<sup>865</sup> Patrick Weston Joyce, *The Origin and History of Irish Names and Places*, Vol. II, (Dublin, 1875), 79.

<sup>866</sup> *ibid*, 80.

<sup>867</sup> *ibid*.

<sup>868</sup> Lee, *Leper Hospitals in Medieval Ireland*, 63.

<sup>869</sup> <http://www.seanruad.com/cgi-bin/iresrch>, accessed 22<sup>nd</sup> May, 2013.

<sup>870</sup> Joyce, *The Origin and History of Irish Names and Places*, Vol. II, 80.

<sup>871</sup> Lee, *Leper Hospitals in Medieval Ireland*, 34.

<sup>872</sup> *ibid*, 61.

<sup>873</sup> *ibid*, 40.

known as the Church of the Lepers by Wexford.<sup>874</sup> It will be seen later in this chapter that there was a large leper-hospital at Kilbixy and this may have been one of its endowed lands. This example is of particular interest as not only does it show the connection between place-names and leper-hospitals, it also demonstrates that frequently such names referred to the land endowed to a leper-hospital, as well as the hospital itself. Another example of *lour* includes Ballylower, which means town of ‘lepers,’ examples of which are found in Ballon in Co. Carlow,<sup>875</sup> St Mullins in Co. Carlow<sup>876</sup> and Dromtariff which is in Cork.<sup>877</sup> The parish of Annagh, in Co. Cavan has a townland called Drumalure,<sup>878</sup> which Gwynn and Hadcock on this occasion list under hospitals, noting ‘Annagh, Co. Cavan, Annagha, as for Annafgelliff, but one cartron, 12d,’<sup>879</sup> despite its name. The parish of Killinaboy in Co. Clare has a townland known as Poulnalour, which means Leper’s Hole or pool<sup>880</sup> and Lee claims that this was an ancient leper-site.<sup>881</sup> It is possible that this was only a pool which happened to be on endowed land, but healing wells and springs were often associated with leper-hospitals as they required a stable water supply and were therefore often found close to water which was rich in minerals, especially that of sulphur.<sup>882</sup> Such pools as this one may also be showing evidence of pre-Anglo Norman activity; but did the ‘lepers’ visit the pool before the building of the leper-hospital, which was why the leper-hospital was established there or was the pool used by ‘lepers’ only after the building of the leper-hospital? Unfortunately there is no way of answering this particular question. St John the Baptist at Ratass in Co. Kerry which was managed by the Augustinian Canons<sup>883</sup> was also sited close to a well which was called *Tobar na lour*, which was claimed could cure ‘lepers’<sup>884</sup> and the same ‘chicken and egg’ scenario also applies in this instance as it does with any other wells situated close to leper-hospitals. This close association between ‘lepers’ and water will be discussed further in the next chapter in connection with the appearance of ‘lepers’ in

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<sup>874</sup> Liam Price, *The Place-names of Co. Wicklow*, (Dublin, 1967), 485.

<sup>875</sup> Lee, *Leper Hospitals in Medieval Ireland*, 45.

<sup>876</sup> *ibid.*

<sup>877</sup> *ibid.*, 34.

<sup>878</sup> *ibid.*, 28.

<sup>879</sup> Gwynn, and Handcock, *Medieval Religious Houses, Ireland*, 346.

<sup>880</sup> <http://www.seanruad.com/cgi-bin/iresrch> accessed 16th May, 2013.

<sup>881</sup> Lee, *Leper Hospitals in Medieval Ireland*, 31.

<sup>882</sup> Rawcliffe, *Leprosy in Medieval England*, 228-229.

<sup>883</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 355.

<sup>884</sup> Caroline Toal, *North Kerry Archaeological Survey*, (Kerry, 1995), 230.

hagiography. The presence of a supposed ‘leper’s well’ does not necessarily indicate it was the site of a hospital, as it may have been an isolated well which had a reputation for curing ‘lepers,’ but given its proximity to the abbey some connection is possible. Cloonalour, meaning the ‘lepers’ meadow is another example of a ‘leper’ associated name this time in Ratass,<sup>885</sup> and given that there are two names connected to ‘lepers’ here, it is likely that there was some form of ‘leper’ institution in the vicinity and that these were its endowed lands, or may be a further indication of pre-Anglo-Norman treatment of ‘lepers.’ There is also a Cloonalour in Tralee,<sup>886</sup> which is also in Co. Kerry. The townland Rathnalour in Newchapel in Tipperary, Joyce claims is evidence of the presence of ‘lepers’ who ‘must have been sheltered within the enclosure of the old fort,’<sup>887</sup> but again this could be endowed land instead or further evidence of pre-Anglo-Norman activity. Joyce also notes in the *Book of Rights*, Slieve Lougher, which is near Castleisland, means *Luachair na Lubhar*, Lougher of the Lepers,<sup>888</sup> but modern up-to-date place-name scholarship questions this assertion. Lee claims that this is sufficient evidence of ‘the presence, formerly, of a leper house or colony in the district,’<sup>889</sup> and could be considered possible evidence of pre-Anglo-Norman management, but unfortunately as usual he does not back this up with any supporting evidence and is based on doubtful place-name scholarship. Paul Walsh also provides examples, such as *Farnalore fearann na lobhair*, meaning land of the ‘leper’ although it could also mean the land was owned by a leper-hospital and does not indicate a solitary ‘leper,’ but this is again open to question.<sup>890</sup>

Joyce also claims place-names containing *-lour* are

so called because persons afflicted with leprosy resided in, or had them in possession; and this may be presumed to have been the case when the name commemorates only a single leper.<sup>891</sup>

Lee unquestionably accepts Joyce’s view that *-lour* signifies the site of a leper-institution, but it is more likely that many of these sites were the land which had been endowed to a leper-hospital and not the actual site of one. Lee mistakenly accepts any

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<sup>885</sup> Lee, *Leper Hospitals in Medieval Ireland*, 36.

<sup>886</sup> Joyce, *The Origin and History of Irish Names and Places*, Vol. II, 81.

<sup>887</sup> *ibid*, 82.

<sup>888</sup> *ibid*, 81.

<sup>889</sup> Lee, *Leper Hospitals in Medieval Ireland*, 36.

<sup>890</sup> Paul Walsh, *The Placenames of Westmeath*, (Dublin, 1957), 157.

<sup>891</sup> Joyce, *The Origin and History of Irish Names and Places*, Vol. II, 80.

place-names which have even a remote connection to ‘lepers’ as evidence of the presence of some kind of ‘leper’ establishment and does not consider any other possibility. This has resulted in the over estimation of ‘leper’ establishments in Ireland and has caused great difficulties in trying to decipher if a site does in fact have any ‘leper’ associations, especially since Lee frequently provides no references or reliable evidence for his assertions. *Lour* is not unique to Ireland as it also occurs in Scotland. William Watson queried whether the ending *lour* in Pitlour stems from the old genitive of *lebar* or *lebhar* which means book, but also agrees that *peit an lobhair* or ‘leper’s share’ is a possibility when relating to land which has been set apart to maintain a leper establishment.<sup>892</sup> W F H Nicolaisen however states that Pitlour in Fife means ‘leper’s share.’<sup>893</sup> Meanwhile Simon Taylor contends today that Pitlour means, land-holding of the (gospel) book or of the ‘leper’ and stemmed from either *leabhair* or *lobhar*, but for Pitlour to have originated from *leabhair*, a change from *ea* to *io*, before *-bh* would have needed to have taken place and as this was a post-twelfth century development, this is unlikely. It is more probable, according to Taylor that Pitlour originates from *lobhar*, which means land for the upkeep of the Abernethy ‘lepers.’<sup>894</sup>

One possible interpretation of singular ‘leper’ place-names may provide a glimpse of how *clam* and *lobur* lived before the arrival of the Anglo-Normans in 1169. Leper-hospitals proliferated after 1169, but there is little extant evidence for their existence earlier than this. Are singular place-names indicating that anyone considered *clam* or *lobur* withdrew from the community and lived alone in a designated area? This would also be in line with Rawcliffe’s statement that many leper-hospitals started as ‘small, informal gatherings of men and women who had left their homes once the disease became established, they boasted few facilities and little in the way of spiritual care.’<sup>895</sup> Amy Mulligan has also suggested that,

What the place-name evidence might indicate is that the sick, lepers and otherwise, moved to society’s periphery, beyond the town borders and onto the hills and

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<sup>892</sup> William John Watson, *The History of the Celtic Place-names of Scotland*, (Edinburgh and London, 1926), 267-268.

<sup>893</sup> Wilhelm Fritz Hermann Nicolaisen, *Scottish Place-names*, (London, 1976), 152.

<sup>894</sup> Simon Taylor with Gilbert Márkus, *The Place-names of Fife, between Eden-Tay*, Vol. 4, (Donington, 2010), 706.

<sup>895</sup> Rawcliffe, *Leprosy in Medieval England*, 257.

ridges recorded in the place-names above, to take up residence in designated houses or colonies.<sup>896</sup>

I agree with Mulligan's proposition and there may also be supporting evidence for this in *Cath Almaine*, which according to Pádraig Ó Riain is 'a well-constructed and convincing tale,' and describes a battle which purportedly took place in 722 AD.<sup>897</sup>

On linguistic evidence, the text of three of the extant manuscripts date from the beginning of the twelfth century and were probably produced in Lismore monastery's scriptorium, while another text was composed in the tenth century,<sup>898</sup> although the dating is contentious. Could this also be evidence of how *clam* and *lobur* lived, dating back to pre-Norman times and the tenth century? Such questions are unanswerable, but an excerpt from *Cath Almaine* does make for interesting reading in this regard.

*Ra battur dna lucht eólais reimhe, nir bó maith an teólus do radsad dó. .i. iccumhgaibh gacha conaire 7 I n-aimhredhibh gacha conare, go rancuttur Cluain Dobail inAlmaine. As ann buíAodhan clamh Cluana Dobhail ara chin. Do ronsaid dno na slúaiigh micostadh .i. aaonbhó do marbadh 7 afuine ar bheraibh na fhiaghnaisi 7 athech do bhreith da chin 7 a loscadh; Conerbert an clamh comba digal go bráth for UibhNeill in digal do-bérad in Coimdid for sin. Ocus tainicc in clam reime co pupall Fergail ocus bátar rígrad Leithe Cuinn uile ar a chin 'sin phupall in tan-sin. Roboí in clam oc acaíne a imnid 'na fiadnaise; ní tainicc crid neich díb fair acht cride Con-Brettan meic Congusa, rí Fer Rois, ocus is ed ón nába isin phupall acht Cú-Brettan mac Congusa a áenar asin chath.*<sup>899</sup>

The *clam* is called Aedán the 'leper' of Cluain Dobaíl in the recension edited by Ó Riain. Aedán is shown no respect, as they unroof and burn his house, kill his only cow and eat it, all without any apparent fear of contamination from his leprous

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<sup>896</sup> Eichorn-Mulligan, 'The Anatomy of Power and the Miracle of Kingship,' 1044.

<sup>897</sup> Pádraig Ó Riain, *Cath Almaine*, (Dublin, 1978), xi.

<sup>898</sup> Joyce, *The Origin and History of Irish Names and Places*, Vol. II, xxvi.

<sup>899</sup> Ó Riain, *Cath Almaine*, 3-4. 'This is the way the guides brought him, to Cluain Dobhaill, in Allen, where they pitched a camp at the edge of the church. They greatly maltreated the church, for at that time there was a certain leper (there), and he had a single cow. Then they came to the leper and unroofed his house, and they dealt him a spear-thrust which went through his mantle, and they killed his only cow, and cooked it afterwards on spits of iron. And the leper said that the vengeance which the Lord would wreak on the Hui Néill for that would be an eternal vengeance; and he came forward to Fergal's tent, wherein were the kingfolk of all Conn's Half then before him. The leper was bewailing his tribulation in their presence; but the heart of none of them moved towards him save the heart of Cu-Bretan son of Congus, king of the Men of Ross; and of this Cu-Bretan had no reason to repent, for of all the kings who were in the tent none escaped from the battle save Cu-Bretan alone.' Whitley Stokes, *The Battle of Allen*, 'Revue Celtique', Vol. 24, (1903), 41-70, 47-49.

condition. It also shows that those considered leprous were still permitted to have possessions as Aedán has his own cow and mantle as well as somewhere of his own to live and is even allowed into ‘normal’ company, in Fergal’s busy tent, without any apparent fear on the part of the occupants. Fergal’s men do not avoid Aedán and happily eat something belonging to him and get close enough to spear his mantle; but they may undertake a form of cleansing by burning his home, although this could equally be because it amused them. Cú Bretan is the only person who shows Aedán any compassion and is the only survivor of the battle and to me this part is akin to a parable, as compassion should be shown to everyone and is further evidence of the tale’s monastic pedigree. In Chapter Five, Aedán the ‘leper’s’ brother, St Flannan will be discussed as he also becomes leprous and I do wonder if in some context this whole family was considered to be leprous and this provides one explanation why Aedán lives alone? One other possible reason for names such as the ridge of ‘lepers’ may have nothing to do with pre-Anglo-Norman practices however as in Yarmouth the majority of the towns ‘lepers’ in 1430 lived on the sands in preference to entering the nearby leper-hospital.<sup>900</sup>

According to Gwynn and Hadcock, St Brigid’s in Lismore is reputedly one of the earliest Irish leper-hospitals, or the earliest with extant evidence and may have been connected to the Culdees until the twelfth century<sup>901</sup> and provides further evidence concerning the Knights’ Hospitallers. Archdall records,

An hospital for lepers was founded here under the invocation of St Brigid, to which several lands did belong, as appears from a registry compiled sometime after 1467, when the master of the hospital, styled Prior of Lismore, was in his 120<sup>th</sup> year. At the time of the general suppression these lands were unknown.<sup>902</sup>

Smith also notes,

There was also a Lazaret or hospital at Lismore, to which several lands belonged, which were unknown at the time of compiling the registry, together with an annual rent payable to all the Lazarets in Ireland.

The master of this Lazaret was called the Prior of Lismore, and now (says the registry) is 120 years old, and scarce in his senses. This registry seems to be the same as that compiled by John Russel, economist of this church in 1486, in the

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<sup>900</sup> Rawcliffe, *Leprosy in Medieval England*, 270.

<sup>901</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 354.

<sup>902</sup> Archdall, *Monasticon Hibernicum*, 694.

time, and by the care of Thomas Purcell, then bishop, and which was destroyed by an accidental fire, to the irreplaceable loss of this see, A.D. 1617.<sup>903</sup>

Archdall does not use the term Lazaret while Smith does, but the term was in use by the early seventeenth century,<sup>904</sup> and its use by Smith is, I believe, more one of contemporary style rather than significance, especially as Archdall does term it a leper-hospital. It is feasible that the prior at Lismore did have authority over all of the other leper-hospitals in Ireland, or at least those of his order, and had lands with rents which were payable to them.<sup>905</sup> Prior was the title used by the head of a preceptory of Knights Military or Hospitaller and Lee states it is likely therefore that Lismore was the administrative centre for one of the Knights' Hospitallers orders and did have authority over all of the other Irish houses.<sup>906</sup> It is also possible that the Order of St Lazarus of Jerusalem may have controlled this leper-hospital from the twelfth century.<sup>907</sup>

The next place-name element for discussion is *spittal* which has many possible derivations. The presence of the Knights Hospitallers and Templars in Ireland could be one reason for some *spittal* place-names. Lee however maintains,

The word spital, or variations of it, usually indicates the presence in the district of a medieval hospital or, at least, land associated with such a hospital which was often administered by a preceptory or monastery. The word is of the same root and meaning as hospital and many of the institutions indicated by it were, no doubt, leper hospitals.<sup>908</sup>

Coleraine in Derry has a townland called Spittle Hill in the north east Liberties of Coleraine, which Lee considers to be the site of a leper-hospital.<sup>909</sup> Gwynn and Hadcock do not list a hospital at Coleraine, but note in 1244 that St Mary's Priory was founded there.<sup>910</sup> Another example in Ballee in Co. Down, has two townlands, Spittle Ballee and Spittle Quarter.<sup>911</sup> Bright, also in Co. Down has a townland called

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<sup>903</sup> Charles Smith, *The Antient and Present State of the County and City of Waterford*, (Dublin, 1746), 49.

<sup>904</sup> <http://oxforddictionaries.com/definition/english/lazarette>, accessed 23<sup>rd</sup> September, 2013.

<sup>905</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 354.

<sup>906</sup> Lee, *Leper Hospitals in Medieval Ireland*, 42.

<sup>907</sup> *Ibid.*

<sup>908</sup> Lee, 'Leprosy and Certain Irish Place names,' 73.

<sup>909</sup> Lee, *Leper Hospitals in Medieval Ireland*, 29.

<sup>910</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 223.

<sup>911</sup> Lee, *Leper Hospitals in Medieval Ireland*, 29.

Straney's Spital, which is termed a hospital for the infirm in the Papal Taxation of Ireland 1302-6 and also refers to the chapel of St Mary Magdalene at Kingreagh in the diocese of Down.<sup>912</sup> Deirdre and Laurence Flanagan do not mention leper-hospitals during their discussions of '*spidéal*' and state that it 'simply means 'hospital' and occurs in several place-names throughout the whole country.'<sup>913</sup>

Peter McNiven has suggested other origins of *spittal* in his recent study concerning Menteith and Strathendrick and states that,

A problem with the element *spittal* is that there has been a tendency to view it as evidence for the existence of either a hospital, lands associated with a hospital, or an inn for travellers. What has been overlooked in recent work is whether any of these *spittal*-names are properties belonging to the Knights Hospitallers or Knights of St John of Jerusalem.<sup>914</sup>

*Spittal* may also indicate lands belonging to a hospital in a burgh, sometimes far removed from the site of the institution: Spittalfields near Caputh, Perthshire, was the lands of the King James VI hospital in Perth, some seventeen kilometres distant.<sup>915</sup>

This point is particularly pertinent to Ireland where many *spittal* townlands were some distance from the institution that they were endowed to. McNiven continues, 'A *spittal* also seems to point to a place of rest or refuge, especially perhaps for those on pilgrimage or on routes over remote countryside,' and gives the example of Spittal of Glenshee, which is situated between Blairgowrie and Braemar.<sup>916</sup> Taking into consideration McNiven's research, it is unlikely *spittal* place-names can only be attributed to the presence of a hospital, whether for 'lepers' or not, as there are other plausible explanations for this place-name element. Some of the *spittal* examples Lee claims as leper-sites will be examined, but it must be remembered that, according to him, there are many more in Ireland. One example is Spittle in Middleton, in Co. Cork and Charles Smith also states that,

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<sup>912</sup> *ibid.*

<sup>913</sup> Flanagan, *Irish Place Names*, 143.

<sup>914</sup> Peter McNiven, 'Spittal Place-names in Menteith and Strathendrick: Evidence of Crusading Endowments?' *The Innes Review*, Vol. 64.1, (Edinburgh, 2013), 23-38, 24.

<sup>915</sup> *ibid.*, 25.

<sup>916</sup> *ibid.*



not far from the water side, there is the remains of an ancient building, called the Spittle, supposed to have been a leper-house; of which kind, there were many in this kingdom.<sup>917</sup>

Another site in Cork which Lee calls Buttevant, but Gwynn and Hadcock term as Spittle-Bridge, has a Spital townland which is likely to be the site Smith refers to as Spittle-bridge below,

there are also the ruins of a Chapel of Ease at Spittle-bridge, one mile east of Buttevant, this whole town formerly seems to have been an assemblage of churches and religious houses<sup>918</sup>

Lee takes it for granted that the first site refers to a leper-hospital even though the only evidence is the place-name. For the second site Lee just re-iterates Smith's comments concerning the Chapel of Ease, but does not explain why he thinks this is the site of a leper-hospital. Admittedly however it does seem strange to have a Chapel of Ease so close to a religious centre, suggesting that it was for people who were either too incapacitated to make the short journey into Buttevant, or were forbidden from doing so for some reason, but this could apply to any hospital inmates and nothing else suggests that it was only for 'lepers.'

The parish of Ballylanders in Co. Limerick includes the townland Spittle, suggesting the presence of a leper-hospital in the vicinity, states Lee,<sup>919</sup> although Gwynn claims the only evidence in connection with a hospital is its name and an association with the Knights Hospitallers is more likely.<sup>920</sup> Archdall states,

An hospital for lepers was founded here under the invocation of St. Brigid, to which several lands did belong, as appears from a registry compiled some time after 1467, when the master of the hospital, styled prior of Lismore, was in his 120<sup>th</sup> year; at the time of the general suppression, these lands were unknown.<sup>921</sup>

Lee claims that the Spittle townlands near Ballylanders and Ballyorgan owe their name to this institution.<sup>922</sup> In 1226 a commandery of the Knights Hospitallers was founded by Geoffrey de Marisco, and became the second most important Hospitaller

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<sup>917</sup> Charles Smith, *The Ancient and Present State of the County and City of Cork*, Vol. 1, (Dublin, 1774), 147.

<sup>918</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 351.

<sup>919</sup> Lee, *Leper Hospitals in Medieval Ireland*, 38.

<sup>920</sup> Gwynn, *Medieval Religious Houses*, 356.

<sup>921</sup> Archdall, *Monasticon Hibernicum*, 694.

<sup>922</sup> Gerard Lee, 'Medieval Kilmallock,' *North Munster Antiquarian Journal*, (1962-5), 148.

establishment in Ireland.<sup>923</sup> Following Henry VIII's suppression, the jurors of the Grand Jury reported the buildings of the Hospital of Any, as it was then called, were still standing and two hundred and eighty acres of land and other properties belonged to it.<sup>924</sup> The evidence suggests that there was a hospital and endowed lands here at an unknown location, but as usual Lee assumes that it was a leper-hospital and does not consider any other possibility, despite the lack of supporting evidence.

Timoleague in Co. Cork reputedly had a leper-hospital, according to Gwynn and Hadcock, in the townland of Spital and parish of Abbeymahon, by Spital Bridge to the south of Timoleague.<sup>925</sup> The Spital townland supposedly owes its name to the leper-hospital and the Cistercian monastery of Aghmanistir, otherwise called *De Fonte Vivo*, which is said to have been close-by, until it was moved to the shore of Courtmacsherry and was then renamed Abbeymahon.<sup>926</sup> The hospital was positioned close to a bridge over the Arigideen stream which is why it became known as Spital Bridge and a nearby townland had a holy well which was called Lady's well, which traditionally 'cured' the leper-hospital occupants.<sup>927</sup> The location beside a bridge is also good supporting evidence that this was a leper-hospital and this will be discussed shortly, as is its proximity to a well. There is another townland called Ballinspittle to the east<sup>928</sup> which in all likelihood was endowed to Timoleague, but Charles Webster states that he could find no record of a leper-hospital at Spital,<sup>929</sup> but this could be because it was endowed land rather than a hospital building. The evidence for this site suggests that there was a hospital here, and circumstantial evidence would suggest it was for 'lepers' but there is insufficient proof to confirm this.

Ardfinnan in Co. Tipperary has townlands called Spital-land and Gortnalower which is sufficient evidence for a leper-hospital, claims Lee.<sup>930</sup> It is feasible that they do have a connection to an early monastery built in Ardfinnan by St Finan Lobhar, who

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<sup>923</sup> *ibid.*

<sup>924</sup> *ibid.*

<sup>925</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 356.

<sup>926</sup> Lee, *Leper Hospitals in Medieval Ireland*, 35-36.

<sup>927</sup> *ibid.*

<sup>928</sup> *ibid.*

<sup>929</sup> Charles Alexander Webster, 'The Diocese of Ross and its Ancient Churches,' *Proceedings of the Royal Irish Academy*, Vol. 40, (Royal Irish Academy, Ireland, 1931/2), 271.

<sup>930</sup> Lee, *Leper Hospitals in Medieval Ireland*, 40.

is recorded as having died in the last quarter of the seventh century.<sup>931</sup> Gwynn and Hadcock do not list Ardfinnan as a hospital but state that the, 'Church confirmed to the Hospital in 1212.'<sup>932</sup> They also state that there is a tradition of an early leper-hospital at Fethard in Tipperary, but the only surviving evidence of this is a Spitalfield street and townland.<sup>933</sup> There is also an entry in the ninth Patent Roll of James I, noting that 'Charter of the hospital of the Holy Trinity of Fethard, dated 13<sup>th</sup> June.'<sup>934</sup> This evidence does seem to indicate that this was a hospital, but this time probably not one that was for 'lepers.'

Nicholas Fitz-Maurice, the third Lord of Kerry, who died in 1324, 'made several grants of lands to pious uses hereabouts; and built a Leper, or Lazar House at Ardfert,'<sup>935</sup> which given the date makes it likely that it was a leper-hospital. Lee notes two townlands in Ardfert parish; the first Ballinprior or Priorstown and the second Gortaspiddale,<sup>936</sup> which were probably endowed to the leper-hospital. The bishop of Ardfert and the prior of the Hospital both held the vill of Ardfert.<sup>937</sup> On 21<sup>st</sup> May, 1587 a certificate of lands which were granted to Sir Walsingham and others, which is preserved in the Carew manuscript, states, 'the two castles with the Priorye and toun of Trallye and an Hospital, sometime parcel of St John's of Jerusalem, with some closes in Trallye.'<sup>938</sup> This may have been a leper-hospital but the evidence is inconclusive.

Kilmallock in Co. Limerick had a leper-hospital which stood in the Spital Field, half a mile to the north with vestiges of an old church and burial ground, according to Samuel Lewis.<sup>939</sup> Lee claims that it was under the auspices of the Knights Hospitallers, and included 9.5 acres of Spital lands as in a Charter dated 1594.<sup>940</sup> Despite Lewis's claim there is nothing to support the presence of any hospital, let alone a leper-hospital apart from the presence of a Spital Field and its name could be

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<sup>931</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 29.

<sup>932</sup> *ibid*, 339.

<sup>933</sup> *ibid*, 351.

<sup>934</sup> *Irish Patent Rolls of James I*, (Dublin, 1966), 212.

<sup>935</sup> Charles Smith, *The Ancient and Present state of the County of Kerry*, (Dublin, 1774), 204 and 207.

<sup>936</sup> Lee, *Leper Hospitals in Medieval Ireland*, 36.

<sup>937</sup> Gwynn, *Medieval Religious Houses*, 338.

<sup>938</sup> *ibid*, 338.

<sup>939</sup> Samuel Lewis, *The Topographical Dictionary of Ireland*, (London, 1837), Vol. II, 173.

<sup>940</sup> Lee, 'Medieval Kilmallock, 147-148.

equally due to the presence of the Hospitallers or another reason. It can be seen therefore that the presence of a *spittal* place-name is by itself insufficient evidence for the site of a hospital, let alone that of a leper-hospital, as there are other possibilities and Lee's over reliance on this place-name element is one of the reasons for the over estimation of the number of Irish leper-hospitals.

Lee claims that another place-name element which suggests the site of a leper-hospital is 'palmer' as this indicates a pilgrim who has returned from the Holy Land with a palm leaf and as leper-hospitals often appear in townlands which contain this element, most pilgrims were therefore leprous.<sup>941</sup> Lee does not provide any further evidence for this assertion and I do not find it convincing and therefore would suggest an alternative explanation. The Hospital of St John without the New Gate in Dublin was founded some time before 1188 and one of the seals on its founding document belonged to Ailred the Palmer, whose wife had inherited a burgage plot in Dublin.<sup>942</sup> The Palmers also owned at least two country estates, one in *Glenn Uisce* in Fingall and the other at *Tech Guaire* in *Ui Dunchadha*, both of which were called Palmerstown.<sup>943</sup> The Palmers were childless and charitable and devoted to caring for the poor and so built a hospital and religious house for men and women outside the West Gate in Dublin.<sup>944</sup> The Palmers took religious vows, entered their establishment, donated all of their lands and goods to it and also obtained from their over-lords release of their superior rights to the new hospital.<sup>945</sup> Ailred Palmer was the first master and the hospital was run as a house of Canons Regular of St Augustine, although in due course it adopted the rule of the Cruciferi, Cross-bearing or Crouched Friars.<sup>946</sup> At least two Palmerstowns were named after the Palmers and it is therefore possible more were named after them because of donations, of which there is no extant evidence. There are Palmerstowns in Balrothery, Kilkenny and Athenry in Galway, a Palmershill in Aghaboe, a Palmersland in Louth, and a Palmer's Hill near Cashel.<sup>947</sup>

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<sup>941</sup> Lee, 'Leprosy and Certain Irish Place Names,' 71-72.

<sup>942</sup> Charles McNeill, 'Hospital of St John without the New Gate, Dublin,' *The Journal of the Royal Society of Antiquaries of Ireland*, Sixth Series, Vol. 15, No. 1, (June, 1925), 58-64, 58.

<sup>943</sup> *ibid.*

<sup>944</sup> *ibid.*

<sup>945</sup> *ibid.*, 59.

<sup>946</sup> *ibid.*

<sup>947</sup> Lee, 'Leprosy and Certain Irish Place Names,' 72.

There are also less obvious place-names which are seemingly connected with leper-hospitals, states Joyce, such as Flowerhill, which is, ‘a strange transformation of the Irish name, *Cnoc-a’-lobhair*,’ hill of the ‘leper,’ and this change from *cnoc* to hill and *lobhair* (lour) to flower, succeeds in disguising the original meaning,<sup>948</sup> as in Flower Hill in Dunluce in County Antrim.<sup>949</sup> There are also Flowerhills in Tynagh, Galway, Sligo,<sup>950</sup> and Coshmore and Coshbride in Waterford.<sup>951</sup> It was also discussed in Chapter Two that Lee considers place-names containing the element *martir* to mean ‘leper,’ but this meaning is not listed in DIL or anywhere else. There is a site however which adjoins Castlemartyr in Co. Cork which was called Lepers-town, after a leper-hospital at Ballyouteragh,<sup>952</sup> the Irish name being *Baile na Martra*,<sup>953</sup> and is the only supporting evidence for Lee’s assumption that I have been able to ascertain.

All of the foregoing demonstrates that identifying a leper-hospital or lands connected to one, is not easy and Lee’s confidence that place-names are sufficient evidence to provide irrevocable proof is not the case, despite Joyce’s claims. The different types of extant documents will now be discussed for evidence confirming the presence and location of leper-hospitals in Ireland.

## 4.3 Leper-hospitals

### 4.3.i. Wills

Medieval wills are a rare and useful source when discussing leper-hospitals and also provide the briefest glimpse into the social attitudes and beliefs of the time they were written. Ireland is fortunate in having several wills which provide much needed and irrefutable proof which confirm the existence of the leper-hospitals referred to in them. In some cases a reference in a will is the only extant evidence concerning these sites and without them there would be no knowledge that they had ever existed.

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<sup>948</sup> Joyce, *The Origin and History of Irish Names and Places*, Vol. II, 81.

<sup>949</sup> Lee, *Leper Hospitals in Medieval Ireland*, 27-28.

<sup>950</sup> Gerard Lee, ‘The Leper Hospitals of the Upper Shannon Area,’ *Journal of the Old Athlone Society*, Vol. 1, (1969), 222-229, 227.

<sup>951</sup> <http://www.seanruad.com/cgi-bin/iresrch>, accessed 11<sup>th</sup> June, 2013.

<sup>952</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 347.

<sup>953</sup> Lee, *Leper Hospitals in Medieval Ireland*, 31-32.

The earliest will and first documentary evidence referring to the St Laurence leper-hospital in Dublin dates to 1275, when Katherine, the wife of John le Gront, bequeathed a legacy 'to the Lepers of St Stephen and St Laurence.'<sup>954</sup> This is not the only extant documentary evidence connected with this site and the other examples will unfold a unique continuing tale concerning both this site and this family. Around a hundred years earlier, Strongbow had founded the Hospitallers of Kilmainham, with lands extending at least two miles along the south bank of the River Liffey and in 1212 the Hospitallers requested confirmation of their Irish possessions from Pope Innocent III.<sup>955</sup> Shortly afterwards the Hospitallers endowed a leper-hospital to the north-west of their church, towards Palmerston, incorporating the eighty four acres of land which had belonged to St Laurence.<sup>956</sup> The leper-hospital and the chapel (which was for the sole use of the leper-hospital occupants (and therefore in this case in line with papal decrees), were under St Laurence's patronage, with a warden in overall-charge and both he and the 'lepers' were regarded legally as a corporation and therefore could hold property and participate in the King's Court.<sup>957</sup> This is similar to the position in England where leper-hospital residents could plead collectively in court<sup>958</sup> and is probably evidence of Anglo-Norman influence on Irish law in this connection.

The Hospitallers of Kilmainham only undertook care of the sick indirectly, as physical care was usually performed by their neighbours, the Crouched Friars or Cross-bearers by the New Gate in Dublin, despite the Hospitallers being particularly interested in the plight of 'lepers.'<sup>959</sup> Having established the leper-hospital and therefore fulfilling their duty of care, the Hospitallers at Kilmainham turned their attention instead to providing hospitality for pilgrims and guests.<sup>960</sup> Could this also be a further explanation for the Drumacoo annal entry which was discussed in Chapter Two?

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<sup>954</sup> Ronan, 'The Lazar Houses of St Laurence and St Stephen in Medieval Dublin,' 480.

<sup>955</sup> *Ibid*, 481.

<sup>956</sup> *ibid*.

<sup>957</sup> *ibid*. The description of lepers and Masters as incorporated is a recurring one and will be discussed later in this chapter.

<sup>958</sup> Rawcliffe, *Leprosy in Medieval England*, 272.

<sup>959</sup> MacNeill, 'The Hospitallers at Kilmainham and their Guests,' 20.

<sup>960</sup> *ibid*.

Confusion exists over the name of the next site but by the time Chapelizod or Palmerstown, St Laurence was suppressed it was under the auspices of the Hospital of Jerusalem, according to Archbishop Alen.<sup>961</sup> Gwynn and Hadcock call this site Palmerstown, St Laurence in Co. Dublin, which they equate with Chapelizod,<sup>962</sup> and state that ‘the hospital was in Palmerstown, on the opposite side of the River Liffey to Chapelizod.’<sup>963</sup> Lee terms it Chapelizod and claims that it was a leper-hospital dedicated to St Laurence which stood in a townland, with the same name, and was situated between Chapelizod and Palmerston, on the north side of the Liffey above the bridge.<sup>964</sup> Archdall calls it Palmerstown and states it was ‘situated on the river Liffey, three miles west from Dublin, and in the barony of Newcastle.’<sup>965</sup> Joyce also calls it Palmerstown and states that it was ‘Near the village, which is irregularly built, and in which the dwellings are of a humble character, there was a hospital for lepers, previously to the Reformation.’<sup>966</sup> Myles Ronan claims,

The tradition among the old people living on the land is that the Ruin was an ecclesiastical one. This may have been the site of the leperhouse and chapel, and the Ruin on the south side may have been the Chaplain’s house. At all events, it seems clear that the ancient buildings in connection with the leper hospital stood on those sites.<sup>967</sup>

I also discovered what in all probability is new evidence connected to its location of this site in a 1306 document which records,

They say also that the weirs of Kilmaynan, Chapel Isolde, Palmereston, Lyuecan, and S. Katerine are raised, and the water in them much narrowed.<sup>968</sup>

This proves that there were indeed two sites, both of which were situated near water and close to weirs. The document recording the suppression of *de Ysoude*, which also appears to have gone un-noticed in this regard, provides further evidence as to location, as it states, ‘Capella de ysoude, Chapelizod, Co. Dublin. At the suppressions the rectory of Chapelyzold with the chapel of St Laurence (on the south bank of the Liffey),’<sup>969</sup> indicating that both sites were on the south bank. Ronan may

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<sup>961</sup> McNeil, *Registrum de Kilmainham*, 142.

<sup>962</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 420 and 355.

<sup>963</sup> *ibid*, 355.

<sup>964</sup> Lee, ‘The Leper Hospitals of Leinster,’ 135.

<sup>965</sup> Archdall, *Monasticon Hibernicum*, 253.

<sup>966</sup> Joyce, *The Origin and History of Irish Names and Places*, Vol. II, 455.

<sup>967</sup> Ronan, ‘Lazar Houses of St. Laurence and St. Stephen in Medieval Dublin,’ 483.

<sup>968</sup> James Mills, *Calendar of the Justiciary Rolls of Ireland, Edward I*, Part 2, (Dublin, 1914), 259.

<sup>969</sup> McNeil, *Registrum de Kilmainham*, 142.

also provide the reason for the confusion concerning the name and location of these sites, as shortly after 1532, St Laurence and Chapelizod were united,<sup>970</sup> so therefore two institutions, apparently very close together, ultimately became one, resulting in anachronistic and geographic confusion. From an unfortunately un-dated entry Archdall records,

Richard, who was prior of the house of St Laurence, near Dublin, sued Reginald de Bernevalle, and Joan his mother, for a freehold in Tyrnewer, which they had taken possession of contrary to law; and a writ was issued to the Sheriff to produce their bodies in court.<sup>971</sup>

This is also evidence that this particular leper-hospital was overseen by a prior who was able to go to court to protect the hospital's lands and also that these 'lepers' were recognised legally in Dublin during this time period. Ronan also states that Brother Richard was the warden between 1290 and 1300,<sup>972</sup> but probably held the office for longer, and presumably this document is therefore dated to somewhere within that time-frame. The next and most important reference is dated to 1335 when the Prior of Kilmainham granted to the chaplain John Fitz Rauf, in his will, the cure and custody of the House of the Sick of Blessed Laurence, near Dublin, for the rest of his life,

*Uniuersis, &c., Noueritis quod ob precordialitatis affectum et deleccionis deuocionem quam dilectus nobis in Christo Johannes filius Radulphi capellanus erga domum infirmorum Beati Laurencii iuxta Dubliniam affectuose gerit attendents, et exaltandam domum supradictam exhibuit et exhibebit in eidem Johanni capellano curam at custodiam domus infirmorum Beati Laurencii supradicte ad totam uitam ipsius Johannis una cum omnibus et singulis ad dictam domum quibuscumpue spectantibus.*<sup>973</sup>

Archdall states that he 'cannot find any further mention of this hospital'<sup>974</sup> (that is Chapelizod), after this entry, but the previous entries in *Monasticon Hibernicum* are under Palmerstown; the first states, the house of St Laurence, near Dublin while the second says the Leper's house, near Palmerstown, resulting in yet more confusion.

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<sup>970</sup> Ronan, 'Lazar Houses of St. Laurence and St. Stephen in Medieval Dublin,' 482.

<sup>971</sup> Archdall, *Monasticon Hibernicum*, 253.

<sup>972</sup> Ronan, 'Lazar Houses of St. Laurence and St. Stephen in Medieval Dublin,' 481.

<sup>973</sup> McNeill, *Registrum de Kilmainham*, 81. Know that, on account of the feeling of cordiality the devotion of love which John son of Radulph, our beloved in Christ, the chaplain, bears to the house of the sick of Blessed Lawrence, beside Dublin, attending (them) kindly and raising up the said house, he (the prior) has provided and will provide to the same Chaplain John the care and custody of the house of the sick of the aforesaid Blessed Lawrence for the whole life of the said John, with all and everything belonging to the said house.

<sup>974</sup> Archdall, *Monasticon Hibernicum*, 253.



This Will does however provide valuable confirmation of the existence of a leper-hospital at this bewildering site.

The next Will belonged to William de Stafford and dates to 1282, and he also bequeaths sums to St Laurence and St Stephen's and was drawn up before he departed for the Holy Land. De Stafford bequeathed to 'the lepers of St Laurence, 40d; those of St Stephen, 2s,'<sup>975</sup> which Gwynn claims 'is doubtless the hospital of St Laurence, mentioned with various religious houses in Dublin.'<sup>976</sup> Since de Stafford was departing on crusade and thereby would be automatically shriven this bequest to 'lepers' is particularly interesting as he does not ask them to pray for his soul, as in his case he does not need them to do so. The amounts he bequeaths are comparatively small and to my mind suggest that those in high positions were obliged and indeed expected to leave sums to leper-hospitals whatever the 'state of their own soul.'

St Stephen's hospital stood outside Dublin's walls on the edge of the grazing land stretching to St Kevin's Gate and was founded by its citizens sometime prior to 1192,<sup>977</sup> but whether this was before the arrival of the Normans or not is impossible to ascertain. It was located at the centre of a group of ecclesiastical institutions – The Church of the Daughter of Zola, (before it become All Hallows), the Convent of Hogges, St Michil's le Pole, (which was excavated and also discussed in Chapter Three), St Brigid's, St Patrick's and St Kevin's.<sup>978</sup> As already stated there are a number of documents concerning St Stephen's including that of a benefactress, Elena Mocton, who inherited the moiety of lands under an agreement drawn up in 1230,<sup>979</sup> but which was enacted much later. Elena's bequest states –

A gift from Ellena Mutton to God and the Blessed Virgin, and St Stephen, the Protomartyr, and to the poor lepers of the city of Dublin, resident therein, of two acres of ground whereon stood the chapel of St Stephen, near Dublin, with a small

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<sup>975</sup> Hugh Jackson Lawlor, 'A Calendar of the Liber Niger and Liber Albus of Christ Church, Dublin,' *Proceedings of the Royal Irish Academy*, Section C., Vol. 27, (1908/9), 1-93, 31.

<sup>976</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 355.

<sup>977</sup> Ronan, 'Lazar Houses of St. Laurence and St. Stephen in Medieval Dublin,' 483-484.

<sup>978</sup> *ibid*, 484.

<sup>979</sup> *ibid*.

meadow called ..... Mary's, to the east of the said chapel, to hold in perpetual charity for the support of the said poor for ever.<sup>980</sup>

Cork is fortunate in having one of the oldest extant Anglo-Irish Wills which was made by John de Wynchedon and dates to 1306;<sup>981</sup> without this Will there would be very little or nothing known about Cork's leper-hospitals, as it is the sole source for many of them. Wynchedon requested that his body be buried by the Friars of the Order of the Blessed Augustine of Cork and bequeathed two hundred pounds of wax to be placed on the linen which would cover his body,

to the lepers of St Stephen's of St Mary Magdalen of Shandon, to the lepers near the bridge opposite the Friar preachers, (St Dominic's) where the mill now is, near the late Cathedral, to the lepers of Glenawirre (Glenmire) and to other houses.<sup>982</sup>

Wynchedon, also bequeathed to the Friars of the Order of the Blessed Augustine of Cork three marks and another mark daily for a whole year for the celebration of Holy mass for his soul.<sup>983</sup> This is in contrast to de Stafford's Will who had the guarantee granted to crusaders that his soul would enter heaven automatically and that all of his sins would be forgiven, unlike Wynchedon. Such donations were regarded as 'a type of insurance guaranteeing the rapid transition of the donor through purgatory rather than the provision of relief from poverty.'<sup>984</sup> Wynchedon also bequeathed another seven marks for 'the making of Choir Stalls,'<sup>985</sup> and made his will shortly before he died, the evidence for which has hitherto been overlooked, as his son Ric. De Wynchedon appears in the Justiciary Rolls on the 22<sup>nd</sup> May, 1307, stating,

Ricard answers as tenant that he entered by hereditary succession, after the death of John de Wynchedon his father, whose heir he is, who died seised.<sup>986</sup>

Wynchedon's will also supplies evidence for another site at Aghada as it states '*Leprosis de longo vado*,' believed to be Aghada (Athfada) in Longford, which is to the east of Cork Harbour.<sup>987</sup> Two references which refer to the church at Athfada

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<sup>980</sup> James Whitelaw, *History of the City of Dublin*, (London, 1818), 391-2. This is found in Folio 172, 58 but is not dated.

<sup>981</sup> Charles Alexander Webster, *The Diocese of Cork*, (Cork, 1920), 398.

<sup>982</sup> *ibid*, 398-399.

<sup>983</sup> This is in contrast to de Stafford's instructions.

<sup>984</sup> Roberts, *Health and Disease in Britain*, 236.

<sup>985</sup> O'Sullivan, 'The Monastic Establishments of Medieval Cork,' 10.

<sup>986</sup> Mills, *Calendar of the Justiciary Rolls, Ireland, Edward I*, Part 2, 375.

<sup>987</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 346.

appear in the Papal Taxation of 1302-6<sup>988</sup> and Gwynn lists it as a hospital or hospice,<sup>989</sup> although this does rest on the assumption that '*longo vado*' is Aghada. Wynchedon also left two shillings to the Hospital by the Bridge and to the 'lepers' residing by the bridge near the Dominican friary.<sup>990</sup> Lee also notes another reference to the 'lepers of the bridge' which was opposite the Friar Preachers, which is St Dominic's Priory.<sup>991</sup> Wynchedon is probably referring to the same site as Buttevant/Spittle-bridge but there is insufficient evidence to be able to confirm this. Wynchedon also left two shillings to the 'lepers' at Dolbey or Dilbey, which Gwynn claims is Gill, an Augustinian abbey in Cork, but which is also called *de Antro* in the will,<sup>992</sup> which is at odds with Gwynn's assumption. The location of Dilbey is unknown, but O'Sullivan states it could be an orthographical error for 'Gilley' or Gille' and would therefore be Gill Abbey which may have had a 'lazar infirmary' attached to it.<sup>993</sup> Lee also claims Dilby may be an erroneous version of Gill Abbey, which was also called the cave of St Finbar or Gylley Abbey, while the 1699 rent rolls for the Cork diocese state Gilabby,<sup>994</sup> but the only definitive evidence for the existence of this site is the money left to the 'lepers' of Dolbey and without this its 'leper' associations would be unknown. Wynchedon also bequeathed two shillings to the 'lepers' at Glenmaiur or Glenamore<sup>995</sup> and this is also the only reference to this site. The 'Lepers of Kynsalle' also appear in the will and Archdall notes that in 1590 the 'Inquisition of 31<sup>st</sup> August, 32d Queen Elizabeth, finds, that the Spittal, or Lazar-House town, was endowed with lands to the annual value of 12d.'<sup>996</sup> In 1603 during the battle of Kinsale the English army positioned themselves on 'The Spittle hill where ye Lo. Deputie and Lo. President encamped'<sup>997</sup> and although there are no visible signs there is still a Lepers' Lane.<sup>998</sup> The site was originally in the care of the Canons Regular of St Augustin and then the Carmelites of the Kinsale friary.<sup>999</sup>

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<sup>988</sup> Lee, 'The Leper Hospitals of Munster,' 17.

<sup>989</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 346.

<sup>990</sup> *ibid*, 348.

<sup>991</sup> Lee, *Leper Hospitals in Medieval Ireland*, 33.

<sup>992</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 348.

<sup>993</sup> O'Sullivan, 'The Monastic Establishments of Medieval Cork,' 14.

<sup>994</sup> Lee, *Leper Hospitals in Medieval Ireland*, 34.

<sup>995</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 349.

<sup>996</sup> Mervyn, Archdall, *Monasticon Hibernicum*, (Dublin, 1786), 788.

<sup>997</sup> Sir Thomas Stafford, *Pacata Hibernia*, (1634), Map is opposite page 1.

<sup>998</sup> Lee, *Leper Hospitals in Medieval Ireland*, 35.

<sup>999</sup> *ibid*.

Kinsale also has a tradition some of the members of the 'leper' colony were put ashore from ships<sup>1000</sup> but this would seem to contradict the previous evidence that the leper-hospital was located on a hill. Ringcurran parish in Kinsale's barony has a townland called Spital-land indicating land endowed to Kinsale or a similar establishment.<sup>1001</sup> Kinsale is another example of a site which had a well, which was known as *Tobar-na-lobhar* and where traditionally 'lepers' lived and made use of the water.<sup>1002</sup> Wynchedon also bequeathed forty pence to the 'lepers' of the church called *de Shendon*, which is Shandon.<sup>1003</sup> The church was also called St Mary De Nard as well as St. Mary Magdalene and was in ruins by 1615.<sup>1004</sup> Without de Wynchedon's bequests many of the leper-hospitals he mentions would be unknown and in some cases he provides the only definitive evidence of their existence.

In the twelfth century, as mentioned previously, Alfred de Palmer founded a hospital dedicated to St John the Baptist, in Dublin, which had a total of fifty beds at the time of its foundation and a priory in what is today called St John's Lane.<sup>1005</sup> Lee claims this hospital may also have accommodated 'lepers,' who attended the church of St Audoen in the Cornmarket.<sup>1006</sup> Joyce further states that there was a leper-hospital attached to the priory of St John the Baptist,<sup>1007</sup> and supporting evidence for this, which has until now been overlooked, is present in a Will made by John Hammond, dated 1388 which states that 'he desires to be buried in the cemetery of St John, outside the New Gate, before the door of the church of St Mary Magdalen,'<sup>1008</sup> proving that the two institutions were indeed situated very close to each other. Gwynn and Hadcock however do not believe that this St John the Baptist was a leper-hospital, but that it was 'probably the largest religious hospital for the sick, under the care of brethren and sisters, in Ireland' which was run by the *Fratres Cruciferi*.<sup>1009</sup> It is difficult to know if this was a leper-hospital, but the evidence from John Hammond's Will does give credence to the view that there was a leper-hospital

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<sup>1000</sup> Lee, *Leper Hospitals in Medieval Ireland*, 35.

<sup>1001</sup> *ibid.*

<sup>1002</sup> Lee, 'Leprosy and certain Irish Place Names,' *Dinnseanchas*, Vol. 2, 73.

<sup>1003</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 348.

<sup>1004</sup> Lee, *Leper Hospitals in Medieval Ireland*, 33.

<sup>1005</sup> Townsend, *The History of Mercer's Charitable Hospital in Dublin*, 9.

<sup>1006</sup> Lee, *Leper Hospitals in Medieval Ireland*, 49.

<sup>1007</sup> Patrick Weston Joyce, *A Social History of Ancient Ireland*, Vol. 1, (London, 1903), 618.

<sup>1008</sup> John Thomas Gilbert, *Calendar of Ancient Records of Dublin*, Vol. 1, (Dublin, 1889), 129.

<sup>1009</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 350.

attached to the St John the Baptist hospital, but evidence of its separate identity has not survived. It may also be the case that other sites which have confusing evidence, were in fact leper-hospitals attached to larger institutions and that their separate identity has become lost or was later absorbed by their neighbouring larger institution when leprosy declined and the building was put to some other use.

These Wills all date to a time when the foundation of and donation to ‘leper’ institutions was at its height. As mentioned previously however this probably had less to do with a rise in HD and had more to do with a change in theology and these documents show this in action at the time.

#### **4.3.ii. Papal Documentation**

Papal documentation that refers to Irish leper-hospitals is unfortunately extremely rare as it provides strong affirmation of both their existence and also their status as has already been seen.

Papal documentation survives for the site known either as Ardnurcher, Spittaltown or Ballenoragh, but neither Lee nor Gwynn refer to it. Pope Innocent III’s Confirmation of their Churches with the appurtenances to the Brethren of the Hospital of Jerusalem in Ireland, dated 1212, is termed ‘de Magdewlin de Stangenach,’<sup>1010</sup> but although this is good evidence and despite the reference to Magdalen it is not necessarily a leper-hospital, for the reasons which have already been discussed.

Documentation is also extant for Athenry, Co. Galway, dated to the 17<sup>th</sup> of May, 1400, from St Peter’s Rome, when Pope Boniface IX, issued an indulgence which states,

visit and give alms for the repair of the fabric and conservation of the chapel of St Mary Magdalene, alias the Lazar-house, by Athnarcagh, in the diocese of Tuam.<sup>1011</sup>

Although the date of its foundation is unknown,<sup>1012</sup> it is probable that this is one of the leper-hospitals that was under the care of the order of St Lazarus of Jerusalem, as

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<sup>1010</sup> McNeill, *Registrum de Kilmainham*, 140.

<sup>1011</sup> William Henry Bliss, *Calendar of entries in the Papal registers relating to Great Britain and Ireland*, Vol. 4, (Burlington, 2005-2012), 281.

<sup>1012</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 346.

stated by Hadcock in his personal letter to Lee.<sup>1013</sup> Athenry's town walls had six gates, one called Spiddle Gate and the parish also has a townland called Palmerston,<sup>1014</sup> both considered to be sufficient evidence by Lee. In this case however I believe it is the documentation which provides irrefutable proof that this was a leper-hospital.

Another site with supporting papal evidence is Claregalway as The Ecclesiastical Taxation of Ireland for 1302-6, lists 'The church of Clar-dun Dunul, hospital, for the portion of the rector, Value 4l, Tenth 8s.'<sup>1015</sup> Gwynn and Hadcock claim it was a leper-hospital, referencing Lee, and abbey ruins were extant here until the nineteenth century, close to the bridge at Claregalway and across the river opposite the Franciscan Abbey,<sup>1016</sup> which would be a typical site for a leper-hospital. Lee lists this site because 'hospital' appears in the Ecclesiastical taxation but there is no other evidence suggesting it was a leper-hospital and in this case despite the papal mention it cannot be classed as anything other than a hospital, despite its appropriate siting.

Papal records which mention leper-hospitals are few but are excellent authentication of the presence of one but unfortunately, are of course limited, to before the Dissolution of the monasteries and the subsequent political upheaval.

#### **4.3.iii. Grants and Incorporation**

We have already seen how the Waterford and St Laurence/Palmerston leper-hospitals functioned as incorporations. Grants of land as a means whereby to provide support for leper-hospitals and some form of incorporation arrangement in order to organise the care of 'lepers' also appear in the following examples. This system of funding was not confined to Ireland, but the following grants do demonstrate compassion, support and that 'lepers' were not cloistered from society and could also own

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<sup>1013</sup> Lee, 'The Leper Hospitals of the Upper Shannon area,' 227.

<sup>1014</sup> *ibid.*

<sup>1015</sup> Henry Savage Sweetman and Gustavus Frederick Handcock, *Calendar of Papal Registers and Papal letters preserved in her Majesty's Public Record Office London*, Vol. 5, 1302-6, (London, 1875-1883), 235.

<sup>1016</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 347 and Lee, *Leper Hospitals in Medieval Ireland*, 61.

property, either collectively or individually, which is at odds with the traditional view which was discussed in Chapter One.

St Mary Magdalen in Gowran in Kilkenny is referred to in 1578 in a grant by Queen Elizabeth. Carrigan states, 'The Magdalen, or leper-hospital of Balligawran, was situated about three hundred yards east of the old parish church, just outside the town wall,' as shown on a map dated 1710<sup>1017</sup> and was still functioning in 1578.<sup>1018</sup> There is also a Maudlinsland townland in the parish,<sup>1019</sup> which could have been land endowed to this institution. If Carrigan is quoting accurately then this is adequate proof for the existence of this leper-institution.

As already noted there is an un-documented tradition that King John founded St Stephen's in Waterford, but it would appear that King John only confirmed it to the poor of the city and endowed it with lands known as Leper's-town in the parish of Killea.<sup>1020</sup> Archdall states that the leper-hospital must have existed before Waterford's Benedictine Abbey was founded, as John, Earl of Morton in his charter to that abbey, confirmed the leper-house to the poor of the city,<sup>1021</sup> but unfortunately that is as near to its date of foundation as is possible to reach, but that is more than most sites. Smith records that it was endowed originally by the Powers family with lands called leper's-town in the Killea Parish, about five miles out of town,<sup>1022</sup> which were thereafter confirmed by King John. The hospital had lands in Ballymacadane and Poleberry without St John's Gate, which marked the hospital's boundary.<sup>1023</sup> The hospital corporation was granted a seal, which the master used, as long as the brothers and sisters of the foundation were in agreement, in order to seal the leases of the lands and tenements belonging to the hospital.<sup>1024</sup> The master was appointed by the mayor, sheriffs and commons and received a small salary and he was also the judge and jury in cases of any fighting or bloodshed in the leper-hospital.<sup>1025</sup> Any occupant of

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<sup>1017</sup> Carrigan, *History of the Diocese of Ossory*, 410.

<sup>1018</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 351.

<sup>1019</sup> <http://www.irish-place-names.com/> accessed 27th August, 2013.

<sup>1020</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 356.

<sup>1021</sup> Archdall, *Monasticon Hibernicum*, 700. Gwynn and Hadcock confirm that the date of the foundation of the Benedictine Abbey is unknown. *Medieval Religious Houses*, 108.

<sup>1022</sup> Smith, *The Antient and Present State of the County and City of Waterford*, 185.

<sup>1023</sup> Lee, *Leper Hospitals in Medieval Ireland*, 43.

<sup>1024</sup> *ibid.*

<sup>1025</sup> *ibid.*

Waterford who was deemed to be leprous, and had not been licensed by the members of the hospital to live freely abroad, automatically forfeited his estate to the hospital on their death.<sup>1026</sup> This is remarkable as it provides proof that it was not compulsory to reside in the leper-hospital in Waterford and also that it was the hospital inmates who decided whether someone could remain at home or not. Unusually this leper-hospital survived the general suppression and its endowments were used to maintain a public hospital which by 1746 had forty beds.<sup>1027</sup> The original leper-hospital was supposedly attached to St Stephen's church,<sup>1028</sup> which could be more evidence of this apparent arrangement and one which would appear to have been quite common. The fact that this hospital survived the suppression could indicate that there was still a need for a leper-hospital in the area at that time and it also shows that its endowments continued to be used even after it became a public hospital and was no longer just for 'lepers.' This is something which should be borne in mind during the rest of this chapter.

In 1427 Archdall records that,

King Henry VI, granted the custody of the Leper's house, near Palmerstown, to John Waile, to hold the same with all the messuages, lands, and tenements thereunto belonging, so long as the same should continue in the King's hands, at the year rent of three shillings.<sup>1029</sup>

Is this document telling us that this institution is no longer functioning as a leper-hospital, presumably because 'leper's' had become a rare commodity, as it is the custody of the Leper's house which is granted and there is no mention of any inhabitants. If the word 'leper' was removed from this paragraph it would appear to be a normal land transaction where the king has awarded a site and income, possibly as a reward, to one of his supporters. Elsewhere in mainland Europe and England leprosy was supposedly in decline at this time and it is recorded that leper-hospitals were defunct, but as we will see there is conflicting evidence in Ireland that some leper-hospitals were still operating into the seventeenth century, although it will be questioned who was living in them by this time. The following later documents

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<sup>1026</sup> *ibid.*

<sup>1027</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 357

<sup>1028</sup> *ibid*

<sup>1029</sup> Archdall, *Monasticon Hibernicum*, 253.



however would appear to prove that leper-hospitals were still functioning in Ireland well into the seventeenth century at least.

The rest of this category of document date to the Elizabethan period.

Grant of Queen Elizabeth I, dated 18<sup>th</sup> June, 1578 for Old Leighlin in Co. Carlow. Grant to Sir Edm. Dowyre or Dowrye of the custody, mastership and over-sight of the spittle houses or madgaleines of Leighlin and Balligawran (now Gowran), for the relief of the poor leprous people dwelling in those places. To hold the custody to him and his heirs and assigns for ever, with all ancient privileges, namely: to be exempt from all temporal services; those visited with the leprosy to have ministers, proctors, and herds, and ministers of bodily health, to minister the sacraments, to provide necessaries, and to pasture their cattle; the proctors may pass through the country of Leinster to call for alms; the cattle may pasture in the parish commons; if any person shall give land to the houses the same to be free of all charges. Recites of whereas in former tyme our predecessor havinge a charitable regard and consideracion of the poore people, beinge lazarous.<sup>1030</sup>

Gwynn states Leighlinbridge is Dunleckney<sup>1031</sup> and Lewis records that Dunleckney was a preceptory of the Knights Templars from 1300 until its suppression in 1308.<sup>1032</sup> The following is also Elizabethan and dates to 1578, but refers to Leinster instead and is very similar, which suggests that this was a common arrangement and that there was an accepted template to set out these grants.

of certain lands and premises for the relief of 'poor leprous people' dwelling in lazar houses, some of the privileges of these hospitals were set out viz. to be exempt from all temporal services, those visited with the leprosy to have proctors, herds and ministers of bodily health to minister the Sacraments, to provide necessaries and to pasture their cattle, the proctors may pass through the country of Leinster to call for alms, the cattle may pasture in the parish commons, if any person shall give land to the houses the same shall be free of all charges.<sup>1033</sup>

The next site for discussion is St Bridget's Hospital at Carrickfergus in Antrim, but there is confusion as to whether there were one or two hospitals in this area.<sup>1034</sup> In 1594 Queen Elizabeth granted the hospital and its lands to Richard Harding for thirty years, together with the Spittal House and a small plot which was called the Fryar's garden.<sup>1035</sup> St Bridget's Hospital, was an ancient monastic foundation and was

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<sup>1030</sup> Carrigan, *The History of Antiquities of the Diocese of Ossory*, Vol. III, 242.

<sup>1031</sup> Gwynn and Hadcock, *Medieval Religious Houses, Ireland*, 340-1.

<sup>1032</sup> Lewis, *The Topographical Dictionary of Ireland*, Vol. I, 584.

<sup>1033</sup> From Appendix to the Thirteenth report of the Public Records of Ireland, quoted in Lee, 'The Leper Hospitals of Munster,' 14.

<sup>1034</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 347.

<sup>1035</sup> *ibid.*

reputedly for ‘lepers,’ and bordered the eastern suburb of the town, but there is no record of when it was founded or by whom.<sup>1036</sup> Some remains of the hospital chapel are stated to have survived into the early nineteenth century and lands adjacent to it were still called Spittal Park.<sup>1037</sup> Carrickfergus’s north-gate was called Spittal Gate and one suggestion is that another hospital was located there and that it may also have had a cemetery.<sup>1038</sup> There are no extant records connected to this hospital, although it was probably attached to a large religious foundation somewhere in this area.<sup>1039</sup> Lee concludes there were two medieval hospitals in Carrickfergus and therefore ‘the reasonable inference is that one of them was a lazar-house.’<sup>1040</sup> Lee’s assertion that there were two hospitals and therefore one of them was for ‘lepers,’ is not supported by the evidence however.

These incorporation documents are of great interest as they show how ‘lepers’ were treated and how provision for their care was organised. The earlier wills demonstrated support by personal bequest whereas during the Elizabethan period, and earlier, the ‘lepers’ appear to be regarded as a form of incorporation with legal rights including the right to graze cattle. The hospitals were also overseen by a Master which, in some cases, appears to have become a hereditary position. The way the ‘lepers’ are to be cared for is also listed as they are to have ministers, proctors and herds, which in this instance probably refers to someone who looks after the institution’s livestock. The ‘lepers’ are also to be cared for both physically and spiritually and in order to enable provision for their upkeep it is permitted for the proctors to travel throughout the county summoning alms, which suggests income from bequests is no longer sufficient to maintain these institutions or that bequests were no longer forthcoming. Further evidence of funding problems is also to be found in the parish of Kilbixy in Westmeath which derives its name from *Cill Bigseach* or *Cill Bigsighe*, and was dedicated to its patron-saint Bigseach, and at which around 1197 Hugh de Lacy reputedly established a leper-hospital.<sup>1041</sup> Lee says,

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<sup>1036</sup> William Reeves, *Ecclesiastical Antiquities of Down, Connor and Dromore*, (Dublin, 1847), 276.

<sup>1037</sup> *ibid.*

<sup>1038</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 347.

<sup>1039</sup> Lee, *Leper Hospitals in Medieval Ireland*, 27.

<sup>1040</sup> *ibid.*

<sup>1041</sup> Lee, ‘The Leper-hospitals of the Upper Shannon area,’ 226.

The remains of the leper-hospital are more extensive than those which I have seen elsewhere, with the possible exception of the Magdalene Castle at Kilkenny.<sup>1042</sup>

Archdall also states,

this ancient town .... adorned with a monastic edifice or rather a hospital built for the support of lepers and hence it acquired the appellation of the Leper-House of St Brigid.<sup>1043</sup>

In April, 1409 a letter written on behalf of this leper-house records that,

exhorts the faithful in the deaneries of Favioria, Molynger, Lox and Arnurchyr to give to the proctor of the house when he comes to them, all grants and indulgences of forty days to contributors throughout the whole diocese, and is referred to as '*domus seu casella Sancte Brigide de Kylbyxy*'.<sup>1044</sup>

This is another example of the change in the funding of leper-hospitals, for as seen previously the proctors are now actively pursuing funds. On the 24<sup>th</sup> May, 1413 indulgences are recorded in Milo Sweetman's Register, during the time when he was Archbishop of Armagh and which were granted in the hope that the hospital would become better supported.<sup>1045</sup> Put this together with the previous evidence, and it would appear to be the case that funding was proving very difficult to come by at this date as bequests are no longer being made in wills, because it was no longer in vogue to do so or a necessity. The question that these documents also raise however is who exactly is living in these leper-hospitals by this time and this will be discussed throughout the rest of this thesis.

#### 4.3. iv. Charters

In this section the extant charter material will be examined, the first being from Drogheda in Co. Louth which is called either St Mary Magdalen or St Laurence or Termonfeckin and was in the care of the Irish Augustinian canons of Llanthony, who managed all of their properties solely for the benefit of their mother-houses in Wales and England.<sup>1046</sup> The charters show that they expended a great deal of energy on their mercantile operations as well as caring for the 'lepers' at St Laurence, which stood

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<sup>1042</sup> *ibid.*

<sup>1043</sup> Archdall, *Monasticon Hibernicum*, 720.

<sup>1044</sup> Brendan Smith, *The Register of Nicholas Fleming*, (Dublin, 2003), 119.

<sup>1045</sup> Archdall, *Monasticon Hibernicum*, 720.

<sup>1046</sup> Arlene Hogan, *The Priory of Llanthony, Prima and Secunda in Ireland, 1172-1541*, (Dublin, 2008), 22.

outside the eastern town gate and also in the foundation in 1214 of the hospice of St Mary d'Urso, which was situated outside the town's western gate.<sup>1047</sup> The St Laurence leper-hospital originally stood beside the bridge of St Mary, but sometime after 1201, but before 1206, it was moved to its new site and renamed as it had been dedicated to Mary Magdalen, indicating that there were two leper-hospitals just outside the town walls for a short time during the early thirteenth century.<sup>1048</sup>

A charter from *Llanthony Prima* dated 1206, gives a rare insight and although it is lengthy it is worth quoting almost in full.

Charter of Eugene Archbishop of Armagh concerning the lepers' chapel of Saint Laurence.

Know all of you that we have granted and confirmed the legal covenant or transaction made between the canons of Llanthony Prima and the same canons and their proctors in Ireland on one side and the burgesses and lepers of the bridge at Drogheda on the other side, that when the same lepers have moved from the chapel of St Mary Magdalen to their place outside the eastern gate of the aforesaid ville, namely that the canons have granted to them a cemetery for themselves and those who serve them and a free chantry with services in their chapel, retaining all protection against damages to the mother church. However, when the chaplains of the aforesaid lepers have by right been instituted into their chapel they will swear that the mother church will be indemnified in all services and that on the underwritten feasts of the saints they may not receive any parishioners of the aforesaid mother church, namely at either Easter, or the ascension of Our Lord, or at Pentecost, the nativity of St John the Baptist, the feast of St Peter, or all feasts of St Mary, the feast of All Saints, Christmas, the circumcision of our Lord, the Epiphany or on the day of preparation before Sunday. However, if it happens that, because of an increase in the size of the said town of Drogheda, or any other reason, the said lepers should at some future time leave the said place, then the chapel with cemetery will remain under the control and in the possession of the mother church of St Peter, just as it pertains to them, with this proviso that, any of the burgesses of the said vill may have a chantry there for the salvation of their soul if they should wish it. If however, on the contrary, the chapel meanwhile should cease, let it be allowed that the lepers, do as they wish with the buildings and land outside the cemetery as if it was their own.<sup>1049</sup>

This charter contains evidence of church sharing as it states that on particular days, 'the lepers must not receive any parishioners of the mother-church of St Peter into their chapel.'<sup>1050</sup> The Archbishop's charter provides conclusive evidence that 'lepers'

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<sup>1047</sup> *ibid*, 22.

<sup>1048</sup> *ibid*, 118.

<sup>1049</sup> *ibid*, 260-1.

<sup>1050</sup> *ibid*, 118.

were not segregated in Drogheda at the beginning of the thirteenth century, as at other times the local parishioners shared the chapel along with the 'lepers.' This is very much against the accepted view that 'lepers' were isolated, but incidences of this are also recorded in England, an example being that of the Chapel of St Leonard's Hospital in Leicester, part of which became annexed to the local parish church. This did not lead to any dispute about segregation, but only about monetary matters connected to access and the celebration of Mass.<sup>1051</sup> The charter also states that if the town increases in size, or if for any other reason the 'lepers' are required to move, the chapel and its cemetery will remain in the control of the mother-church.<sup>1052</sup> It may seem surprising that urban expansion is taken into consideration, but there are many examples of leper-hospitals and their inhabitants having to be moved, one of which was St John the Baptist in Thetford which when it was encircled by the town, a merger was organised with the further afield St Mary Magdalen, therefore ensuring that the 'lepers' still resided outside the town.<sup>1053</sup> This charter demonstrates awareness of possible urban expansion and also, though parishioners shared the chapel with the 'lepers' it was still considered correct for 'leper' institutions to be outside of the city walls. If the chapel is forced to close the 'lepers' are entitled to do whatever they wish with the buildings and the land outside of the cemetery,<sup>1054</sup> further evidence that they had some form of legal standing. Two further charters<sup>1055</sup> from the same year, confirm these arrangements as there appears to have been disagreement which may have been caused because before 1202, this site had been under the auspices of the prior of Duleek, until Simon Rochford, the bishop of Meath, transferred his episcopal see from Clonard to Trim.<sup>1056</sup> A dispute arose over the burial rights before 1201 (presumably therefore the transfer took place before 1201 and not 1202), and the Primate issued a charter confirming the agreement.<sup>1057</sup> Lee states that the leper-hospital, dedicated to Mary Magdalene, was situated at Palmerstown, to the north of Termonfechin, before the Dominicans arrival in Drogheda, and their

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<sup>1051</sup> Rawcliffe, *Leprosy in Medieval England*, 258.

<sup>1052</sup> Hogan, *The Priory of Llanthony, Prima and Secunda in Ireland*, 118.

<sup>1053</sup> Rawcliffe, *Leprosy in Medieval England*, 307.

<sup>1054</sup> Hogan, *The Priory of Llanthony, Prima and Secunda in Ireland*, 118-9.

<sup>1055</sup> *ibid*, 261.

<sup>1056</sup> Aubrey Gwynn, 'Armagh and Louth in the Twelfth and Thirteenth Centuries,' *Seanchas Ardmhacha*, Vol. 1, No. 2, (Armagh, 1955), 17-37, 27.

<sup>1057</sup> *ibid*.

appropriation of the name of Mary Magdalene.<sup>1058</sup> In contradiction to the charters, Lee however states that the new leper-hospital at St Laurence was run by either the *Fratres Cruciferi* or lay hospitallers and was controlled by the municipal authorities, who also appointed the officials and was built by the mayor and burgesses.<sup>1059</sup>

There is a further reference to St Mary Magdalen in Duleek, this time from a charter of *Llanthony Secunda*, dated between 1202 and 1210, by Walter de Lacy for the prior and convent of Llanthony concerning a piece of common land in the Duleek parish. It describes the land as, ‘that piece of level ground at Duleek that lies between the river which runs next to the house of the canons at Duleek and the road which runs from the house of lepers right up to the land which belonged to Adam, the clerk.’<sup>1060</sup> Archdall notes two grants. The first is by Henry IV, dating to 1403, which granted the custodiam to Thomas Scargyll, along with sundry gardens in the said town which belonged to St Mary of Odder, and all of the profits of the hospital were ‘seised in the King’s hands; to hold to him, the said Scargyll, during life, free of all rent, saving however all taxes and impositions payable by the said hospital, which the said Scargyll conditioned to discharge.’<sup>1061</sup> The second deed, by Henry V, dated 29<sup>th</sup> January, 1419, grants to John Tonour, ‘the custodiam of the house called *le Magdelyns*, in Duleek, all lands, rents &c. thereto belonging, and then seised in the King’s hands, to hold the same, whilst they continued in that state, free of all rent and taxes.’<sup>1062</sup> A document which appears in the Statute Rolls provides information concerning the location of this site in Duleek. There is a townland called Rudder in the parish of Duleek Abbey, derived from *Ridire*, which Lee suggests could be because the leper-hospital was under the auspices of one of the Hospitaller Knights.<sup>1063</sup> This documentary evidence further proves that there was a leper-hospital at Duleek which the Statute Rolls have shown was situated near a bridge over the river.

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<sup>1058</sup> Lee, *Leper Hospitals in Medieval Ireland*, 54.

<sup>1059</sup> *ibid*, 53.

<sup>1060</sup> Hogan, *The Priory of Llanthony, Prima and Secunda in Ireland, 1172-1541*, 252.

<sup>1061</sup> Archdall, *Monasticon Hibernicum*, 539.

<sup>1062</sup> *ibid*.

<sup>1063</sup> Lee, *Leper Hospitals in Medieval Ireland*, 55.

It is particularly unfortunate so few charters have survived as they contain unique and very interesting information concerning leper-hospitals and if more were extant they would have provided much needed evidence.

### 4.3. v. Pipe rolls and Exchequer Records

The next category of documentary evidence which contains information relevant to leper-hospitals are pipe-rolls, which were one of the two types of rolls produced by the upper exchequer in order to keep an account of the crown's financial outgoings.<sup>1064</sup>

A monastery founded at Cloyne in Co. Cork in 707, added a hospital in 1326 and although nothing of it remains, the area is still known as the Spital Fields.<sup>1065</sup> The rental of the Manor of Cloyne in the *Pipe Roll of Cloyne* contains the following entry,

*Leprosi de Clone tenant de domino (that is the Bishop) acrem tenae ubi capella sancti Michaelis est et tenant per servitium iid. Per annum, et per servitia fidelitatis, communis sectae curiae. Leprosi* is written in the margin.<sup>1066</sup>

This is another revealing document as it shows that 'lepers' at this time in Cloyne, could hold property, at least when institutionalised, were able to provide service and fealty and also had access to the courts, signifying that they were recognised in a legal sense. In all ways the inhabitants of the leper-hospital at Cloyne seem to be treated and regarded the same as the rest of the 'normal' uninfected population. This entry confirms 'lepers' somewhere in the vicinity, although Paul McCotter states that the exact location is no longer known.<sup>1067</sup> Without this entry in the Pipe Roll this site would be unknown as it is the only extant evidence regarding it as nothing architectural has survived.

Gwynn and Hadcock list the sites of Old Ross/New Ross and Holy Trinity separately but Lee lists them together. In 1281, in relation to Old Ross, a receiver named

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<sup>1064</sup> Connolly, *Medieval Record Sources*, 18-19.

<sup>1065</sup> Lewis, *The Topographical Dictionary of Ireland*, Vol. I, 383.

<sup>1066</sup> Paul McCotter and Kenneth Nicholls (eds). *The Pipe Roll of Cloyne (Rotulus pipæ Clonensis)*, (Midleton, 1996), 8-9. 'The lepers of Cloyne hold of the lord, one acre of land where the chapel of St Michael stands, and they hold by the service of 2d year, and the service of fealty and common suit of court.'

<sup>1067</sup> *ibid*, 9.

William Vicar, accounted for the money for a plot of land, which was held by the leper-hospital.<sup>1068</sup> Gwynn and Hadcock state this hospital was situated beside the River Barrow, in the south of the parish of New Ross, some distance from the village of Old Ross.<sup>1069</sup> A record in the Exchequer dated 6 of James I from 1609 notes a house for ‘lepers,’ together with four fishing weirs and forty messuages on Durbard’s Island, which was one of several names used to indicate a small island in the river Barrow.<sup>1070</sup> The Holy Trinity hospital at New Ross was founded by the ancestors of Sir Patrick Walshe and was for a master, brethren and sisters<sup>1071</sup> which was re-incorporated in 1587 and probably replaced a Mary Magdalen hospital as there are Maudlins and Maudlintown townlands in the area,<sup>1072</sup> but as there is no other evidence, it is insufficient to be able to confirm this.

#### 4.3.vi. Patent Rolls

Patent Rolls contain copies of the patent letters sent out by the Chancery of the monarch. The Chancery produced two kinds of letter, one of which was patent and was ‘intended to be shown to all interested parties as evidence or as authority to perform certain actions.’<sup>1073</sup> The Patent Rolls were particularly badly affected by the earlier damage, but copies were made of the survivors in 1828. The calendar produced at that time however is not user-friendly and contains many errors and is written in a much abbreviated form of Latin, reducing the record to its barest minimum,<sup>1074</sup> and therefore only the translations are provided.

The first of these records concerns a leper-hospital, dedicated to St Nicholas, the patron saint of sailors, situated at Downpatrick in Co. Down and founded by the De Laceys and the de Burgos.<sup>1075</sup> Number 21 in Patent 2 of Henry V, (1415) records,  
The king committed to John Fitz-Richard, chaplain, John Molyn, and Walter Sely, the custody of the Hospital, or Lepers’ House, of St Nicholas of Down and St Peter

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<sup>1068</sup> *ibid* 58-59.

<sup>1069</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 355.

<sup>1070</sup> Lee, *Leper Hospitals in Medieval Ireland*, 59.

<sup>1071</sup> Gwynn, *Medieval Religious Houses*, 355.

<sup>1072</sup> Lee, *Leper Hospitals in Medieval Ireland*, 59.

<sup>1073</sup> Connolly, *Medieval Record Sources*, 15.

<sup>1074</sup> *ibid*, 17.

<sup>1075</sup> Purdon, ‘Medieval Hospitals for Lepers near Belfast,’ 268-269.



of Kycleth, with their lands and appurtenances, to be held, while in the King's hands, rent free.<sup>1076</sup>

Archdall also states, in a separate entry, that this hospital was under the patronage of St Peter.<sup>1077</sup> Although the documentary evidence is good for this site, unfortunately its location was unknown by the time Purdon was writing.<sup>1078</sup>

Kilclief is also mentioned in the above document and within the Glebe townland there was also a Spital field, which in the early eighteenth century still had remains of an ancient building, which William Reeves claimed had been a leper-hospital from the fourteenth century.<sup>1079</sup> Kilclief is also mentioned in another earlier document, Number 120 in Patent 10 of Richard II -

*Ide comis' magro Nicho Lepyng clico custod' domus leprosor' S. Petri jux' kycleth in Ulton' hend' qmdiu sibi plac,' absq' reddendo. Tristeldermot, 1 Mar – p ipen loc ten.*<sup>1080</sup>

And in 1415 the second patent of Henry V's reign states,

*R. comls' Johi (f Rici) capllo, Johi Molyn, & Walto Sely, custod' hospitalium sive domor' leprosor' S. Nichi de Dune & S. Petrie de Kycleth, cu tris & pertinentibus', hend' quamdiu in manu Regis fuerint, absq' reddendo.*<sup>1081</sup>

St Nicholas of Downpatrick, in Co. Meath also appears in No. 21 of the *Rotulus Patens* in the tenth year of Richard II,

*Ideded' & concess' fii Tho' Cuthbert confri domus S. Johis Jerim de Duno custod' domus leprosor' S. Nichi de Duno qmidiu sibi plsc', absq' reddendo; ita scmp qd lepros dei domus supportet. Trym, 1 July.*<sup>1082</sup>

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<sup>1076</sup> *ibid*, 269. Original in Edward Tresham, *Calendar of the Patent and Close Rolls of the Chancery of Ireland*, (Dublin, 1828), 204.

<sup>1077</sup> Archdall, *Monasticon Hibernicum*, 123.

<sup>1078</sup> Purdon, 'Medieval Hospitals for Lepers near Belfast,' 269.

<sup>1079</sup> Reeves, *Ecclesiastical Antiquities of Down, Connor and Dromore*, 218.

<sup>1080</sup> Tresham, *Calendar of the Patent and Close Rolls of the Chancery of Ireland*, 134. 'A.D. 1387.

Robert De Vere, Marquis of Dublin, committed to Nicholas Lepying, clerk, the custody of the Lepers' House of St. Peter, nigh Kycleth in Ultonia.' Purdon, 'Medieval Hospitals for Lepers near Belfast,' 269.

<sup>1081</sup> Tresham, *Calendar of the Patent and Close Rolls of the Chancery of Ireland*, 204. 'The King committed to John Fitz-Richard, chaplain, John Molyn, and Walter Sely, the custody of the hospitals or lepers' houses of St Nicholas of Down, and St Peter of Kycleth, with their lands and appurtenances, to be held while in the King's hands, rent free.' Translated by William Reeves, *Ecclesiastical Antiquities of Down, Connor, and Dromore*, (Dublin, 1847), 218.

<sup>1082</sup> Tresham, *Calendar of the Patent and Close Rolls of the Chancery of Ireland*, 131. 'I have given and granted to Thomas Cuthbert, confrere of the house of St John Jerim of Down the custody of the leper-houses of St Nicholas of Down for as long as it shall please him, without payment; to support the lepers of the house of God.' This is my own translation with assistance from Gilbert Márkus, with any errors of course being my own.

Reeves also notes that there was a leper-hospital dedicated to St Nicholas but its site is unknown.<sup>1083</sup> There is ample evidence for this site to confirm its existence although its location is unfortunately no longer known.

The site which is named either Ardnurcher or Spittaltown or Ballenoragh, according to Gwynn and Hadcock, ‘appears to be the Leper-hospital of Ballenoragh’<sup>1084</sup> as per entries in the Patent Rolls of James I.

XCV-44. Grant from the king to Martin Lisle, gent.

The site of the late hospital, or house of lepers of Ballenoragh – in Ballyhatten, 7a; in Kellokokeneaglishe, 4a; in Clwonynee, 3a; a parcel called Stange-ne-lowre, with 3a. of pasture adjoining – total 17a. parcels of the estate of said hospital; rent, 1s 41/2d, Irish. To hold for 21 years, at a rent of £18 11s. 11/4d., Irish, and for a fine of £1 6s 8d; in respect of his long & painful service in Ireland. 18<sup>th</sup> May 1<sup>st</sup> – Pat. I, James I.<sup>1085</sup> and in Patent 12 of James I.<sup>1086</sup>

XXVIII-14. Grant from the king to Sir Charles Wilmott, knt.

The site of the precinct of the hospital, or house of lepers of Ballinoragh, otherwise Ballinoragher – in Ballihattin, 7a.; in Killokine-Agliste, 4a.; in Clonyny, 3a.; Stangnelore and Stangnigollnan; all belonging to the said hospital, a crown rent of 16 farthings. Pat 12 James I.<sup>1087</sup>

St Mary Magdalen in Wicklow, state Gwynn and Hadcock, had a Spytle house or the ‘Maudlens’ which was a leper house.<sup>1088</sup> The Maudlins was a hospital on lands known as the Black Castle, which belonged to the King.<sup>1089</sup> Its chapel was burned down shortly before 1578 and an undertaking was given to rebuild it, but in 1614 the Inquisition described it as ‘an old ruined chapel,’<sup>1090</sup> and this undertaking was therefore never fulfilled. The Maudlins Chapel was also called Templenecalliaghduffe which translated means, a cell or house of black nuns near Wicklow.<sup>1091</sup> The extant names and documents suggest that there was a hospital here, which stood somewhere to the east of the Franciscan Friary, in the care of an order of nuns.<sup>1092</sup> It is listed in the Calendar of the Fiants in 1578 as ‘the spytle house or the

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<sup>1083</sup> Reeves, *Ecclesiastical Antiquities of Down, Connor, and Dromore*, 232.

<sup>1084</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 356.

<sup>1085</sup> *Irish Patent Rolls of James I*, 16.

<sup>1086</sup> *ibid.*

<sup>1087</sup> *ibid.*, 271.

<sup>1088</sup> Gwynn and Hadcock, *Medieval Religious Houses*,

<sup>1089</sup> Price, *The Place-names of Co. Wicklow*, 424.

<sup>1090</sup> *ibid.*

<sup>1091</sup> *ibid.*

<sup>1092</sup> *ibid.*

Maudlins of Wicklooe, and in 1604 as ‘an hospital or lazar-house called Maudlines,’ in The Calendar of the Patent Rolls of James I,<sup>1093</sup> which is probably the best evidence that it was a leper-hospital.

The fact that there are two entries for 1415 should not be taken as a sign of extra interest in ‘lepers’ at that time as the double entry for this year is merely the result of the randomness of the extant documentation. Examining this documentation one could be forgiven for forgetting that the upkeep and support of sick people in the form of ‘lepers’ is being arranged as the arrangements could easily be for any farm land or demesne at the king’s disposal. The language used in the seventeenth century by James I is not that dissimilar to the earlier Elizabethan examples, despite being post-reformation and by which time leper-hospitals had supposedly become defunct. By this time from the point of view of the king and the administration leper-hospitals seem to have been treated and regarded in the same way as any other land which could be used to reward followers. It might be thought that leper-hospitals would be treated differently but these documents do not support that view. Again it must be questioned who was living in the leper-hospitals by this time.

### **4.3. vii. Justiciary Rolls**

Justiciary Rolls are records of court cases and were compiled for both criminal and civil matters, and were kept on different rolls and were the only complete series of court documents which had survived until 1922.<sup>1094</sup> The earliest justiciary rolls date to 1252, which recorded the itinerant justices and another roll recording the common bench and the justiciar’s court proceedings dated to 1278 and 1297 respectively.<sup>1095</sup> Up until the 1922 fire, four hundred and eighty eight medieval plea rolls had survived, but afterwards there were only three still intact and another nine were damaged.<sup>1096</sup> There are a remarkable number of extant records concerning St Stephen’s in Cork, and one of these is in a justiciary roll.

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<sup>1093</sup> *ibid.*

<sup>1094</sup> Connolly, *Medieval Record Sources*, 25.

<sup>1095</sup> *ibid.*

<sup>1096</sup> *ibid.*

St Stephen's was situated outside Cork's town-walls, in the southern suburbs of St Nicholas's parish and a small church, which was also called St Stephen's, had parochial authority over its hospital and priory buildings.<sup>1097</sup> The hospital was founded and endowed with Lisneynam and Ballinacgoun townlands some time before 1277, when the warden was John de Callan.<sup>1098</sup> The hospital, together with the chapel attached to it, also shared in any of the endowments made by Cork's prominent inhabitants.<sup>1099</sup> In 1295 the Custos or Keeper was Edward Henry and in 1296 the Custos recovered the two carrucates of land at Lisneynan and Ballymacgoun from Nicholas Fitzmaurice, for the benefit of the hospital.<sup>1100</sup> In 1303 a John FitzDavid de Barry sued Henry FitzNicholas, who was then the Custos, for detaining a deed dated 1277, which was made between John de Callan, the then Custos, and David de Barry, as this deed conveyed the lands of Lisneynan and Ballymacgoun to David de Barry for one hundred years, but he was still ejected from the properties.<sup>1101</sup> On May 22<sup>nd</sup> 1307, the justiciary rolls record,

Assise of Novel disseisin. If Ralph Faukot disseised Will. Russell, of his freehold in Seyntebriestrete in the Narde, one messuage and one acre of meadow. Ralph comes and says that assise ought not to be between them, because the tenements are in Lyscotekyn, and not in Seynte Bridestrete. And if it appear otherwise, then he says further, that he had entry for term of years, by the Master of the Lepers of S. Stephen, who is not named in the writ.<sup>1102</sup>

In 1311 the Custos sued Gilbert Brandon, for damaging the surrounding woods, even though Lisneynan was set to him for a number of years, and in 1388 William Gardener was appointed by Richard I as the Custos of the Infirmary of St Stephen's and its convent in consideration for his help in building 'the great principal house of lepers' which survived until Cromwell's time in 1649.<sup>1103</sup> In 1408 Henry IV granted the custody of the hospital to Henry Fygham.<sup>1104</sup> St Stephen's was detained from the Crown by the mayor and commons of Cork in 1590<sup>1105</sup> and in 1674 the original site became the blue-coat hospital, which was founded by Dr Edward Worth, the Bishop

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<sup>1097</sup> Lee, *Leper Hospitals in Medieval Ireland*, 32.

<sup>1098</sup> Gwynn, *Medieval Religious Houses*, 348.

<sup>1099</sup> Webster, *The Diocese of Cork*, 145-6.

<sup>1100</sup> Lee, *Leper Hospitals in Medieval Ireland*, 32.

<sup>1101</sup> *ibid*, 32-33.

<sup>1102</sup> Mills, *Calendar of the Justiciary Rolls, Ireland*, 375.

<sup>1103</sup> Lee, *Leper Hospitals in Medieval Ireland*, 33.

<sup>1104</sup> Gwynn, *Medieval Religious Houses*, 348.

<sup>1105</sup> *ibid*.

of Killaloe and Dean of Cork for the education of poor boys.<sup>1106</sup> The revenues of this school are recorded as coming from South Spittle Land and North Spittle Land and total four hundred and fifty seven pounds, five shillings and six pence in total per annum.<sup>1107</sup> I also discovered in An Abstract of the Deed between William Worth Esq. and the Mayor and Constables of the Staple of the City of Corke, that ‘The said Mayor and Constables to have possession of the lands, &c. All the Spittle lands, St Stephen’s East and West, Ballinvoght.’<sup>1108</sup> I wonder if any of these lands included Lisneydam and Ballinacgoun, which were donated originally for the support of the leper-hospital, and shows the amount of land which was still acknowledged as belonging to it, even at such a late date and demonstrates how wealthy these establishments could become.

### 4.3. viii. Statute Rolls

The Statute Rolls only date from 1427 and are an invaluable source for local history as they record such things as petitions, acts to enable a levy for money in order to carry out local repairs to bridges, town walls, tower houses etc.<sup>1109</sup> and this example shows just that as it details repairs to a bridge.

The Statute Rolls of Henry VI, 1459 provide a document hitherto overlooked with regard to the leper-hospital at Duleek and provides further information as to its location,

XXXVII. ....also at the request of the commons: that forasmuch as there is a bridge at Duleek which is called the bridge of the Maudelynes, by which bridge the people have used to pass from time whereof.... And heretofore fourteen acres of land and meadow with the appurtenances were given to the Chapel of the Maudelynes of the said town, to the support and sustenance of the lepers there from ancient time remaining; and notwithstanding that the said fourteen acres with the appurtenances were from ancient times given so charitably, yet for these forty years past and more the said land has been taken and seised into the hands of the king,..... It is ordained and agreed by the authority of the said Parliament, that the proctors of Llanthony for the time being or in time to come in Duleek, may

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<sup>1106</sup> Smith, *The Ancient and Present State of the County and City of Cork*, Vol. 1, 383-384.

<sup>1107</sup> *ibid*, 384.

<sup>1108</sup> Thomas Ainslie Lunham, ‘Bishop Dive Downes’ Visitation of his Diocese,’ *Journal of the Cork Historical and Archaeological Society*, Vol. 14, (1908), 81-83 and 148, 148. In this deed the founder is called William and not Edward.

<sup>1109</sup> Connolly, *Medieval Record Sources*, 28.

have and enjoy the said fourteen acres with the appurtenances from henceforward, for the repair and building of the said bridge for ever.....<sup>1110</sup>

This document contains two interesting points. The first is that there was a bridge which appears to have been very close to the local leper-hospital, but despite this the local people used it to cross over the river without any apparent qualms, which is again in contrast to the traditionally accepted stereotype. The other is that the bridge has fallen into ruin over the past forty years and specified hospital income is to be used for bridge repairs now and forever more. Is this telling us that the leper-hospital was no longer in use as there is a lack of 'lepers' of any description? The fact that the king took over the lands is informative and indicates that this site was no longer operating as a leper-hospital as its revenues had been appropriated by the king. Another sign which indicates that this leper-hospital is not in operation is the fact that the bridge is so ruinous. Throughout the above documents leper-hospitals and bridges have appeared together and this is not without reason. The majority of 'leper' institutions relied on begging to lesser and greater degrees during their existence and they were often strategically placed so as to take advantage of particularly busy roads and waterways, especially at a 'gate, bridge or crossroads where travellers were likely to congregate'<sup>1111</sup> as these were the best positions at which to accost travellers.

Another document also overlooked from 1481 shows the importance of these Maudelyneslands as they are specifically mentioned in it.

Provided also that the said Act extend not nor be prejudicial to Henry, Prior of Lanthony near Gloucester in England, by whatever other name he be called as regards any gifts, grants and confirmations given, granted and confirmed by the King to him and his successors and especially the Maudelyneslands of Duleek, he to have them according to his gifts, grants and confirmations.<sup>1112</sup>

The 1467-8 Statute Roll records that,

Provided always that the said act of resumption or anything contained in, they extend not nor be prejudicial to Hugh Galyan in any manner, in or of the farm of the leper house of Saint Laurence near Palmerston, with all the lands and tenements belonging to the said house.<sup>1113</sup>

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<sup>1110</sup> Henry Fitzpatrick Berry, *Statute Rolls of the Parliament of Ireland, Reign of King Henry the Sixth: being Vol. II of the Irish Record Series of early Statutes*, (Dublin, 1910), 629.

<sup>1111</sup> Rawcliffe, *Leprosy in Medieval England*, 308.

<sup>1112</sup> James Morrissey, *Statute Rolls of the Parliament of Ireland, King Edward IV*, (Dublin, 1939), 883.

<sup>1113</sup> Henry Fitzpatrick Berry, *Statute Rolls of Parliament of Ireland, VII and VIII, 1467-8, AD*, (Dublin, 1914), 569.

In this case it would seem that Hugh Galyan and St Laurence's have applied for protection of their lands and shows again that 'lepers' had legal rights and also collectively owned a farm which was for their for their own benefit. The same question needs to be answered however who exactly, if anyone, is living in the leper house by this time especially given the evidence of the previous documents.

### 4.3. ix. Corporation Records

Corporation records provide unique evidence of the everyday attitudes to and treatment of 'lepers' in different towns and eras. Dublin has a number of surviving examples, despite Belcher's claim that,

There were beyond doubt many more leper houses in Dublin; but, strange to say, all records of them seem to have perished, while preserved in other places of lesser note.<sup>1114</sup>

Despite Belcher's pessimism there are at least two extant Corporation records from Dublin's Chain Book, the first of which is in the Ordinances by the Common Council of the city of Dublin. The Chain Book gets its name because it was kept chained in the Dublin Guild Hall so citizens could refer to it, and dates to at least the first half of the fourteenth century.<sup>1115</sup> The ordinances deal with such things as fines for assault and bakers selling unstamped bread to which areas cattle could be slaughtered and eviscerated.<sup>1116</sup> In amongst these ordinances number XVI, states 'Prohibition against lepers coming within the walls of the city,' which is situated between one forbidding the purchase of skins worth more than three pence and another declaring each householder must clean the street outside their door.<sup>1117</sup> XLV in the section, Laws and Usages of the city of Dublin, also states, 'Provisions against contagion from lepers' which is placed between the penalties incurred if your swine roam freely in the city and fines on pleaders for irregularity,<sup>1118</sup> but unfortunately it does not state what these precautions against 'lepers' were. This random appearance of rules concerning 'lepers,' in amongst normal daily routine, suggests that they were a part of everyday life, and though not particularly welcome, were not an unusual sight. A

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<sup>1114</sup> Belcher, 'Notes on the Medieval Leper Hospitals of Ireland,' 39.

<sup>1115</sup> Gilbert, *Calendar of Ancient Records of Dublin*, Vol. 1, x.

<sup>1116</sup> *ibid*, 219.

<sup>1117</sup> *ibid*, 220-221.

<sup>1118</sup> *ibid*, 228.

further entry from the Dublin Assembly Roll, which is dated Fourth Friday after 24<sup>th</sup> June, 1491 states,

It is ordained, by auctorite of the semble holdyn the fourth Friday next after the feast of the Natyvyte of Sent (John the) Baptiste, that every fre man and woman of this cite enfectet with lepyr be received and take into the house of Sent Stewnes with the fraunches of this cite freely, without anny fine paying to anny person or persons. And whosoever attempt the contrary to pay xls, halfe thereof to the Maire and Baliffs for the tym being, and the other halfe to the tresory of the foresaide cite.<sup>1119</sup>

It would appear from this document, that ‘lepers’ in Dublin were not expected to pay an entry fee, although apparently, unscrupulous people had at times tried to implement one. This does show a certain leniency towards sufferers as it was the norm in other areas to charge for entry, as in St Bartholomew leper-hospital in Dover, where ‘a substantial entrance fee,’<sup>1120</sup> was expected. In Dublin this leniency was due to the fact that there was a growing concern in relation to vagrancy and disease as some of the local ‘lepers’ had not been able to pay the entrance fee and this anxiety is shown by the amount of the fine which was imposed on anyone who tried to illicitly charge a fee.<sup>1121</sup>

The appointment of a custodian for St Stephen’s is also recorded in the Dublin Assembly Roll records of 1535, and provides evidence of how they were elected.

At the said semble, Sn Martyn Stanton, chaplyng, was electyd and chosyn to be custos and person of Seynt Stewneys, in the rowm of Sn Richard Hancock, lat custos of the same, who is decessyd, of whos soull Jhesu haw mercy.<sup>1122</sup>

St Stephen’s hospital in Dublin was located at the centre of a group of ecclesiastical institutions – The Church of the Daughter of Zola, (before it become All Hallows), the Convent of Hogges, St Michil’s le Pole, (which has been excavated as discussed in the previous chapter), St Brigid’s, St Patrick’s and St Kevin’s.<sup>1123</sup> A Master, Guardian or Chaplain, who had to be born in Dublin, controlled St Stephen’s and it was operated as a civic institution, with the Mayor and Corporation of Dublin as its patrons, who were obliged to visit on the saint’s feast-day to make offerings for its

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<sup>1119</sup> *ibid*, 372.

<sup>1120</sup> Rawcliffe, *Leprosy in Medieval England*, 302.

<sup>1121</sup> *ibid*, 301.

<sup>1122</sup> Gilbert, *Calendar of Ancient Records of Dublin*, Vol. 1, 400.

<sup>1123</sup> *ibid*, 484.



support.<sup>1124</sup> Following the arrival of the Anglo-Normans,<sup>1125</sup> the Master and Lepers were regarded as a corporation which held property, and were provided with a common seal and could sue and be sued in the King's Court.<sup>1126</sup> Previously an Elizabethan document was discussed which showed 'lepers' as incorporated and this document provides evidence that this was also the case at an earlier date. This incorporation is illustrated by the first extant reference to St Stephen's which dates from 1230 -

Agreement in the King's Court at Dublin, in the time of Richard de Burgh, justiciary of Ireland, before John, Bishop of Fern's, Geoffrey de Tureville, Archdeacon of Dublin and Richard Duket, justices itinerant, and others, in Michaelmas term in the fourteenth year of King Henry III. The Master and the lepers of the house of Saint Stephen at Dublin, plaintiffs, agree to accept from Geoffrey Tyrel and his wife Sara, defendants, a surrender of the town of Balygyregan and its appurtenances. The Master and the lepers, with the assent of the King's citizens of Dublin, grant one moiety of Balygyregan to Geoffrey and Sara during their lives, at the rent of two marks yearly. After their death, Richard, son of Richard, first husband of Sara, is to have forty-seven acres of the said moiety on the south side, for one mark annually. At a similar rent the heirs of Geoffrey Tyrel are to have forty-seven acres of the same moiety next Kilmchudde.<sup>1127</sup>

This concerns the conveyance by the Tyrels of land between Tipperstown and Kilmacud to St Stephen's which then became known as *Baile na Lobhar*, Leperstown and eventually Leopardstown, which is what it is called today.<sup>1128</sup> It was the same land or moiety which was referred to earlier in the section on wills in connection to Elena Mocton who was a descendant of the Tyrels.

A leper-hospital which adjoined St Stephen's Church at Clonmel in Tipperary was owned by the Corporation and in the early twentieth century its land still bore the name Spittle-lands.<sup>1129</sup> A judgement delivered by the commissioner of the bishop of Lismore and Waterford, dated 20<sup>th</sup> October, 1510 records that the ecclesiastical revenues of this leper-hospital appertained to its rector and not the prior of Athassel

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<sup>1124</sup> Gerard, Lee, 'The Leper Hospitals of Leinster,' *Journal of the County Kildare Archaeological Society*, Vol. 14.2, (1966-1967), 127-151, 136.

<sup>1125</sup> *ibid.* This could be rare evidence of leper-hospitals existing prior to the arrival of the Anglo-Normans, but, as usual, Lee does not provide his source for this statement.

<sup>1126</sup> *ibid.*

<sup>1127</sup> Gilbert, *Calendar of Ancient Records of Dublin*, Vol. 1, 168-169.

<sup>1128</sup> Lee, 'The Leper Hospitals of Leinster,' 136.

<sup>1129</sup> William Burke, *History of Clonmel*, (Clonmel, 1907), 12.

Abbey, which is about fifteen miles to the north-east of Clonmel.<sup>1130</sup> To emphasis this the manuscript has written on it ‘*in dorso* Rectory of Clonmell to belong to the poore of lepry of Clonmell.’<sup>1131</sup> This is also another example of a leper-hospital adjacent to a church.

Waterford has late evidence in its Corporation minute-books, which provides exceptional information concerning leper-hospitals in the late seventeenth century and which may also reflect earlier circumstances. The first is long and so only the high points will be discussed as it was first published in full by Séamus Pender in the *Council Books of the Corporation of Waterford* in 1964<sup>1132</sup> and also by Niall J. Byrne in 2011, in his work entitled, *The Waterford Hospital of St Stephen and the Waterford County and City Infirmary*.<sup>1133</sup> The document is dated 14<sup>th</sup> November, 1670 and records a visit by the Dean of Waterford and consists of a series of questions and answers. It begins by stating,

Then also resolved upon the question that the following answers to the Articles of the Dean hereunder written is approved by this Board: Articles to be enquired of at the Rev. Doctor Daniel Rushion, Dean of Waterford, his visitation of the Lazar House in St Stephen’s Parish in the Suburbs of the City of Waterford, held the 29<sup>th</sup> October, A.D. 1670.<sup>1134</sup>

The questions were addressed to Thomas Bolton, the Master, and Paul Aylward, his clerk. The first question concerns the founders and that it was founded for the maintenance for ‘lepers’ only and if that was still the case. The second question concerns the founding documents, but it is confirmed that they are missing and nothing is known of their whereabouts. There is then a discussion of the property owned by the hospital and the income provided which consists of,

Lepperstown in Gaultier Ballymorris and Kilcarton in Reiske Parish, worth £40 per annum; the Tertiary Ambit or precinct of the Lepperhouse aforesaid in St Stephen Street worth ... per annum; and the oblations and obventions christenings and burials arising in St Stephen’s Parish and other small and inconsiderable parcells as yet not discovered by the Lepers.<sup>1135</sup>

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<sup>1130</sup> White, *Irish Monastic and Episcopal Deeds*, 139.

<sup>1131</sup> *ibid*, 117.

<sup>1132</sup> Pender, *Council Books of the Corporation of Waterford*, 80-81.

<sup>1133</sup> Niall Byrne, *The Waterford Hospital of St Stephen and the Waterford County and City Infirmary*, (Dublin, 2011).

<sup>1134</sup> Pender, *Council Books of the Corporation of Waterford*, 80.

<sup>1135</sup> *ibid*, 81.

Further questions confirm that the hospital's Tithes are worth about £50 per annum and then unusually the inhabitants are named; Philip Walsh, Philip McGrath, Ellan Grant, Joan Garvey, Joany Shea and Margaret Walsh, one of which is the servant, and all of which were maintained by the leper-hospital revenues.<sup>1136</sup> It is unusual for the names of 'lepers' to be recorded and this document gives an insight into the workings of a late medieval leper-hospital, but though it states it still houses 'lepers' it could be queried whether at this late date its purpose had changed and it was in fact housing the poor instead. The records for Waterford's leper-hospital however do not end there and though obviously late they go on to provide further intriguing information. In 1673, Thomas Bolton, the master of the leperhouse and also an alderman, as mentioned in the previous document is ordered,

to employ the widow Crafford as overseer of the lepers, and to allow and pay her six pounds sterling *per annum* out of that revenue for her care and paines therein till further order of this board.<sup>1137</sup>

Another record from 1694 also records the appointment of the fabulously named Mrs Goose as matron, also by order.<sup>1138</sup> These provide the evidence that the master was not at liberty to appoint his own staff and also how much payment they were expected to receive. Unfortunately it does not state what the widow Crafford's duties were or what exactly an overseer means in these particular circumstances. The next entry records the alderman's death in 1682 and also indicates that it was the 'lepers' themselves who had the power to appoint his replacement.

Concluded, that Mr Mayor Fuller shallbee master of the lepers of St Stephens leperhouse instead of Captain Thomas Bolton, late deceased, according to election made of him by the lepers of the said house for the year ensuing.<sup>1139</sup>

This is far from the traditional view that 'lepers' were powerless and did not interact with the outside world as in this case they are electing their own ruler, so to speak. In 1690 the free admittance is recorded of John Morris and John Flendall,<sup>1140</sup> but by 1694 the leper-hospital had no room for Phillip Bellewes and so, 'Phillip Bellewes petition to bee received in the leperhouse read, but no vacancy,'<sup>1141</sup> which goes against the accepted belief elsewhere that HD was in decline by this time and that leper-hospitals

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<sup>1136</sup> *ibid.*

<sup>1137</sup> *ibid*, 122.

<sup>1138</sup> *ibid*, 313.

<sup>1139</sup> *ibid*, 224.

<sup>1140</sup> *ibid*, 288.

<sup>1141</sup> *ibid*, 316.

were no longer necessary. However Bellewes did not give up and the following year it is noted that, ‘Also upon the petition of Philipp Bellew to bee received into the leperhouse, ordered that he bring the certificate of Doctor Rennett that he is a ‘leper.’<sup>1142</sup> This is a very important document as it provides evidence that the leperhouse is still functioning as such and that a doctor had diagnosed Bellew, although it must be queried what was he diagnosed with? The last recorded endemic case of HD in Ireland was in 1775 in Waterford and so it is possible that Philipp Bellew did indeed have HD but it is surprising that it is still so common that the leper-hospital was full at one stage. Of course the doctor could have diagnosed he was a ‘leper’ for some other reason, but it seems plausible that he was suffering from HD. Why therefore was the hospital so full that only a doctor’s confirmation of your predicament could gain you entry? If HD is still present in such numbers in Waterford I can think of only two reasons why this would be the case. Firstly it is one of the few leper-hospitals still functioning as such in Ireland by this time, although it seems unlikely that ‘lepers’ would travel from all over the country in order to gain admittance. Secondly, Waterford is a port and so it is possible that the disease continued to be brought into the town by sailors and travellers arriving from areas where it was still endemic. HD continued well in to the nineteenth century in Iceland and in Scotland cases were reported in the late eighteenth and even into the nineteenth century<sup>1143</sup> and therefore it is possible that this was also the case in Ireland. The possibility that these people were not in fact ill, as such, but were infirm as a result of being poor and all the problems that is associated with in regard to health must also be considered another option and will be discussed further later.

The next entry is probably the most poignant as it concerns a child. In Chapter One it was discussed that modern research has shown that children living with infected parents are twelve times more likely to contract HD, usually of the borderline variety. A child, David Anderson is referred to as an orphan and also as ‘*lepros*’ which could indicate that his parents had already died of HD, although there is insufficient evidence to prove this assumption. In 1696 the Corporation records show that,

Upon reading the petition of the parish of St Olaves to have one David Anderson, an orphan child of said parish and lepros, received into the

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<sup>1142</sup> *ibid*, 328.

<sup>1143</sup> Newman, *A History of the Leprosy in the British Islands*, 26-27.

leperhouse, or some allowance thence for his maintenance, ordered, that the truth of the petition appearing by certificate to Mr Mayor he be pleased to sign an order to Alderman Abraham Smith, master off lepers, for eighteen pence per week allowance.<sup>1144</sup>

This entry shows that Waterford's leper-hospital was still functioning at least in some form as there is still a master of 'lepers' and there are also funds available. This document gives the master, Alderman Abraham Smith the option of either taking David Anderson into care or alternatively to provide him with maintenance, which is the option chosen. This being the case where is the said child going to live if it is not in the leper-hospital, despite being described as leprous even with an allowance of eighteen pence? This again brings into question what exactly David Anderson is suffering from or is the leper-hospital no longer admitting inmates? It is also possible that the child David Anderson was only described as leprous in order that he could gain support from the leper-house and was not ill as such, but was in great need of help. This 'bending' of the rules in order to be able to help someone is not unusual and continues today. Although some entries could indicate that HD sufferers were still being admitted to the Waterford leper-hospital there are several entries which may also contradict this, two of which are dated 1698 and state,

Upon reading the petition of Mary Yeo, a poor widow, for some relief of herself and a poor orphant, it is referred to Alderman Abraham Smith, master of the lepers, to relieve her and the orphant out of that revenue.<sup>1145</sup>

The second states,

The petition of Rebecca Chamberlin, widow, for relief referred to Alderman Smith, master of the lepers, to give her some relief (if he can) out of that revenue.<sup>1146</sup>

These last two entries would seem to indicate that money is to be given out of the funds of the leper-hospital to help support the named, penniless widows but there is no indication that they are ill in anyway. Does this mean the leper-hospital had become very wealthy and had funds to spare or alternatively that there was a lack of actual 'lepers' and therefore it had spare funds. It is impossible to say but it would appear that by this time Waterford's leper-hospital was caring for both 'lepers' and the poor.

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<sup>1144</sup> Pender, *Council Books of the Corporation of Waterford*, 330.

<sup>1145</sup> *ibid*, 349.

<sup>1146</sup> *ibid*.

There is also evidence that Corporations built leper-hospitals. Gwynn and Hadcock state that the leper-hospital in Galway City was St Brigid's Leper House as it was 'called the poor house of St Brigid in 1542.'<sup>1147</sup> Records showing Thomas Lynch Fitzstephen founded the leper-hospital for the poor of the town in 1543, uphold this,<sup>1148</sup> as does a map of 1651 which shows the House of Lepers adjoining St Brigid's Chapel.<sup>1149</sup> Lee states that St Brigid's hospital was located on the east side of Galway and was built by the town corporation in 1542, and 'is known to have been a leper hospital to which was attached the church of St Brigid'<sup>1150</sup> which is a situation we have come across already. In 1597,

The remaining part of his army (O'Donnell) burned and ravaged the territory, from the town of Athenry and Rath-Goirrgin Westwards to Rinn-Mil and Meadhraige, and to the gates of Galway, and burned *Teach-Brighde*, at the military gate of Galway.<sup>1151</sup>

*Teach-Brighde* has been taken as evidence for a leper-hospital, although its position at the military gate would be unusual. Tomás O Maille records -

Spittle, Spittle House: in 1684 to sue for and recover the poore or spittle house situate in Gallway for the use of this corporation; 1688 Spittle or Leaper House 24E on the 1652 map (*Hospitium pestiferorum*) situated at the E. of the Suckeen river mouth. *Teach Brighde* was a poor house and hospital not a leper house.<sup>1152</sup>

This is a very useful piece of evidence as it shows that, by this time at least, the 'Leaper House' was indeed only looking after the poor, whether healthy or not, and was no longer caring just for 'lepers.' O Maille's statement *Teach Brighde* was not a leper-hospital would seem to agree with the fact it stood at the military gate, and he may also provide the reason for the confusion as,

The leper house (marked 7 East on the 1652 map) adjoins *Teach Bhrighde* on the south side of Bohermore.<sup>1153</sup>

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<sup>1147</sup> *ibid.*

<sup>1148</sup> <http://www.excavations.ie/Pages/Details.php?Year=&County=Galway&id=297>, accessed 19<sup>th</sup> October, 2013.

<sup>1149</sup> *ibid.*

<sup>1150</sup> Lee, 'The Leper Hospitals of the Upper Shannon Area,' 228.

<sup>1151</sup> O'Donovan, *The Annals of the Kingdom of Ireland*, Vol. 6, 2009.

<sup>1152</sup> Tomás O Maille, 'Place names from Galway documents,' *Journal of the Galway Archaeological and Historical Society*, Vol. 24, (Galway Archaeological and Historical Society, Dublin, 1951), 130-155, 147.

<sup>1153</sup> Tomás O Maille, 'Place names from Galway documents,' *Journal of the Galway Archaeological and Historical Society*, Vol. 23, (Galway Archaeological and Historical Society, Dublin, 1949), 128.

O Maille also records in 1730 ‘Leppers fields’ or ‘Leopards ffeilds’ belonging to the Corporation were recovered by them and which had no doubt originally belonged to the leper-house.<sup>1154</sup>

James Hardiman states that -

The hospital of St Bridget, in the east suburbs, was founded for the poor of the town, and each burgess was obliged, in his turn, to send a maid servant to collect alms every Sabbath day for its support; a custom which was long afterwards observed. This charitable institution was fortunately completed in the year 1543....<sup>1155</sup>

The late date of the construction of this hospital makes it unlikely that it was founded for ‘lepers’ in the sense of HD sufferers and in this case it may only be serving the poor, although the evidence from Waterford suggests leper-hospitals were still functioning as such at an even later date. The evidence for a leper-hospital in Galway is convincing, but not its connection to St Brigit as *Teach Brighde* was a separate entity intended to house the poor and the appearance of St Brigit is insufficient in its own right to confirm that the hospital was only for ‘lepers.’

### 4.3. x. Deeds

The next type of document to be examined is deeds, but unfortunately only one appears to have survived which is from Christ Church and records that in 1532,

on the security of Donald O’Cullon and Andrew Walshe, of the co. of Dublin, husbandman, grants to Richard Sawage, of Chapel Ysold, a custodiam of St Larans ys lands in co. Dublin, during pleasure, dated at Dublin 24<sup>th</sup> August, Henry VIII, 1532.<sup>1156</sup>

This was when, according to Ronan, the leper-hospital stopped functioning,<sup>1157</sup> and is in line with the Dissolution and is of interest as it records who took over the lands which had originally belonged to the leper-hospital.

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<sup>1154</sup> *ibid.*

<sup>1155</sup> James Hardiman, *The History of the Town and County of Galway*, (Dublin, 1820), 81.

<sup>1156</sup> Michael Joseph McEnery and Raymond Refaussy, *Christ Church Deeds*, (Dublin, 2001), 93-137, 113.

<sup>1157</sup> Ronan, ‘Lazar Houses of St. Laurence and St. Stephen,’ 482.

### 4.3. xi. Inquisitions

Inquisitions were ordered by the chancery and recorded the extent of someone's landholdings, usually at the time of their death,<sup>1158</sup> although this is obviously not the case with an institution such as a leper-hospital. The story of the Tyrels and Elena Mocton and their connection to St Stephen's continues in this remarkable set of documentation. An Inquisition of James I, states Elena Tyrel had,

granted the said premises to the guardian and brethren of the hospital and their successors without obtaining the royal licence contrary to the Statutes of Mortmain.<sup>1159</sup>

The lands which formed this demesne retained the name Leperstown, until the mid-nineteenth century, as shown in the records of the Sandyford parish marriage register.<sup>1160</sup> Leperstown may have been an auxiliary leper-hospital of St Stephen's, but there is no supporting documentary evidence for this.<sup>1161</sup> In the fourteenth century a church called the church of St Stephen was built and Lee claims that,

the presence of this church indicates the former presence also of a hospital, or auxiliary home, for the patients and possibly for those not too severely afflicted by the disease.<sup>1162</sup>

The 1533 Dublin census, organised by Archbishop Alan noted that the 'lepers' held, for their sole use, the church of St Stephen in Dublin and the rector was instituted by the Archbishop, on his presentation to the city mayor and council and that they also held a church at Leperstown in the deanery at Taney.<sup>1163</sup> This is more in line with the Lateran Council's declaration that 'lepers' should have a separate place to worship and is the opposite of the situation in Kilkenny which was discussed earlier.

It was probably a religious community, as the general suppression of 1542 uses the term 'last Prior' and an Inquisition by Elizabeth I states 'the precincts of the priory.'<sup>1164</sup> It could have been either a religious or a lay community, such as the

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<sup>1158</sup> Connolly, *Medieval Record Sources*, 35.

<sup>1159</sup> Lee, 'The Leper Hospitals of Leinster,' 136. The Statutes of Mortmain, the first being in 1279, were an attempt by the crown to put limitations on the amount of land acquired by the church. John Aidan Francis Thomson, *The Medieval Transformation of Medieval England 1370-1529*, (London and New York, 1991), 20.

<sup>1160</sup> Lee, *Leper Hospitals in Medieval Ireland*, 49-50.

<sup>1161</sup> *ibid.*

<sup>1162</sup> *ibid.*

<sup>1163</sup> *ibid.*

<sup>1164</sup> Lee, 'The Leper Hospitals of Leinster,' 136.



Orders of Chivalry, the leader of which was called The Prior.<sup>1165</sup> After 1542, St Stephen's continued to appoint a Chaplain or a Guardian; although by this time the residents were no longer cared for by the religious or lay brethren.<sup>1166</sup> Elizabeth I settled the lands of St Stephen's on Alderman Walter Ball in exchange for his military service and *Baile na Lobhar* on Arthur St Leger in 1600 and in 1603, James I in turn granted them to William Taaffe.<sup>1167</sup> In 1610 the Crown took all of St Stephen's city property and *Baile na Lobhar* into its own hands and granted them to Gerald, the Earl of Kildare.<sup>1168</sup> The hospital continued however and in the Royal Visitation of churches of 1615, two entries refer to the Church of St Stephen and the Church at *Baile na Lobhar* and in 1621 the Crown leased *Baile na Lobhar* and St Stephen's to Sir James Craige.<sup>1169</sup> John Speed's Dublin map of 1610 shows St Stephen's Church and hospital in St Stephen's Street and they are also shown on Phillipp's Map of 1685.<sup>1170</sup> The leper-hospital seems to have ceased functioning in any capacity, by 1665 when an order was issued for the cemetery to be walled up, however this was not carried out until 1682.<sup>1171</sup> Remarkably Dublin continues to benefit from St Stephen's leper-hospital in to the twenty-first century, not only from the on-going medical care which is on this site, but also from St Stephen's Green which was part of the hospital's original endowment.<sup>1172</sup> Lee lists Leperstown on its own, but I believe this is wrong as it was either townlands endowed to St Stephen's or if it was the site for an auxiliary hospital, it did not have a separate entity.

Naas, St Mary Magdalen is referred to in an Inquisition, dated 7<sup>th</sup> July, 1606, listed under chantries for this Dominican Friary 'twenty acres in the Maudelins and parish of Naas, in the tenure of Nicholas Walker, annual value 5 s,'<sup>1173</sup> who was one of the chantry priests of St David's Church.<sup>1174</sup> Naas contained part of the Maudlins townland within its boundaries and another called Stephenstown, which according to an inquisition of 23<sup>rd</sup> February XXXIII, Elizabeth, included five acres of

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<sup>1165</sup> *ibid.*

<sup>1166</sup> *ibid*, 137.

<sup>1167</sup> *ibid.*

<sup>1168</sup> *ibid.*

<sup>1169</sup> *ibid.*

<sup>1170</sup> *ibid*, 138.

<sup>1171</sup> *ibid*, 137.

<sup>1172</sup> Lee, 'The Leper Hospitals of Leinster,' 137.

<sup>1173</sup> Archdall, *Monasticon Hibernicum*, 804-5.

<sup>1174</sup> Lee, *Leper Hospitals in Medieval Ireland*, 51.

Stephenstown and a ruined mill which belonged to the hospital.<sup>1175</sup> Comerford also notes ‘*Capella S. Mariae Magdaleneae juxta Clane*.’<sup>1176</sup> Naas had a Castle of Maudlins or Magdelens or Maudelines situated on the north-east side of Dublin Road which ‘was presumably a house of refuge in olden times.’<sup>1177</sup> There is also another Maudlin Castle in Kilkenny with a known link to ‘lepers’ which may indicate it is a ‘leper’ site, but perhaps in this case, it was the Maudlin Chapel which was attached to the castle. There does appear to have been a Maudlins hospital in the area but where it was located is difficult to say, but perhaps the Maudlins cemetery marks the site of the original ‘leper’ graveyard. Lee lists Johnstown separately but its townlands Palmerstown and Palmerston Demesne, were also probably part of the endowment of the hospital at Naas.<sup>1178</sup>

A leper-hospital was attached to the church of St Mary Magdalene, situated outside Wexford’s city boundary.<sup>1179</sup> Gwynn and Hadcock state this is probably the leper-hospital granted by Strongbow around 1170 and endowed by Ferrand, the Leper-Knight.<sup>1180</sup> In 1212 this site, together with other churches in the area, were confirmed to the Knights Hospitallers, as in the entry, ‘*Sancte Marie Magdalene Wexford*.’<sup>1181</sup> On 26<sup>th</sup> January, 1408, Henry IV, granted to William Rochford’s son, the custody of the hospital for ‘lepers’ under the invocation of its brethren and sisters, along with the lands, rents, possessions, churches, tithes, etc, in order to support the houses, buildings, etc. and to meet all the other expenses at his own cost.<sup>1182</sup> An inquisition of King James, dated 27<sup>th</sup> August, records there was a hospital here for ‘lepers,’ which was governed by a master, keeper or a prior, together with the brethren and sisters on 19<sup>th</sup> June during the twelfth year of Richard’s II reign acquired and appropriated for themselves and their successors, against the Statute of Mortmain, *inter alia* one hundred and twenty acres in the Maudlintown townland.<sup>1183</sup> During the reign of

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<sup>1175</sup> *ibid.*

<sup>1176</sup> Michael Comerford, *Collections Relating to the Diocese of Kildare and Leighlin*, Vol. 1, (Dublin, 1883), 261.

<sup>1177</sup> Thomas DeBurgh, ‘Ancient Naas,’ *Journal of the County Kildare Archaeological Society*, Vol. 1, (1891-5), 269-271, and 322,322.

<sup>1178</sup> Lee, *Leper Hospitals in Medieval Ireland*, 51.

<sup>1179</sup> *ibid.*

<sup>1180</sup> Gwynn and Hadcock, *Medieval Religious Houses*, 357.

<sup>1181</sup> Charles McNeill, *Registrum de Kilmainham*, (Dublin, 1932) 140.

<sup>1182</sup> Archdall, *Monasticon Hibernicum*, 759.

<sup>1183</sup> *ibid*, 820.

Edward IV, the church and its hospital were granted to the grand priory of the Knights Hospitallers of St John of Jerusalem at Kilmainham and were recorded among the suppressed possessions of Kilmainham in 1541.<sup>1184</sup> An inquisition undertaken in 1610 at Maudlinton or *Maghere Nuidhe*, lists a leper-hospital under the jurisdiction of a master, keeper or prior, who along with his brethren and sisters, in 1389, acquired one hundred and twenty acres, tithes, messuages and more with a value of twenty two shillings.<sup>1185</sup> The site of the leper-hospital is now the churchyard which was attached to St Mary Magdalene's and was used for burials.<sup>1186</sup> In July 1639, in the Return of First Fruits it is described as '*Ecclesia Leprosarum juxta Wexford*,' and in 1665-1666 the return refers to the farm of the church of the 'lepers' near Wexford.<sup>1187</sup>

Finally there are random, individual documents which include relevant information, one of which is the Census of Ireland, 1851 which states that Dungannon in Co. Tyrone had,

An Hospital for lepers was founded under the invocation of St Bridget at the village of Hospital in 1467 A.D. in Co. Limerick and about the same time a similar institution was built and endowed at Dungannon, Co. Tyrone.<sup>1188</sup>

The leper-hospitals in Youghal do not fit into any category and so are noted here separately. The first St John's Priory, which was linked to the St John *hospitium* or *Maison Dieu* in Cork, was founded in 1185, and became a dependency of the Benedictine Bath Priory by 1306.<sup>1189</sup> Samuel Hayman writing in the nineteenth century states that,

recent discoveries have enabled me to identity it as a *Hospitium*, or *Maison de Dieu* of the Middle Ages, and as having in connexion with a 'Spital, or Lazar-house, which was placed on a breezy hill adjacent to the town, and not far from a chalybeate spa.'<sup>1190</sup>

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<sup>1184</sup> Lee, *Leper Hospitals in Medieval Ireland*, 59.

<sup>1185</sup> Archdall, *Monasticon Hibernicum*, 820.

<sup>1186</sup> Lee, *Leper Hospitals in Medieval Ireland*, 59.

<sup>1187</sup> *ibid*, 60.

<sup>1188</sup> *The Census of Ireland for the year 1851*, Part V., 'Tables of Deaths Vol. 1, (Dublin, 1856), 94.

<sup>1189</sup> Price, *The Place-names of Co. Wicklow*, 357.

<sup>1190</sup> Samuel Hayman, 'On an Ogham stone found built into the wall of a house close to St. John's Priory, Youghal,' *The Journal of the Royal Historical and Archaeological Association of Ireland*, Fourth Series, Vol. 5, No. 37, (Royal Society of Antiquaries of Ireland, January, 1879), 38-40, 38.

It is interesting that the leper-hospital was situated near waters considered to have healing properties and the inmates may well have found the waters useful depending on what their particular illness was. Smith records another site in Youghal which was known as the Church of St Brendan's or Bandon's, which 'stood on the north side of the river, on one side of the road leading to Youghal, where there is still a burial ground. The tythes, and a considerable part of the lands of this parish, were formerly appropriated to maintain a leper-house,'<sup>1191</sup> suggesting this was endowed land and may have been near-by or just as easily further afield.

## 4.4 Conclusion

The reasoning behind this chapter was to examine the evidence provided by place-names and documentation in order to determine the extent to which these sources are informative and whether scholarship to date has used them in a critical and acceptable manner. Despite the belief that there is little documentation concerning leper-hospitals in medieval Ireland, it has been shown that there is a surprising variety. Although they are not great in number and many of the extant documents date to the early modern period, some may still reflect the situation in earlier times. Good, clear evidence from documents is excellent confirmation of the existence of a leper-hospital and this was the case in most of the documents examined, but when they only refer to a hospital this is not sufficient to confirm that it was only for 'lepers.' Although the use of Mary Magdalen is a good indicator that the site was for the leprous, on its own without any further supporting evidence, it is not sufficient to categorically confirm that it was a leper-hospital. The same applies to Brigit and *spittal* as substantiating evidence is also necessary. It has been seen from this investigation that for several reasons, but especially because of Lee's over enthusiasm, the number of leper-hospitals in Ireland has been overstated and it is more likely that the percentage of leper-hospitals in relation to other hospitals was equivalent in Ireland to that of elsewhere. It is also difficult to define the distribution of leper-hospitals in medieval Ireland due to the problems of accurately identifying sites because of the arbitrariness of the extant documentation. It was also seen in the previous chapter that despite archaeological investigations at sites considered to be

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<sup>1191</sup> Smith, *The Ancient and Present state of the County of Kerry*, 381.

leper-hospitals, no supporting skeletal evidence has been discovered to date and there must be a measure of doubt therefore about these sites until such evidence is found.

Despite the destruction of so many documents the few survivors provide just enough information to be able to draw some conclusions, especially when combined with the evidence discussed in Chapter Three. The first conclusion is that it is very difficult to ascertain who is actually living in the leper-hospitals by the later period. It is assumed that HD and other diseases considered to be leprosy had started dying out from the fourteenth century and earlier, although in Scotland and Iceland it continued into the nineteenth century. Some of the documentary evidence however, particularly with regard to Waterford, suggests that leprosy, in whatever form, continued to occur longer in Ireland to lesser or greater degrees depending on the area. If this is the case and it is HD which is being referred to then it persisted in Ireland much longer than in England and is more in line with the situation in Scotland and Iceland. As discussed in Chapter One there may be a genetic factor connected to the susceptibility to HD and if this is so, then this would make sense as the genetic similarities between Ireland, Scotland and Iceland could explain why it persisted in those areas much longer than elsewhere. A further possibility for its continuation in Iceland however may be due to their habit of eating moss in times of famine, which a close Icelandic friend informed me of.<sup>1192</sup> Sphagnum moss contains mycobacteria<sup>1193</sup> and therefore consuming it may have been a source of infection. Iceland suffered periods of famine into the modern era, as did Ireland and Scotland, and this may also be a reason for HD's continued presence, although I have nothing further to support this assumption. Studies in Norway however have shown that 'the risk of contact with such sources (growth of mycobacteria in the ground) diminished since the use of boots, even in the summer, became more and more common.'<sup>1194</sup> Oddly this takes us back to the assumption discussed earlier that leprosy, in whatever form, was a sign of poverty and backwardness, and that civilisation, as in the wearing of boots, was an 'antidote' to it. Population density may also come into play here, as though it was stated previously that a higher density enabled infection, today HD is considered instead to

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<sup>1192</sup> Thank you to Elin Eyjolfsdóttir for this information.

<sup>1193</sup> Boeckl, *Images of Leprosy*, 20.

<sup>1194</sup> *ibid*, quoting from Lorentz M. Irgens, *Leprosy in Norway: An Epidemiological Study Based on a National Patient Registry*, (London, 1980), 112.

be a rural or village disease,<sup>1195</sup> yet another conundrum connected to this illness. If this was in fact the case in earlier times as well, it could explain why less populated areas such as Ireland, Iceland and Scotland continued to experience the disease for longer than, for instance, England. The study carried out by Lorentz Irgens in Norway also showed that there were areas where HD was endemic, right beside areas that it did not occur, demonstrating that ‘tremendous differences within endemic regions can coexist in close proximity.’<sup>1196</sup> It therefore is not necessarily the case that Ireland and England, although close to each other, would experience HD in the same manner and differences in the length of time it persisted and indeed the rate of infection would be possible.

The documentary sources discussed would seem to conflict and a definitive answer is difficult, but it would seem nevertheless that some hospitals in the later period were still supporting ‘lepers’ while others were not. So who is living in the leper-hospitals in the later time period? HD or leprosy did not die out overnight, but declined at differing rates in different areas and this rate of decline could also have been determined by the genetic susceptibility of the inhabitants in separate areas and also depending on whether or not a population was subjected to new sources of infection, as for instance in a busy port. This would account for the conflicting documentary evidence and why some leper-hospitals were still apparently admitting ‘lepers’ well into the seventeenth century. As well as the poor there is another possible reason why people were designated to be leprous at this late date and that is for anti-social behaviour. One English example of this concerns a Yarmouth resident named Alice Dymock. From the 1480’s Alice makes regular appearances in the records having been found guilty of a number of misdemeanours including theft, scolding, promoting immorality, cursing and prostitution. The authorities eventually lost patience with her and in 1500 she ‘was presented as a leper, who committed a grave nuisance by mixing among adults and children.’<sup>1197</sup> Alice was ordered to leave Yarmouth within three months or face the substantial fine of £10 and eventually left after creating more trouble and not before milking her neighbour’s cows.<sup>1198</sup> Did Alice suffer from a

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<sup>1195</sup> Boeckl, *Images of Leprosy*, 20.

<sup>1196</sup> *ibid.*

<sup>1197</sup> Rawcliffe, *Leprosy in Medieval England*, 252-253.

<sup>1198</sup> *ibid.*, 253.

disease which could be classed as form of leprosy at this time or did the local authorities use convenient 'leper' legislation in order to get rid of an anti-social inhabitant? It is impossible to be certain at this distance in time, but whether she was leprous in body or just in behaviour, she was at least a spiritual 'leper' and the authorities successfully removed her. Dublin's Chain Book notes rulings against 'lepers' so there is no reason why this could not have also been the case in the rest of Ireland. This could also be another reason why some leper-hospitals still appear active as they were used to house anti-social people, but there is also sufficient evidence to suggest that leper-hospitals were still being used for their original purpose as well as also housing the poor. The documentary evidence from Waterford however also shows that by 1746 the leper-hospital had become a public hospital with forty beds, but was still funded by the original leper-hospital endowments, illustrating another reason why leper-hospitals could still appear to be in use.

Another feature of the documents is the diversity that they show of how 'lepers' were treated, which is in line with elsewhere. Kilkenny protected its 'lepers' in its castles, along with the rest of the population, at least in the sixteenth century and allowed them to come and go as they pleased and the best apartments were reserved for them. These apartments were probably only meant for the wealthier and higher born 'lepers' and is unlikely to represent the fate of the poor 'lepers' in Kilkenny. 'Lepers' are also seen sharing a chapel with the local population in Kilkenny in the early thirteenth century, without any apparent fear of contamination. This documentation ranges over a three hundred year period but shows, that in Kilkenny at least, 'lepers' were not segregated, persecuted or neglected. This is very much in contrast with the accepted European medieval view of 'lepers' but is in line with elsewhere and with recent academic research.

It has also been shown that there was no such thing as a typical site but many in the extant documents appear to have been sited near to bridges and leper-hospitals and especially their chapels often appear to have been positioned in an already established monastic institution. The documents have also demonstrated the change in the support methods employed in order to provide income for the leper-hospitals and how this altered over time. The necessary requirement in order to be able to take this study any further is the discovery of more palaeopathological evidence as to date it is

insufficient to provide any sort of overall picture of the incidence of HD. The contradictory and variation shown by the documents in how leper-hospitals were funded and how the inmates were treated is in line with elsewhere and Ireland is not unique in this regard.



## CHAPTER FIVE

### AN EXAMINATION OF *CLAM* AND *LOBUR* IN IRISH HAGIOGRAPHY

#### 5.1 Introduction

In Dorothy Bray's 1992 book, *A List of the Motifs of the Early Irish Saints*, 'lepers' are amongst the motifs listed. In a later article she also states that,

One of the most prevalent diseases in the Lives is leprosy, which makes several appearances in Biblical texts as well. This is not to deny that leprosy (or some similar disease) existed in early Ireland, as did paralysis, deafness, blindness, and broken limbs (which are the next most popular ailments). The point is, these afflictions also appear in the Scriptures and provide instances of divine punishment or miracles of healing as they do in the *vitae*. To take the Lives as historical evidence of a prevalence of leprosy in Ireland can therefore only be undertaken with great caution, although the attitudes and concerns of a society with only basic medical knowledge are readily detectable in such episodes.<sup>1199</sup>

This should be borne in mind throughout this chapter, as although people that we might consider to be 'lepers' frequently appear in Irish hagiography they seldom, if ever, signify the existence of HD and are included in order to magnify the sanctity of the saint. It will also become apparent during this chapter that there is a difference in the depiction of *clam* and *lobur* between the earlier and later *vitae* and this will also be discussed. The motif of a saint healing *clam* and *lobur* is a common one in Irish *vitae* and often only appear at the end, as a *peroratio* or formulaic ending.<sup>1200</sup> Two examples of this are Colum Cille's Middle Irish Life in the *Book of Lismore* which states, 'No iccad clamhu 7 dullu 7 bachacha 7 oes cacha tedma arcena, 7 nodhuisced marbh,'<sup>1201</sup> and also St Declan's life which says, 'Agus dob ail linn fós a fhios do bheith aguibh gus slánuigh sé daoine esslána agus gur shoillrigh sé súile daoine ndall, agus gur ghlan daoine ó lubhra ...'<sup>1202</sup> These examples use *clam* and *lobur* and

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<sup>1199</sup> Dorothy Ann Bray, 'The Study of Folk-motifs in Early Irish Hagiography,' *Studies in Irish Hagiography*, John Carey, et al, (Dublin, 2001), 268-277, 273.

<sup>1200</sup> Máire Herbert, *Iona, Kells and Derry*, 152.

<sup>1201</sup> Stokes, *Lives of the Saints from the Book of Lismore*, 33. 'He healed the lepers, and the blind and the halt and folk of every other disease and he raised the dead.' *Ibid*, 180. The almost identical stock phrase also occurs in Colum Cille's Irish Life. Herbert, *Iona, Kells and Derry*, 264.

<sup>1202</sup> Patrick Power, *Life of St Declan of Ardmore*, (London, 1914), 68. 'And we wish moreover that you would understand that he healed the infirm, that he gave sight to the eyes of the blind, cleansed lepers'. *Ibid*, 69.

as will be seen during this chapter, the terms appear to be interchangeable, as discussed in Chapter Two. *Clam* and *lobur* are also the only Irish terms used to indicate ‘lepers’ in these hagiographies as none of the other Irish words which were discussed in Chapter Two make an appearance. In examples like these no *clam* or *lobur* have made an appearance during the *vitae* and so healing the ‘lepers’ is used as a stock motif in order to encourage the sick and faithful to visit a saint’s shrine or foundation and to further increase a saint’s sanctity by his close replication of Christ’s healing miracles. The use of *clam* and *lobur* however in other instances is multifaceted and it is these examples which will be examined and discussed in detail during this chapter.

All *vitae* are a complex mix of phenomena; sometimes based on local traditions, a grain of truth, or biographical material, all of which become obscured even more when re-written.<sup>1203</sup> The saints’ supposed personas also become even more complicated by their depictions as heroes.<sup>1204</sup> The oldest extant Irish *vitae* are Cogitosus’s *Life of Brigit*, Muirchú’s and Tírechán’s *Lives of Patrick* and Adomnán’s *Life of Columba*.<sup>1205</sup> The earliest Irish hagiographers made use of a mixture of images from the canonical and apocryphal gospels and earlier hagiographical models, such as Athanasius’s *Vita Antonii*, in order to create suitably impressive images of their own saints by using evangelical miracles and healing, with special prominence given to spectacular events such as reviving the dead.<sup>1206</sup> Jesus’s miracles in the New Testament shaped the narrative composition of hagiography for the following fifteen hundred years, especially in regard to the miracles undertaken by living saints<sup>1207</sup> which were regarded as archetypes by hagiographers; and the scriptures or examples from other *vitae* subsequently imbued the writer’s own subject with sanctity.<sup>1208</sup> Bartlett claims a particularly characteristic feature of Irish hagiography is that saints regularly appear in the company of angels,<sup>1209</sup> and another is the sheer number of

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<sup>1203</sup> Hughes, *Early Christian Ireland*, 219-220.

<sup>1204</sup> Dorothy Ann Bray, *A List of the Motifs of the Early Irish Saints*, (Helsinki, 1992), 11.

<sup>1205</sup> Michael Herren and Shirley Ann Brown, *Christ in Celtic Christianity*, (Woodbridge, 2002), 165.

<sup>1206</sup> *ibid.*

<sup>1207</sup> Patrick Nugent, ‘Bodily Effluvia and Liturgical Interruption in Medieval Miracle Stories,’ *History of Religions*, Vol. 41, No. 1, (August, 2001), 49-70, 49.

<sup>1208</sup> Thomas Heffernan, *Sacred Biography. Saints and Their Biographies in the Middle Ages*, (Oxford, 1988), 5-6.

<sup>1209</sup> Bartlett, *Why Can the Dead Do Such Great Things*, 30.

miracles and marvels which are attributed to the early Irish saints.<sup>1210</sup> The Irish saints are also shown inflicting injury and death through cursing as well as self-fulfilling prophecies of doom; these also qualify as imitating Christ, if his image is extended to embrace activities which occur in the apocryphal texts such as the Infancy Gospel of Thomas, according to Herren and Brown.<sup>1211</sup> Hagiography encompasses all devotional and historical writings concerning saints and constitutes a large proportion of the extant Irish literature and although important, it is a problematic source, as ‘Hagiography is not history,’<sup>1212</sup> and it is often the secondary information, such as political affiliations, agriculture, institutions and social practices which are of particular historical interest. Bhreathnach stated recently,

hagiography, poetry and sagas are often impressionistic; they must reflect the environment known to their authors and often colourfully express either the beauty of the countryside or its harsh reality.<sup>1213</sup>

Despite the difficulties, the study of *vitae* is rewarding and worthwhile for as Charles Doherty has stated that,

this literary genre, far from being the out-pourings of an over-credulous medieval mentality, is within its own terms of reference, a sophisticated means of communication which is of the utmost value to the historian, not merely for its capacity to throw further light upon secular and ecclesiastical propaganda but on an area which has scarcely been touched upon as yet – the exploration of the mind of medieval man.<sup>1214</sup>

To add my own observation, I believe that the lives of saints are like onions, as they have many layers which have to be removed carefully in order to obtain any miniscule piece of useful historical information or it will all end in tears.

The earliest extant *vitae* date to the fourth century and include Athanasius’s *Life of St Anthony* and Sulpicius Severus’s *Life of St Martin of Tours*, but the surviving insular *vitae* date from between the seventh and fourteenth centuries.<sup>1215</sup> Ireland was called ‘*insula sanctorum*’ by the chronicler Maelbrigte in the eleventh century, showing

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<sup>1210</sup> Dorothy Ann Bray, ‘Miracles and Wonders in the Composition of the Lives of the Early Irish Saints,’ *Celtic Hagiography and Saints’ Cults*, ed. Jane Cartwright, (Cardiff, 2003), 136-147, 136.

<sup>1211</sup> Herren, *Christ in Celtic Christianity*, 165.

<sup>1212</sup> Hughes, *Early Christian Ireland*, 219-220.

<sup>1213</sup> Bhreathnach, *Ireland in the Medieval World*, 12.

<sup>1214</sup> Charles Doherty, ‘The Irish Hagiographer: Resources, Aims, Results,’ *The Writer as Witness: Literature as Historical Evidence*, ed. Tom Dunne, (Cork, 1987), 10-22, 20.

<sup>1215</sup> Richard Sharpe, *Medieval Irish Saints’ Lives: An Introduction to Vitae Sanctorum Hibernia*, (Oxford, 1991), 6 and 11.

Ireland was considered, by European standards, to be brimming with saints, a belief which was also spread by the Irish *peregrini*.<sup>1216</sup> Only chance survivors of Irish hagiographical texts remain as no medieval Irish library survived into the modern era and it is only because of the efforts of a small group of early seventeenth century Irish scholars that any have survived.<sup>1217</sup> All manuscripts therefore date from the mid to late medieval or the very early modern period and it is difficult to ascertain what amendments were made and how much they differ from the originals; although these changes can sometimes be observed in some texts such as VC. The earliest Irish *vitae* feature Patrick and Brigit and few are set any later than the seventh century, although Charles-Edwards's argues the earliest extant example is Cogitosus's *Life of Brigit*, which he claims dates to between 675 and 686 A.D.<sup>1218</sup> Only a few *vitae* can be dated accurately, as without an author's name, information obtained from place-names, annals or martyrologies are unhelpful and often contemporary with the writer rather than with the subject he is writing about.<sup>1219</sup> No extant Irish Latin *vitae* can be irrefutably dated between the eighth and twelfth centuries and no early manuscripts provide a set point in order to accurately pinpoint a *vita*'s origins.<sup>1220</sup> *Vitae* were also occasionally not written all at the same time and therefore on occasion it may be better to speak of a completion rather than a composition date.<sup>1221</sup> The hagiographers tended to ignore chronology, causing fabulous anachronistic combinations of persons and incidents, either by design or dating confusion and the use of examples from other *vitae* also sometimes resulted in saints with the same name becoming amalgamated.<sup>1222</sup> One example of such an amalgamation is Maedog of Ferns.<sup>1223</sup> The opposite also occurred, as Pádraig Ó Riain has shown, which resulted in 'fissile saints,' where the cult of one individual saint split into multiple cults, which produced numerous saints with the same name.<sup>1224</sup> In Ireland, another reason for the existence

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<sup>1216</sup> *ibid*, 3.

<sup>1217</sup> *ibid*, 39-40.

<sup>1218</sup> Charles Thomas-Edwards, *Early Christian Ireland*, (Cambridge, 2000), 438.

<sup>1219</sup> Sharpe, *Medieval Irish Saints' Lives*, 10.

<sup>1220</sup> Elizabeth Rees, *Celtic Saints: Passionate Wanderers*, (London, 2000), 17.

<sup>1221</sup> Jean-Michael Picard, 'The purpose of Adomnán's *Vita Columbae*,' *Peritia*, Vol. 1, (1982), 160-177, 167 and Thomas Owen Clancy, 'Personal, Political, Pastoral: The Multiple Agenda of Adomnán's Life of St Columba,' *The Polar Twins*, eds. Edward Cowan and Douglas Gifford, (Edinburgh, 1999), 39-60, 51 and Richard Sharpe, *Life of St Columba*, (London, 1995), 55.

<sup>1222</sup> Charles Plummer, *Vitae Sanctorum Hiberniae*, Vol. I, (Oxford, 1910), cxxxii and xc.

<sup>1223</sup> Doherty, 'The Irish Hagiographer,' 15.

<sup>1224</sup> Pádraig Ó Riain, 'Towards a Methodology in Early Irish Hagiography,' *Peritia*, Vol. 1, (Dublin, 1982), 146-159, 153-155.

of ‘fissile saints,’ was the use of fictitious genealogies, so that ruling families and ecclesiastical kindreds could include a saint as one of their own kin.<sup>1225</sup>

*Vitae* were never intended to be just a simple, chronological record of a saint’s life, but were created in order to educate, to promote cults and to offer paradigms of holiness for daily life, amongst many other things.<sup>1226</sup> *Vitae* were sometimes written as parables to demonstrate religious and moral theories and were never intended to be only factual, as a scarcity of sources resulted in hagiographers sometimes filling gaps with what they thought should have happened,<sup>1227</sup> and anything which had been written was regarded as fact and therefore was incorporated as an act of faith. Hagiography was also a propaganda device and there are many Irish examples of this, such as in the *Life of St Declan*, which states he converted the Deisi and so his see should always be a bishop’s seat, thereby staking his monastery’s claim following the loss of status after the Synod of Rath Breasil in 1111.<sup>1228</sup> Another example of this may be Adomnán’s VC, as Picard claims it was written partly to restore Iona’s standing following the Easter controversy.<sup>1229</sup> Thomas Clancy argues however that there is a political aspect to VC in connection to its audience, as the Columban *familia*, including the Iona monks were more than just the audience, as they also participated in its creation.<sup>1230</sup> It is the *familia*’s ‘needs and demands’ that VC responds to, integrating many of its own customs and anecdotes, and therefore it is not only Adomnán’s values which are reflected, but also that of Colum Cille’s community.<sup>1231</sup> Sharpe states VC was written primarily for other monasteries within Colum Cille’s family of churches, including possibly Lindisfarne, in order to educate them about their founder and monastic devotion, together with the reliance of kings on the church, but he queries whether it was ever intended for a continental audience,<sup>1232</sup> despite the evidence that Colum Cille’s memory travelled far and wide.

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<sup>1225</sup> Thomas Owen Clancy, ‘The Big Man, the Footsteps, and the Fissile Saint: Paradigms and Problems in Studies of Insular Saints’ Cults’, *The Cult of Saints and the Virgin Mary in Medieval Scotland*, eds. Stephen Boardman and Eila Williamson, (Suffolk, 2010), 1-20, 17.

<sup>1226</sup> Rees, *Celtic Saints: Passionate Wanderers*, 8 and Heffernan, *Sacred Biography*, 5.

<sup>1227</sup> Hippolyte Delehaye, *The Legends of the Saints*, (New York, 1962), 50, 69.

<sup>1228</sup> Sharpe, *Medieval Irish Saints’ Lives* 31-32.

<sup>1229</sup> Picard, ‘The Purpose of Adomnán’s *Vita Columbae*’, 166.

<sup>1230</sup> Clancy, ‘Personal, Political, Pastoral,’ 53.

<sup>1231</sup> *ibid.*

<sup>1232</sup> Sharpe, *Life of St Columba*, 64.

*Vitae* were seldom written contemporaneously within a saint's life-time and the only Irish example of such is the *Life of Malachy* by St Bernard of Clairvaux. There is also a case to be made however for Fintan of Rheinau's *vita* which was written shortly after his death in 881, at the nearby monastery of Pfafers.<sup>1233</sup> It was far more usual for *vitae* to be written many centuries after the subject's demise and this time-lag results in reflecting the composition period, rather than the time depicted and with careful deduction can be a useful historic source for the later age.<sup>1234</sup> *Vitae* were written to be 'performed' and 'map out a route for an experience,'<sup>1235</sup> but as time passed many of the nuances have become incomprehensible to us today.<sup>1236</sup> Medieval audiences were mostly illiterate and this also included the lay-brothers and non-clerical congregations and so hagiographers elucidated by writing about spectacular deeds, so as to perform the same catechetical purposes as church images and decoration in order to convey Christian beliefs.<sup>1237</sup> The heavy wear visible on some manuscripts is also testimony to their frequent use and Paul Grosjean has suggested that the *Life of Colum Cille*, contained in MS 72.1.40, in the National Library of Scotland, may have been read aloud on the saint's feast day, because of the wear to the outer surfaces of that specific section.<sup>1238</sup> In a monastic setting, *vitae* were often read out loud to monks in the Chapter House and dining room, but others were used for personal reading, as witnessed by some non-Irish texts which were folded small enough to fit into a pocket.<sup>1239</sup> Some Irish *vitae* were written for specific audiences, such as *Betha Colaim Chille*, which was designed for monastic listeners and also for instruction of the faithful on Colum Cille's festival, while St Finnian of Clonard's Irish life was written in order to encourage generosity in the lay community.<sup>1240</sup> *Vitae* were not aimed just at local audiences however, as the extant manuscripts of VC

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<sup>1233</sup> Thomas Clancy, Micheál Ó Cléirigh Seminar, UCD, 23<sup>rd</sup> February, 2007.

<sup>1234</sup> Herbert, *Iona, Kells and Derry*, 13.

<sup>1235</sup> Thomas O'Loughlin, 'Reading Muirchú's Tara-event within its Background as a Biblical 'Trial of Divinities,' ed. Jane Cartwright, *Celtic Hagiography and Saints' Cults*, (Cardiff, 2003), 123-135, 133.

<sup>1236</sup> Delehaye, *The Legends of the Saints*, 50-51.

<sup>1237</sup> Heffernan, *Sacred Biography*, 5-6.

<sup>1238</sup> Thomas Owen Clancy, 'Die Like a Man? The Ulster Cycle Death-tale Anthology,' *Aiste*, Vol. 2, (2008), 70-93, 84. Paul Grosjean first made this suggestion in his article, 'The Life of St. Columba from the Edinburgh MS,' *Scottish Gaelic Studies*, 2, (1927-1928), 111-171.

<sup>1239</sup> Bartlett, *Why Can the Dead Do Such Great Things*, 507.

<sup>1240</sup> Hughes, *Early Christian Ireland*, 235 and 237.

confirm that it was disseminated all-over the British Isles and Europe.<sup>1241</sup> In Ireland the use of the vernacular increased during the ninth century, suggesting that the intended audiences were local and Irish speaking rather than continental, as were the authors or redactors, and during the eighth and ninth centuries Latin texts were also translated into the vernacular,<sup>1242</sup> one of which was St Fursa's *vita*.<sup>1243</sup> In other instances entirely new vernacular lives were written, as was the case with St Moling, and therefore some saints have both Irish and Latin Lives.<sup>1244</sup> There are at least one hundred extant Latin *vitae* of sixty Irish saints, which are survivors from a much once larger corpus, and some saints, also have, or only have, a vernacular *betha*.<sup>1245</sup> Sharpe argues that the vernacular's pre-eminence means it is unlikely that any Latin *vitae* were composed between 850 and 1050,<sup>1246</sup> although this has been debated within the academic community. This change to the vernacular has never been satisfactorily explained, but James Kenney considered the arrival of the Norse a vital turning-point,<sup>1247</sup> but later work showed many changes thought to be caused by them, were already underway or did not occur until sometime after their arrival. The vernacular has been used in very few countries for narrative writing for such a long period of time and this puts Irish texts in a remarkable position,<sup>1248</sup> together with Old English, which also has a breadth of early extant vernacular works.<sup>1249</sup> Using the vernacular increased a *vita*'s audience so as to include lay people, urban populations and women, but it did restrict the geographical range of a work, as Latin was the *lingua franca* throughout Western Europe; one such example being Cogitosus's *vita* of Brigid, which has many extant copies all over Europe, but her Irish life has survived in only one fifteenth century manuscript.<sup>1250</sup>

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<sup>1241</sup> Máire Herbert, 'The *Vita Columbae* and Irish Hagiography: A Study of *Vita Cainnechi*,' *Saints and Scholars: Studies in Irish Hagiography*, eds. John Carey et al, (Dublin, 2001), 31-40, 31 and Picard, 'The Purpose of Adomnán's *Vita Columbae*,' 160-177, 172.

<sup>1242</sup> Herbert, 'The *Vita Columbae* and Irish Hagiography,' 20.

<sup>1243</sup> Ó Riain, *A Dictionary of Irish Saints*, 359.

<sup>1244</sup> Bray, *A List of the Motifs of the Early Irish Saints*, 10.

<sup>1245</sup> Sharpe, *Medieval Irish Saints' Lives*, 5-6.

<sup>1246</sup> *ibid*, 22.

<sup>1247</sup> Bray, *A List of the Motifs of the Early Irish Saints*, 10.

<sup>1248</sup> James Carney, 'The Deeper Level of Early Irish Literature,' *The Capuchin Annual*, Vol. 36, (1969), 160-171, 160.

<sup>1249</sup> Bartlett, *Why Can the Dead Do Such Great Things*, 580.

<sup>1250</sup> *ibid*, 583-584.

Celtic *vitae* and their continental counterparts portray saints and their relics as a means whereby to unite churches under one saint's authority, but Celtic examples of saints' posthumous miracles are usually relatively fewer in number.<sup>1251</sup> Bartlett argues that in Ireland the cult of bodily relics never became as important as elsewhere, as instead there was a preference for secondary relics, such as bells and books which retained spiritual power, in addition to the saint's bones, and therefore their tombs did not become the main focus of cults.<sup>1252</sup> Máire Herbert however, contends that although late antique Irish society differed from the Mediterranean, where the cult of saints originated, saints' burial places and their remains also had great significance in Ireland.<sup>1253</sup> The Irish regarded their saints' graves as a place of 'special saintly access,' in accord with the rest of Western Christendom, and the movement towards *translatio* and enshrinement during the ninth century demonstrates the Irish desire to mark the exalted status of the corporeal remains of their saints.<sup>1254</sup> Tomás Ó Carragáin claims that during the late tenth and eleventh centuries the major Irish ecclesiastical sites were manufacturing costly reliquaries, which contained, amongst other things, the corporeal remains of saints, in order to venerate their monastic beginnings.<sup>1255</sup> Ó Carragáin also argues that small religious buildings, which are less than twelve metres square, should be called shrine-chapels, because of the archaeological, hagiographical and folkloric evidence which suggests that they were used to house the relics of the founding saints.<sup>1256</sup> This evidence plus the style of the shrines, and radiocarbon dating of the mortar, indicates that the cult of corporeal relics emerged in Ireland during the period 650 to 850 AD,<sup>1257</sup> although this may not include any cults which were already in existence. Charles Doherty claims that many Irish *vitae* should be read against a background of increasing realisation of the Church's economic and commercial potential, as later *vitae* tend to reflect more

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<sup>1251</sup> Clancy, 'The Big Man, the Footsteps, and the Fissile Saint,' 12-13.

<sup>1252</sup> Bartlett, *Why Can the Dead Do Such Great Things*, 35.

<sup>1253</sup> Máire Herbert, 'Hagiography and Holy Bodies: Observations on Corporeal Relics in Pre-Viking Ireland,' *L'irlanda e gli irlandesi nell' alto medioevo: settimane di studio della Fondazione Centro Italiano di studi sull' alto medioevo*, Spoleto 16-21, 2009, (Spoleto, 2010), 239-259, 248.

<sup>1254</sup> *ibid* 242 and 255.

<sup>1255</sup> Tomás Ó Carragáin, 'Church Buildings and Pastoral Care in Early Medieval Ireland,' *The Parish in Medieval and Early Modern Ireland*, eds. Elizabeth Fitzpatrick and Raymond Gillespie, (Dublin, 2006), 91-123, 99.

<sup>1256</sup> Tomás Ó Carragáin, *Churches in Early Medieval Ireland*, (Yale, 2010), 66.

<sup>1257</sup> *ibid*.



secular interests, especially with regard to land rights and financial matters.<sup>1258</sup> It has been argued that this was particularly the case during the late tenth and eleventh centuries due to increasing secularisation,<sup>1259</sup> but as already shown hagiography and reliquaries were being produced and Etchingham has established through annal evidence that there was no radical decline in monasticism at this time.<sup>1260</sup>

During the medieval period not only clerics but also the laity recognised that miracles were signs from God and that they signified his interventions in this world and that therefore miracles performed by saints were the expression that they were his ‘conduits of divine will.’<sup>1261</sup> The way miracles were understood did not remain unaltered as a ‘theology of miracles’ centred on the devices involved in the miraculous event gave way to an intellectual debate that continued throughout the medieval period, without ever reaching a consensus.<sup>1262</sup> Hagiographies by their very nature, are full of wonders and miracles in order to enhance the saint’s cult and prestige, but are these miracles real? This is too big a question to answer here but the non-acceptance that miracles are genuine or historic records of events, would suggest instead that ‘marvelous phenomena’ are literary devices used for particular purposes, according to James Bruce.<sup>1263</sup> Clare Stancliffe however points out that Ireland’s hagiographers were influenced by a different educational system than those who had lived within the Roman Empire and therefore did not acquire their inspiration from the same classical literature, lore and history.<sup>1264</sup> The Irish hagiographers were aware of the continental conventions but did not copy them verbatim, but instead modified them to their own ends and consequently show both continuity and change.<sup>1265</sup> The early Irish lives are not only distinct from each other, but are also distinct from their continental counterparts, because the percentage of miracle stories Irish lives contain,

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<sup>1258</sup> Charles Doherty, ‘Some Aspects of Hagiography as a Source for Irish Economic History,’ *Peritia*, Vol. 1, (1982), 300-328, 303.

<sup>1259</sup> Ó Carragáin, ‘Church Buildings and Pastoral Care in Early Medieval Ireland,’ 99.

<sup>1260</sup> Etchingham, *Church Organisation in Ireland*, 463.

<sup>1261</sup> Matthew M. Mesley and Louise E. Wilson, *Contextualizing Miracles in the Christian West, 1100-1500*, (Oxford, 2014), 1.

<sup>1262</sup> *ibid.*

<sup>1263</sup> James Bruce, *Prophecy, Miracles, Angels, and Heavenly Light? The Eschatology, Pneumatology, and Missiology Of Adomnán’s Life of Columba*, (Great Britain, 2004), 11.

<sup>1264</sup> Clare Stancliffe, ‘The Miracle Stories in Seventh-century Irish Saints Lives,’ *The Seventh Century Change and Continuity*, eds. Jacques Fontaine and Jocelyn Nigel Hillgarth, (London, 1992), 87-115, 87.

<sup>1265</sup> *ibid.*, 88.

which are magical, folkloric or derived from nature are comparatively high in all of them, especially when compared to the relatively few healing miracles.<sup>1266</sup>

Whichever way one chooses to regard miracles, ‘lepers’ were, according to Rawcliffe, invaluable for demonstrating a saint’s powers as,

the cure of leprosy... constituted the most dramatic and persuasive proof of sacred power, while also providing unimpeachable scriptural authentication for a cult or shrine. It offered evidence of an act performed *contra naturam*, or against the natural order of things, and thus conformed to the evolving theological definition of a true miracle.<sup>1267</sup>

Irish *betha* are also remarkable for the amount of thaumaturgy attributed to the early saints, some with pre-Christian roots, which has suggested to some, that saints took the societal place of druids within Irish culture or became thought of as either medicine men or shamans.<sup>1268</sup> This is a problematic assumption however as the way druids are pictured in the vernacular texts as wicked priests and magicians similar to that of the Old Testament may not reflect the pre-Christian reality,<sup>1269</sup> but rather post-Christian ideology. The Devil rarely appears in Irish lives, in contrast to their continental counterparts and instead the druids represent evil and therefore are important characters in opposition to the saint who is the personification of all that is good.<sup>1270</sup> It is very difficult however to draw a boundary between pre-Christian and Christian ‘magic’ as many pre-Christian practices were slowly absorbed and customs initially condemned were made acceptable by being Christianised.<sup>1271</sup> Although not Irish, a good example of this integration, which dates to the sixth century, illustrates that this was not something confined only to Ireland. Serenatus’s wife became unable to speak and the local Roman diviner treated her with herbs; but then a Christian applied oil and dust from St Martin’s tomb instead, and her power of speech returned. Although there is no perceptible medical skill involved by modern standards, this is in reality a contest between faith and magic and comes down to which is the most

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<sup>1266</sup> *ibid*, 89.

<sup>1267</sup> Rawcliffe, *Leprosy in medieval England*, 169.

<sup>1268</sup> Bray, ‘Miracles and Wonders in the Composition of the Lives of the Early Irish Saints,’ 136-147, 136-137.

<sup>1269</sup> Mark Williams, *Fiery Shapes: Celestial Portents and Astrology in Ireland and Wales, 700-1700*, (Oxford, 2010), 35-36.

<sup>1270</sup> Picard, ‘The Marvelous in Irish and Continental Saints,’ 93.

<sup>1271</sup> Charles Freeman, *Holy Bones Holy Dust*, (New Haven, 2011), 50.

powerful.<sup>1272</sup> Irish hagiographical conventions would also appear to uphold a direct correlation between the level of holiness and the ability to be able to work miracles.<sup>1273</sup> Miracles are meant to be astonishing, but Irish hagiographers took things just that little bit further, ‘as they defy not just the laws of nature but the very basics of Catholic sexual morality’ according to Maeve Callan’s rather anachronistic viewpoint, as she claims that only Ireland has hagiographical accounts of saints miraculously ending pregnancies and restoring virgins.<sup>1274</sup> This use of miracles and the depiction of Irish saints as ‘holy-magicians’ has resulted therefore, in some modern eyes, in the undermining of Irish saints’ spirituality, resulting in scepticism that any moral lessons can be learned from them.<sup>1275</sup> Taking a modern stand-point Picard states however that,

The traditional section on the perfect character of the saint becomes more and more formal and conventional: the imitation of Jesus and the saints becomes a competition in extraordinary miracles. The aim of the *vita* is no longer edification, but simply propaganda of one community through its patron saint.<sup>1276</sup>

According to Lisa Bitel Irish monastic hagiographers would, at the very least, appear to be knowledgeable of Ireland’s pre-Christian past and used traditions from literature and mythology, as well as biblical examples throughout their work.<sup>1277</sup> John Carey’s explanation is insightful,

From a very early date the Christian Irish displayed a lively interest in the heritage which had come down to them from their pagan forebears, and a firm confidence in its perennial relevance and value. Tales about the pre-Christian past, often concerned with the Otherworld and its mysterious inhabitants, were being written already in the seventh century; and pagan heroes and demoted deities have continued to be central figures in Gaelic tradition down to the present day. The medieval Irish sought, with agile and audacious imagination, to find room for as much as possible of their old religion within the framework of the new, sometimes with exotic or indeed unorthodox results.<sup>1278</sup>

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<sup>1272</sup> *ibid*, 51.

<sup>1273</sup> Herbert, *Iona, Kells and Derry*, 139.

<sup>1274</sup> Maeve Brigid Callan, ‘Of Vanishing Fetuses and Maidens Made-Again: Abortion, Restored Virginity, and Similar Scenarios in Medieval Irish Hagiography and Penitentials,’ *Journal of the History of Sexuality*, Vol. 21, Number 2, (May, 2012), 282-296, 282, 296. According to the author the only other example of these themes she is aware of is the Nun of Watton from Yorkshire.

<sup>1275</sup> Bray, ‘Miracles and Wonders,’ 137.

<sup>1276</sup> Picard, ‘The Marvelous in Irish and Continental Saints,’ 99.

<sup>1277</sup> Lisa Marie Bitel, ‘Saints and Angry Neighbours: The Politics of Cursing in Irish Hagiography,’ *Monks & Nuns, Saints & Outcasts*, (Ithaca and London, 2000), 123-152, 146-147.

<sup>1278</sup> John Carey, *King of Mysteries*, (Dublin, 2000), 10.

The resultant fusion sometimes makes it almost impossible to know which is being alluded to, for as Binchy states,

The remarkable blend of Christian and pagan motifs which runs right through the mediaeval Irish hagiography sometimes ends in the absorption of the Christian into the pre-Christian practice.<sup>1279</sup>

This blend of Christian and pre-Christian, is not unique to Irish hagiography, but in Ireland it became much more accentuated, as from the end of the sixth century Irish monasteries became centres of both religious and secular learning.<sup>1280</sup> Bhreathnach has stated that,

While it is clear that Christian literate culture inspired many early Latin and vernacular Irish texts, the range of texts in Ireland, especially in the vernacular, is so varied and also close in date to the continued existence of strong elements of the old religion that, combined with archaeological and other evidence, and with the use of models from other disciplines, it is possible to identify genuine non-Christian practices and practitioners.<sup>1281</sup>

One possible example of this blending process, involving a ‘leper’ appears in *Vita Sancti Mochullei*, a saint who was associated with the diocese of Killaloe and the dominant Dál Cais or Uí Briain dynasty.<sup>1282</sup> In this *vita*, a ‘leper’ who has the appetite of forty men is finally healed when *Mochulleus* leads him out into the desert and the ‘leper’s’ hunger is satiated by the milk from a doe.<sup>1283</sup> The theme of an enormous appetite however also appears in the Irish tale *Aislinge meic Conglinne*, featuring the king Cathal Mac Finguine, who was constantly hungry, because of a demon of gluttony which resided in his throat and consumed all of his food.<sup>1284</sup> The *vita* relates the saint using an animal to cure the ‘leper’s’ hunger, which appears at first sight to be folkloric, especially as many Irish folklore tales involve animals and appear much more frequently in Irish lives than in their continental counterparts.<sup>1285</sup> The secular

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<sup>1279</sup> Daniel Anthony Binchy, ‘A Pre-Christian Survival in Mediaeval Irish Hagiography,’ *Ireland in Early Medieval Europe*, ed. Dorothy Whitelock *et al*, (Cambridge, 1982), 165-178, 168.

<sup>1280</sup> Felim Ó Briain, ‘Saga Themes in Irish Hagiography,’ *Feilscribhinn Torna*, ed. Seamus Pender (Cork, 1947), 33-42, 33.

<sup>1281</sup> Bhreathnach, *Ireland in the Medieval World*, 131.

<sup>1282</sup> Donnchadh O Corráin, ‘Foreign Connections and Domestic Politics: Killaloe and the Uí Briain in Twelfth-century Hagiography,’ *Ireland in Early Medieval Europe*, eds. Dorothy Whitelock, *et al*, (Cambridge, 1982), 213-231, 213.

<sup>1283</sup> Carolus de Smedt, *et al*, *Analecta Bollandiana*, XVII, (Brussels, 1898), 141.

<sup>1284</sup> Lahney Preston-Matto, *Aislinge Meic Conglinne*, (New York, 2010), 2. This theme is discussed by Ó Briain, in ‘Saga Themes in Irish Hagiography,’ 36-37.

<sup>1285</sup> Picard, ‘The Marvelous in Irish and Continental Saints’ 98.

tale, on the other hand, involves a demon of gluttony, but gluttony is one of Christianity's seven deadly sins. It is very difficult therefore to know whether influences in lives, sagas and tales are coming from pre-Christian, Christian or a literary inspiration due to the resulting cross-over. A possible example of making a secular tale more acceptable in a Christian sense, is that of the murder of Miach, by his father, the legendary leech, Dian Cécht,

After that, Miach was buried by Dian Cécht, and three hundred and sixty-five herbs grew through the grave, corresponding to the number of his joints and sinews. Then Airmed spread her cloak and uprooted those herbs according to their properties. Dian Cécht came to her and mixed the herbs, so that no one knows their proper healing qualities unless the Holy Spirit taught them afterwards.<sup>1286</sup>

Here herbs are used according to pagan knowledge but this is made acceptable when only the Holy Spirit can teach the correct way to use them.

Anthony Lucas's seminal article on washing and bathing also provides a pre-Christian/ Christian situation concerning feet washing, as in a monastic setting it would seem to reference Christ washing the Apostles' feet at the Last Supper. Lucas suggests however it is not that straightforward, as this appears to have been a pre-Christian, European-wide tradition, the earliest textual evidence of which is Odysseus's return to Troy in disguise and his wife instructing her maids to wash his feet<sup>1287</sup> and demonstrates just how difficult it is to discern from where influences originate.

Leprosy is a complex motif in Irish *vitae* as this example which uses the term *leprosus*, shows, and is taken from what Donna Thornton terms as *St Carthach's Office Latin Life*,

*Alio quoque tempore uenit ad eum quidam leprosus, raucis pecens uocibus, ut manus sancte tactu mundari a sua lepra mereretur. Pater uero pius, pauperis compassus miserie, in orationis consueta prorumpens uerba se prius prostrauit Deo. Postque orationem se eleuans, manum misero imposuit carnemque illius ab omni lepre contagione mundauit.*<sup>1288</sup>

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<sup>1286</sup> Elizabeth Gray, *Cath Maige Tuired*, (Kildare, 1982), 33.

<sup>1287</sup> Anthony Lucas, 'Washing and Bathing in Ancient Ireland,' *Journal of the Royal Society of Antiquaries of Ireland*, Vol. 95, 1/2, (1965), 65-114, 84 and 87.

<sup>1288</sup> Donna Thornton, *The Lives of St Carthage of Lismore*, Unpublished PhD, (University College Cork, 2002), 152. 'Another time a leper came to him, begging in a harsh voice that he deserved to be cleansed of his leprosy by the touch of his holy hand. The pious father, who pitied the wretchedness of the poor, broke into his usual words of prayer after first prostrating himself to God and raising himself after

The term used in this case is *leprosus* and in this very short paragraph many diverse and wide ranging sources are used to convey different meanings. Literary motifs are also included, all of which results in a surprising complexity. The use of ‘cleansed’ and ‘pollution’ is directly referencing the ‘uncleanness’ of ‘lepers,’ as outlined in Leviticus in the Old Testament and brings into question whether it is someone who is ill as the result of a disease or is this someone polluted in a similar fashion as per *tsaraath*? The New Testament is also referenced when Carthach is shown imitating Christ by healing the ‘lepers.’ It is possible that this scene may also be meant to suggest someone poor, but whether this is poor in spirit or monetarily is difficult to ascertain or are they simply polluted in some manner? Lastly the use of the term ‘harsh voice’ is probably an allusion to HD and is therefore reflecting the date of composition, which is thought to be the early thirteenth century, by which time HD was endemic throughout Europe.<sup>1289</sup> This is a great deal of symbolism, as well as a blend of themes and meanings for one very small paragraph and shows far more to the use of ‘lepers’ than may first meet the eye and so this chapter will examine texts in which ‘lepers’ make an appearance in order to see what we can garner from them.

## 5.2 A Motif of Lepers?

Many of the same influences and *topoi* appear again and again throughout the following examples; some are biblical, some literary and some may stem from pre-Christian beliefs, but whatever the origins it can be difficult to decipher which has been referenced. The link between all of the following examples is the appearance of a *clam* or *lobur*, often together, with repetitive symbolism. Mary Low states,

Irish culture was changed by Christianity certainly, but it would also be true to say that Christianity was changed by Irish culture. In order for it to take root at all, it had to be received and make sense in terms of what Irish people already held most dear, in other words, in terms of native values and belief-systems.<sup>1290</sup>

Low also claims that there are various reasons for confusion; partly because of an inflexible and in her view anachronistic divide between the sacred and secular, a too narrow view of what constitutes religion and the ‘difficulty over meeting Celtic

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prayer, he placed his hand on the wretched man and cleansed his flesh from every pollution of leprosy.’ *Ibid*, 159.

<sup>1289</sup> Ó Riain, *A Dictionary of Irish Saints*, 471, 473.

<sup>1290</sup> Mary Low, *Celtic Christianity and Nature*, (Edinburgh, 1996), 4.

Christianity on its own terms.<sup>1291</sup> Some tales, for instance, such as *Imram Brain*, which at first sight appear to be ‘merely entertaining fantasies,’ often also contain religious elements,<sup>1292</sup> which makes interpreting these texts challenging. The pre-Christian belief system was not eradicated the moment Christianity arrived in Ireland as even when the First Synod of St Patrick was held in either the sixth or seventh century, several Canons were approved in order to deal with problems still being posed by ‘paganism.’<sup>1293</sup>

## 5.2 i. Water, *Clam* and *Lobur*

The Old Testament, especially *Leviticus*, as discussed in Chapter One, had a fundamental effect on how ‘lepers’ were treated for centuries, resulting in sufferers being considered contaminated and requiring to be cleansed. The motif of *clam* or *lobur* and water, in various forms, makes numerous appearances in Irish hagiography and the first example to be studied shows Brigit imitating Christ and could be referencing Jesus and the Last Supper or other instances of biblical foot washing. It derives from the anonymous vernacular *Bethu Brigitte* which may date to the ninth century,<sup>1294</sup> although Stancliffe dates it to somewhere between 670 and 780.<sup>1295</sup>

*Ba and-sin do-gein-si ósic do chaillechaib Cule Fobair co n-ic .iiii. caillecha ocin osic, .i. bacach 7 caech 7 clam 7 daisechtach.*<sup>1296</sup>

*Clam* is used in this case and it appears to be an example of a primarily biblical *topos*, as well as a slightly longer version of the usual ‘leper’ stock motif, which is usually used as a *peroratio*. It is noteworthy however as it shows that the *clam* are not segregated, but are washed along with all of the other sick people; but whether this is reflecting the reality in Ireland when it was written or the Bible is difficult to ascertain. Brigit, as will be seen, performs many healing cures in connection with *clam* and *lobur* which is pertinent given, it is argued that ‘she appears to have

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<sup>1291</sup> *ibid*, 6.

<sup>1292</sup> *ibid*.

<sup>1293</sup> Herren, *Christ in Celtic Christianity*, 31.

<sup>1294</sup> Ó Riain, *A Dictionary of Irish Saints*, 124.

<sup>1295</sup> Stancliffe, ‘The Miracle Stories in Seventh-century Irish Saints Lives’, 88.

<sup>1296</sup> Donncha Ó hAodha, *Bethu Brigitte*, (Dublin, 1978), p. 13. It was then she washed the feet of the nuns of Cúl Fobair, and healed four of them while washing them, namely a paralytic one, a blind one, a leper and a possessed one. *Ibid*, 30.

undergone a smooth transition from pagan goddess to Christian saint.<sup>1297</sup> In her apparent pre-Christian manifestation Brigit was also associated with healing<sup>1298</sup> and this may have been carried over into her Christian role. St Brigit is not the only example of an apparently Christianised persona, as St Ailbe of Emly, who has obscure origins may also have pre-Christian roots.<sup>1299</sup>

Another example of ‘leper’ washing comes from the early modern *Betha Colaim Chille*, the extant manuscript of which was copied by Manus O’Donnell in 1532.<sup>1300</sup>

*Fechtus do cuaidh C. C. do siladh breitre De o hI cusan oilen re n-abartar Muili; 7 tarla da lobur decc dó, 7 do íarratar derc air. 'Ni fhuil deirc oir no airgeid agam daeib,' ar Colum Cille. Do iarrutar tre dochus daingen air a slanuccadh on lubra o nach raibe derc eli aige doib. Ar na thuicsin do C. C. co raibe aithrige acu ina pecuib 7 co raibe dochus mor acu as fen, do benduig 7 do coisric se tobur do bi san inad sin, 7 tuc ar na lobraibh a bfhothrucadh ass, cor slanaighedh a cedoir iad amail do slanaighed Naman .i. prindsa ridiredh righ na Sirie do bi sa lubra<sup>1301</sup>*

In this example *lobur* is used and initially they request alms, before asking to be healed, and the significance of this will be discussed in more detail later in the chapter. Both the New Testament and Old Testaments are referenced as Colum Cille is imitating Christ when healing the biblically significant number of twelve *lobur*, but the Old Testament is referenced with the use of bathing and therefore purification and also by the allusion to Naaman. The use of water here may also reverberate with baptism, as a form of cleansing, which was used as a major instrument in converting whole communities.<sup>1302</sup> Baptism comprised of several components, among which are ‘exorcism, renunciation, instruction, fasting, the invocation of Jesus’ name, anointing with chrism, submersion or immersion in water, and taking of communion.’<sup>1303</sup>

<sup>1297</sup> Miranda Jane Green, *Dictionary of Celtic Myth and Legend*, (London, 1992), 50.

<sup>1298</sup> *ibid.*

<sup>1299</sup> Ó Riain, *A Dictionary of Irish Saints*, 58.

<sup>1300</sup> Brian Lacey, *The Life of Colum Cille*, (Dublin, 1998), 7.

<sup>1301</sup> Andrew O’Kelleher and Gertrude Schoepperle, *Betha Colaim Chille*, (Dublin, 1994), 204. ‘On a time, Columcille went from Iona to an island called Mull to sow the word of God. And twelve lepers met him. And they asked alms of him. ‘I have no alms of gold or silver for you,’ saith Columcille. Then with strong hope besought they him to heal them of their leprosy, since he had no other alms for them. And when Columcille understood that they had true sorrow for their sins and great hope in him, he blessed and hallowed the well that was in the place and bade the lepers bathe therein. And they were healed forthwith, as was healed Naaman, the leader of the host of the king of Syria, that had been a leper’ *ibid.*, 205.

<sup>1302</sup> Glen Warren Bowersock, *Late Antiquity, A Guide to the Post Classical World*, (Massachusetts, 1999), 331.

<sup>1303</sup> Bhreathnach, *Ireland in the Medieval World*, 134.



Baptism also signifies the beginning of a new life and this is particularly relevant for ‘lepers’ who were, at times, regarded as ‘dead’ within some societies. The well water would have been extremely cold and this could also imply a penitential element, especially as cold bathing was recommended for concupiscence<sup>1304</sup> and so particularly relevant to ‘lepers,’ given their supposed degenerateness and overt libido. In this example leprosy would again appear to be linked to sin as it is not until Colum Cille realises that their regret is genuine that he heals them.

Bathing is a literal response to the need to cleanse ‘lepers’ and in another example from the *Life of St Comgall*, it is the saint’s bathwater which this time performs the healing and in this example the term *lepra* is used.<sup>1305</sup> In this example the hagiographer is using leprosy to show Comgall as Christ-like, as the use of his bathwater to cure the ‘leper’ equates it to a relic and is a further expression of Comgall’s power, as even his discarded bathwater has healing qualities, which would further enhance his cult’s reputation. It is also likely that this scene is included for propaganda purposes, as St Comgall is the first to bathe, reflecting the Irish custom that those of a high status or prestige always bathed first<sup>1306</sup> and therefore is also a mark of Comgall’s importance and of the low status of the *leprosus*. The topos of using water to cure the sick is far from unique to Irish hagiography, as an example involving St Wulfstan of Worcester shows, although this time it is scrofula which is cured in this way. Wulfstan was shy and did not want to be venerated by the local population because he carried out healing miracles and so refused to cure a sufferer who had come all the way from Kent to see him.<sup>1307</sup> The description of the ‘foul disease’ could just as easily be HD instead of scrofula as the description is very similar. Eilmer, Wulfstan’s aid, takes pity on the sick man and takes him into his own lodgings and feeds and cares for him. One day after Wulfstan had celebrated Mass, Eilmer took the water Wulfstan had ritually washed his hands in, and added it to a bath for the sick man, who was promptly cured.<sup>1308</sup> Emma Mason also points out something which is relevant to all of the miraculous cures which will be discussed in this chapter, as well as the real-life ‘lepers’ discussed in the previous chapter,

<sup>1304</sup> Lucas, ‘Washing and Bathing in Ancient Ireland,’ 76.

<sup>1305</sup> Plummer, *Vitae Sanctorum Hiberniae*, Vol. 1, 19.

<sup>1306</sup> Catherine Marie O’Sullivan, *Hospitality in Medieval Ireland 900-1500*, (Dublin, 2004), 214.

<sup>1307</sup> Emma Mason, *St Wulfstan of Worcester, 1008-1095*, (Oxford, 1990), 178.

<sup>1308</sup> *ibid*, 179.

Poor hygiene and vitamin deficiency had no doubt contributed to his condition in the first place. A thorough bathing, faith in the water purloined from Wulfstan, good food provided by the steward, and the interest taken in his plight by Eilmer and Arthur, all combined to restore the Kentish man to health.<sup>1309</sup>

Although not involving water, a similar incident in St Féchin's *vita* includes the same common motif of saint and 'leper' being physically close as in the *Life of St Comgall*, which allows St Féchin to imitate Christ,

*Fecht aile tainig lobur gu Feichin, 7 dosir fair n-anoir De beith ina caemtech ina chathair 7 og proinn 7 ina imdhaidh. Dorat sin do for Día, 7 oc erge doiub iarnabarach roboi in louar oghslan, 7 rocreid gudicra do Dia 7 do Feicin, 7 romorad ainm De 7 Feicin tritsin.*<sup>1310</sup>

*Lobur* is the term used in this example and it is the time spent in Féchin's presence which results in a cure, thus proving the strength of Féchin's sanctity and the power of his cult over even this most dreaded of diseases. It is Féchin's mere presence which is enough to heal and his sanctity is strong enough to achieve this simply by his presence alone. His intimacy with the 'leper' also denotes Christ's familiarity with 'lepers' who were not only healed but who in turn made Christ unclean and is something which is reflected in many hagiographies which involve 'lepers.'

Continuing with the bathing theme, Brigit is also shown healing 'lepers' but by a different method, in her life from the *Book of Lismore*, which is a compilation dating to the latter half of the fifteenth century and originally came from the no longer extant Book of Monasterboice, amongst others.<sup>1311</sup>

*Feacht ann tancatar dá clamh co Brigit dá n-íc don claimhe. Adubairt Brigit risin dará clam nighi araile. Do-roine amhlaid. 'Dena-sa,' ar Brigit risin clamh aili, 'fosaic 7 nighe h-ir cumtha amal do-roine-seom umhaloit duit-si.' 'Acht airt co n-facamar,' ol se, 'ne co n-faicfium. Cidh on, in coir lat-as, a chaillech, mhisi slan coam ballaib nuidhibh 7 com etach nua do nighi in claim grana út, 7 a bhaill dubhfhlasa ic toitim de? Ni fiu leam-as in nos a leitheit sin.' Ro nigh immorro Brigit fein in clam umul truag. Adubairt in clam dimsach ro glanad ar tus on*

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<sup>1309</sup> *Ibid*, 180.

<sup>1310</sup> Whitley Stokes, 'Life of Féchin of Fore,' *Revue Celtique*, Vol. XII, (Paris, 1891), 320-353, 330. 'At another time a leper came to Féchin, and sought of him for God's honour, to be in his company in his monastery, and at dinner and in his bed. Féchin granted that for God's sake, and when they rose on the morrow the leper was whole every whit, and he believed fervently in God and in Féchin; and God's name and Féchin's were magnified thereby.' *ibid*, 331.

<sup>1311</sup> Stokes, *Lives of the Saints from the Book of Lismore*, 3.

*claime: 'Atar leam-sa,' ol se, 'is oeible teined mhoidhid triam croicenn.' Ro linadh h-e do claime o a mhullach co a bhonn ara anumaloit.*<sup>1312</sup>

*Clam* is used this time and not *lobur* as in the previous examples and there is a lot of complicated symbolism depicted in this particular scene. Brigit is portrayed as imitating Christ, but this time the healing is not carried out by her directly, but by an intermediary, as one *clam* washes the other. In the eleventh century *Book of Rights*, *cís d'unadh acus d'fholcadh* is referred to as a tax or servile rent consisting of cleansing and washing, which was undertaken by women publicly, but whether it included the washing of garments, as well as persons, is unclear.<sup>1313</sup> To ask one male *clam* to wash the other therefore may well have been considered an insult, as it was socially acceptable for women to carry out washing publicly and therefore Brigit, but not men, but this is contentious due to the paucity of evidence. Brigit is also showing her authority and her power by issuing this command, as it is against the normal accepted social custom. The *clam*, who carries out Brigit's instructions, shows complete obedience and his humility and respect in turn earns him his health. The second *clam*, who refuses to wash the other, is not only objecting to touching a *clam*, but is also showing disrespect for the mercy God and Brigit have just shown by curing him. His punishment is to become leprous again from 'his crown to his sole,' and notably his punishment is due to his disobedience of Brigit. The statement from 'his crown to his sole' is a direct biblical reference to Job, who was afflicted 'with loathsome sores from the sole of his foot to the crown of his head.'<sup>1314</sup> The fact that Brigit re-instates his leprous state is also significant as by healing the *clam* she shows her Christ-like qualities, but by re-inflicting it she demonstrates her God-like abilities and ultimate power. It is especially noteworthy that it was not only the body of the *clam* which was healed, but that he also obtained 'fresh raiment' which could indicate that he had been wearing some form of clothing which showed that he was *clam* and

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<sup>1312</sup> *ibid*, 48-49. 'Once upon a time two lepers came to Brigit to be healed of the leprosy. Brigit bade one of the two lepers to wash the other. He did so. 'Do thou,' saith Brigit to the other leper. 'tend and wash thy comrade even as he hath ministered unto thee.' 'Save the time that we have seen,' saith he, 'we will not see one another. What, O nun, doest thou deem it just that I, a healthy man, with my fresh limbs and my fresh raiment, should wash that loathsome leper there, with his livid limbs falling from him? Said the haughty leper who had first been cleansed from the leprosy: 'Meseems,' saith he, 'that sparks of fire are breaking through my skin.' He was filled with leprosy from his crown to his sole, because of his disobedience.' *ibid*, 196.

<sup>1313</sup> Doherty, 'Some Aspects of Hagiography as a Source for Irish Economic History,' 311-312.

<sup>1314</sup> *The Bible, Revised Standard Version*, Job 2:7, 407.

is probably an example of hagiography reflecting the time period it was written in, rather than the time that it purports to depict.

Another example connected to washing from *Bethu Brigitte* portrays Brigit again healing ‘lepers’ by washing.

*Isin Domnach cetnu na Casc do-luid alali clam dia tuititis a baild cucai-si do chuinchid bo.*

*‘Ar ecndairc nDé, a Brigit, rom-bith-sa bo lat.’*

*‘Tailc dail dam,’ ar Brigit.*

*‘Ni tailcfínd,’ olse, ‘cid dail oenláí duit.’*

*‘A macan,’ ar Brigit, ‘expectemus manam Domini.’*

*‘Rega ass,’ ar in clam, ‘at-eth-sa boin i mmbaliu aili(u) ceni et huait-siu.’*

*‘A digge,’ ar Brigit, ‘7 maru-gesmais Dia im digbail do c(h)lsime dit, i-mbad maith lat son?’*

*‘Natho,’ olse, ‘is mó at-chotaim in c(h)ruth-sa quam quando (i)mundus ero.’*

*‘Is fer(r),’ ar Brigit, ‘7 bera(e) ben(n)achad; not-glanfaitir.’*

*‘Maith lim tra,’ olse, ‘ol is tromda(e) ro(nd)-gabús.’*

*‘Cindus,’ ar Brigit fria ingena, ‘glanfíder in fer-sa?’*

*‘Ni ansæ, a chaillech, tabar(r) do bendacht for cuad n-usci, 7 fothraicthir in clam as iarum.’*

*‘Do-gnid samlaith, 7 ba ógslán.’*

*‘Ni rag-sa tra,’ ar in clam, ‘on c(h)u(u)ch rom-icc: mim minister ero 7 lignarius vester.’*

*Síc factum est.*<sup>1315</sup>

*Clam* is used in this example and this time it is unclear who washes the *clam* as it may be Brigit’s nuns rather than Brigit herself, but as they are all women, there are no status issues. It is also worth noting that the washing of the bodies of the sick and the old was considered an episcopal function and as Brigit regularly undertakes this obligation, Ó Riain argues that this is part of a sub-text in the hagiography which is attempting to equate Brigit’s status with that of male bishops.<sup>1316</sup> This is another incidence of *clam* initially asking for alms, rather than to be healed, and significantly

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<sup>1315</sup> Ó hAodha, *Bethu Brigitte*, 7-8. On the same Easter Sunday there came to her a certain leper from whom his limbs were falling, to ask for a cow. ‘For God’s sake, Brigit, give me a cow.’ ‘Grant me a respite,’ said Brigit. ‘I would not grant you,’ said he, ‘even the respite of a single day.’ ‘My son, let us await the hand of God,’ said Brigit. ‘I will go off,’ said the leper, ‘I will get a cow in another stead although I obtain it not from you. Said Brigit, ‘and if we were to pray to God for the removal of your leprosy, would you like that?’ ‘No,’ said he, ‘I obtain more this way than when I shall be clean.’ ‘It is better,’ said Brigit ... and you shall take a blessing (and) shall be cleansed.’ ‘All right then,’ said he, ‘for I am sorely afflicted.’ ‘How will this man be cleansed?’ said Brigit to her maidens. ‘Not hard, O nun. Let your blessing be put on a mug of water, and let the leper be washed with it afterwards.’ It was done thus and he was completely cured. ‘I shall not go,’ said the leper, ‘from the cup which has healed me – I shall be your servant and woodman.’ Thus it was done. *Ibid*, 25.

<sup>1316</sup> Ó Riain, *A Dictionary of Irish Saints*, 124.

the *clam* states that he makes a better living now than when he was ‘clean.’ This is the opposite of another incident when a *clam* asks Brigit for a cow, but when she offers to heal him instead he states; he would rather be healed as ‘every sound man is a king.’<sup>1317</sup> Other examples of *clam* asking for alms rather than healing will be discussed shortly, but in this case the *clam* is ultimately healed rather than obtaining alms. Bitel also points out that this particular *clam* greatly offends Brigit as his threat to go elsewhere to get alms would have been an affront to both her charitable and hospitable status, which was a grievous insult in medieval Ireland.<sup>1318</sup> The method of healing this *clam* is again by blessed water, but this time with only a cupful, reminiscent again of baptism, and afterwards the *clam* declares he will remain with Brigit, as her ‘servant and woodman.’ There are other references to Brigit’s formerly leprous servant, in which he is named Lommán, who may, in all probability, be the same person as in this example. This next example which includes Lommán is anomalous as I have found nothing similar in any other saints’ life and comes from the *Three Middle-Irish Homilies* which is in the fifteenth century manuscript Lebar Brecc.<sup>1319</sup>

*Fect ann tanic rí laigen do estecht fr iprecept. 7 celebrad dia cásc docum brigte. Iar forba uird in chelebartha. Luid ass in rí for sét. Dochoid brigit do praind. Asbert lomman clam brigte na tomelad ní co tuchtha do armgaisced rig laigen etir góei 7 claideb oculus sciath. Corum bertaiged fóí. Luid techtaire o brigit indegaid in rig. O medon láí cu nóna don rig for immachor. 7 ní roacht cid míle cemend co tucad in t-armgaisced uad, 7 co tardad don chlam.*<sup>1320</sup>

There is a lot of imagery in this paragraph, most of which is unusual when involving *clam* and it could be viewed as comparable to a demand for tribute. St Findchua receives similar tributes and rewards from the Connaught men, after he has helped them defeat the foreigners, which takes the form of, ‘a horse (to be given) by each gentleman and a screbal by every one, and the king of Connaught’s raiment from

<sup>1317</sup> Whitley Stokes, *Three Middle-Irish Homilies on the Lives of Saints Patrick, Brigit, and Columba*, (Calcutta, 1877), 73.

<sup>1318</sup> Lisa Marie Bitel, ‘Women’s Donations to the Churches in Early Ireland,’ *The Journal of the Royal Society of Antiquaries of Ireland*, Vol. 114, (1984), 5-23, 16.

<sup>1319</sup> Stokes, *Three Middle-Irish Homilies*, vii.

<sup>1320</sup> *ibid*, 70. ‘Once upon a time the King of Leinster came unto Brigit to listen to preaching and celebration at Easter-day. After the ending of the form of celebration, the King fared forth on his way and Brigit went to refection. Lommán, Brigit’s leper, said he would eat nothing until the weapons of the King of Leinster were given to him – both spears and sword and shield ... A messenger went from Brigit after the King. From mid-day to evening... A thousand paces until the weapons were given by him, and bestowed on the leper.’ *Ibid*, 71.

crown to ground every year to Findchua.<sup>1321</sup> Why would Brigit's *clam* demand such war-like items as these from the King of Leinster? Lommán even employs fasting on the King, which was an ancient method used to solve disputes, especially when there was a difference in status, and would bring shame to the King if he ignored it. Lastly it is Brigit who sends word to the King that her *clam* desires his fighting accoutrements which unusually takes her outside of the female realm. It was not until Brigit gave away her father's valuable sword to a *clam* that her father became angry as she had stepped out of her designated feminine role, as it was not hers to give away. This time however, the King does indeed send the demanded items to Lommán. Why does Lommán appear in this incident, as Brigit could just as easily have requested the items for herself, without the inclusion of Lommán? If one believes *clam* were of low status then one explanation could be that the King of Leinster is greatly honouring Brigit and this is also a way of demonstrating her control over him, his people and his land, as well as his commitment to Christianity, as he obeys her command, even when symbols of status are requested for a *clam*. Lommán was a *clam* who Brigit cured and remained to serve her and St Patrick is also portrayed as having a servant called Comlach, who is termed as Patrick's *clam*<sup>1322</sup> and this may reflect an on-going role for the saints in continuing to care not only for the sick, but also for those that they had already cured.

*Broccán's Hymn* contains a poetic collection of Brigit's miracles, purportedly gathered by Broccán from Sliab Bladma or Cluain Mór Moedóic, and which may date from the second half of the seventh century.<sup>1323</sup> Brigit cures another *clam*, not by bathing this time, but by sprinkling, as Brigit commands him to pull up a clump of rushes, which reveals a water-well and who is then cured by sprinkling this water onto his face.<sup>1324</sup> The use of sprinkling here may have a baptismal link as aspersion is a form of baptism when water is sprinkled on the head,<sup>1325</sup> and as stated previously baptism and new life is particularly relevant to 'lepers.' It could also be referring to

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<sup>1321</sup> Stokes, *Lives of the Saints from the Book of Lismore*, 268.

<sup>1322</sup> Stokes, *Felire Oengusso Céili De*, 205.

<sup>1323</sup> Carey, *King of Mysteries*, 164.

<sup>1324</sup> *ibid*, 171.

<sup>1325</sup> Niam Whitfield, 'A Suggested Function for the Holy Well?' *Text, Image, Interpretation. Studies in Anglo-Saxon Literature and its Insular Context in Honour of Eamonn O Carragáin*, eds. Alastair Minnis and Jane Roberts, (Belgium, 2007), 495-513, 508.

the use of aspersion as it is used in the general church liturgy. This miracle took place in Cluain Corcaige in Offaly and here the significance of the *clam* is not only to show Brigit imitating Christ, but it also demonstrates her power and control over Cluain Corcaige by modifying the land, if only slightly, and healing one of its inhabitants. Cluain Corcaige may not have in reality been under the Brigidine church but this may show a desire on their part to lay claim to it, and it is not unusual in Irish hagiography for one church to lay claim to another's territory. Land in Ireland was inalienable as it remained the property of the kinship group forever even when it was donated to a saint and his heirs,<sup>1326</sup> and this of course, inevitably led to disputes. In this case, it could be argued, Brigit's supposed pre-Christian persona is particularly pertinent as Bitel claims she, 'controlled her physical environment like a territorial goddess from the ancient past,' and only Brigit 'was a mistress of the landscapes.'<sup>1327</sup> Katja Ritari has argued Brigit's hagiographies are based, at least to some extent, on oral traditions connected to the pre-Christian goddess, 'which still lived in the collective memory of the people'<sup>1328</sup> and therefore could also be taken as evidence of the special significance of water in pre-Christian Ireland. Catherine McKenna however has argued that the widely accepted belief that Brigit had pre-Christian roots should be re-examined.<sup>1329</sup> McKenna claims that the many druids which appear at the beginning of the *Vita Prima*, and which in due course fade away, are in fact based on *magi* from the Bible and that therefore far from being full of pagan iconography Brigit's hagiographies actually have Christian roots.<sup>1330</sup> This is an interesting, if controversial proposition, but if this is the case then Brigit's personae and presence would require to be re-thought and her interactions with 'lepers' would also need to be re-interpreted.

Another example of a watery miracle occurs in the Life of *Ciarán of Clonmacnoise*, from the Book of Lismore,

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<sup>1326</sup> Herren, *Christ in Celtic Christianity*, 32.

<sup>1327</sup> Lisa Marie Bitel, 'Body of a Saint, Story of a Goddess: Origins of the Brigidine Tradition,' *Textual Practice*, 16:2, (2002), 209-228, 210 and 222.

<sup>1328</sup> Katja Ritari, 'The Image of Brigit as a Saint: Reading the Latin Lives,' *Peritia*, Vol. 21, (2011), 191-207, 195.

<sup>1329</sup> Catherine McKenna, 'Between Two Worlds: Saint Brigit and Pre-Christian Religion in the *Vita Prima*,' *Identifying the 'Celtic'*, CSNA Yearbook 2, ed. Joseph Falaky Nagy, (Dublin, 2002), 66-74, 66.

<sup>1330</sup> *ibid*, 73.

*Tancatar didiu dá clamh dhéc cu Finnen, dia n-ic. Faidhis Finnén iat cu Ciarán. Ferais Ciarán failti friu, 7 luidh leo on cill siar, 7 beanaid fótt asin talmáin cur'mhemhaid sruth uisqui glain as. Dorat-sumh tri tonna donn usqui tar Cech bhfer dibh, comtar óghslana fochedoir.*<sup>1331</sup>

Findian is shown deferring to Ciarán, as Findian is unable to heal the twelve *clam* who come to him and therefore sends them to Ciarán, showing not only Ciarán's superiority over Findian, but also his cult and his church. Ciarán is again imitating Christ, especially as it is the biblically significant twelve *clam* who are healed. The fact it is a group of 'lepers' could signify that by this time 'lepers' are living together and is reflecting the fact that they are cared for by the church, but I think that in this case the significance is in the use of the number twelve. I also suggest that this event is included for propaganda purposes to enable Ciarán's *paruchia* to lay claim to the land to the west of his church. The cutting of a sod is significant for two reasons, as it involves modifying the landscape and also sods were used ceremonially from antiquity to indicate a land transaction had taken place.<sup>1332</sup> It is also significant three waves of water are used for healing, again perhaps referencing baptism, as has been discussed already.

Another example of the use of *clam* to demonstrate the authority of one saint over another occurs in St Comhgall of Bangor's *vita*, as he cures St Maodhóg of Clonmore of a leprous disease, which he contracted while studying the twelve Minor Prophets at the church of Sineall.<sup>1333</sup> St Mochua is also shown curing another saint, this time Munna of Taghmon in Westmeath, who suffered from leprosy for seven years in order that he could overcome his pride.<sup>1334</sup> In both of these examples the reason for the inclusion of the *topos* of curing the *clam* is to show spiritual superiority and the Christ-like qualities of one saint over another, as well as for propaganda reasons as it strengthens the leading saint's cult right to lay claim to the other saint's *paruchia*,

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<sup>1331</sup> Stokes, *Lives of Saints, from the Book of Lismore*, 123. 'The twelve lepers came to Findian to be healed. Findian sent them on to Ciarán. Ciarán made them welcome and went with them westward from the church and cuts a sod out of the earth, whereupon a stream of pure water broke forth. He poured three waves of that water over each of the men, and they were at once every whit whole.' *Ibid*, 289.

<sup>1332</sup> Stokes, *Felire Oengusso Céili De*, li.

<sup>1333</sup> Charles Plummer, *Vitae Sanctorum Hiberniae*, Vol. II, (Oxford, 1910), 19.

<sup>1334</sup> *ibid*, 185-187.



church, lands and property, amongst other things. The use of leprosy against vanity will also be discussed later in connection with St Flannán.

The next example is unlike the others,

*Tanic iarsin for conair .xx. iii., fer a lín, 7 fuair noei for a chind in erlaime hi trácht mara bretan. Intan tra tanic patraic isin curac. isann bóí clam oc cuinchid inaid fair. 7 ni robi inad fás itir ann. Corolasum remi amach in imaltoir clochi forsandenad oifrend cech laei. Sed tamen dorigine dia firt mor and .i. ni dechaid in cloch anichtar. 7 ni tharasar dianessi. Acht rosnai imon curach ba cuairt cu toracht in eirinn.*<sup>1335</sup>

This is a puzzling portrayal of a *clam* floating along on St Patrick's stone altar and is a spectacular miracle and demonstrates the sheer strength of Patrick's capabilities and therefore his connection to God. This is not an isolated example of a miraculously floating stone as this *topos* also occurs in one of the legends surrounding Columba,

He went down to the shore and stood on a stone there and the stone floated off, with himself on top of it, until it came to a place called Casla, the other side of Galway Bay, on the Conamara side.<sup>1336</sup>

St Declan performs a similar miracle, when one of his follower's leaves behind a bell on a rock and Declan's prayers enable the rock to float out to sea, and as with the floating altar, it is also able to keep pace with the ship.<sup>1337</sup> There is also an instance in VC when Columba blesses a white pebble and from then, when placed in water it floated, 'in defiance of nature' and the water when it was drunk had the ability to heal.<sup>1338</sup> All these instances of floating stones are magnificent demonstrations of saintly strength and are definitively 'in defiance of nature,' but with Patrick's floating altar, I can deduce no reason why a *clam* is included, as the miracle would have been just as magnificent with or without the *clam*. It is noticeable however that it is the solitary *clam* who travels alone on the altar when it could just as easily have been any of the other occupants of the boat and though the addition of the *clam* does not add to

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<sup>1335</sup> Stokes, *Three Middle-Irish Homilies*, 16. 'He then fared forth on his road, four and twenty men were his number, and he found a ship in readiness before him on the strand of the sea of Britain. When Patrick came into the boat a leper was asking him for a place, and there was no empty place therein. So he put out before him (to swim in the sea) the stone altar whereon he used to make offering every day. *Sed tamen*, God wrought a great miracle here, to wit, the stone went not to the bottom, nor did it stay behind. But it swam round about the boat (with the leper on it) until it arrived in Ireland.' *ibid*, 17.

<sup>1336</sup> Seán Ó Súilleabháin, *Miraculous Plenty Irish Religious Folktales and Legends*, (Dublin, 2011), 181.

<sup>1337</sup> Laurence Flanagan, *A Chronicle of Irish Saints*, (Belfast, 1990), 75.

<sup>1338</sup> Sharpe, *Life of St. Columba*, 182.

the miracle, his presence displays St Patrick's Christ like qualities, as the *clam* is allowed to accompany them on the journey and is not sent away.

The last example involving water is found in VC, but this time, it is not the cure, but the cause of leprosy.<sup>1339</sup> The incident occurs in Pictland and concerns a well which if drunk from or used for washing, results in the person becoming either leprous, half-blind or crippled. Undeterred Colum Cille washes in and drinks from the well after blessing it and is unharmed and from then on the well's water has curative powers. The well in this case had previously been corrupted by the druids of the Picts and Colum Cille's miracle not only returns the water to normal, but also gives it healing powers as well. After blessing the well the water in effect becomes a relic of Colum Cille's, again illustrating the significance of the connection between water and healing in the Irish psyche. Sharpe argues that this use of the well shows Adomnán sanctioned the continued veneration of miraculous holy wells, as pre-Christian well-worship became effortlessly metamorphosed into a Christian practice.<sup>1340</sup> Low however states that Adomnán is illustrating Colum Cille's courage, the power of Christ and Colum Cille's power over the elements, especially water.<sup>1341</sup> Bhreathnach also argues that if Patrick and other missionaries used sacred wells for baptism, this illustrates an intrusion into a 'sacred' space which was already connected to pre-Christian rituals and which is supported by the early texts and Latin *vitae*<sup>1342</sup> although this is questionable. Although holy wells are usually dedicated to saints there are examples with names such as *slán* (healthy, noble), *óenadarcae* (one-horned) and *nemnach* (heavenly, holy, venomous), which could be evidence for the existence of an earlier belief system associated with healing and fertility which was duly superseded by Christianity.<sup>1343</sup> James Bruce however argues that Adomnán is actually condemning well worship in this incident and that he 'is more careful in his use of language than to allow the well to be worshipped in its newly cleansed state.'<sup>1344</sup> Bruce also suggests that there is a more likely biblical exemplar for this tale in 2

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<sup>1339</sup> *ibid*, 162-163.

<sup>1340</sup> *ibid*, 323.

<sup>1341</sup> Low, *Celtic Christianity and Nature*, 60.

<sup>1342</sup> Bhreathnach, *Ireland in the Medieval World*, 134-5.

<sup>1343</sup> *ibid*, 135.

<sup>1344</sup> Bruce, *Prophecy, Miracles, Angels and Heavenly Light*, 81.

Kings, 2:19-21 whereby Eli'sha makes the city's water wholesome and safe to use again.<sup>1345</sup>

All these examples have involved water in one form or another, sometimes as in *Betha Coluimb Chille*, involving a well. There were as many as three thousand holy wells in Ireland, some of which still continue to attract believers, even in the twenty-first century,<sup>1346</sup> and some of which had reputations for curing 'lepers' as we have already seen in the previous chapter. The veneration of natural springs or holy wells was a widespread Irish tradition and votive trees often stood beside them.<sup>1347</sup>

Amongst the European Celts, sacred springs were a focus for curative customs during pre-Roman times until the end of the Iron Age and it is possible that this also influenced Ireland.<sup>1348</sup> Eamonn Kelly states that this custom may have come from Roman Britain, but for whatever reason almost every Irish hagiography contains a saint creating a well, demonstrating their importance to Irish Christianity.<sup>1349</sup> There are however, as Low points out, no contemporary descriptions of pre-Christian holy wells or springs, but on occasion Christian writers do provide the 'merest glimpse.'<sup>1350</sup> The miraculous production of water however does also have very strong biblical roots, as in Numbers 20:11,

And Moses and Aaron gathered the assembly together before the rock, and he said to them, 'Hear now, you rebels; shall we bring forth water for you out of this rock?' And Moses lifted up his hand and struck the rock with his rod twice; and water came forth abundantly, and the congregation drank, and their cattle.<sup>1351</sup>

The use of water for therapeutic reasons seems to have been universal throughout ancient Celtic societies, the most popular cults being attached to celebrated natural springs, either because of tradition or because the water had intrinsic properties.<sup>1352</sup>

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<sup>1345</sup> *ibid*, 82.

<sup>1346</sup> Ronan Foley, *Healing Waters, Therapeutic Landscapes in Historic and Contemporary Ireland*, (Farnham, 2010), 23.

<sup>1347</sup> Whitfield, 'A Suggested Function for the Holy Well?' 495.

<sup>1348</sup> *ibid*.

<sup>1349</sup> Eamonn Kelly, 'Antiquities from Irish Holy Wells and their Wider Context,' *Archaeology Ireland*, Vol. 16, (Summer, 2002), 24-28.

<sup>1350</sup> Low, *Celtic Christianity and Nature*, 59.

<sup>1351</sup> *The Bible*, 116.

<sup>1352</sup> Prionisias MacCana, 'The Mythology of Medicine,' *2000 Years of Irish Medicine*, ed. John Benigunus Lyons, (Dublin, 2000), 11.

Water however must have universally been accepted or worshipped as a sign of life as without it life cannot exist or continue for as Prionisias MacCana claims,

While in many cases these sites have acquired a veneer of Christianity through a process that began already in the early centuries of the religious transition, there can be no doubt that they represent an unbroken continuity of belief and practice from pre-Christian, and perhaps pre-Celtic times.<sup>1353</sup>

Bhreathnach states that there is enough archaeological evidence, to confirm that wells were an important focus for sacred customs and that the most important early Irish examples come from Co. Meath and Co. Tipperary.<sup>1354</sup> The most common ailment individual wells were renowned for curing was eye problems, but leprosy was also apparently regularly cured by these special waters.<sup>1355</sup> It was also noted in Chapter Four that some recorded sites of leper-hospitals had a well renowned for its curative powers close by and Anthony Lucas claims that the ordinary features of Irish daily life probably remained unchanged for at least the first thousand years of the historic period and bathing is reflected in the literature as a normal part of personal hygiene.<sup>1356</sup> There is only one piece of extant written evidence however that medicinal baths were used in Ireland, especially for *clam* and *lobur* and dates from at least the ninth century, as *Cormac's Glossary* states, '*Fothrucad quasi othrucad, ar is d'othraib .i. d'oes lobair is mencem.*'<sup>1357</sup> A bath of any kind would probably have proved beneficial to lesser and greater degrees, whatever the sufferer was afflicted with, as even just removing the build-up of grime would have considerably improved their condition.

## 5.2 ii. Lepers, Cows and Brigit's Almsgiving

Cows often appear together with *clam* and *lobur*, as we have already seen in Chapter Four when discussing *Cath Almaine*. This pairing also occurs in hagiography, as well as elsewhere, which as Ireland was a pastoral society is to be expected, but is there any special significance to this particular combination? Brigit, in all her

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<sup>1353</sup> *ibid*, 12

<sup>1354</sup> Edel Bhreathnach, 'From *Fert(ae)* to *Relic*: Mapping Death in Early Sources,' *Death and Burial in Early Medieval Ireland*, eds. Christiaan Corlett and Michael Potterton, (Dublin, 2010), 23-31, 23.

<sup>1355</sup> Foley, *Healing Waters*, 25.

<sup>1356</sup> Lucas, 'Washing and Bathing in Ancient Ireland,' 65-66.

<sup>1357</sup> Kuno Meyer, *Sanas Cormaic*, (Lampeter, 1994), 49. 'For bathing sick persons and it is for lepers it is oftenest practised.'

manifestations, has more interactions with ‘lepers’ than any other Irish saint, during which she either heals them or she presents them with alms, usually in the form of a cow. Brigit’s association with cows is not just in relation to *clam* and *lobur* however, for as a child she could only digest milk from otherworldly white cows with red ears.<sup>1358</sup> Why the different responses to *clam* and *lobur* and their requests? I would suggest that the *clam* and *lobur* who are given alms are not sick, in any medical sense, but in these instances the term is used to refer to someone poor in either monetary or spiritual terms or possibly ostracised socially in some sense, as discussed in Chapter Four. In *Betha Brigte* from Whitley Stoke’s *Three Middle-Irish Homilies*, *clam* is only used once in the following passage and the rest of the time the term used is *bocht* which Stokes in this case has translated as poor.

*O rancatar dún in rig luid dubthach isin dún cusind rig. Boi brigit ina carput in dorus in dúine. Foracaib dubthach a claideb isin carput i fail mbrigte. Dothaet clam co brigit do chuindhid almsaine. Dobersi claideb dubthaig do. Dixit dubthach frisin rig in cendgaid cumail .i. mingensa orse. Dixit dúnlaing cid for a crecca tǵin fén. Dixit dubthach ní anand o creicc mindmais 7 i cathabairt do bochtaib. Dixi in rig. Toet in og isin dún. Toet dubthach ar cend brigte. 7 fergaigis fria for claideb do tabairt don bocht. O tanic brigit i fiadnaise in rig. Atbert fria in rí. Intan ise indmas tathar aingen gatai. Is mór mó dia cend gorsa gétaí mindmas 7 mindile. 7 dosbérai do bochtaib. Dixit rofitir mac na hingine damad lemsa do chumungsa co lágnib 7 cótuli indmas dobéraind don choimdid nan dúla. Dixit in rí fri dubthach Nidat comadais dib linaib do chunnrad na hinginesea. Ar is uasli a hairilliud fia dia ol dáini. 7 dombert inrí claideb déit do dhubthach dara cend. Et sic liberate est sancta uirgo brigita captiutate.*<sup>1359</sup>

Bitel also uses the term ‘beggar’ rather than ‘leper’ when discussing this incident and also states that charitable gifts were given on Brigit’s feast-day, ‘since generosity towards the poor and the ill was one of the saint’s major characteristics.’<sup>1360</sup> This

<sup>1358</sup> Green, *Dictionary of Celtic Myth and Legend*, 50.

<sup>1359</sup> Stokes, *Three Middle-Irish Homilies*, 64. ‘A leper came to Brigit to ask an alms. She gave him Dubthach’s sword. Dixit Dubthach to the King: ‘Wilt thou buy a bondmaid, namely my daughter?’ says he. Dixit Dunlang: ‘Why sellest thou thine own daughter?’ Dixit Dubthach: ‘She stayeth not from selling my wealth and giving it to the poor.’ Dixit the King: ‘Let the maiden come into the fortress.’ Dubthach went for Brigit and was enraged against her, because she had given his sword to the poor man. When Brigit came into the King’s presence, the king said to her: ‘Since it is they father’s wealth that thou takest, much more, if, I buy thee, wilt thou take my wealth and my cattle and give them to the poor?’ Dixit Brigit: ‘The Son of the Virgin knoweth if I had they might with (all) Leinster, and with all they wealth I would give (them) to the Lord of the Elements.’ Said the King to Dubthach: ‘Thou are not fit on either hand to bargain about this maiden, for her merit is higher before God than before men.’ And the King gave Dubthach for her an ivory-hilted sword, *et sic liberate est sancta uirgo Brigita captiutate*. *Ibid*, 65.

<sup>1360</sup> Bitel, ‘Body of a Saint, Story of a Goddess,’ 212-213.

alternative meaning does not appear to be a result of inaccurate translation, but ‘beggar’ is not regarded as standard meaning and is open to question. Throughout this thesis however, such as when studying the documentary evidence from Waterford and on other occasions it has been questioned what the term ‘leper’ was actually referring to. There is no simple answer to this as I think that there are other reasons for the use of this term then to describe only a disease. In the hagiography I think again that we are seeing that the poor could be designated as leprous in some sense and some of the following examples will show this. If you are poor then so also is your diet, which can in turn lead to many health conditions which could deem you to be leprous, such as scurvy, which is due to a lack of vitamin C and manifests on the skin. A recent study, although describing a sixteenth century situation, has provided interesting information about the diet of the poor and the resultant health problems. Bones of men who had perished on the Mary Rose in 1545 were analysed and were found in many cases to have rickets.<sup>1361</sup> The link between poor health and poverty is recognised today and there is no reason why this should not also have been the case in the middle ages and would explain why *clam*, *lobur* and poverty so often appear together.

An example of Brigit’s cow-giving from *The Book of Lismore*, states

*Feacht ann tancatar da clamh co Brigit do chuinghidh almsaine. Ní rabha araill isin coitcenn acht aen-bhó. Do-rat Brigit dona clamhaib in m-boin sin. Do-rinne in cara clam atluaguabuide don Coimdhidh. Dimclach immorro in clam aile, ár ba diumsach. ‘Do-choidh,’ ar sé, ‘cid mh’ airi-si m’oenar ria boin. Cu n-ice anú, dano, ní rom-comhairmeadh-sa ríam etir celiuda Dé & bhochta & lobhrai. Ní bhiu dano I commaidh imon m-boin-sea.’ Do-raidh Brigit risin clamh n-umhal: ‘Ansa I bhus co b h-faghthar ní dhuit, & teit as in clamh diumsach út guna bhoin.’ Is ann sin tainicc fer co Brigit gu m-boin leis di, co tard don clam umal. O dhochuaidh immorro for set in clam diumsach forfheimidh imáin a bhóa oenar, co tainicc for cula co Brigit & co a fher cumtha, co raibhi ic glamhudh & ic imdergad Brigitte. ‘Ni ar Dhia, ar se, ‘do-ratuis t’ eadhpairt, acht is ar lisdacht & tromdhacht rot-gaibh frium-sa.’ Tiaghuit iar sin in da clamh cum na Berbha. Ad-racht inn abunn friu. Elaidh in clamh umal cona bhoin tria bennachtain Brigitte. Tuitid in clam diumsach cona bhoin for a tharr risin n-abhuinn cor’baithedh. <sup>1362</sup>*

<sup>1361</sup> Jemma G. Kerns, Kevin Buckley, Anthony W. Parker, Helen L. Birch, Pavel Matousek, Alex Hildred, Allen E. Goodship, "The use of laser spectroscopy to investigate bone disease in King Henry VIII's sailors," *Journal of Archaeological Science*, Volume 53, January 2015, 516-520, dx.doi.org/10.1016/j.jas.2014.11.013, 516.

<sup>1362</sup> Stokes, *Lives of Saints, from the Book of Lismore*, 131. ‘Once upon a time two lepers came to Brigit to ask an alms. There was nothing in the convent except a single cow. Brigit bestowed that cow on the lepers (jointly). One of the two lepers gave thanks to the Lord, but the other leper was

There are several points of interest here. In this episode, there is no suggestion that the *clam* have come to Brigit to be healed, as they ask for alms immediately and make no appeal to be healed. The haughty *clam* declares he is not to be associated with the Culdees, the poor and the feeble, but yet he would appear to own no cows, showing his poverty. Lucas states that,

in ancient Irish society cows were not merely one kind of domestic animal but that they were of such overweening importance that they almost had a status as members of society. Virtually everyone in that society was preoccupied with cows.<sup>1363</sup>

A person's wealth was counted by cows in medieval Ireland and they were also used to designate your position in society and even the *óc-aire*, the lowest grade of free man, was expected to own ten cows.<sup>1364</sup> If you did not own at least ten cows you were indeed poor, as shown in *The Musical Sounds of Buchet's House* as the hospitaller Buchet is considered to be left destitute, after the sons of Cathaer leave 'him with nothing but seven cows and a bull.'<sup>1365</sup> Lucas also states 'The cow was the measure of everything: it was the unit of value; the ultimate in poverty was the man with only one cow,'<sup>1366</sup> so if that was the ultimate, to own no cows meant not only abject poverty, but also that you had no status within Irish society. Did the term *clam* in these circumstances therefore sometimes refer to someone who had no recognised status within the structure of Irish society? I would argue it does as neither Brigit nor the *clam* refer to healing in this case. Brigit reacts to *clam* in two different ways and therefore there must have been a distinction of some kind between them to cause her to respond differently. Almost all of the occasions Brigit offers alms to the poor or to *clam* are connected to food, either something edible or cows, which is particularly

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ungrateful, for he was haughty. I alone saith he, have been set at nought as regards a cow. Till today I have never been counted among Culdees and the poor and feeble, and I would not be in partnership as regards this cow. Said Brigit to the humble leper: stay here, till somewhat be found for thee, and let yon haughty leper go off with his cow. Then came a man to Brigit having a cow for her, and she gave it to the humble leper. Now when the haughty leper went on his way, he was unable to drive his cow alone; so he came back to Brigit and to his comrade, and kept reviling and blaming Brigit. It was not for God's sake, saith he, that thou madest thy offering; but it is because of (our) importunity and oppressiveness that thou gavest it to me. Thereafter the two lepers go to the Barrow. The river rose against them. Through Brigit's blessing the humble leper escapes with his cow. The haughty leper falls with his cow prone against the river and was drowned.' *Ibid*, 232.

<sup>1363</sup> Anthony Lucas, *Cattle in Ancient Ireland*, (Kilkenny, 1989), 3.

<sup>1364</sup> *ibid*, 224.

<sup>1365</sup> Carney, 'The Deeper Level of Early Irish Literature,' 166.

<sup>1366</sup> Lucas, *Cattle in Ancient Ireland*, 4.

relevant to women, who were in charge of food production.<sup>1367</sup> Two examples of food gifts occur in *Bethu Brigitte*, both concerning nuns and apples. The first example states,

*Fecht n-and di-si i ndechruth for ur na hEthni. Batir imda(i) ubla 7 arni cumræ isin c(h)ill hi-sin. Boe alali caillech do-bert dan mbec di-si hi rusc. Ind uair do-bert isa tech, tancatar claim státim for lár in tigi cuca(e)-si da faghdi.*  
*'Berid duib,' olsi, 'na hubla ucat.'*  
*Tum illa quae fructus obtulleris:*  
*'Leprosis hoc bedi donum.'*  
*Brigitte displicuit 7 inquir(ri)t :*  
*'Munera prohibens a servis Dei male agens ; ideo tua ligna nullum fer(r)ent fructum in æternum.'*  
*At donifera egressa foras suum conspicit ortum nullum statim pommum portare, dum paulo ante præpollens fructibus; sterilis uue permanet in æternum præter folia.*<sup>1368</sup>

The second example is almost the mirror image of the one above, but this time the nun is pleased that Brigit gave her apples and sweet sloes to the *clam* and so is blessed with fruitful instead of barren trees.<sup>1369</sup> These examples are of interest as they show women gifting food to another woman, something perfectly acceptable as food was within the remit of women. Since the production of food was considered a woman's duty, they owned all of the necessary equipment, such as sieves, kneading troughs and the law texts list other items as well, such as griddles, scales, buckets, dishes, cups and cook-pots.<sup>1370</sup> Brigit often appears within a domestic setting, reflecting the position of women, as it was considered a woman's work to prepare all dairy products, such as milk, buttermilk and cheese and so although Brigit is a saint she is kept very much within the accepted customary female realm.<sup>1371</sup> This of course would also be the case because she lives within an all-female nunnery. Brigit's step-mother becomes angered, because Brigit continually gifted items which belong to and

<sup>1367</sup> Ritari, 'The Image of Brigit as a Saint,' 199.

<sup>1368</sup> Ó hAodha, *Bethu Brigitte*, 12. 'Once she was hurrying on the bank of the Inny. There were many apples and sweet sloes in that church. A certain nun gave her a small gift in a basket of bark. When she brought (it) into the house, lepers came at once into the middle of the house to beg of her. 'Take,' said she, 'yonder apples.' Then she who had presented the apples (said) 'I did not give the gift to lepers.' Brigit was displeased and said: 'You act wrongly in prohibiting gifts to the servants of God: therefore your trees shall never bear any fruit.' And the donor, on going out, sees that all at once her garden bore no fruit, while shortly before it had abundant fruits. And it remains barren for ever, except for foliage.' *Ibid*, 29.

<sup>1369</sup> *ibid*.

<sup>1370</sup> Aidan O'Sullivan, 'Early Medieval Houses in Ireland: Social Identity and Dwelling Houses,' *Peritia*, Vol. 20, (2008), 225-256, 243-4.

<sup>1371</sup> *ibid*, 244.



are the responsibility of her step-mother. It is only when Brigit gives away her father's sword that he becomes angered, as she has not only given away something valuable to a *clam*<sup>1372</sup> but she has also gifted something belonging to him and which is not hers to give as it is out with the feminine domain. In contrast Ruadan, who is not constricted by any female limitations, does not give cows when asked for alms by *clam* but instead gives the horses from his chariot 'for the Love of the Lord.'<sup>1373</sup> The entry of the *clam* into the river is also significant as this is reminiscent of Naaman entering the Jordan to be cured and indeed the humble *clam* emerges safely together with his cow after cleansing. Brigit ensures that the haughty *clam* drowns which is the opposite of cleansing by water as he is instead punished by it for his disobedience. Another interpretation of Brigit's frequent feeding of the *clam* is that it is part of her holy remit and that she resembles Christ when he fed the five thousand and this is again emphasising her holiness and her power and her abilities to channel gifts to enable her to distribute them to the needy.

Another incident of Brigit giving alms involving a *clam* which does not involve cows this time, is also worth examining,

*Fecht ann tanic rigan crémthain meic enna cheindselaig .i. rigan laigen, 7 slabrad argait lea do brigít a n-ídpaírt. Fuath delbi duine isindar(a) cind de. 7 uball argait forsin cind aile. Dorat brigít dona hógaib. Corothaisciset he cen fis do brigít. Uair ba mor nogatá brigít a crod 7 dosbered do bochtaib. Aráide tanic clam co brigít corotriall brigít in slabrad cen fis dona hógaib 7 cotarut dó. O rusfetatar na hóga ised atbertsat co fergluinde móir 7 confuasnaid. Becc do maith dún do thrócairesiu fri cach olsiat. 7 sínd fén ic ríchtain lessa bíúd 7 etaig. Atathái for andagud ar brigít ercid isineclais. Baili in denaim ernaighthi. Fogébhathai and bar slabrad. Dochuatar la bréithir mbrigte. Acht cia doratad don bo(c)ht fuaratar na hóga andsin a slabrad.*<sup>1374</sup>

<sup>1372</sup> Stokes, *Three Middle-Irish Homilies*, 65.

<sup>1373</sup> Charles Plummer, *Bethada Náem nErenn*, Vol. II, (Oxford, 1968), 316-317.

<sup>1374</sup> Stokes, *Three Middle-Irish Homilies*, 78 and 80. 'Once upon a time the Queen of Cremthan, son of Ennae Cennselach, came and brought a chain of silver to Brigit as an offering. The semblance of a human shape was at one of its ends, and an apple of silver on the other end. Brigit gave it to her virgins; they stored it up without her knowledge, for greatly used Brigit to take her wealth and give it to the poor. Nevertheless, a leper came to Brigit, and without her virgins' knowledge, she went to the chain and gave it unto him. When the virgins, knew this, they said, with much angry bitterness and wrath, 'Little good have we from thy compassion to everyone,' say they, 'and we ourselves in need of food and raiment.' 'Ye are sinning,' saith Brigit: 'Go ye into the church: the place wherein I make prayer, there will ye find your chain.' They went at Brigit's word. But, though it had been given to the poor man, the virgins found their chain therein.' *Ibid*, 79 and 81.

Brigit's nuns are angry as Brigit has yet again given away wealth which has been donated to the nunnery to a *clam*, when the nuns believe that they are also in need of food and clothing. In this case Brigit does not punish the nuns but instead tells them where to find the chain within the nunnery, even though she has given it away. This is a common motif in hagiography that even though something has been lost, consumed or given away it will still be found in its original place or state, in order to demonstrate the saint's miraculous abilities. The *clam* this time plays a minor role in that he is merely someone to give the chain to, as the important people in this particular example are the nuns and Brigit. The fact Brigit does not punish her nuns for being angry about her giving the chain away is the opposite of the fate of the previous angry nun who had given Brigit apples and sloes, and also did not wish to donate them to the *clam*.

### 5.2 iii. Leprous Oak?

There is a strong tradition concerning sacred trees in Ireland, harking back to a custom older than Christianity and found in many cultures, including those of the Hebrew Bible and the New Testament.<sup>1375</sup> Trees were traditionally subject to a great number of taboos in Ireland and cutting them down or using them for firewood was considered particularly hazardous, although in contrast a splinter of bark, carried in your pocket was thought to have protective properties.<sup>1376</sup> The sacredness of a tree is often explained by its connection to a particular saint, who either lived beside it, founded a church or planted his staff there.<sup>1377</sup> Punishment by the sudden onset of *lobrae* caused by a tree is a slightly different adaptation of this explanation, which appears in several texts connected with Colum Cille; the following is from the sixteenth century manuscript, *Betha Colaim Chille*, which is considered to contain many former traditions which are in keeping with earlier Columban tree poems.<sup>1378</sup>

*Do bi dair mor ar an magh a fuil Cenanndus a Midhe, 7 is fan a bun do bi C.C. 'n-a suidhe an uair fuair se na baili sin o righ Erenn .i. o Diarmaid mac Cearbhaill. Acus do bendaigh se hi, 7 do mair si san inadhb sin go cend aim siri faide tar eis bais C.C. ag denamh fert 7 mirbal cor lecc gaeth mór iarsin hi. Acus tainic fer denta brocc cuice, 7 do bean a croiceand di do coirtedh an leathair da ndenadh se broca. Acus dorinde se broga dó fen don leathair sin, 7 iar na cur uime do,*

<sup>1375</sup> Low, *Celtic Christianity and Nature*, 79.

<sup>1376</sup> *ibid.*

<sup>1377</sup> *ibid.*

<sup>1378</sup> *ibid*, 138.

*dorindedh lobur de; 7 do bi se amlaidh sin gó a bas trias an micadhass 7 trias an  
essnoir tucc se don crand sin do bendaich C.C.*<sup>1379</sup>

Colum Cille is thought to have studied at the monastery at Moville, which takes its name from a sacred tree and he also founded two communities in oak woods at Derry and Durrow.<sup>1380</sup> Nothing akin to his apparent love of trees appears in VC so this would seem, as are so many things, to be a later accretion to the persona of Colum Cille, which may date from the twelfth century as per an anonymous poem.<sup>1381</sup> Lady Gregory also recorded Colum Cille's supposed love of trees, although it is from a late nineteenth century source and therefore has unclear derivations,

Aedh King of Ireland gave up the dun he had in Doire to Columcille and he made his dwelling there. And he had so great a love for Doire, and the cutting of the oak trees went so greatly against him, that he could not find a place for his church the time he was building it that would let the front of it be to the east, and it is its side was turned to the east. And he left it upon those that came after him not to cut a tree that fell of itself or was blown down by the wind in that place to the end of nine days, and then to share it between the people of the townland, bad and good, a third of it to the great house a tenth to be given to the poor. And he put a verse in a hymn after he was gone away to Scotland that shows there was nothing worse to him than the cutting of that oakwood:

Though there is fear on me of death and of hell, I will not hide it that I have more fear of the sound of an axe over in Doire.<sup>1382</sup>

Ireland was, at one time heavily wooded, and though long gone the presence of these ancient forests is evidenced by the number of place-names which include tree and wood elements,<sup>1383</sup> and of course *dair* is also an ogham character.<sup>1384</sup> The Oakwood's at Derry also appear to have been particularly significant to the later Columban tradition and are shown as a meeting place between heaven and earth.<sup>1385</sup>

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<sup>1379</sup> 'There was a great oak on the plain where Kells is in Meath. And Columcille at the foot thereof when he was given that place by the King of Erin, to wit, Diarmaid mac Cearbhaill. And he blessed it and it lived in that spot for a long space after his death, working marvels and wonders until a great wind felled it. And a cobbler came thither and cut off its bark that he might tan leather thereof to make shoes. And of that leather he made him shoes. And when he had put them on he became a leper. And in this wise was until his death, by reason of the disworship and dishonour he had done to that tree the Columcille had blessed.' O'Kelleher, *Betha Colaim Chille*, 454-455.

<sup>1380</sup> Low, *Celtic Christianity and Nature*, 91.

<sup>1381</sup> *ibid*, 91 and 136.

<sup>1382</sup> Lady Gregory, *A Book of Saints and Wonders put down here by Lady Gregory According to the Old Writings and the Memory of the People of Ireland*, (Gerrards Cross, 1971), 17-18.

<sup>1383</sup> Bhreathnach, *Ireland in the Medieval World*, 19.

<sup>1384</sup> Niall MacCoitir, *Irish Trees*, (Cork, 2008), 195.

<sup>1385</sup> Low, *Celtic Christianity and Nature*, 137.

Oak was used for tanning in Ireland ‘by our fore-fathers a thousand years ago’ and continued in use until tree-felling resulted in an oak shortage and in 1774, The Dublin Society ‘offered considerable premiums for a substitute for oak-bark.’<sup>1386</sup> The use of the oak to tan leather therefore accords with known practice and is reflecting reality, but oak also had other associations. Miranda Green claims that ‘there is a consistent thread of evidence for the sanctity of oak trees,’ dating back to pre-Christianity to Pliny and Strabo.<sup>1387</sup> Trees do appear to have been treated with special veneration by the Celts, especially the oak tree, although the suggestion that druid equates to ‘knowledge of the oak’ is now thought to be incorrect.<sup>1388</sup> MacCotter states that an, *óenach*, was usually held at a time-honoured gathering place, which was often close to a hill or mound, a pre-historic hilltop or a traditionally sacred or honoured tree.<sup>1389</sup> Charles-Edwards notes in Tírechán’s *vita* of St Patrick, that he only once provides the full name of a church, which is *Cell Bile*, which means ‘church of sacred trees,’ and possibly illustrates the common strategy of adapting pagan places to Christian use in order to convert people.<sup>1390</sup> Trees also seem to have enjoyed mystical qualities, as shown in this excerpt from the Metrical Dindshenchas,

*Mag Mugna  
 ‘Mugna, mo gnia feda féil  
 rondelba dia do rochéi  
 eó trib torthaib togaide.  
 Dercu ocus cnú chumang chiar  
 Ocus uball, ba fó fiad  
 Dosfuc in rí co riágail  
 Fair fo thrí cach óen-bliadain.....*

*And dorascrad in gass glan  
 Diarben gaeth Bile Torta  
 Fogní duthain cech ugra  
 Mar eó suthain sen-Mugna.<sup>1391</sup>*

<sup>1386</sup> Charles Vallancey, *The Art of Tanning and Currying Leather: with an Account of all the different processes made use of in Europe and Asia for dying leather red and yellow. Collected at the expence of the Dublin Society*, (London, 1774), iv-v.

<sup>1387</sup> Green, *Dictionary of Celtic Myth and Legend*, 164.

<sup>1388</sup> Anne Ross, *Pagan Celtic Britain*, (New York, 1967), 33.

<sup>1389</sup> Paul MacCotter, *Medieval Ireland: Territorial, Political and Economic Divisions*, (Dublin, 2008), 50.

<sup>1390</sup> Thomas Charles-Edwards, *Early Christian Ireland*, (Cambridge, 2000), 24.

<sup>1391</sup> Gwynn, *The Metrical Dindshenchas*, Part III, 144. Mugna, my sister’s son of the glorious wood/God fashioned it long ago/A tree blest with various virtues/with three choice fruits. The acorn, and the dark narrow nut/And the apple – it was a goodly wilding – /the King sent by rule/on it thrice a year...../Then was the bright plant laid low/When a blast broke Tortu’s Bole/He makes transient every combat/Like the long-lived tree of ancient Mugna.’ *Ibid*, 145.

Oak was also the wood which was traditionally burned for the important midsummer ritual bonfires.<sup>1392</sup> The serious consequences which ensued if trees were damaged also depended on the category they belonged to. The Nobles of the Wood, one of which was oak,<sup>1393</sup> was the highest rank and incurred the following penalties –

Cutting a branch = a year-old heifer (*dairt*)

Cutting a fork = a two-year old heifer (*colpthach*)

Base felling = one milch cow

Removing tree completely = two and a half milch cows.<sup>1394</sup>

There is nothing particularly strange therefore about this incident concerning Colum Cille's oak tree, as though it may appear odd someone should be punished for making perfectly good use of a tree in a normal manner, it was not just any tree. This oak had long been revered and Colum Cille had regarded this particular tree as special and so damaging it was in effect disobeying Colum Cille and in those terms therefore punishment was justified and perfectly normal. The tree is a relic of Colum Cille and this is not an isolated case of a relic causing harm instead of the usual good. Relics can be divided into those which were of the body of the saint and those that were associated with him while he was alive and the oak tree falls into this category.<sup>1395</sup>

There does appear to have been a passion for relics in Ireland which is seen in both the hagiographical and secular literature, which is also confirmed by the large number of extant shrines in Ireland.<sup>1396</sup> Relics fulfilled many roles and in the Life of St Caillín a bell had to be obeyed when on a rent-collecting visitation or terrible consequences would befall those who failed to pay their dues.<sup>1397</sup> Relics were also used to swear on when declaring one's innocence and false declarations were believed to result in death or bodily harm.<sup>1398</sup> Instances of profaning a relic, as is the case with Colum Cille's oak, also occur in the annals as it was considered so serious, and in 789 it is recorded that St Patrick's relics were profaned,<sup>1399</sup> because of the rarity and enormity of such an incident. Malediction caused by relics also appears in hagiography and one example concerns St Mochutu, who when expelled from his Rahan monastery

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<sup>1392</sup> MacCoitir, *Irish Trees*, 195.

<sup>1393</sup> *ibid*, 65.

<sup>1394</sup> *ibid*, 15.

<sup>1395</sup> Anthony Lucas, 'The Social Role of Relics and Reliquaries in Ancient Ireland,' *The Journal of the Royal Society of Antiquaries of Ireland*, Vol. 116, (1986), 5-37, 6.

<sup>1396</sup> *ibid*, 10.

<sup>1397</sup> *ibid*, 14.

<sup>1398</sup> *ibid*, 24.

<sup>1399</sup> *ibid*, 28.

uses his bell to curse the King and his seed forever.<sup>1400</sup> Relics in Ireland therefore were not always used for good but could also cause harm as shown in this case by Colum Cille's particular oak inflicting leprosy as a punishment. In this example there is obviously no connection to HD but leprosy is chosen as a suitably horrific punishment for desecration in the metaphorical sense.

## 5.2 iv. Leprosy – A Useful Blemish?

Disfigurement in Ireland had social significance, especially for kings, as any blemish automatically excluded them from kingship.<sup>1401</sup> St Fiacre, an Irish saint of royal descent, who resided in France, makes full use of this when he foresees a delegation coming from his father's court to ask him to take the crown.

The saint having had a revelation of this project, prayed to God, 'with tears in his eyes' that he might not be tempted to quit his cell. This prayer was heard, and when the ambassadors arrived he told them plainly that he proposed to remain where he was, and, fearing the delegates might insist further, he assumed by Divine permission the appearance of a leper, which at once made him ineligible for the throne.<sup>1402</sup>

Leprosy as a means of punishment or penance also occurs in Irish hagiography, as discussed previously concerning the example of St Munna. St Flannán, a twelfth century saint, is another example, who, along with St Mochulleus, was connected with the diocese of Killaloe and the dominant Dál Cais or Uí Briain dynasty.<sup>1403</sup> Significantly Flannán was also the brother of St Aodhán of Kilmeage, the leprous one, who was discussed in Chapter Four in connection with *Cath Almaine*,<sup>1404</sup> why one wonders were two brothers both considered to be leprous? Although the appearance of leprosy concerning the brothers is different it is interesting that both are afflicted and raises the question as to whether the family was considered to be leprous for some long forgotten, anti-social reasons? Flannán's *vitae* have not been well regarded and indeed Plummer's opinion of one recension was that it was 'in the very worst hagiological manner,'<sup>1405</sup> but unusually one can be dated because of its

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<sup>1400</sup> Plummer, *Vitae Sanctorum Hiberniae*, Vol. 1, 193.

<sup>1401</sup> Kelly, *A Guide to Early Irish Law*, 19.

<sup>1402</sup> Joseph Casimir O'Meagher, 'Saint Fiacre de la Brie,' *Proceedings of the Royal Irish Academy*, Vol. 2, (1891-1893), 173-176, 174.

<sup>1403</sup> Ó Corráin, 'Foreign Connections and Domestic Politics,' 213.

<sup>1404</sup> Ó Riain, *A Dictionary of Irish Saints*, 73.

<sup>1405</sup> Plummer, *Vitae Sanctorum Hiberniae*, Vol. I, xvii.

reference to Frederick Barbarossa capturing Milan in March 1162.<sup>1406</sup> Despite Plummer's rather pretentious claims the *vita* is worthy of attention, especially with regard to the following excerpt,

*Hiis miraculis a Deo prodigialiter per extera regna occidentis celebriter factis atque vulgatis, vir sanctus Flannanus, timens cum beatissimo Paulo ne magnitudo revelationum ac frequentia miraculorum mentem eius in elationem, elevarer, flebilibus lacrimis verno tempore, frigidis fluminibus, ut superius prenotavi, psalterium decantans, dum carnem vincendo pro remedio anime domaret, a pio creatore suo humillime petiit ut fedam corpori suo notam apponeret, qua minus principibus, clero ac populo fuisset acceptus, expostulavit. Ecce post paucos dies oratio sancti tamquam virgule fumi celum ascendens, divinas aures more solito, sibi reserans, morphea, que elephantie sexta est species, percussus est vultuique patris sancti flegmones ac erisipile apostemataque turgescere inceperunt. Sicque per aliquot menses et annos eiusdem viri facies, ante admodum reverenda, terribilis atque vitanda apparuit. Quapropter maiores natj sancti Hybernïe virum sanctum Flannanum convenient, dicentes indignum fore cunctis fidelibus quod ipse fedo ac terribili vultu sacris altaribus astans sacramentum dominici corporis tractaret sanctamque eucaristiam populis distribueret. Ideoque sancti, qui di diversis partibus advenerant, accuratis precibus virum. Dei angariaverunt quatenus ipse, communicaret precibus eorundem sanctorum, medicine opem reposceret et horredndam vultus sui formam celesti medicina remoendam, pristinam ac speciosam faciem cunctis desiderabilem sibi, licet invite, revocaret.*<sup>1407</sup>

In this excerpt Flannan shows fear that his humility and his soul will be endangered because of all the miracles that he has performed, resulting in the admiration of the people. Flannan is determined not to be ruled by material or bodily desires, such as

<sup>1406</sup> Ó Corráin, 'Foreign Connections and Domestic Politics,' 215.

<sup>1407</sup> Heist, *Vitae Sanctorum Hiberniæ*, 297. 'As Saint Paul feared for his humility from the revelations vouchsafed to him, so did Saint Flannan fear for his humility from the many miracles performed by him. They were so splendid that their fame was spread through foreign countries. Though, as already remarked, he used to recite the Psalter, weeping and standing in the cold stream during the bitter spring-time in order to subdue his body, he besought God to humble him still more, and, as a safeguard against vanity, to visit him with some bodily disfigurement; for he feared being too much admired by the people: his prayer was heard. In the course of a few days he was afflicted with *Morphea* which is the sixth species of leprosy. His face which had been so beautiful became frightful and covered with blotches and sores. He continued in this state for some time until the dignitaries of the Church approached him, and represented the impropriety of handling the Lord's body and distributing with foul and frightful countenance the Blessed Eucharist to the faithful. They earnestly besought him to use proper remedies for the removal of his horrid appearance and for the restoration, however personally disagreeable to him, to his former beauty. Saint Flannan, in compliance with the request of the holy men, used the remedies recommended by them while they poured forth their prayers for the same end, and Saint Flannan recovered his pristine loveliness.' Sylvester Malone, *Life of St Flannan*, (Dublin, 1902), 47-48.

food, warmth, sleep, or any other needs<sup>1408</sup> and through prayer God fulfils his wish and disfigures him. Flannan is also displaying his desire to imitate Christ's body in respect of his sufferings and Molly Morrison's explanation of this is insightful,

The imitation of Christ through self-vilification and debasement emerges in the spirituality of various medieval saints. Strict observance of poverty, mortifications, and penances sought both to discipline and to humble and abase the individual self.<sup>1409</sup>

Why are saints portrayed as punishing themselves in this way? The idea that self-inflicted punishment could bring Christians closer to God originates in the Bible. The inspiration for ascetical practices however was instigated in Egypt, but it is unknown if this had any influence in Ireland.<sup>1410</sup> The notion of self-harm in the form of fasting, celibacy and flagellation in the Middle Ages was regarded as 'a proper and praiseworthy attitude toward oneself and God.'<sup>1411</sup> The motives for the self-infliction of pain and suffering were 'the expiation of sin, the expression of devotion, and the avoidance of temptation' and ready acceptance of suffering was a way to demonstrate commitment, especially to Christ.<sup>1412</sup> Living as an ascetic also provided a means of warding off temptations and sin and the combination of little food and rigorous exercise is today known to result in a sense of serenity and a reduced sexual desire.<sup>1413</sup> Little is known about the very early days of monasticism in Ireland apart from the information contained in St Patrick's extant writings as the sixth century is so poorly documented.<sup>1414</sup> Irish monasteries took many forms and included everything from modified eremitism to strict coenobitism, as well as allowing priests and bishops to also be constituent parts of the monastic community.<sup>1415</sup> Irish monks were particularly renowned for their asceticism, which included strict fasting, cold bathing, tests of chastity and especially popular was a penitential pilgrimage or exile,<sup>1416</sup> none of which was unique to Ireland. Liturgical practices which included extended and painful

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<sup>1408</sup> Giles Constable, *Attitudes Toward Self-inflicted Suffering in the Middle Ages*, (Massachusetts, 1982), 11.

<sup>1409</sup> Molly Morrison, 'Ingesting Bodily Filth: Defilement in the Spirituality of Angela of Foligno,' *Romance Quarterly*, 50:3, (2003), 204-216, 204.

<sup>1410</sup> Clifford Hugh Lawrence, *Medieval Monasticism*, (Great Britain, 2001), 42.

<sup>1411</sup> Constable, *Attitudes toward Self-inflicted Suffering in the Middle Ages*, 7.

<sup>1412</sup> *ibid*, 10.

<sup>1413</sup> *ibid*, 11 and 8.

<sup>1414</sup> Herren, *Christ in Celtic Christianity*, 30-31.

<sup>1415</sup> *ibid*, 33.

<sup>1416</sup> Constable, *Attitudes toward Self-inflicted Suffering in the Middle Ages*, 13.



repetitions, such as holding a particular position for a long time or repeated genuflexions, were Bitel claims, typically Irish as they ‘were famous for praying – loud and long and in uncomfortable positions.’<sup>1417</sup> Characteristically Irish hagiography took things just that little bit further, with examples such as St Findchua, who hung himself by his arm-pits on metal hooks for seven years as a form of penance, in order to regain his place in heaven which he had previously given away.<sup>1418</sup> There is no extant Irish Rule earlier than St Columbanus, which dates from the end of the sixth or beginning of the seventh century, and together with his penitential and sermons it provides an insight into Celtic monastic practice, as the following excerpt shows.<sup>1419</sup>

The chief part of the monk’s rule is mortification... Let the monk live in a community under the discipline of one father and in the company of many ..... Let him not do as he wishes, let him eat what he is bidden, keep as much as he has received, complete the tale of his work, be subject to him whom he does not like. Let him come weary and as if sleep-walking to his bed, and let him be forced to rise while his sleep is not yet finished. Let him keep silence when he has suffered wrong. Let him fear the superior as a lord, love him as a father, believe that whatever he commands is salutary for himself.<sup>1420</sup>

The penitential also confirms the austere conditions, as a brother who drops or spills any foodstuffs while serving, must do penance in church by lying prostrate, without moving, while twelve hymns are chanted. The punishments increase as the offences become more serious; speaking during meal times was punishable by six lashes, forgetting to pray before or after work with twelve and challenging the words of another, fifty lashes.<sup>1421</sup>

It was not unusual for any manner of things to be numbered in Irish texts, as for example, ‘the eight unprofitable kinds of fasting,’<sup>1422</sup> or ‘Men-folk, then, are cited in the third way through necessity, that is, when they are constrained to serve God through tribulations and through dangers of death.’<sup>1423</sup> *Morphea* is described in

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<sup>1417</sup> Lisa Marie Bitel, ‘Saints and Angry Neighbours,’ 123.

<sup>1418</sup> Stokes, *Book of Lismore*, 263.

<sup>1419</sup> Herren, *Christ in Celtic Christianity*, 31.

<sup>1420</sup> Constable, *Attitudes toward Self-inflicted Suffering in the Middle Ages*, 43.

<sup>1421</sup> *ibid.*

<sup>1422</sup> Edward Gwynn, ‘The Manuscript known as the Liber Flavus Fergusiorum,’ *Proceedings of the Royal Irish Academy*, Vol. 26, (1906/7), 15-41, 33.

<sup>1423</sup> Stokes, *Three Middle Irish Homilies*, 93.

Flannan's *vita* as the 'sixth species of elephantiasis' and the problems of the exact meanings of words again come to the fore, as *lepra* usually referred to a group of scaly skin conditions, which may or may not have included elephantiasis.<sup>1424</sup> The importance of accurate translation is also shown here as the term *elefantie* is used in the *vita*, but the translator has termed it as leprosy and so this may not have been regarded as leprosy *per se*, in whatever form, even at the time of composition. Unfortunately there does not seem to be any discernible extant relevance to the statement that *morphea* is the sixth form of elephantiasis that is fathomable today, but Anglicus' encyclopedia, *De proprietatibus rerum*, which dates from the mid thirteenth century, does contain detailed descriptions of apostumes or swellings, ulcers, pustules, scabies, impetigo and *morphea*, suggesting that they were all regarded as skin manifestations and all apparently distinguishable from *lepra*.<sup>1425</sup> *Morphea* seems to have been regarded as a scaly skin condition and was connected to leprosy by the fact that both were caused by the same unbalanced humours and were therefore treated in the same way.<sup>1426</sup> The 'unsightly spotting' which signified *morphea* could however also be a sign of incipient leprosy and was therefore regarded with suspicion by practitioners.<sup>1427</sup> It is believed that this hagiographer may also have been a medical student,<sup>1428</sup> which gives the statement, 'They earnestly besought him to use proper remedies for the removal of his horrid appearance . . .,' particular significance, as it would seem that, whatever Flannán's *morphea* was, it was considered to be curable in the twelfth century by locally available remedies. Presumably the writer also knew exactly what *morphea* referred to and could be further evidence that they were aware that elephantiasis and leprosy covered a variety of differing skin conditions. The way elephantiasis is referred to here is of particular interest as it also gives a rare insight into how the disease was viewed by the Irish medieval mind.

Disguising oneself as a 'leper' is a theme that also appears in texts as the following excerpt from the *Bórama* demonstrates. It is a tale in which St Moling makes many appearances, and Elín Eyjolfsdóttir has recently argued that, in part at least, should be

<sup>1424</sup> Demaitre, *Medieval Medicine*, 102.

<sup>1425</sup> Rawcliffe, *Leprosy in Medieval England*, 162.

<sup>1426</sup> Demaitre, *Medieval Medicine*, 107.

<sup>1427</sup> *ibid.*

<sup>1428</sup> Ó Corráin, 'Foreign Connections and Domestic Politics,' 223.

viewed, as a hagiographical text.<sup>1429</sup> This excerpt comes from the beginning of the story of the Boromean Tribute,

*Is and atbert Brandub. In fagbaim ar se nech no digsed do brath in longphuirt & in rí. & no beth and arar cind co rosmís. & rosbia coma airesin .i. Rosbia nem ó chlerchib Lagen da marbthar. Da téna dano rosbia a thúath féin saer. & mo chubrendsa féin dó & d'fir a inaid. Tucait cuir rissin. Ragatsa and ar Rón Cerr mac Dubanáig meic rí Hua Máil. Tabar dano ar se fuil laeig & táes secail dam coro commilter dam. Tabar cochull forcrach & tiag. Doringned amlaidsin. co rraibe amal cach lóbor. Tucad coss chraind dó ra chuir a glún na gibis. Luid reime fón innasain & claideb aice fó etuch. co dú i rrabatar mathe Herend.*<sup>1430</sup>

This would suggest that there was a recognised ‘uniform’ for *clam* to wear as he requires a ‘capacious hood’ and a ‘wallet,’ the terms for which have already been discussed in Chapter Two. It would also seem a *clam* was not expected to be armed, as he hides his sword under his cloak, but is expected to have a wooden leg? Should wooden leg more correctly refer to a stick or stave to enable him to walk instead? Some depictions of ‘lepers’ show them using two wooden hand-blocks with which to drag themselves along the ground with instead of a crutch, and it may be that this is what was meant but the correct meaning was lost in translation. It is useful to contrast this description with one of St Moling, before he obtained that epithet,

*Luid-siumh iarsin imach for set, oculus ruc da théigh lais .i. tiagh for a druim oculus tiagh for a ucht. Ro gabh bachaill a aiti ina laimh, occus dochuaidh do cúairt fon samail-sin. Dobheredh dano grán oculus arán isin dara teigh, macthla 7 im oculus sailll isin teigh aile, 7 ballan dorn ina laim clí. Ro boi siumh fon samail sin corbat slána se blíadnae décc dó ic umhaloit a aiti 7 a comaltad.*<sup>1431</sup>

<sup>1429</sup> Elin Ingibjörg Eyjolfsdóttir, *The Bórama: the Poetry and the Hagiography in the Book of Leinster*, (Unpublished PhD, Glasgow, 2012).

<sup>1430</sup> This is from the Book of Leinster II. 38605-15, from <http://www.ucc.ie/celt>. Translation is from Silva Gadelica, Then he said: ‘can I have one to go spy out the camp and the king, and to be there awaiting us till we shall come up? For which service he shall have a stipulated fee: if he be slain, Heaven to be his from Leinster’s clergy; but should he escape, his own *tuath* or ‘district’ exempt of charges, besides the freedom of mine own (and my successors’) table to himself and to his representative (for ever).’ Securities for this were given, and: ‘I will go,’ said *Rón cerr* son of *Dubhánach*, i.e. the king of Imale’s son. ‘Give me now,’ he went on, ‘a calf’s blood and dough of rye, that they be smeared on me; be there a capacious hood too furnished me, and a wallet.’ All was done, so that he resembled any leper. A wooden leg was brought him; into the cleft of it he thrust his knee, and in this get-up (with a sword under his raiment) went his way to the place where Ireland’s notables were.<sup>1430</sup>

<sup>1431</sup> Whitley Stokes, *The Birth and Life of St Moling*, (Paris, 1907), 14. ‘Thereafter Tairchell fared forth on the road, and carried two wallets with him, to wit, a wallet on his back and a wallet on his breast. In his hand he took his fosterer’s staff, and in that wise went on a circuit. Now in one of the two wallets he would put grain and bread; and in the other wallet, biestings and butter and bacon. In his left hand (he held) a cup. Thus he continued until his sixteen years were complete, serving his fosterer and his foster-brothers.’ *Ibid*, 15.

Stokes states that this description of the young Moling begging is like that of a Buddhist monk<sup>1432</sup> and his outfit would seem to designate him as someone penniless. Is it possible therefore that some *clam* were an identifiable and perhaps intentionally poor member of society who had chosen to live out with the normal bounds of society? This could account for the designation of St Aodhán of Kilmeage, as discussed in Chapter Four and others as leprous, but the evidence is insufficient to be certain. Another possible explanation for using this particular form of disguise, could be that here, *clam* is referring to someone ill and incapacitated, but then would the need to cover oneself in blood and rye dough to imitate a skin disease be necessary? This form of ‘disguise’ also appears in other texts, such as in the *Middle Irish homilies*,

*Is andsin atbert in rig fria gilla .i. fri crundmael. Eirg immach for clochán na temrach 7 notléic fein fair. 7 coimlet toes cum(asc) that fuil imot chend. 7 abrat is tutim dorochar forsna clochaib conerbaltais. 7 atbérsa frisin clerech tech dot todúscad. 7 ciatbérasom fritsa ergi na herig.*<sup>1433</sup>

In this case a ‘leper’ disguise is used to deceive which is also the case in the next example. The *Book of Leinster* contains an incident where Macha Mong-rúad also disguises herself as a ‘leper’ in order to retain the throne she had inherited from her father. It describes her as disguising herself ‘with rye-dough and brackish bog water smeared all about her,’<sup>1434</sup> which is not exactly the same as before but would result in a similar appearance. In this disguise Macha Mong-rúad then tempts her three rivals to the throne by seduction, but instead ties them up and then forces them to do her bidding by re-enforcing her fortress, causing them to lose face.<sup>1435</sup> In the first example concerning disguise as a ‘leper’ there is an element of deceit but it could be said that it was in a good cause. In the other two examples deceit is involved again but the first involves deceiving a saint and the second is to enable a doubtful claimant to the throne to subdue her rivals. Disguise as a ‘leper’ could therefore be seen as

<sup>1432</sup> *ibid*, 4.

<sup>1433</sup> Stokes, *Three Middle Irish Homilies*, 24. ‘Then said the king to his gillie Crunnmael, ‘Go out on the causeway of Tara, and lay thee down thereon and let them rub dough mixed with blood about they head, and let them say that thou fellest upon the stones and that thou diedst, and I will tell the cleric to come to bring thee to life, and though he tell thee to rise, arise not.’ *Ibid*, 25.

<sup>1434</sup> *The Book of Leinster, formerly Lebar na Núachong bála*, Vol. 1, eds. Richard Irvine Best, Osborn Bergin, Michael O’Brien, (Dublin, 1954), 80

<sup>1435</sup> *ibid*.

useful, but more than that it also suggests that seeing a ‘leper’ was not an unusual sight. At first it might also suggest that ‘lepers’ were regarded as deceitful but in fact it shows that it is the use of a ‘leper’ disguise which is devious. ‘Lepers’ themselves were not regarded as deceitful as the disguises enable their users to get close to people and in the case of Macha Mong-rúad to get close enough to overcome her rivals. This apparent lack of revulsion is interesting and could be a glimpse of how ‘lepers’ were actually regarded in Ireland in the middle ages as there does not seem to be any fear or revulsion. The use of the dough mixture to rub on to the skin also suggests that it is some form of scaly skin disease which is being imitated, perhaps eczema, rather than a form of ointment as these tended to use expensive and to us repulsive ingredients. One example of such is as follows,

Take one half ounce each of white and black hellebore, live sulfur, atrament (a thick black liquid), litharge (lead monoxide), extinguished quicklime, verdigris, cook over a slow fire together with old oil lees and vinegar. Then add the powder of the said substances; finally add one ounce of pine tar and fresh was as needed, and make into an ointment.<sup>1436</sup>

One can only imagine how sticky one would be after smearing oneself with this ointment. Early on in a patient’s treatment the topical preparations would be considered mild but as the symptoms worsened the ointments would be strengthened with the use of almonds, garlic, mustard, hellebore and pigeon and mouse droppings,<sup>1437</sup> all of which would have given a different appearance to that of rye dough.

## 5.2 v. Saints, *clam* and *lobur* – reflecting reality?

In this section examples which may reflect reality of the time they were written will be examined. *Betha Colaim Chille* contains an intriguing episode concerning the ‘Leper of Lismore.’

*Fechtass dar gabadh mac Taid mic Toirrdelbaigh ua Briain le righ Muman, ar slanaib maithe Leithe Mogha, 7 Turcaill righ gall, 7 Ueinne .i. airdespoig na hErenn. Acus do eitig an righ a lecen amach ar comairli na slana sin uili. Acus ar mbeith aimsir fada a laimh do san amlaidh sin a prisun fa anshocair moír, 7 ar mbuain a sul d’furtacht d’faghail do taeb eli do, as se smuaineadh dorine se ‘n-a indtind fen .i. muindteruss do denamh ris in diabhal, da fhis na saerfadh se on braighdenus sin e. Acus ar crichnughadh na smuainthighe sin do, tainicc na diabal cuige do denahm a cuir riss. Et nír cian doib and iarsin, na uair tainicc*

<sup>1436</sup> Demaitre, *Medieval Medicine*, 119.

<sup>1437</sup> *ibid.*

*C.C. o flaithes De anuas cuca 7 uimhir doarime d'ainglib nimhe Maille ris, 7 do labhuir ris na diabhul 7 assedh Adubairt: 'Ni ced duid óglachus do gabail on duine sin,' ar se, 'oir is oclaoch dam-as e.' 'Cindus sin?' ol na diabal. 'Do mebraigh se na leabhar darub ainm. 'Amhra Colium Cille,' '7 ni hail le Dia tu-ssa do gabail re duine ar bith da ndena serbhis damhsa,' ar se. 'Ni mesde,' ol in diabal, 'má do saer tu-ssa a anam orm-as, digheolad-as ar a corp e.' Tuc a anál fai iarsin, 7 dorinde lobhur ar na ponge sin fen de. As ced lium-as na pian sin do beith ar a corp 'as saegal-as tria mar do tucc a drochereideamh fen air muindterus do denahm rit-as, a diabhail,' ar C.C., '7 mar do cuaidh se a n-amharus 7 a midochus ar Dia. Gidheadh, fos, legfidher as a braigdenas e 7 biaid se 'n-a huachtarán os cind lobhur Lessa Moír Mochuda go a bas 7 dogebsa flaithess De da anmian fa deoigh.' Do fíradh sin uile; cor moradh ainm De 7 C.C. de sin.* <sup>1438</sup>

Tadg mac Toirrdelbaig was held prisoner by the King of Munster. Tadg mac Toirrdelbaig asked the Devil to help release him and although willing to help, Colum Cille intervenes and stated that Tadg mac Toirrdelbaig 'is my especial monk and nobody else's; for he has by heart my Amra and its interpretation.' The Devil tells Tadg mac Toirrdelbaig that he cannot help him 'because the Amra of Colum Cille is between us,' but despite this he still breathed on Tadg mac Toirrdelbaig, releasing him, but he is thereafter forever known as the 'Leper of Lismore,' as the Devil has tainted him. Why is this? In this incident Tadg mac Toirrdelbaig's 'leper' epithet has nothing to do with disease and more to do with the soiled state of his spiritual well-being. This is also a rare appearance of the Devil in Irish texts and in this example it is the Devil who makes Tadg mac Toirrdelbaig a *lobur*, but Colum Cille states his pain and suffering will continue in this world, but that he will ensure that his soul

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<sup>1438</sup> O'Kelleher, *Betha Colaim Chille*, 454. On a time the son of Tadg mac Toirrdelbaigh grandson of Brian was seized by the King of Munster on the sureties of the nobles of Leth Mogha and Turcall King of the Norsemen and Ueinne Archbishop of Erin. And by the counsel of all those sureties the King refused to let him go. And when the son of Tadg had been for a long space thus in prison in great wretchedness, and had lost hope of getting help from anyone else, he thought in his heart to make fellowship with the Devil, to see if he might save him from that captivity. And when he had completed that thought, the Devil came to him to make the pact with him. And they had not been long thus when Columcille came down to them from the Kingdom of God, and a multitude of heavenly angels with him and he spake to the Devil and said in this wise: 'It is not permitted thee to take service from this man,' saith he, 'for he is a servant to me.' 'How is that?' saith the Devil. 'He hath committed to mind the book that is called the Amra Coluim Cille, and it is not pleasing to God that you shouldst take a man that doth serve me,' saith Columcille. 'I care not,' saith the Devil, 'but if thou save his soul from me, I will avenge it on his body.' The Devil breathed on him then and made him a leper straightaway. 'I suffer this pain to be on his body in this world by reason of his bad faith that led him to make a pact of fellowship with thee, O Devil,' saith Columcille, 'and by reason that he fell into doubt and despair of God. Nonetheless he shall yet be released from his captivity and he shall be in authority over the lepers of Lismore of Mochuda and I shall obtain the Kingdom of God for his soul at the last.' *Ibid*, 455.

reaches heaven. The reason Colum Cille does not lift the Devil's punishment is because Tadg mac Toirrdelbaig lost his faith in God and asked the Devil for help instead which is equivalent to apostasy, the worst crime a Christian could commit. There may also be significance that in this case the term *lobur* is used while in nearly every other example it is *clam*, but I am unable to discern what it is.

In Chapter Two St Nessan's leprous state was discussed and I put forward several propositions, but there are other early saints who also have the epithet *lobur*. The most likely and most obvious explanation why some saints earned this epithet is that they suffered from some form of skin condition, but I would like to suggest one other possible reason. Cummian addresses his letter concerning the Easter controversy to 'Abbot Ségéne, successor of holy Columba and of other holy men, and Béccán the hermit,' which was apparently a reply to one in which the southern Irish churches had been accused by the Iona community of heresy, suggesting that it was written when the Paschal controversy was at its most contentious.<sup>1439</sup> The year Cummian wrote his letter is generally agreed to be 631, but this is by no means certain and the date is problematic.<sup>1440</sup> Cummian's letter states,

Then it seemed proper to our elders, according to the command, that if disagreement arises between one side and another, and judgement vary between leper and non-leper, they should go to the place the Lord has chosen.<sup>1441</sup>

This statement has biblical origins and stems from Deuteronomy 17:8.<sup>1442</sup> 'Leper' here would seem to refer to the disagreement concerning the dating of Easter, which Cummian regarded as heretical, because the rest of Christianity and the southern Irish churches had already accepted the new dating system.<sup>1443</sup> The roots of the problem of the Paschal controversy go right back to the gospels, as they have differing days for when Passover, the trial and crucifixion occurred which was then compounded by different methods of calculating the date by lunar or solar computations.<sup>1444</sup> The Synod of Whitby in 664 debated the conflicting authority of the Apostles John and

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<sup>1439</sup> Maura Walsh and Dáibhí O Cróinín, *Cummian's Letter de Controversia Paschali and the de Ratione Computandi*, (Canada, 1988), 15, 16, 57, 3.

<sup>1440</sup> *ibid*, 5.

<sup>1441</sup> *ibid*, 93. In this case the Latin word *lepram* is used. *ibid*, 92.

<sup>1442</sup> *The Bible*, 144.

<sup>1443</sup> Walsh and O Cróinín, *Cummian's Letter de Controversia Paschali*, 16.

<sup>1444</sup> David Anthony Edgell Pelteret, 'The Issue of Apostolic Authority at the Synod of Whitby,' *The Easter Controversy of Late Antiquity and the Early Middle Ages*, (Belgium, 2011), 150-172, 152-153.

Peter and shows Cummian's letter was part of a long on-going debate.<sup>1445</sup> One possible explanation for the epithet *lobur* being applied to some saints could be that they belonged to the Columban paruchia who were the last to change to the orthodox dating system. Cummian's letter was a reply to one from Iona, which unfortunately has not survived, but that had already set the bar high as it would appear to have accused them of heresy and so a leprous counterblow would have been within the realm of possibilities as a suitable riposte. There is also, of course, the much simpler explanation as this quote shows that, 'As for the old saints, I believe all kinds of chronic diseases of the skin combined with dirt were conveniently called Leprosy.'<sup>1446</sup> It is likely that there was more than one reason for a saint being termed *lobur*, some connected with ill-health, but others more esoteric and I think it is again relevant that in these cases the term used is *lobur* instead of *clam*.

The overwhelming majority of references to *lobur* and *clam* do not describe HD, but instead were terms which indicated a variety of skin disease or possibly poverty, heathendom, apostasy or social exclusion, but the following examples may be amongst the few that actually refer to HD sufferers. Picard states, 'the Irish saints do not seem to have lived surrounded by the hordes of lepers and infirm depicted in the continental Lives.'<sup>1447</sup> The last examples to be discussed however show just that; saints surrounded by *clam* and *lobur* in their care and I would suggest that these scenes are reflecting the reality of the time that they were composed, for as Morrison states,

The saints' nursing of lepers and impoverished sick substituted for the care of Christ's body. For them, to be near the discomfort and pain of the diseased and ill was to be near Christ and to partake in his suffering. On occasion, their behaviour became excessive, even by medieval standards: They would eat or drink filth from diseased bodies (such as pus, blood, lice or scabs).<sup>1448</sup>

The first example for discussion is from *Betha Colmáin Laine*,

*O tainicci mmurgu dó-som co haes secht mblíadna dec, luid dochum Mochuta Lis Móir hi crích Muman for deoradecht asa at hardae féin. Nech tra ar timchill cach aidchi nóroinned do clamrad Mochuta & ba gnáth drong díb co fodord & fo brón raindi. Dogni. Colmán dano rainn aidchi dóib amail cách. Ba sáthig dano iat uile & batar burdhig cen fodard ind aidchi-sin. 'Larfaigit*

<sup>1445</sup> *ibid*, 66.

<sup>1446</sup> Purdon, 'Medieval Hospitals for Lepers near Belfast,' 271.

<sup>1447</sup> Picard, 'The Marvelous in Irish and Continental Saints Lives' 93.

<sup>1448</sup> Morrison, 'Ingesting Bodily Filth, 204.



*larum iarnabárach in chlamrad do Mochutae, ‘Maith ale, cía a roroindar proind dúnn irráir Colmán mac Luacháin, ar an clérech. Dénad cach aidchi dún raind an Colmán cetna, ar iat-som. ‘Ar ní frith sinne uile commbuidech ríam cosiráir. ‘Maith aile’, a Cholmáin, ar Mochuta, déna sut! Ac, ar Colmán. ‘Atagar anti nach ba buidech do gait neime form.’ ‘Geibim-si form’, ar Mochutae,’ nem duit féin aire & dot manchaib sund co bráth & corab hí a n-elihtre Less Mor & ar dán cetna dóib sund. & ní bía sonus far in raird, mani taircther dóib-som hí nómane léicther.’ Naiscid Colmán for Mochutua sin uile dó & nighid a láma iarum & dogni rain doib & inde dicitur Colmán Lámghan de-sim ó sin himach. Roindid tra Colmán doib co and secht nbliadna & légaíd an scriptúr cech tarda ann in n-eret-soin.<sup>1449</sup>*

This is another excellent example of a hagiography providing information about the time it was written, rather than when it purports to be, as discussed earlier in this chapter. According to AU in 1122, ‘The shrine of Colmán son of Lúachán was found in the burial place of Lann, a man’s cubit in the earth, on Spy Wednesday’ and it is thought the life was written shortly after this discovery.<sup>1450</sup> The difference between the previous examples and this and the following ones, is that large groups of ‘lepers’ appear and are referred to as a *clamrad* or band of ‘lepers.’ In the earlier examples it was usually one or two ‘lepers’ or twelve and in that case I think it was the number twelve which was important and the term *clamrad* does not occur. By the twelfth century HD was probably comparatively common in Ireland and we know from elsewhere HD sufferers were cared for usually in a monastic setting and arguably this example may be reflecting the reality of the existence of a ‘leper’ in the twelfth century, in contrast to the solitary existence that the earlier hagiographies portray. It was also seen in the previous chapter that there is evidence for monastic care in

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<sup>1449</sup> <http://www.ucc.ie/celt/published/G201036.html>. When he had arrived at the age of seventeen years, he went into exile from his native land to Mochuta of Lismore in the territory of Munster. Now every night some one in turn used to distribute, food to Mochuta’s lepers; and it was usual for some of these to grumble and to grieve at the distribution. Then Colmán makes the nightly distribution to them like everybody else. Now that night they were all satiated, and were satisfied without grumbling. So on the morrow the lepers ask of Mochuta: ‘Well, now, who distributed our meal to us last night?’ ‘Colmán son of Lúachán,’ said the cleric. ‘Let that same Colmán distribute to us every night,’ said they, ‘for till last night we have never all of us been equally satisfied.’ ‘Well now Colmán’ said Mochuta, ‘do that!’ ‘No,’ said Colmán, ‘I fear that he who may not be satisfied will deprive me of heaven.’ ‘I take it upon myself,’ said Mochuta, ‘that you will have heaven for it, and your monks here till Doomsday, and that Lismore may be their place of pilgrimage, and that they shall have the same office here. And there will be no luck upon the distribution unless it be offered to them or unless it be left (to them).’ Colmán binds all that upon Mochuta for himself, and so he washes his hands and makes the distribution to them. *Et inde dicitur* Colmán the Pure-handed from that out. Then to the end of seven years Colmán distributes to them, and during that time he reads both Scriptures there. Kuno Meyer, *Betha Colmáin Laine*, (Dublin, 1999), 25.

<sup>1450</sup> Ó Riain, *A Dictionary of Irish Saints*, 197.

Ireland in line with elsewhere. If this is the case then the passage contains information about how HD sufferers were cared for at that time. The passage states that the ‘lepers’ were fed at night and that the monks took turns in doing this, but there was not usually enough food to go around, leaving some of the ‘lepers’ hungry. There is also interaction between the monks and the ‘lepers’ as Mochuta is quizzed the next day about who had fed them the night before. Mochuta is not aloof and unapproachable and the ‘lepers’ are not intimidated and are confident and able to have conversations with him, despite the fact that they are in effect, grumbling about Mochuta’s inadequate hospitality, which would have been an insult. It is of course the ‘miraculous’ Colmán who manages to feed all of the ‘lepers’ to their complete satisfaction, but he is not happy to continue doing so until Mochuta assures him that any dissatisfaction will not lead to him losing his place in heaven. Colmán earns the appellation of Pure-handed because of his even-handed distribution of food to the ‘lepers’ and is depicted washing his hands before distributing the food. Hand washing was common in a monastic setting as it symbolically cleansed the person before performing any ritual task or eating and should not be seen as an understanding of hygiene. It is likely that it is symbolic as he is imitating Christ and therefore must cleanse himself or it could be by washing his hands he is in some way also cleansing the ‘lepers.’ It is impossible to say but this example does give some insight into how HD sufferers were treated in the twelfth century and does not show isolation as Mochuta, at least, visits them, but it also shows fear due to Colmán’s hesitancy. A further glimpse is afforded later on as the text notes, ‘Dungal, son of Máel Fothbil, king of Fermoy, who was a friend to Mochuta and to his lepers with frequent alms of food and garment to them,’ shows Mochuta was considered important enough for a king to show his generosity towards him and especially his ‘lepers,’ and is reminiscent of when Brigit’s ‘leper’ asked the king of Munster for his fighting accoutrements.

The next possible example of hagiography reflecting reality is that of St Mochuda or Carthach, as the names are interchangeable,<sup>1451</sup> and is the saint referred to in the previous example from *Betha Colmáin Laine*.

*Mochuda plissimus et humilimus erat, sicut in hac re probatur: ipse enim magnam turbam leprosorum in sua civitate in cella seorsum cum dignitate*

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<sup>1451</sup> Thornton, *The Lives of St. Carthage of Lismore*, 112.

*magna habebat; et quamdiu valitudo corporis dimisit ei, ipse frequentissime ministrabat eis. Audientes iam leprosi sanctum Mochudu curam leprosorum gerentem, de diversis Hybernie provinchiis veniebant ad eum et recipiebat eos vir Dei. Quos duxit secum de civitate Rathen ad aliam suam civitatem Lyoss Mor, et constituit eis ibi locum in quo adhuc leprosi manent cum honore, secundum dignitatem suam a sancto patre Mochuda.*<sup>1452</sup>

This would seem to agree with the description in the previous example that Mochuda liked to look after his own ‘lepers’ and further corroborates the earlier documentary evidence that ‘lepers’ in some instances had their own churches. It also ties in with the evidence in the previous chapter when Lismore was discussed and is that rare example of hagiography discussing a place which is known to have existed and is verifiable

The last example concerns St Moling and is found in two manuscripts. The first is the *Liber Flavus Fergusiorum*, which Stokes states was written at the end of the fourteenth or early fifteenth century and the other was copied by Michael O’Clery between 1628 and 1629 from the Book of Timulling which is now lost.<sup>1453</sup> It is unusual as it would appear to include an accurate description of a sufferer of the LL form of HD. This time it is God who appears as a ‘leper’ which is not an unusual scenario, as in *Betha Colmáin Lainne* God also appears to Colmán as a ‘leper.’<sup>1454</sup> In this example it is the description which is of special interest,

*Amal ro bóí Moling occ imtecht a sétta iarsin conaca in clamh ndocraidh ndodhelbdha aracind. Can tici, a clerigh, ar in clamh. Ticcim asin chaill, ar in clerech. Beir meisi lat dond ecclais ar Dia. Is maith lim, ar Moling: tair as didu, ar se. Cinneas on? ar in clamh. Mar tánacais conice so, ar Moling. Nocon fetaim imtecht, ar sé, go fagur m’imorcor co socair. Tair ar mo muin, ar Moling. Ni ragh, ar se, cona raibh ni dot éduch ettrom oculus tú, ar ni faicébha in t-étach ni dom lethar orm. Dogen, ar Molling (7 cuiris Moling a edach de iarsin 7). Toccbaidh in clamh for a muin. Seit mo sroin, ar sé. Ataigh a laim cuici da setiudh. Acc, ar in clamh, ar benfait do meora mo lethar dim: tabair do bhel impi. Dobeir in clerech a bel immo sroin oculus suighis cuce*

<sup>1452</sup> *ibid*, 103. ‘Our holy elder Mochuda was most pious and humble, as is proved by this: he maintained a great number of lepers in his foundation with great dignity in a separate church; and as long as the strength of his body allowed him, he himself would very frequently look after them. When the lepers heard that St. Mochuda was caring for lepers, they began coming to him from the different provinces of Ireland, and the man of God would take them in. and he brought them with him from the foundation of Rahen to his other foundation Lismore, and he built for them there a church in which lepers remain with honour up to the present day according to the dignity shown them by sainted father Mochuda.’ *Ibid*, 131.

<sup>1453</sup> Stokes, *The Birth and Life of St. Moling*, 3.

<sup>1454</sup> Kuno Meyer, *Betha Colmáin Lainne*, (Dublin, 1999), 44-45.

*hí, ocus cuiridh ina dorn cle in saele sin. In silliudh ro sill secha ní fitier in i nimh no i talmain docoid in clam. Coir immorro eside, ar Molling, mas dom mealladh-sa tainicc mo Tigerna. Ní choidel-sa ocus ní caithiub biadh co tora mo Tigerna co follas fiadnach cucum.*<sup>1455</sup>

Morgan Davies considers this, rather dismissively, along with the similar examples of this method of mucus removal in St Féchin and Colmán Ela's *vitae*, to be just another illustration of the 'unedifying displays of humility that occur in the hagiographical record,'<sup>1456</sup> although I believe that there is much more to it than this. The use of bodily fluids to repel and at the same time fascinate, is not unique to Irish hagiography and there are many similar continental examples which are connected with 'lepers.' One such, from *The Book of the Blessed Angela of Foligno*, whose *floruit* was the late thirteenth century, surpasses even these Irish hagiographical descriptions,

And after we had distributed all that we had, we washed the feet of the women and the hands of the men, and especially those of one of the lepers which were festering and in an advanced stage of decomposition. Then we drank the very water with which we had washed him. And the drink was so sweet that, all the way home, we tasted its sweetness and it was as if we had received Holy Communion. As a small scale of the leper's sores was stuck in my throat, I tried to swallow it. My conscience would not let me spit it out, just as if I had received Holy Communion.<sup>1457</sup>

This is in line with a growing tendency for miracle stories in the later twelfth century and beyond to contain more graphic descriptions of bodily ills involving blood, pus and other similar fluids.<sup>1458</sup> Nugent writing about bodily effluvia states that they 'are more significant as literary signs than as indicators of what might actually have

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<sup>1455</sup> Stokes, *The Birth and Life of St. Moling*, 30. 'Thereafter as Moling was wending his way he saw before him a hideous misshapen leper. 'Whence comest thou, O cleric?' says the leper. 'I come out of the wood,' replies the cleric. 'For God's sake, take me with thee to the church.' 'I am willing,' says Moling: 'come on then,' says he. 'In what manner?' asked the leper. 'As thou camest hither,' says Moling. 'I cannot travel,' says the leper, 'till I get myself carried comfortably.' 'Come n my back then,' said Moling. 'I will not go,' says the leper, 'lest there be some of thy raiment between me and thee, for the raiment will leave none of my skin upon me.' 'I will do (what thou desirest),' says Moling, so he doffs his clothes and lifts the leper on his back. 'Blow my nose,' says the leper. Moling gives his hand to him to blow it. 'Nay!' says the leper, 'for thy fingers will strip my skin off: put thy mouth round it.' The cleric puts his mouth round the nose and sucks it to him, and spits that mucus into his left hand. When he looked a look past him he know not whether the leper had gone into heaven or into earth. 'This is right,' says Moling, 'if my Lord came to deceive me. I will neither sleep nor eat until my Lord comes to me clearly and evidently.' *Ibid*, 31.

<sup>1456</sup> Morgan Thomas Davies, 'Kings and Clerics in Some Leinster Sagas,' *Eriu*, Vol. 47, (1996), 45-66, 46.

<sup>1457</sup> Morrison, 'Ingesting Bodily Filth', 205.

<sup>1458</sup> Nugent, 'Bodily Effluvia and Liturgical Interruption in Medieval Miracle Stories,' 51.

happened in performances of miraculous healing,<sup>1459</sup> and this could also be applied to the depictions of leprosy.

In the following examples Jesus also appears disguised as a ‘leper’ to the saints involved. In the case of St Féchin, who, it should be noted, was purportedly also a friend of St Moling,<sup>1460</sup> it is not him who removes the mucus, but instead he commands a queen to carry out his instructions, as the following extract shows,

*Laithe n-aen dia raibe Fechin andorus na cille a Fabur gu faca dia rochtain lan d’essláinti o bonn go a baithis – is uada ainmnighter Cros in Cloim andú – 7 roguid in lobur Fechin fána comcungnad im biadh 7 im digh 7 im na huilib esbadaib olcheana. Ocus rochuinnigh mnai sochenelaig fri feis leis, 7 roboi og macnus for Fechin amal is bes do lobraid. Ocus rug Fechin lais in clam for a muin gusan tech n-aighed, 7 tét iarsin co hinnsi Locha Leibinn co dunadh Diarmada meic Aeda Slaine, ‘Tair lem,’ ol se, ‘do cobur troige 7 teasbada mo cloim 7 rothia a lógh,’ ‘Ni fuil for talmáin, ni for a ndingninn sin acht mina tuga neam dam díacinn.’ ‘Dogeba,’ bar Fechin, ‘ocus gach rigan bias hit inad dogres dogeba neam an fad beid dom réirse.’ Tét in rigan la Fechin gusan tech n-aighed, ait arrobe in clam, 7 fagbus in regain maraon risin clam. Ocus atbert in lobur frisin regain a sron do sugud, 7 rosuigh in rigan sron in claim, 7 doberedh sugh na srona a mbreid glan lín, 7 doroighne tinne oir don tsug sin na srona. Ocus doraidh frisin regain gu fuighbed gach ni rogeall Fechin di, 7 rofagbad bachall aluinn orrda le dia thabairt do Fechin. Ocus doriacht Fechin iarum amaruch docum na tegduse, 7 atconnaire caer tenntige ag erge do cleith na teguse co riacht gu nim. Ocus rothuig Fechin gur’bo he Isu tainig a richt labuir do fromad a derci 7 a maitiusa. Ocus rofiarfaif Fechin don regain scéla in claim, 7 ro innis do gur ‘uo he Isu ro ui ann, 7 gur’ façaib a benn achain la Fechin 7 la muinntir. Ocus dorat in bachall forfagbad le do Fechin, 7 dorat sug na srona roboi aicdhe ina tinne oir do Fechin. Ocus rocennaig Fechin ferann mor don eclus arin or sin, 7 romorad ainm De 7 Fechin tridsin.’<sup>1461</sup>*

<sup>1459</sup> *ibid*, 53.

<sup>1460</sup> Stokes, ‘Life of Féchin of Fore,’ 337.

<sup>1461</sup> *ibid*, 342 and 345. ‘One day, when Féchin was in front of the church in Fore, he saw coming towards him, a leper full of disease from sole to crown – from him *Cros in Chlaim*, the Cross of the Leper, is named today. And the leper entreated Féchin to assist him as to food and drink and all his other wants. And he required a well-born woman to sleep with him, and he was wanton to Féchin, as is the manner of lepers. And Féchin carried the leper on his back to the guest-house, and then he goes to the island of Loch Lebinn, to the fortress of Diarmait son of Aed Sláine. And he said to the queen, even the wife of Diarmait son of Aed Sláine, ‘Come with me,’ says he, ‘to relieve the misery and want of my leper, and thou shalt have a reward therefore.’ ‘There is nothing on earth,’ says she, ‘for which I would do that, unless, indeed, thou give me heaven in lieu of it.’ ‘(That) shalt thou have,’ says Féchin; ‘and every queen who shall succeed thee shall have heaven so long as she does my will.’ Then the queen goes with Féchin to the guest-house, wherein the leper was biding; and the saint leaves the queen along with the leper. And the leper desired the queen to suck his nose, and the queen sucked the leper’s nose, and the matter sucked from the nose was put on a fair linen cloth, and a chain of gold was made of that matter. And he told the queen that she would get every thing that Féchin had promised her. And on the morrow Féchin went to the house, and beheld a fiery bolt rising from the roof of the house till it reached heaven. Then Féchin understood that it was Jesus who had come in a leper’s form to test his charity and his goodness. And Féchin asked the queen for tidings of

This excerpt shows that the belief that ‘lepers’ had an insatiable sexual appetite was also present in Ireland, although this is the only example I am aware of within its hagiography. The disguise of Macha Mong-rúad which was discussed earlier may also be an indication of this as her rivals believe that she will have intercourse with all three of them.

The same motif also occurs in *Betha Cholmain Ela*,

*A haithle na laidhe sin ro buáil Colmán Eala a dhalta .i. Baoithin; 7 ro imthigh Baoithin reimhe d’éis a bhuailte. Ocus ro len Colmán é. Ocus tárta lobhrán truagh tarr-lomnocht dó occan ulaigh leth amuigh don baile. Ocus do bhennaigh do Cholmán. Ocus Adubairt fri Colmán: ‘Iomchair ar do mhuin mé, a naoimh clérigh, gó t’altóir fein ar gradh Dé. ‘Inné nach foghnann idir,’ ar an lobhar, ‘óir as ferr le Día tú féin do dénam umhal dó.’ ‘Más ferr, as meise iomchórus tú,’ ar Colmán. Occus rucc lais conuicce na altóir e. Occus atbert na truagh fris: ‘Cuir mo shrón it bheol, a Cholmain, ar gradh Dé; 7 cuir I mbeind do cubail 7 cuir tarin tempall amach a mbia innte.’ Doroine Colmán amal atbert an truagh; 7 in uair tainicc amach, issedh fuair ina ucht .i. tinde óir, 7 sgribend do litreachaib ordha innte tainicc on Trinoid. Ocus do ghabh iongantus Colmán ‘mun adhbar sin, 7 ro ionnto tara ais go luath; 7 ní fhadadh na lobhar.’<sup>1462</sup>*

These incidents in St Féchin and Colman Ela’s *vitae* do not contain a detailed description of the ‘leper’ as in the example from Moling’s *vita*, but they do show knowledge and compassion. They also include the motif of a ‘leper’s’ mucous being changed into gold, which is the equivalent of the lowest of the low being changed into something precious, which is the ultimate miracle, but it is the description in Moling’s *vita*, which is distinctive and of special interest. St Moling is doing far more than

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the leper, and she told him that it was Jesus who had been there, and that He had left His blessing with Féchin and his community. And she gave Féchin the crozier which had been left with her, and she gave him the mucus which had become the material of the golden chain. And with that gold Féchin bought much land for the church. And God’s name and Féchin’s were magnified thereby.’ *Ibid*, 343 and 345.

<sup>1462</sup> Plummer, *Bethada Náem nEreann*, Vol. 1, 178-179. ‘After this day Colman Ela beat his pupil Baithin, and Baithin went away after the beating, and Colman followed him. And a wretched leper, stark naked, met him at the monument outside the place; and he greeted Colman, and said to him: ‘carry me on thy back, O holy clerk, to thine own altar for the love of God.’ ‘Would not some other man do (as well) for thee, to carry thee there?’ said Colman. ‘By no means,’ said the leper, ‘for it is better in the eyes of God that thou thyself shouldest do obedience to Him.’ ‘If that is so, then I will carry thee,’ said Colman. And he took him to the altar. An the unhappy man said to him: ‘Put my nose in thy mouth, O Colman, for the love of God, and put in the corner of thy frock and carry out of the church, what is in it (i.e. in thy nose).’ Colman did as the unhappy man said; and he carried the filth of the nose out of the church. And when he got outside, this is what he found in his bosom, an ingot of gold, and an inscription in letters of gold which came from the trinity; and Colman wondered thereat, and returned with all speed. But the leper had disappeared.’ *ibid*, Vol. II, 172-173.

imitating Christ as in this case it is Jesus himself who has come to test Moling to see how he reacts to a ‘hideous misshapen leper,’ and the cleansing method of his nose is the ultimate test. Whoever wrote this hagiography however, was doing more than just using the ‘leper’ as a stock motif, as he has applied real knowledge of HD’s consequences in the description. The intended audience must also have been sufficiently knowledgeable to recognise the description and it was also accurate enough to convey the stage that the ‘leper’ had reached in his illness, or it would have been pointless to include it. There is nothing unusual about Moling offering to carry the ‘leper’ on his back as there are many instances of a variety of objects, as well as people being carried in this way throughout hagiography, as even Colum Cille is shown carrying corn on his back to the mill.<sup>1463</sup> The description of Moling’s clothing being too rough for the ‘leper’s’ skin is also a common motif of saint’s eschewing any form of luxury and only wearing the roughest of materials including hair-shirts. Another example of this again involves Colum Cille who would ‘never put flax nor wool against his skin’<sup>1464</sup> and also Ciaran of Saighir ‘never wore woollen clothing, but skins of wolves and other brute beasts.’<sup>1465</sup> What is unique in this example involving St Moling, is the description that the rough material will damage the ‘leper’s’ already delicate skin, indicating that he has reached an advanced form of the disease. The method of nose cleansing also indicates this is an advanced case as there is inadequate remnants of the nose for it to be blown as normal and so this alternative method is necessary. According to Stokes, Indian Ayah’s also cleansed the noses of the children in their care in the same way, so this is not something unique to either ‘lepers,’ hagiography or Ireland.<sup>1466</sup> I am not aware of any other such detailed description of someone suffering from HD in Irish texts, and though it could have been written by someone who had only read about leprosy the portrayal is so accurate and so caring, that I would suggest it was written by someone who had intimate, first-hand knowledge of the disease – maybe as seen in the previous examples and it was written by a monk who cared for ‘lepers’ on a daily basis? These texts are of a later date than the ones examined earlier in this chapter and I think that this shows in the way the

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<sup>1463</sup> Stokes, *Three Middle-Irish Homilies*, 123.

<sup>1464</sup> *ibid.*

<sup>1465</sup> Plummer, *Bethada Náem nErenn*, Vol. II, 118.

<sup>1466</sup> Stokes, *The Birth and Life of St Moling*, 31.

‘lepers’ are treated as it has less to do with miracles and more to do with depicting their everyday life.

### 5.3 Conclusion

This chapter has examined how ‘lepers’ appear in Irish hagiography. In the earlier examples the ‘lepers’ are very much a motif and are there to help glorify the saint by being healed or given alms to demonstrate the saints’ Christ-like qualities. They are very much the minor players and all the attention is on the saint and the ‘lepers’ play a supporting role and are depicted only in biblical sense. The later examples however show a more realistic quality and I would suggest that these are reflecting the time that they were composed when HD sufferers would have been a relatively common sight. Hagiographies were composed in monasteries and these examples may be reflecting the everyday life of the writers as the ‘lepers’ were part of the monastery and caring for them would have been part of the normal daily routine. These later depictions show accurate knowledge of HD and the ‘lepers’ shown are usually Christ in disguise, who has come to test the saint. The references to disguising oneself as a ‘leper’ however show another side as taking on the ‘lepers’ appearance is used to deceive but again suggests that ‘lepers’ were not an unexpected sight, as on their arrival there is no surprise expressed at the sight of a ‘leper.’ The hagiographies only use two Irish words to indicate a ‘leper’ which are *clam* and *lobur* which is in contrast to the annals in which these words rarely appear in comparison with the other words used to indicate leprosy. This is also in contrast to the place-name evidence where *clam* rarely appears as an element, but quite what this is indicating is difficult to interpret.



## GENERAL CONCLUSION

This thesis has taken a long journey through many places, forms of evidence and even different types of leprosy with the intention of gathering evidence related to leprosy and HD in medieval Ireland. Two difficulties have repeatedly been faced throughout the process of assembling and discussing the extant information. The first concerns the use of terminology which has proved challenging due to the fluid nature of the disease and its variety of meanings, as well as the changes which have occurred in the Irish language over this long time period and the difficulties connected with translation. Not everyone may agree with the choices I have made concerning terminology, but they are what I decided were the most suitable and least confusing or anachronistic for this thesis. Despite this, on occasion, it was still difficult to clarify and explain what was meant in a complex situation. The second was the unreliability of Lee's work and as he is the main, modern source concerning this subject, it sometimes proved difficult to always find where he obtained his original evidence from, in order to be able to confirm its validity or otherwise. At times the trail was easy to follow and it was possible to gain corroborating data, but at other times it was impossible to trace any further information; but I have continually challenged Lee's findings throughout this thesis. It was also shown that Lee's belief that certain words, such as martyr or palmer, were connected to 'leper' institutions, is not in fact the case. Lee's belief that any site with the smallest indication, such as Mary Magdalene as its patron saint, with no other supporting evidence, is sufficient to prove conclusively that a site was that of a 'leper' institution, has also been shown to be incorrect. It was also shown that Gwynn and Hadcock's work was sometimes compromised in relation to their entries concerning leper-hospitals, due to their close co-operation and reliance on Lee and their unquestioning acceptance of his standards of evidence. This is particularly obvious when compared with the equivalent Scottish publication which has a much more stringent level of proof. Lee's apparent misunderstanding of place-names in particular and his misinterpretation or deliberately erroneous quoting from texts, combined with the reasons above, has resulted in an exaggeration of the number of Irish leper hospitals. I hope that this mistaken belief will now be laid to rest as this thesis has shown that, in all likelihood, the percentage was no higher in Ireland than elsewhere and that Rawcliffe's estimation of fifty per cent of Irish hospitals being for 'lepers' is in fact now proven to be wrong.

The fact that the number of leper-hospitals in Ireland has been exaggerated is just one of the results that the evidence has shown, but examination of the other sources has produced some unexpected outcomes. The first of these was in connection with the annals which showed that of the terms used to designate leprosy, none of them actually referred to HD and most did not even refer to what was believed to be leprosy at the time of writing. Many of the words which would appear to mean leprosy were proven to refer to other diseases or as in the case of King Henry were a metaphorical reflection of his perceived moral state. The term became applied to any disease which manifested on the skin, even in cases of what were probably plague, as the examination of the term *sámthrosca* demonstrated. Much confusion has also resulted from the translations of the terms and from at least the nineteenth century, leprosy became a ‘catch all’ to describe any disease that afflicted the skin. What was maybe the most surprising aspect from the study of the annals however, was the apparent lack of references to leprosy, in whatever form, at the time that HD was at its height in the rest of Europe. Whether this means that there was a lack of concern in relation to this disease or it was not thought important enough to record in the annals is impossible to say; although as HD is not an epidemic disease and did not kill rapidly it perhaps did not come within the normal parameters of what was recorded. Only one late reference in the annals dated 1451 would appear to refer to what we regard as HD today, and that states that the disease is shameful, which is in contrast to most of the other evidence. The difficulty may lie with the random nature of the annals, but more importantly they are a record of lives lived less under English influence and instead may reflect Gaelic Ireland’s attitude to the disease that they termed as leprosy and appear to show a lack of concern or disquiet with regard to those regarded as ‘lepers.’

Some words also seem to have been in use for very limited time scales such as *sámthrosca* and *clamtrusca*, both of which make only one appearance in the annals and as discussed there could be many reasons for this. It was not however possible to deduce if any of these words were of local origin which would have helped not only with examining ‘leper’ terminology, but could also have helped in the ongoing process of researching the origins of the annals themselves. The other reason for words becoming linked to leprosy is due to misinterpretation or mistranslation of what was originally meant. Even *Bolgach* which is still in use today and means

smallpox became interpreted as leprosy despite being a very different disease. The fact that DIL lists words such as *claimsech* and *clamrad*, meaning female ‘leper’ and a band of ‘lepers’ respectively and *billóc*, the term for a wallet belonging to a ‘leper’ would also suggest that ‘lepers’ were common enough to have their own specific terminology and were not a rare sight. None of these words appear in the annals either and seem to be of limited usage and *bill* in particular seems to have ancient antecedents and may be rare evidence that the concept of leprosy, at least, was present in Ireland before the arrival of the Anglo-Normans; which is also supported by the Viking Age skeleton of an HD victim from Dublin. There is no documentary evidence that is pre-Norman but there was possibly a slight glimpse of how ‘lepers’ lived prior to 1169, in the existence of singular ‘leper’ site names, suggesting ‘lepers’ may have lived on the fringes of society along hill ridges and other isolated places and the evidence discussed from *Cath Almaine* may also support this. The example discussed from Yarmouth concerning Alice Dymock however provides another possible explanation for these place-names. The reference in the ninth century *Cormac’s Glossary* that medicinal baths were used for those considered to be leprous provides a further glimpse of the existence of ‘lepers’ from an early date.

The terms *clam* and *lobur* appear to be interchangeable, but it was noticeable that their use in hagiography changed over time as the earliest ones used *clam* and *lobur* purely as a motif. It also became apparent when examining the hagiography that the terminology used in the annals and the hagiographies was different, as the only Irish terms used in hagiography were *clam* and *lobur*, which in comparison barely appear in the annals. *Clam* and *lobur* would also seem to be the terms which do in fact refer to what was considered leprosy at the time, which would have included HD sufferers. The evidence provided by hagiography, especially the later examples, may also reflect the reality of life as an HD sufferer, being cared for in an Irish medieval monastic establishment. There may also be pre-Norman evidence of this arrangement as the annals record the death of *Céle-clamh* in Armagh.

It is commonly believed that medieval Ireland is a particularly difficult area to research due to the lack of extant documentation and this was one reason why such a diverse range of evidence was used. Although the documentary evidence is very problematical and diverse, an overview can be assembled, albeit a frustratingly

incomplete one. The early documentation is particularly sparse, but the later survivors not only provide an intriguing glimpse into how leper-hospitals were managed in the later period, but may well also reflect the earlier period as well. The documentary evidence was difficult because of its random nature and also their comparatively small number. It is also unfortunate that no founding charter has survived, but Ireland is not unique in this. The documentary evidence does illustrate the differences in how leprosy sufferers were treated at different times and in different areas in Ireland. In this the treatment of 'lepers' in medieval Ireland appears to be similar to elsewhere due to its variation over time and place, which answers the main question that this thesis set out to answer. Some of the most intriguing examples which were discussed in Chapter Four with regard to documentation also show examples of the lack of segregation, but show respect, good living quarters and not being charged for admittance, and such diversity is in line with elsewhere. One of the most interesting discoveries was that, despite papal decrees, in some areas of Ireland, 'lepers' did not have separate chapels, but shared them with the local congregation as the documentary evidence for St Stephen's and St Lawrence in Drogheda showed. This apparent lack of segregation was also demonstrated in the evidence regarding the use of Magdalen Castle in Kilkenny, where the 'lepers' were kept in the best quarters and that 'lepers' and local citizens would also retreat together in times of danger. There is also one Dublin record that shows 'lepers' were not charged an entrance fee for admission into a leper-hospital and this may also show a lenient attitude. This apparent lack of segregation, especially in Irish churches, contrasts with the traditional view and further supports Touati, Demaitre and Rawcliffe in their argument that 'lepers' were not segregated to any great degree and were commonly seen in everyday life. Further Irish support for this view came from Waterford where it was seen that 'lepers' did not have to live within their local 'leper' institution, but if they chose to remain at home, all of their estate was automatically forfeited to the hospital on their death. Waterford also provided documentary evidence that the leper-hospital's inmates could also select their own master which shows that they still had rights, as did many of the other documents.

The paucity of palaeopathological evidence is, at first sight surprising, but less so when the reasons for this are examined. For a great deal of the twentieth century there were insufficient paleopathologists working throughout Ireland, to be able to

identify HD specific skeletons. Also until recently, in common with elsewhere, wet sieving was not normally undertaken and therefore many of the small diagnostically important bones were lost, together with the ability to provide a definitive diagnosis. Ireland's soil type throughout most of the country is also not conducive to the preservation of bones, unless in a peat bog, and this may be another factor for the lack of skeletal evidence. It is strange however that so many excavations have taken place at sites which were believed to have 'leper' connections, but no HD damaged bones were uncovered. There are a variety of possible reasons for this such as the burial of people who were not inmates of such establishments, such as the carers and workers at the leper-hospital and also the inclusion of people who were only suffering from skin diseases, but who were considered to be leprous at the time. It was also shown in Chapter One that differing rates of the LL and TT forms occur in different countries and as TT does not leave the same extensive tell-tale damage to the skeleton as LL it is also a possibility that in medieval Ireland the rates of TT were greater than LL. It is also likely that, just as elsewhere, many specimens from older excavations still await to be identified.

The first skeleton identified with HD dated to the late Middle Ages and was found buried in a normal graveyard and not in a segregated site specifically for 'lepers.' This would seem to agree with the evidence from elsewhere in Europe that as the disease died out leper-hospitals closed and the remaining few cases were buried in normal cemeteries. This is not borne out by the documentary evidence however which shows that the leper-hospital in Waterford at least was still functioning and there is evidence of this into the late seventeenth century and the last recorded endemic case of HD was also at Waterford in 1775. In the first document to be examined concerning Waterford, Thomas Bolton, the Master of the Waterford leper-house confirms that it is still in use solely for 'lepers.' Another document, this time from Wexford, also showed that the leper-hospital was still fully operational in 1639. Waterford in particular raises the question of who was living in the leper-hospitals by this late date despite the Master's protestations. Are they only sufferers of HD or anything else considered to be leprosy at that time? Although paleopathology is still to prove this, it is highly unlikely that only HD sufferers became resident in 'leper' institutions and it is more likely that many inmates were suffering from the other diseases considered to be leprosy at the time, such as eczema, skin cancer etc. even

when the ‘epidemic’ of leprosy was at its height. Even at this time it is also likely that many poor people who were suffering from the effects of malnutrition, which resulted in skin sores were classed as ‘lepers.’ Paleopathology has shown that throughout history the poor have suffered from serious deficiencies, such as a lack of A, B and D vitamins, probably due to the lack of bread and meat and an excess of starchy foods, all of which made them prone to diseases, including leprosy.<sup>1467</sup> The line between poverty and disease is therefore very blurred and this may also shed some light on the interactions between Brigit and the *clam* and *lobur* which appear in her hagiographies and which fall into two categories, as she either heals them or gives them alms. Poverty is also another possible explanation why the later Waterford entries are so ambiguous. HD was supposedly in decline but in Waterford the leper-hospital was at one stage full and to gain admission a doctor’s certificate was required in order to gain entry. What was the doctor certifying however? Was he declaring that the applicant was suffering from HD, which by that time was more or less diagnosable, or that he was suffering from a skin disease or from the effects of poverty and malnutrition? By the late eighteenth century were the ‘lepers’ in fact the poor as it is no accident that the terms famine and disease so often go together as lack of food will lead to the other. The Spittle or Leaper House in Galway did provide evidence that some institutions were looking after both the poor and also those considered leprous. There is also the possibility as discussed in Chapter Four that HD continued to occur in Ireland along the lines of Scotland and Iceland and that it was endemic in Ireland well into the eighteenth century.

The other published skeletal evidence was radiocarbon dated to the eleventh century and is therefore proof that the disease was present in Ireland before the arrival of the Anglo-Normans. There is very little evidence concerning the situation prior to 1169 and so this was a very important skeleton. With such little skeletal evidence however, it is impossible to abstract any real meaning as to what the situation concerning HD was, and how wide spread it was, and this will remain the situation until more skeletons with the diagnostically significant damage are uncovered. A full scale investigation of a leper-hospital cemetery is required in order to definitively determine the prevalence of the disease in order to confirm that the situation was

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<sup>1467</sup> Michael Mollat, *The Poor in the Middle Ages*, (London, 1986), 17.

similar in Ireland to elsewhere in Europe. It may be a 'red-herring' but the site at Solar with apparently dubious leprosy connections, did provide a skeleton with evidence of facial tuberculosis. If in the future any skeletons showing evidence of HD are uncovered at this site, it could confirm that many sufferers of skin afflictions were indeed regarded as leprosy.

Without further analysis of existing skeletal remains or indeed new finds, the prevalence of HD in Ireland will remain contentious. The different types of evidence examined however have shown that 'lepers' were not treated in a uniform manner throughout Ireland or over time and so the position was similar to that elsewhere in Europe. There is the odd glimpse that the *clam* and *lobur* in whatever form, were sometimes treated leniently and this may reflect the dissimilar heritages of the different areas depending on whether they were under Anglo rule or not, but the evidence is so fragmented this is hard to determine. The only apparent definite differences between Ireland and elsewhere is its inability to provide fresh snake, which was a common ingredient of a supposed 'cure.' Further examination of documentation could prove fruitful, but skeletal evidence will probably provide the next important step in the study of this subject.

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