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Author(s): Michael W. Dols

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# The Leper in Medieval Islamic Society

By Michael W. Dols

*There is no fault in the blind, and there is no fault in the lame, and there is no fault in the sick. . . .*<sup>1</sup>

To the Western mind, no disease is so fearsome and horrible as leprosy. Leprosy still conveys the suggestion of physical repulsiveness, moral perversion, and promiscuous infection; the leper is the archetypal outcast, society's pariah and sometimes its scapegoat. We have inherited such ideas about the disease and its victim largely from the Middle Ages; since that time the leper has become a familiar figure in Western literature and art.<sup>2</sup> The formation of these beliefs regarding lepers tells us a good deal about the nature of European Christian society in the medieval period — what was despised and cast out is as revealing about social attitudes as what was cherished and preserved.<sup>3</sup>

The leper affords similar insight into the nature of traditional Islamic

I wish to acknowledge the generous assistance of Prof. Manfred Ullmann in the preparation of this study, which was made possible by a grant from the National Endowment for the Humanities. In addition, I would like to thank Dr. Harry Hoogstraal (NAMRU-3) and Dr. Latif Hanna (Director of the Leprosy Administration) for their help in gathering information on this topic in Egypt. Preliminary versions of this study were read at the annual meeting of the American Research Center in Egypt (Detroit, April 1977) and the Colloquium on Biology, Society and History in Islam (Philadelphia, October 1977). I am very grateful for the numerous comments and suggestions of the participants of these meetings as well as other readers, especially S. D. Goitein, Fedwa Malti-Douglas, and Ira M. Lapidus. Concerning terminology, I have retained "leprosy" and "leper," which are today deprecated by medical science, because the disease and its victims were named in this manner in the past and the stigma attached to the names, especially in Europe, was significant. "Islamic" is used to describe medieval communities and their culture in which Islam was the predominant, but not exclusive religious faith.

<sup>1</sup> Qur'an 24.60; trans. A. J. Arberry, *The Koran Interpreted* (New York, 1955), 2:54.

<sup>2</sup> K. Grön, "Lepra in Literatur und Kunst," in Victor Klingmüller, *Die Lepra* (Berlin, 1930), pp. 806–42 (English trans. in the *International Journal of Leprosy* [hereafter cited as *IJL*] 41/2 [1973], 249–83). The only artistic representation of a leper in the Middle East, to my knowledge, is the Persian miniature of the sixteenth or seventeenth century discussed by Grön, English trans. p. 277 and fig. 40.

<sup>3</sup> See the following recent works and their bibliographies: Saul N. Brody, *The Disease of the Soul: Leprosy in Medieval Literature* (Ithaca, 1974), pp. 60–106; Peter Richards, *The Medieval Leper* (Cambridge, Eng., 1977); Shulamith Shazar, "Des lépreux pas comme les autres: L'ordre de Saint-Lazare dans le royaume latin de Jérusalem," *Revue historique* 267 (1982), 19–41; Hermann Hörger, "Krankheit und religiöses Tabu — Die Lepra in der mittelalterlich-frühneuzeitlichen Gesellschaft Europas," *Gernerus* 1 (1982), 52–70.

society, for leprosy clearly existed in the Near East, North Africa, and Andalusia in the Middle Ages. Nonmedical data about leprosy in the pre-modern period, primarily from Arabic sources, are presented here in approximate chronological order.<sup>4</sup> The aim of this study is to evaluate the social implications of the disease and consequently to describe the status of the leper in medieval Islamic communities; it does not claim to be an exhaustive treatment of the subject, but it may serve as a basis for further research in the oriental sources.

The status of the leper in Islamic society does emerge in broad outline, but we are handicapped because of the inadequacy of the sources. Apart from the medical texts, references to leprosy or lepers are difficult to locate, few in number, and often impossible to interpret precisely. The paucity of these historical references is itself significant. If this dearth of material does not reflect a diminution of the disease, the general inattention to leprosy in the oriental literature would suggest that it posed a less serious problem to medieval Islamic society than to European Christian society. In order to explain this phenomenon, it will be useful to conclude with an explicit comparison between the leper in Middle Eastern and European societies.<sup>5</sup>

Leprosy, along with a number of other communicable diseases, appears to have been widespread in certain areas of pre-Islamic Arabia, but it was not conspicuous among the Quraysh, the tribe of the Prophet.<sup>6</sup> The first important figure in the history of the Arabs who probably suffered from some form of leprosy was Jadhīmah al-Abrash or al-Waḍḍāh, the king of al-Ḥīrah; he played a dominant role in the politics of Syria and Iraq in the second quarter of the third century A.D.<sup>7</sup> Two famous pre-Islamic poets may

<sup>4</sup> The results of my investigation of the medical texts for the interpretation and treatment of leprosy are reported in "Leprosy in Medieval Arabic Medicine," *Journal of the History of Medicine and Allied Sciences* 36 (1979), 314–33. See also my survey of the subject in *The Encyclopaedia of Islam*, new ed. (hereafter referred to as *EI*<sup>2</sup>), *Supplement* (Leiden, 1982): "Djudhām."

<sup>5</sup> The medical literature on leprosy is enormous: see *Indica bibliografico de lepra*, ed. Luiza Keffer, 3 vols. (São Paulo, 1944–48), and the *Index-Catalogue of the Surgeon General's Library*. An authoritative description of the disease may be found in R. G. Cochrane and T. F. Davey, eds., *Leprosy in Theory and Practice*, 2nd ed. (Bristol, 1964). For the purposes of historical study, see Brody, *The Disease of the Soul*, pp. 21–59, and Johs. G. Andersen, "Studies in the Mediaeval Diagnosis of Leprosy in Denmark," *Danish Medical Bulletin* 16 (1969), Supplement 9, which is far more useful than the title implies. Two major caveats apply to any study of the history of leprosy: it is still imperfectly understood today, and it may have altered its form since the Middle Ages.

<sup>6</sup> 'Antarah ibn Shaddād, *Dīwān*, ed. K. al-Bustani (Beirut, 1377/1958), p. 63; Muḥammad ibn Ḥabīb, *Munammaq fī akhbār Quraysh*, ed. K. A. Fariq (Hyderabad, 1384/1964), pp. 178, 263. See also Manfred Ullmann, *Die Medizin im Islam* (Leiden, 1970), p. 15: *baras*, *wadhah*; idem, *Islamic Medicine* (Edinburgh, 1978), pp. 1, 86.

<sup>7</sup> *EI*<sup>2</sup>: "Djadhīma al-Abrash or al-Waḍḍāh" (I. Kawar); see also C. J. Lyall, ed. and trans., *The Mufaḍḍalīyāt: An Anthology of Ancient Arabian Odes* (Oxford, 1918), 3:384; al-Maydānī, *Majma' al-amthāl* (Cairo, 1890), 1:157, who asserts that the king was afflicted by *al-baras*; Ibn Manzūr, *Lisān al-'arab* (1955–56; repr. Būlāq, 1966), 3:474, 8:151; 'Abd al-Qādir, *Khizānat al-adab* (Būlāq,

also have been stricken by the illness. The first, 'Abīd ibn al-Abras, on the basis of his name, may have been leprosy. Leprosy would account for his wife's aversion toward him, which is mentioned in his poetry.<sup>8</sup> The second and more famous poet was al-Ḥārith ibn Ḥillizah al-Yashkurī, who wrote the seventh of the *Mu'allaqāt*. This poem is said to have been improvised by al-Ḥārith before the king of al-Ḥīrah, 'Amr ibn Hind (A.D. 554–70), when al-Ḥārith pleaded the case of his tribe against another. He recited the poem in the *majlis* or court of the king, "who had ordered hangings to be set up to keep him apart from the poet, since the latter suffered from tubercular leprosy (*baraṣ*); overcome by al-Ḥārith's talent, 'Amr ibn Hind is said to have had the hangings drawn up, one after another, and to have treated the poet with singular marks of esteem," although the king inclined toward the opposing tribe.<sup>9</sup>

The Islamic world seems to have inherited the earlier Arabic terminology for leprosy. The word *judhām* was adopted for the disease, probably because the Arabic root has the sense of "to mutilate" or "to cut off" and is descriptive of the serious disfigurement that may occur in cases of lepromatous leprosy. Thus, *ajdham* (pl. *jadhāmā*) may mean "mutilated," having an arm or foot cut off, or "leper" and "leprosy."<sup>10</sup> The use of this root strongly suggests that the lepromatous form of leprosy existed in pre-Islamic Arabia. The use of the term *baraṣ* appears to be equally old; it is derived from an Arabic root that may mean "to be white or shiny." *Baraṣ* was definitely used to name leprosy, probably in its early stages or in its tuberculoid form, but may also have been applied to other skin disorders.<sup>11</sup>

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1882), 3:271; Jāhīz, *al-Burṣān wa l-'urjān* (Cairo-Beirut, 1972), p. 73 f.; Muḥammad ibn Ḥabīb, *Kitāb al-Muḥabbar* (Hyderabad, 1361/1942), p. 299.

<sup>8</sup> C. J. Lyall, ed. and trans., *The Dīwāns of 'Abīd ibn al-Abras, of Asad, and 'Āmir ibn at-Tufail, of 'Āmir ibn Ṣa'ṣa'ah* (Leiden-London, 1913), pp. 6, 33–36, 38–39.

<sup>9</sup> *Et*: "al-Ḥārith b. Hilliza al-Yashkurī" (Ch. Pellat); Lyall, *The Mufaḍḍalīyāt*, 1:90; Ullmann, *Die Medizin im Islam*, p. 243; al-Jāhīz, *al-Burṣān*, p. 23.

<sup>10</sup> See al-Murdadā, *Ghurar al-fawā'id* (Cairo, 1954), 1:5; E. W. Lane, *Arabic-English Lexicon* (London, 1863–93), s.v. "judhāmun."

<sup>11</sup> See Lane, *Arabic-English Lexicon*, s.v. "baraṣun." Concerning the Arabian Peninsula, Ibn Ḥawqal claimed in the second half of the tenth century A.D. that leprosy was endemic to the Yemen, where it is today a common malady. He also mentioned the tradition of the Prophet that the dust of Medina immunized the people against leprosy (*Configuration de la Terre [Kitāb Surat al-Ard]*, trans. J. H. Kramers and G. Wiet [Paris-Beirut, 1964], 2:30, 35). In the same century, al-Muqaddasī claimed not to have met any lepers (*majdhūm*) in Arabia, although those afflicted with *baraṣ* were many (*Aḥsan at-taqāsim*, ed. M. J. de Goeje [Leiden, 1906], p. 95). It is likely that traditional bedouin life in Arabia did not change appreciably for centuries, so that the reports of Carsten Niebuhr and Charles Doughty are significant. Niebuhr, in the mid-eighteenth century, believed that leprosy had always been endemic there. He adds: "Three different varieties of this disease are known here at present; of which two, named *Bohak* and *Barras*, are rather disgusting than dangerous; but the third, called *Juddam*, is very malignant, and apparently infectious. This latter exhibits the same symptoms which the English physician Hillary ascribes to what he calls 'the leprosy of the joints'" (*Travels through Arabia and Other Countries in the East* [Edinburgh, 1792], 2:276). Doughty, in the nineteenth century, witnessed

The most convincing evidence for the existence of leprosy in the Middle East at this time is the result of osteological study. The earliest indisputable proof of the malady has been found by Møller-Christensen in two skeletons from Egypt (Aswan) that date from about A.D. 500. The presence of leprosy has been determined by the distinctive bone changes, particularly in the skull, that result from lepromatous leprosy.<sup>12</sup> (No indication of leprosy, however, has been found in a large number of skeletons that were excavated from ancient Egypt and Palestine.) Therefore, the references to those afflicted by *judhām* or *baraṣ* in the early Islamic era may, indeed, indicate cases of genuine leprosy.<sup>13</sup> For example, it is reported that al-Hārith ibn Kaladah (d. 13/634–35), traditionally considered as the oldest known Arab physician and a companion of the Prophet, cured an-Nūshajānī, who was afflicted with leprosy (*qad judhima*), in aṭ-Ṭā'if after the doctors in Persia had failed.<sup>14</sup>

At the inception of Islam, the Qur'ān mentions in two places the healing of the lepers (*al-abraṣ*) by Jesus.<sup>15</sup> The classical commentators of the Qur'ān

leprosy among the bedouin; the discovery of the disease "in the blood" of tribal women prevented intermarriage with another tribe. Because the disease was common, he says, the "Arabs, commending a maiden in marriage, will often add this word: 'wa lahm-ha zain,' 'her flesh is well and sound.'" As a doctor, Doughty noticed especially a sudden kind of leprosy: "The skin was discoloured in whitish spots, rising in the space of two or three days in the breast and neck" (*Travels in Arabia Deserta* [1888; rev. ed. repr. London, 1936], 1:436–37, 655; 2:18). Francis Huxley states that this "white leprosy" is traditionally associated with the breaking of taboos, particularly the incest taboo (*The Way of the Sacred* [New York, 1976], p. 37). I have found no evidence for such a belief in the Middle East and North Africa. Finally, it would appear that throughout the medieval period the bedouin relied on charms and incantations to cure the disease, often accompanied by the application to the patient of the operator's saliva (E. G. Browne, *Arabian Medicine* [1921; repr. Cambridge, Eng., 1962], p. 16).

<sup>12</sup> V. Møller-Christensen, "Evidence of Leprosy in Earlier Peoples," in D. Brothwell and A. T. Sandison, eds., *Diseases in Antiquity* (Springfield, Ill., 1967), pp. 295–302; idem, "Evidence of Tuberculosis, Leprosy and Syphilis in Antiquity and the Middle Ages," *Proceedings of the Nineteenth International Congress of the History of Medicine (Basel, 1964)* (Basel and New York, 1966), pp. 229–37. I am not aware of any evidence for leprosy from the examination of skeletal remains from medieval Islamic sites, such as the Polish excavation at Kūm ad-Dikkah, Egypt.

<sup>13</sup> Muḥammad ibn Ḥabīb, *Kitāb al-Muḥabbar*, pp. 299–302, lists a number of individuals in pre-Islamic and early Islamic Arabia that may have been stricken with leprosy (*al-baraṣ al-ashraf*). The value of this book has been greatly underestimated by scholars; see Patricia Crone's assessment in her *Slaves on Horses* (Cambridge, Eng., 1980), pp. 10, 206.

<sup>14</sup> *EP<sup>2</sup>, Supplement*: "al-Hārith b. Kalada" (Ch. Pellat); Ferdinand Wüstenfeld, ed., *Jacut's Geographisches Wörterbuch*, 2 (Leipzig, 1867), 952.

<sup>15</sup> The two instances in the New Testament (Matt. 8:2–4, Luke 17:13–17), where Jesus heals the "lepers" (λεπρός-λεπροί/λέπρα), present serious difficulties. See my "Leprosy in Medieval Arabic Medicine," pp. 317–18, and H. van der Loos, *The Miracles of Jesus* (Leiden, 1965), pp. 466–68. For our purposes, the lepers cleansed by Jesus appear in the Qur'ān as *al-abraṣ* (Flügel ed., 3.43, 5.110). See also ath-Tha'libī, *at-Tamthil* (Cairo, 1961), p. 15; Manfred Ullmann, *Katalog der arabischen alchemistischen Handschriften der Chester Beatty Library*, 1 (Wiesbaden, 1974), p. 190; al-Jāhiz, *al-Burṣān*, p. 37, and *Three Essays of al-Jāhiz*, ed. J. Finkel (Cairo, 1963), p. 12;

do not elucidate the meaning of *al-abraṣ*.<sup>16</sup> The Qurʾān also recounts the biblical story of Moses and the signs given to him by God; one of these signs was Moses' placing his hand to his body and showing it white "without evil." The commentators say that this phrase means "without *baraṣ*"; that is, the whiteness was not believed to be leprosy or a comparable skin disease.<sup>17</sup> The commentators base their opinion on *ḥadīths* (pious traditions) to this effect.

Other pious sayings or legends concerning leprosy were attributed to the Prophet, and they are important because they greatly influenced social, medical, and legal views of the illness. Historically, the sayings of Muḥammad may recall social attitudes toward the disease during the early Islamic period. In any case, because of their religious character, the principles embodied in the *ḥadīth* literature assumed an importance with later generations and served as motives for social behavior. The best known of these traditions is the statement of the Prophet that a Muslim should flee from the leper as he would flee from the lion. Similarly, another tradition asserts that a healthy person should not associate with lepers for a prolonged period and should keep a spear's distance from them.<sup>18</sup>

The two pious traditions are prescriptions for social action and appear to deal with the moral and medical difficulties posed by the leper. The traditions may have strengthened the desire of many Muslims to avoid those individuals who were conspicuously afflicted by the disease because it was morally as well as physically offensive. Leprosy was believed by some to be a punishment by God for immorality. Consequently, we find that leprosy is often invoked as a curse on those guilty of immoral behavior.<sup>19</sup>

Medically, both traditions seem to express an implicit belief in the human transmission (*i'dā'*) of disease.<sup>20</sup> The idea of transmissibility is certainly found

Karl Opitz, *Die Medizin im Koran* (Stuttgart, 1906), pp. 22 f., 27, 39 f.; and Mir-Hossein Nabavi, *Hygiene und Medizin im Koran* (Stuttgart, 1967), p. 27 f.

<sup>16</sup> Aṭ-Ṭabarī, *Jāmi' al-bayān fī tafsīr al-qurʾān* (Cairo, 1321/1903), 3:173, 7:77; Fakhr ar-Rāzī, *Mafātīḥ al-ghayb* (Cairo, 1307–8/1889–90), 2:457, 3:465.

<sup>17</sup> Aṭ-Ṭabarī, *Jāmi'*, 16:104, 19:78, 20:42; ar-Rāzī, *Mafātīḥ*, 6:19, 374, 404. The biblical account (Ex. 4.6–7) differs from the three accounts in the Qurʾān concerning this sign (Flügel ed., 20.23, 27.12, 28.32). Exodus clearly says that ". . . when he drew it [his hand] out the skin was diseased, white as snow" (New English Bible).

<sup>18</sup> Al-Bukhārī, *aṣ-Ṣaḥīḥ* (Būlāq ed.), 8:433. See also Ibn Qutaybah, *ʿUyūn al-akhbār* (Cairo, 1925–30), 4:69. For other *ḥadīths* related to leprosy, see Ibn Manẓūr, *Lisān al-ʿArab*, 14:354 f.; Peter Bachmann, "Zum Medizin-Kapitel des Buches 'al-Baraka' von al-Ḥabaṣī," *Medizin-historisches Journal* 3 (1968), 33 f.

<sup>19</sup> For example: "If anyone deprive the Muslims of their food by cornering it, God will strike him with leprosy and bankruptcy." (Al-Muttaqī quoted by Bernard Lewis in *Islam from the Prophet Muḥammad to the Capture of Constantinople* [New York, 1974], 2:129). See also Edward Westermarck, *Ritual and Belief in Morocco* (London, 1926), 1:484 ff., 497 ff.; R. B. Serjeant and R. Lewcock, eds., *Ṣanʿā': An Arabian Islamic City* (London, 1983), p. 317a.

<sup>20</sup> There is no distinction in medieval Arabic between contagion and infection, although the distinction is an important one in modern epidemiology. See Ullmann, *Islamic Medicine*, pp. 86–96; Felix Klein-Franke, *Vorlesungen über die Medizin im Islam*, in *Sudhoffs Archiv*, Beiheft 23 (Wiesbaden, 1982), pp. 17–19. On the general subject of infection, see Owsei Temkin, "An

in other Muslim traditions that are related to leprosy,<sup>21</sup> in most accounts of leprosy in the medical treatises, and in the nonmedical literature.<sup>22</sup> Nevertheless, the transmissibility of disease was denied by the Prophet in a number of other traditions, which state that disease comes directly from God alone.<sup>23</sup> The tradition advising flight from the leper is, in fact, preceded by a complete denial of interhuman transmission in the collection of al-Bukhārī.<sup>24</sup> Thus, the issue of transference is quite contradictory; it was the subject from an early time of theological discussions that attempted to harmonize these traditions.<sup>25</sup> The contradiction was not resolved; it would appear that many witnessed contagion and found justification for it in the traditions, while others seem to have adhered to the principle of noncontagion.<sup>26</sup> The latter were partially justified in that leprosy is considered by modern science to be only moderately contagious, and some individuals are not predisposed to it at all.

Beyond the issue of contagion, the *ḥadīth* literature formed the basis of a medical system that is known as “Prophetic medicine,” in which medical authority was derived from the Prophet Muḥammad. In this way, native custom, superstition, and magic were given respectability and religious sanction.<sup>27</sup> At the same time, Islamic society was also heir to the Greek medical tradition, which was richly cultivated.<sup>28</sup> Physicians trained in Galenic medi-

Historical Analysis of the Concept of Infection,” in his *The Double Face of Janus* (Baltimore, 1977), pp. 456–71.

<sup>21</sup> A. J. Wensinck, *Concordance et indices de la tradition musulmane*, 1 (Leiden, 1936), s.v. *judhām, baraş*. See also Süheyl Ünver, “About the History of the Leproseries in Turkey,” in *Max Neuburger Festschrift*, ed. Emanuel Berghoff (Vienna, 1948), p. 447.

<sup>22</sup> Mālikī law appears to punish the “inoculation” of leprosy as homicide (F. H. Ruxton, trans., *Mālikī Law* [London, 1916], p. 317). See also al-Qazwīnī, *Kitāb ‘Ajā’ib al-makhlūqāt*, ed. Ferdinand Wüstenfeld (Göttingen, 1849), 1:364; al-Murtaḍā, *Ghurur al-fawā’id*, 2:200.

<sup>23</sup> See A. J. Wensinck, *A Handbook of Early Muhammadan Tradition* (1927; repr. Leiden, 1960), p. 215.

<sup>24</sup> Al-Bukhārī, *aş-Şaḥīḥ*, ed. L. Krehl (Leiden, 1862–1908), 4:55, no. 19: “. . . lā ‘adwā lā tiyarah wa lā ḥamah wa lā şafara wa firru min al-majdhūm kamā tafirru min al-asad.”

<sup>25</sup> Ullmann, *Die Medizin im Islam*, p. 243 f.; Ernst Seidel, “Die Lehre von Kontagion bei den Arabern,” *Archiv für Geschichte der Medizin* 6/2 (1912), 81–93. See also my discussion of this problem as it concerns plague in *The Black Death in the Middle East* (Princeton, 1977), pp. 23–25, 92–95, 109–10, 119, 291–93. In the plague treatises, leprosy is usually considered contagious as compared with plague; e.g., al-Manbijī, *Fī akhbār at-tā’ūn*, Dār al-Kutub al-Miṣrīyah MS no. 16 *ṭibb Ḥalīm*, fols. 226r–230v.

<sup>26</sup> Other traditions recommended supplication to God for relief from leprosy, for the matter should not be left entirely to fate, e.g., Ibn Ḥajar al-‘Asqalānī, *Badhl al-mā’ūn fī faḍl at-tā’ūn*, Dār al-Kutub al-Miṣrīyah MS no. 2353 *taşawwuf*, fol. 103r.

<sup>27</sup> See J. C. Bürgel, “Secular and Religious Features of Medieval Arabic Medicine,” *Asian Medical Systems: A Comparative Study*, ed. Charles Leslie (Berkeley, 1976), pp. 44–62; Cyril Elgood, “Tibb-ul-Nabbi or Medicine of the Prophet. Being a Translation of Two Works of the Same Name . . .,” *Osiris* 14 (1962), 33–196; Ibn Khaldūn, *The Muqaddimah*, trans. Franz Rosenthal, 3 (Princeton, 1967), pp. 148–51. Concerning leprosy, see Westermarck, *Ritual and Belief*, 2:44; Françoise Legey, *Essai de folklore marocain* (Paris, 1926), p. 141.

<sup>28</sup> See Ullmann, *Islamic Medicine*, chap. 2; Felix Klein-Franke, *Vorlesungen*, chap. 5; M. W. Dols

cine dealt in their works with leprosy; practically every medical compendium discussed leprosy to some degree, and a few treatises were devoted to it exclusively.<sup>29</sup> In general, the doctors adopted their predecessors' descriptions of the disease and their humoral interpretation of it. They emphasized the ancient belief that leprosy was both contagious and hereditary, and they added to the earlier methods for the care and treatment of the diseased. The Islamic physicians appear to have made significant advances in the description of the disease, particularly in their accounts of skin lesions and neurological symptoms. Despite its own inherent difficulties, the Arabic terminology was appropriate and more refined than that of the classical authors, and it probably influenced Byzantine nomenclature.<sup>30</sup> Moreover, the Arabic medical descriptions of leprosy were transmitted to medieval Europe and served as the basis of Western understanding of the disease until the seventeenth century.<sup>31</sup>

The legal status of the leper in Islamic society was directly related to the pious traditions. Leprosy is not discussed in the Arabic legal texts as a separate subject; rather, it is treated as a disability within such broad areas as marriage, divorce, inheritance, guardianship, and interdiction of one's legal capacity (*ḥajr*). Because leprosy is considered a mortal illness, the leper is limited in his legal rights and obligations — along with the minor, the bankrupt, the insane, and the slave. The leper's status seems to be particularly close to that of the mentally ill in most legal matters, especially with regard to marriage and divorce.<sup>32</sup> In Mālikī law, which is the most liberal of the schools of law, a marriage can be dissolved by either person because of the disease.<sup>33</sup> A man in an advanced state of leprosy should be prevented from cohabiting with his slave wives and still more so with his free wives, which is consistent with a belief in the hereditary and contagious nature of

and A. S. Gamal, *Medieval Islamic Medicine: Ibn Riḍwān's Treatise "On the Prevention of Bodily Ills in Egypt"* (Berkeley and Los Angeles, 1984), introduction.

<sup>29</sup> The distinction between Galenic and Prophetic medicine regarding leprosy has been discussed in my "Leprosy in Medieval Arabic Medicine," particularly the early-fifteenth-century *Tashīl al-manāfi'* by al-Azraqī (pp. 329–30). This distinction, however, should not be overemphasized because we find a mixture of the Galenic and Prophetic elements in some medical work and, presumably, in the actual care of the diseased. Consequently, a medical pluralism existed in Islamic society, reflecting both the varied orientations of the practitioners and the varied expectations of the patients. For a discussion of this subject, see Dols and Gamal, *Medieval Islamic Medicine*, introduction.

<sup>30</sup> Paul Richter, "Beiträge zur Geschichte der Aussatzes," *Archiv für Geschichte der Medizin* 4 (1911), 329 f.

<sup>31</sup> Brody, *The Disease of the Soul*, p. 45.

<sup>32</sup> *EI*<sup>2</sup>: "Ḥajr" (J. Schacht). See Y. Linant de Bellefonds, *Traité de droit musulman comparé* (Paris, 1965), pp. 245–69; E.-L. Bertherand, *Médecine et hygiène des Arabes* (Paris, 1855), pp. 93 f., 423. Bertherand also notes that advanced leprosy excused the afflicted from obligatory religious observations (p. 234).

<sup>33</sup> G.-H. Bousquet, *Précis de droit musulman* (Algiers, 1950), p. 120; N. J. Coulson, *Succession in the Muslim Family* (Cambridge, Eng., 1971), p. 19.

the malady that is found in the medical works. Also, Mālikī law allows an automatic guarantee of three days, at the expense of the seller of slaves, against any “faults” (*uyūb*) in a slave; the guarantee is extended to one year in case of madness or leprosy.<sup>34</sup> In addition, the development of leprosy in a slave may be a cause for his or her manumission.<sup>35</sup>

In general, these various interpretations of the disease permitted a wide spectrum of behavior by and toward the leper, ranging from his or her total freedom to segregation in leprosaria. The wide range of popular responses to the leper is reflected in the Arabic chronicles and literature that mention leprosy and other skin disorders.

The earliest reference to lepers in the chronicles occurs in an account of the Arab conquests. Al-Balādhurī reports that Caliph ‘Umar (13–23/634–44) journeyed to Syria in 18/639 after the Muslim army had retreated to al-Jābiyah (in the Golan southwest of Damascus) because of the famous outbreak of plague at ‘Amwās.<sup>36</sup> On his way to al-Jābiyah, ‘Umar apparently encountered a Christian leper colony in distress, and he made provisions for feeding them and for their support.<sup>37</sup> This brief incident indicates the existence of segregated groups of lepers in Palestine;<sup>38</sup> it also demonstrates

<sup>34</sup> Cf. Shazar, “Des lépreux pas comme les autres,” p. 23.

<sup>35</sup> Ruxton, *Mālikī Law*, pp. 104, 106; Asaf Fyzee, *Outline of Muhammadan Law* (Oxford, 1949), p. 147; J. W. D. Anderson, *Islamic Law in Africa* (London, 1970), pp. 21, 51, 241; *EP*: “‘Abd” (R. Brunschvig); al-Jāhiz, *al-Burṣān*, p. 39. During the Middle Ages, it would be reasonable to assume that sub-Saharan Africa was an important source of leprosy, being transported effectively by the slave trade to North Africa and Egypt. In the nineteenth century, “according to Mongo Park and Moore, leprosy was introduced into West Africa by Sudan slaves. Kermorgant stated that the disease increased with the spread of Mohammedanism owing to no precautions being taken against it” (L. Rogers and E. Muir, *Leprosy* [Baltimore, 1946], p. 23). See also Terence Walz, *Trade between Egypt and Bilād as-Sūdān 1700–1820* (Cairo, 1978), pp. 181, 196, 199.

<sup>36</sup> Concerning the Plague of ‘Amwās and the controversial journeys of ‘Umar to Syria, see Lawrence I. Conrad, *The Plague in the Early Medieval Near East* (Diss., Princeton University, 1981), pp. 167–246, which supersedes my “Plague in Early Islamic History,” *Journal of the American Oriental Society* 94/3 (1974), 371–83; and Fred Donner, *The Early Islamic Conquests* (Princeton, 1981), p. 152.

<sup>37</sup> Al-Balādhurī, *Kitāb Futūḥ al-buldān*, ed. M. J. de Goeje (Leiden, 1866), p. 129, ll. 15–17: “Hishām ibn ‘Ammār told me that he heard it said by certain shaykhs that on his way to al-Jābiyah in the province of Damascus ‘Umar ibn al-Khaṭṭāb passed by a group (*qawm*) of Christian lepers (*mujadhdhamīn*), and he ordered that they be given something out of charity (*aṣ-ṣadaqāt*) and that food be assigned to them.” Cf. P. K. Hitti, trans., *The Origins of the Islamic State* (1916; repr. New York, 1968), 1:198. Concerning *ṣadaqah*, see Franz Rosenthal, “Sedaka, Charity,” *The Hebrew Union College Annual* 23 (1950–51), 411–30.

<sup>38</sup> For leprosy in early Byzantine history, see Evelyn Patlagean, *Pauvreté économique et pauvreté sociale à Byzance 4e–7e siècles* (Paris, 1977), pp. 108–11; M. E. Keenan, “St. Gregory of Nazianzus and Early Byzantine Medicine,” *Bulletin of the History of Medicine* 9 (1941), 16–18. For leprosy in Byzantine medicine and law, see Aristotelis Eftychiadis and S. G. Marketos, “Aetiology, Treatment and Legal Definitions of Leprosy in Byzantium” (in Greek), *Materia Medica Graeca* 9 (1981), 579–82.

the good will of the Muslims towards the conquered peoples, especially the disadvantaged, and sets a precedent for later acts of charity.

A brief but important statement by the historian aṭ-Ṭabarī says that Caliph al-Walīd I (86–96/705–15) conferred a number of benefits upon the people of Damascus in 88/707. Aṭ-Ṭabarī states: “He provided for the lepers (*al-mujadhdamīn*) and said: ‘Do not beg from the people.’ And he awarded every invalid a servant and every blind man a leader.”<sup>39</sup> Since there is no evidence of an earlier hospice or leprosarium in Damascus, the mendicancy of those afflicted by leprosy is entirely possible. The lepers are not designated as either Muslim or non-Muslim; in the latter case, al-Walīd’s action would be consistent with the philanthropy displayed by his predecessor ‘Umar. There is no evidence of any other comparable acts of charity during the Umayyad Period.<sup>40</sup>

The brief and ambiguous passage from aṭ-Ṭabarī has given rise to a good deal of speculation. It has been suggested that al-Walīd was responsible thereby for the segregation of the lepers, possibly in separate quarters of the city.<sup>41</sup> Furthermore, Arab historians have traditionally considered him to be the founder of the first hospital in Islam.<sup>42</sup> According to al-Maqrīzī, the well-known Egyptian historian (d. 846/1442), al-Walīd built the first *māristān* or hospital in the year 88/707: the caliph “provided for doctors and others in the *māristān*, and he ordered the restraint of the lepers (*al-jadhma*) lest they go out and stipends for them, and provisions for the blind.”<sup>43</sup> If al-Walīd instituted a pious endowment (*waqf*) for their care, this is a very early example of a practice that became quite common in later Islamic society.

It is entirely possible that al-Walīd founded a hospice or quasi-medical facility.<sup>44</sup> Generally, the Muslims preserved and adapted the institutions of

<sup>39</sup> Aṭ-Ṭabarī, *Ta’riḫh* (Cairo, 1964), 6:496, and also p. 437; cf. Ibn aṭ-Ṭīqtaqā, *al-Fakhrī*, ed. Hartwig Dérenbourg (Paris, 1895), p. 173, ll. 5–6.

<sup>40</sup> For a general discussion of Muslim social services, see Norman A. Stillman, “Charity and Social Services in Medieval Islam,” *Societas* 5/2 (1975), 105–15; *Dictionary of the Middle Ages*, s.v. “Islamic Hospitals and Poor Relief” (Dols), in press.

<sup>41</sup> S. K. Hamarneh, “Development of Hospitals in Islam,” *Journal of the History of Medicine and Allied Sciences* 17 (1962), 367, considers al-Walīd’s action as a simple act of personal charity; he suggests, however, that this led to some form of segregation of lepers; see also Browne, *Arabian Medicine*, p. 16 f.

<sup>42</sup> Al-Ya’qūbī, *Ta’riḫh* (Beirut, 1960), 2:290, ll. 22–23: “He [al-Walīd] was the first to create the *bimāristān* for the sick and the hospice [*dār ad-dīyāfah*], and he was the first to provide for the blind, the poor, and the lepers [*al-mujadhdhamīn*].”

<sup>43</sup> Al-Maqrīzī, *al-Mawā’iz wal-i’tibār fī dhikr al-khiṭaṭ wal-āthār* (hereafter referred to as *al-Khiṭaṭ*) (1911–13; repr. Cairo, 1970), 2:405; see also *EI*<sup>2</sup>: “Bimāristān” (Dunlop, Colin, and Şehsuvaroğlu); Aḥmad ‘İssā, *Histoire des bimaristans (hôpitaux) à l’époque islamique* (Cairo, 1928), p. 95. It has been alleged by D. L. Zambaco (*La lèpre à travers les siècles et les contrées* [Paris, 1914], p. 367) and Dr. Latif Hanna (“Leprosy in the U.A.R.: Treatment and Prevention” [mimeographed]) that Aḥmad ibn Ṭūlūn (254–70/868–84) opened a leper asylum in Cairo, but I have been unable to find any documentation for this assertion.

<sup>44</sup> Al-Maqrīzī in referring to the *māristān* of al-Walīd seems to suggest the multifunctional

the newly conquered peoples, so that the caliph's benefaction was consistent with earlier Byzantine practice. The Christian population had established *xenodochia* — houses for pilgrims and orphans, the poor and the diseased — throughout the Byzantine Empire before the Arab conquests.<sup>45</sup> It should be recalled that Christianity had been responsible for the development of such civilian charitable institutions, which were unknown in the ancient world, and for their dissemination in late antiquity. A number of early hospices made accommodation especially for lepers, or what were believed to be so.<sup>46</sup> The famous hospital complex created by St. Basil in Caesarea in Cappadocia (A.D. 369–72) contained a leprosarium.<sup>47</sup> Bishop Nona built a leper house in Edessa in the mid-fifth century A.D. (see below);<sup>48</sup> and the very early hospital of St. Zotikos in Constantinople had been transformed into a leprosarium by the mid-sixth century A.D.<sup>49</sup> According to Procopius, Justinian constructed

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nature of the institution, as in the Byzantine *xenodochium*; he calls it *dār al-marḍā* and *dār aḍ-ḍiyāfah* (*al-Khiṭāṭ*, 2:405). It should be noted that the hospitals in the Maghrib retained apparently this older terminology. In the 'Abbāsīd Period, when the hospital was fully developed, it was called by the Persian name *māristān* or *bīmāristān*, which persisted throughout the Middle Ages. Today, the term *māristān* in Arabic-speaking countries refers usually to a mental hospital, as opposed to *mustashfā* or *dār ash-shifā'* for the general hospital; this is due to the fact that the medieval Muslim hospitals were remarkable for their care of the mentally ill; see Dols, *Majmūn: The Madman in Medieval Islamic Society* (forthcoming) and idem, "Insanity in Byzantium and Islamic Medicine," *Dumbarton Oaks Papers* (in press).

<sup>45</sup> Concerning Byzantine terminology for the charitable institutions, see the conflicting views of D. J. Constantelos, *Byzantine Philanthropy and Social Welfare* (New Brunswick, N.J., 1968), pp. 149–288; A. Philipsborn, "Der Fortschritt in der Entwicklung des byzantinischen Krankenhauswesens," *Byzantinische Zeitschrift* 54 (1961), 338–65; idem, "Les premiers hôpitaux au moyen âge (Orient et Occident)," *Nouvelle Clío* 6 (1954), 145–52; idem, "Ἱερα Νοσοεῖα und die Spezial-Anstalt des Pantokrator-Krankenhauses," *Byzantion* 33 (1963), 223–30; and Patlagean, *Pauvreté économique*, pp. 193–94. With regard to the persistence of such Byzantine institutions in Palestine after the Arab conquest, see Timothy S. Miller, "The Knights of Saint John and the Hospitals of the Latin West," *Speculum* 53 (1978), 727. Specifically, Shazar ("Des lépreux pas comme les autres," p. 25) states that the Order of Saint Lazarus in the Crusader Kingdom had its origin in a hospice for lepers that existed in Jerusalem before the Latin conquest and was administered by oriental monks, probably Armenians.

<sup>46</sup> The history of charitable institutions (imperial, monastic and private) in the Byzantine Empire is documented in Constantelos, *Byzantine Philanthropy*, s.v. "lepers, leprosaria." See also Philipsborn, "Der Fortschritt," pp. 338–65; Zambaco, *La lèpre*, pp. 77–93 (English trans.: "Public Charities and Leprosy in Ancient Byzantium," *The Urologic and Cutaneous Review* 50 [1946], 187–94); idem, *Les lépreux ambulants de Constantinople* (Paris, 1898); idem, *Voyages chez les lépreux* (Paris, 1891) — Zambaco's works should be used with caution. Despite the institutional care for the lepers, it is apparent that not all lepers were aided in such a manner. The hagiographical literature, particularly, mentions lepers who were brought individually to the saints; such accounts emphasize the spiritual aspect of healing. See E. A. Wallis Budge, ed. and trans., *The Histories of Rabban Hōrmīzād the Persian and Rabban Bar-'Idtā* (London, 1902), 2/1:72 f., for an instance of such Christian healing in Iraq, which also suggests the persistence of such practices in the Islamic era.

<sup>47</sup> R. F. Bridgman, *L'hôpital et la cité* (Paris, 1963), p. 50.

<sup>48</sup> J. B. Segal, *Edessa "the Blessed City"* (Oxford, 1970), pp. 71 f., 148, 184 f.

<sup>49</sup> Bridgman, *L'hôpital*, p. 51.

*xenodochia* in Antioch, Jerusalem, and Jericho in A.D. 535.<sup>50</sup> Slightly later, baths were erected for lepers outside the city of Scythopolis (Baysān) because lepers were forbidden by Byzantine law to enter the forum or to use the public baths, as we learn from John Chrysostom (c. A.D. 347–407).<sup>51</sup> To my knowledge, the inscription from the baths at Scythopolis is the only one from this period that refers specifically to leprosy.<sup>52</sup> The early Byzantine foundations were imitated and developed by the Muslims; this process is clearly seen from the late eighth century A.D. in the creation in Baghdad of large hospitals, where leprosy and other chronic ailments were treated in special wards.<sup>53</sup>

Nonmedical writers took cognizance of leprosy and similar maladies during the early ‘Abbāsīd Period, when Arabic belles-lettres flourished. Al-Jāhīz (d. 255/868–69) and Ibn Qutaybah (d. 276/889), especially, collected poetry and narrative accounts on this topic. Al-Jāhīz’s collection is found in the first section of his *al-Burṣān wa l-urjān* — a comprehensive but problematic work for our purposes.<sup>54</sup> The book as a whole is concerned with a large number of physical infirmities such as skin disorders, lameness, paralysis, and deafness and personal characteristics such as baldness, leanness, and ugliness.<sup>55</sup> The author’s objective in this curious compilation is to show that physical infirmities and peculiarities do not hinder an individual from being a fully active member of the Muslim community or bar him from important offices. Al-Jāhīz maintained that physical ailments are not social stigmas but are what may be called signs of divine blessing or favor.<sup>56</sup> Thus, he countered the

<sup>50</sup> Procopius, *Of the Buildings of Justinian*, trans. A. Stewart, Palestine Pilgrims’ Text Society (London, 1896), pp. 71, 142 f., 147. See also G. E. Gask and J. Todd, “The Origin of Hospitals,” in E. A. Underwood, ed., *Science, Medicine and History: Essays on the Evolution of Scientific Thought and Practice* (Oxford, 1953), 1:122–30.

<sup>51</sup> *Consolatio ad Stagyram* 3.13 (*Patrologia graeca*, 47.189). For the prohibition of lepers’ using public fountains, see M. E. Keenan, “St. Gregory of Nyssa and the Medical Profession,” *Bulletin of the History of Medicine* 15 (1944), 160.

<sup>52</sup> M. Avi-Yonah, “The Bath of the Lepers at Scythopolis,” *Israel Exploration Journal* 13 (1963), 325 f.; English trans.: “Theodore the shepherd / allots, renewing them, the baths / to those sick with the very grievous / disease of leprosy / in the time of the seventh indiction in the year 622 [of the Pompeian era of Scythopolis, i.e., A.D. 558/9]” (p. 325). The inscription uses the euphemism λóβη for λέπρα; see *ibid.*, p. 326, and Patlagean, *Pauvreté économique*, p. 111.

<sup>53</sup> S. K. Hamarneh, “Medical Education and Practice in Medieval Islam,” in *The History of Medical Education*, ed. C. D. O’Malley (Berkeley, 1970), p. 41. The importance of the hospital has been largely neglected by most scholars dealing with Islamic urbanism; its significance is, however, indirectly reflected by the fact that the budget for the Manṣūrī hospital was the largest of any public institution in late medieval Cairo (see Carl Petry, *The Civilian Elite of Cairo in the Later Middle Ages* [Princeton, 1981], p. 216).

<sup>54</sup> Pp. 8–110.

<sup>55</sup> One suspects that al-Jāhīz’s extraordinary interest in the subject was due to his own infirmities, a malformation of the eyes (*jāhīz*, “with a projecting cornea”) and ugliness (see *EI*<sup>2</sup>: “al-Djāhīz” [Ch. Pellat]).

<sup>56</sup> Al-Jāhīz, *al-Burṣān*, pp. 10, 35. This belief was also extended to the mentally ill; see E. W. Lane, *Manners and Customs of the Modern Egyptians* (1836; repr. London, 1966), pp. 234–35, and my *Majnūn: The Madman in Medieval Islamic Society* (forthcoming).

contrary opinion that the infirm should be disparaged or satirized for their afflictions.<sup>57</sup> The afflicted were spiritually compensated by God. As a consequence, al-Jāhīz attached special merit to the lives and works of these more sensitive souls.<sup>58</sup>

Specifically, al-Jāhīz discussed the *burṣān* — those who suffered from *baraṣ*; according to the author, the infirmity was widespread among the Arabs and affected men and women of all classes. The difficulty with al-Jāhīz's discussion of the numerous examples of people stricken by *baraṣ* is that the ailment is used in a generic sense to encompass a wide variety of skin disorders of an apparently nonmalignant nature, which usually caused an alteration of the skin and a loss of pigmentation.<sup>59</sup> It was not the author's intention to give detailed descriptions of these cutaneous alterations, but the descriptions that he does offer do not resemble clearly recognizable cases of leprosy.<sup>60</sup> In only two instances is leprosy (*judhām*) mentioned. In the first, al-Jāhīz discusses more serious, chronic diseases and shows some familiarity with Galenic medicine; he considered *baraṣ* less serious than *judhām* and cancer, although he referred to *al-baraṣ al-'atīq* as equally malignant. The latter may well refer to a form of advanced leprosy.<sup>61</sup> Secondly, following an account of the treatment of *baraṣ* by cauterization and incision, al-Jāhīz reported that the people of Mecca expelled a man who had contracted *baraṣ*, fearing contagion of diseases like *judhām*.<sup>62</sup> This belief in the contagious nature of *baraṣ* is exceptional, for al-Jāhīz does not otherwise mention it as a characteristic of *baraṣ*, whereas *judhām* was commonly believed to be contagious. In any case, al-Jāhīz's lengthy presentation of individual cases of skin irregularities supports his view that such afflictions should induce sympathy, if not praise, in fellow Muslims.

Most of the poets quoted by Ibn Qutaybah say that skin disorders should not be the cause of scorn and revilement but should prompt the sufferer to repentance.<sup>63</sup> For many, the leper, like other diseased persons, was afflicted by an unknowable God, and the leper should resign himself to God's will.<sup>64</sup>

<sup>57</sup> In one instance Ja'far ibn Yaḥyā (*EI*<sup>2</sup>: "al-Barāmika" [D. Sourdel]) is reported to have suffered from *baraṣ*; the condition was considered by some as a punishment for disobedience, but al-Jāhīz says that this idea was believed by others to be foreign, being derived from the doctors of the Hind (*al-Burṣān*, p. 36)!

<sup>58</sup> See, for example, the story of Abu Ja'far, the leper, in *The Thousand Nights and a Night*, trans. R. F. Burton (1885–88; repr. New York, 1962), 3:1887–90.

<sup>59</sup> I.e., *waḍaḥ*, *arqat*, *asla'*, *bayād*, *barash*, *bahaq aswad/labyād*, *abqa'*, *aqshar*, *muraqqa'*. The author relates the various forms of *baraṣ* to skin conditions in animals, particularly horses — *ablaq*, *muḥajjal*, *ghurrah*.

<sup>60</sup> The only exception to this generality is one description of *burash* (*al-Burṣān*, p. 50).

<sup>61</sup> *Ibid.*, p. 36. Incidentally, al-Jāhīz states here that the Persians had a greater aversion toward *baraṣ*.

<sup>62</sup> "They fear contagion of *judhām*, *baraṣ*, *jarab*, *ṣafar*, 'adasah, and *judrā'*" (*ibid.*, p. 52).

<sup>63</sup> Ibn Qutaybah, *Uyūn al-akhbār*, 4:63–67.

<sup>64</sup> See Hellmut Ritter, *Das Meer der Seele* (Leiden, 1955), pp. 242, 519 f.

Furthermore, Ibn Qutaybah and al-Jāhiz cite numerous references to possible cases of leprosy in Arabic poetry, as in the fierce poetic duels of Jarīr and Farazdaq,<sup>65</sup> and they identify poets who were themselves leprous,<sup>66</sup> among them Ayman ibn Khuraym, an Arab poet favored by the Umayyads.<sup>67</sup> There are other historical reports of probable instances of the disease at this time.<sup>68</sup> An interesting example is Ibn Muḥriz, a famous musician and singer of Mecca, who does not seem to have appeared much in public because of his leprosy and had his compositions performed by a slave girl.<sup>69</sup>

The most important political figure in early Islamic history who may have been afflicted by leprosy was ‘Abd al-‘Azīz (d. 85/704), the son of the Umayyad caliph Marwān I. He was appointed governor of Egypt by his father and was later confirmed in this office by his brother, Caliph ‘Abd al-Malik. For twenty years ‘Abd al-‘Azīz proved a capable ruler, although it is reported that he was stricken by the disease known as “lion-sickness.”<sup>70</sup> This was a common euphemism for leprosy (*judhām*) and can be traced back to the description of leprosy by Aretaeus of Cappadocia in the second century A.D.<sup>71</sup> The leonine appearance of the leper is caused primarily by the loss of the eyebrows and the swelling and toughening of the face. ‘Abd al-‘Azīz was given many medications for the ailment, but they were ineffective. Therefore, his physicians advised him to move to Ḥulwān because of its sulfurous springs, and he built his residence there.<sup>72</sup>

Bathing at specific sites, especially hot springs, was considered to be particularly beneficial for lepers, and the assignment of special baths to lepers, as at Scythopolis, may have been a common practice in many regions. Often the reputation of these sites was due to religious associations. For example, we know from Gregory of Tours that bathing in the Jordan and in particular at the place where Christ was baptized was regarded as a sovereign cure for leprosy.<sup>73</sup> Other bathing places owed their reputations for healing to pre-Christian cults, as did the Baths of Elijah near Gadara, where the procedures followed appear identical to those customary at Aesculapia.<sup>74</sup> This is re-

<sup>65</sup> *The Naḳā'id of Jarīr and al-Farazdaq*, ed. A. A. Bevan (Leiden, 1908–9), 2:1007; Jarīr, *Dīwān* (Cairo, 1969–71), 1:283; al-Jāhiz, *al-Burṣān*, p. 28 ff.; Joseph Hell, “Al-Farazdaq’s Lieder auf die Muhallabiten,” *Zeitschrift der Deutschen morgenländischen Gesellschaft* 59 (1905), 608; W. Fischer, *Farb- und Formbezeichnungen in der Sprache der altarabischen Dichtung* (Wiesbaden, 1965), p. 269.

<sup>66</sup> Ibn Qutaybah, *Uyūn al-akhbār*, 4:63–67.

<sup>67</sup> *EI*<sup>2</sup>: “Ayman ibn Khuraym” (Ch. Pellat).

<sup>68</sup> Ibn Sa’d, *at-Ṭabaqāt al-kabīr*, ed. E. Sachau et al. (Leiden, 1904–40), 3:117, 5:113.

<sup>69</sup> *EI*<sup>2</sup>: “Ibn Muḥriz” (eds.).

<sup>70</sup> Abū Ṣāliḥ, *The Churches and Monasteries of Egypt and Some Neighbouring Countries*, ed. and trans. B. T. A. Evetts, in *Anecdota Oxoniensia* 7 (Oxford, 1895), fol. 52b: “Wa innahu i’tarāhu ad-dā’ al-ma’rūf bi-dā’ al-asad wa huwa l-judhām.”

<sup>71</sup> *The Extant Works of Aretaeus, The Cappadocian*, ed. and trans. Francis Adams (London, 1856), pp. 213–29/366–73, 236–40/494–97.

<sup>72</sup> Abū Ṣāliḥ, *The Churches and Monasteries of Egypt*, fol. 52b (p. 154).

<sup>73</sup> Cited in Avi-Yonah, “The Bath of the Lepers at Scythopolis,” p. 326.

<sup>74</sup> John Wilkinson, *Jerusalem Pilgrims before the Crusades* (Warminster, 1977), p. 34.

ported by an anonymous Christian pilgrim from Piacenza who wrote about A.D. 570 a vivid description of his journey in Palestine:

We went to a city called Gadara, which is Gibeon, and there, three miles from the city, there are hot springs called the Baths of Elijah. Lepers are cleansed there, and have their meals from the inn there at public expense. The baths fill in the evening. In front of the basin is a large tank. When it is full, all the gates are closed, and they are sent in through a small door with lights and incense, and sit in the tank all night. They fall asleep, and the person who is going to be cured sees a vision. When he has told it the springs do not flow for a week. In one week he is cleansed.<sup>75</sup>

The pilgrim from Piacenza also describes the Baths of Moses at Livias:

In these also lepers are cleansed. A spring there has very sweet water which they drink as a cathartic, and it heals many diseases. This is not far from the Salt Sea, into which the Jordan flows, below Sodom and Gomorrha. Sulphur and pitch are collected on that shore. Lepers lie in the sea there all through the day in July, August, and the early part of September. In the evening they wash in these Baths of Moses. From time to time by the will of God one of them is cleansed, but for most of them it brings some relief.<sup>76</sup>

Bathing at Livias and at the hot springs near Tiberias continued to be considered efficacious for curing leprosy by Christians in the Middle Ages.<sup>77</sup> Jews who were afflicted by leprosy also sought healing in the springs and the salubrious air of Tiberias during the medieval period.<sup>78</sup> Although there is little evidence that the rituals associated with the ancient Aesculapia were perpetuated by the Muslims,<sup>79</sup> the resort to bathing in particular springs as a treatment for leprosy and other skin diseases appears quite common, and there is a striking continuity of such practices at specific sites from ancient to modern times.

For example, an anonymous Italian merchant, traveling between Aleppo and Damascus to Tauris in the early sixteenth century, witnessed the following:

Six miles outside the city [Orfa/Edessa] is a wonderful well which heals lepers,

<sup>75</sup> *Ibid.*, p. 81; see also pp. 6 f., 157.

<sup>76</sup> *Ibid.*, p. 82.

<sup>77</sup> See *ibid.*, pp. 69, 81, 164, 174; Philipsborn, "Les premiers hôpitaux," p. 147.

<sup>78</sup> Communication of S. D. Goitein (June 13, 1977); the relevant Geniza material on lepers will be collected in the fifth volume of his *A Mediterranean Society*. See Goitein, *A Mediterranean Society* (Berkeley, 1967–78), 2:97; Jacob Mann, *The Jews in Egypt and in Palestine under the Fātimid Caliphs* (Oxford, 1920–22), 1:166 f., 2:192–95. See also al-Muqaddasī, *Description of Syria*, trans. G. Le Strange, *Palestine Pilgrims' Text Society* 3 (London, 1896), p. 83 f.

<sup>79</sup> To my knowledge, the only example of the use of incubation by Muslims is given by Yāqūt in 623/1225 in his description of Burāk, a village near Aleppo; see G. Le Strange, trans., *Palestine under the Moslems* (London, 1890), p. 425. Vestiges of this practice may be found elsewhere, as in the case of the Well of Job, which is discussed below.

provided they go there with devotion, keeping this order. First they must fast five days, and each day of the fast they drink frequently of the water, and every time they drink they must wash themselves with it, but after the five days they do not wash anymore, but still drink up to the tenth or twelfth day; and so the virtue of the holy water frees them from this infirmity, or at least keeps it from going further. And I have seen this effect with my own eyes in Orfa, many who came infirm going away well.<sup>80</sup>

This was the well-known Well of Job (Bir Eyüp), located outside the south gate of Edessa.<sup>81</sup> The leper house that Bishop Nona had built in the mid-fifth century A.D. was placed near the well. In the twelfth century A.D. the well was called the “well of those who suffer from elephantiasis [i.e., leprosy],” and it was visited especially by Muslims. In A.D. 1145, Zangī, the Muslim ruler of northern Mesopotamia and Syria, captured Edessa and visited the principal monuments. He himself suffered from gout and bathed his legs in water from the Well of Job. Zangī is reputed to have said: “I believe that the blessing of Christ can perform wonders like this.” He ordered that a large hospice should be built there for the afflicted and that all the fields around it should be used for the maintenance of the hospice. This did not happen, however, because the plan was annulled by Zangī’s death shortly thereafter. In the mid-seventeenth century, Thévenot observed men and women bathing at this well in the belief that its water healed leprosy. To the present day, the sick pass the night at the well, particularly those suffering from skin ailments, and this quarter of Edessa is called the Eyüp Mahallesi, the quarter of Job.<sup>82</sup> Clearly, natural springs were a focus of healing for lepers.

There is no way of determining the extent of leprosy in the Middle East during the medieval period.<sup>83</sup> There are general statements about the preva-

<sup>80</sup> Anonymous, “The Travels of a Merchant in Persia,” in *A Narrative of Italian Travels in Persia in the Fifteenth and Sixteenth Centuries*, ed. and trans. Charles Grey (London, 1873), p. 144.

<sup>81</sup> In Christianity, Job was closely associated with leprosy for obvious reasons and was often regarded as the patron saint of lepers; see Brody, *The Disease of the Soul*, p. 48 et passim.

<sup>82</sup> Segal, *Edessa*, pp. 71 f., 148, 184 f., 250 f.

<sup>83</sup> There is no evidence that Muslims spread leprosy to Europe during the early Islamic conquests or that the Crusades increased the disease in Europe because of contact with the peoples of the Middle East, as alleged by some historians (e.g., Zambaco, *La lèpre*, p. 96 f.; Michel Foucault, *Madness and Civilization* [New York, 1973], p. 6); cf. Dieter Jetter, *Grundzüge der Hospitalgeschichte* (Darmstadt, 1973), p. 18. If this were so, it surely would have entered into the Western polemical literature of the time; no such accusations against the Muslims, however, can be found. The Crusades themselves, by the mass migration of peoples, may have aggravated leprosy in Europe. Yet it is very probable that the prevalence of leprosy among the Crusaders in the Middle East (e.g., Baldwin IV [d. A.D. 1206], see *A History of Deeds Done beyond the Seas*, trans. E. A. Babcock and A. C. Krey [New York, 1943], 2:296, 460) was responsible for the reintroduction of public bathing into Europe — of the Islamic type (the hot steam bath or *hammām*) rather than the Roman (hot and cold baths or *thermae*). See George Sarton, *Introduction to the History of Science*, 2/2 (Baltimore, 1931), p. 631; Loren MacKinney, *Medical Illustrations in Medieval Manuscripts* (London, 1965), pp. 96–98. Concerning the leprosy of Baldwin IV, see Shazar, “Des lépreux pas comme les autres,” pp. 37–40.

lence of the disease, such as that by al-Muqaddasī, who remarked that lepers were numerous in Syria and Fars.<sup>84</sup> Palestine is particularly well documented because of Europeans' interest in the Holy Lands; their accounts attest to the presence of lepers, especially in Jerusalem.<sup>85</sup> In the Crusader Kingdom the Order of Saint Lazarus was established primarily for knights afflicted with leprosy.<sup>86</sup> Occasionally the Arabic sources mention prominent individuals who suffered from leprosy, such as the philosopher and physician Abū l-Barakāt al-Baghdādī, who died of *judhām* about 560/1163.<sup>87</sup>

Yet, the fear of leprosy, as well as its frequent confusion with other skin disorders, was common and is illustrated by the following story of Usāmah ibn Munqidh (d. 584/1188), the well-known memorialist at the time of the Crusades:<sup>88</sup>

Ibn-Buṭlān<sup>89</sup> was for some time attached to the service of my great-grandfather, abu-al-Mutawwaj Muqallad ibn-Naṣr ibn-Munqidh. There appeared on my grandfather, abu-al-Ḥasan 'Alī ibn-Muqallad ibn-Naṣr ibn Munqidh (may Allah's mercy rest upon his soul!), who was then still a young boy, some white spots which greatly disturbed his father for fear that the malady might be leprosy. So he summoned ibn-Buṭlān and said to him, "See what has appeared on the body of 'Alī." The physician looked it over and said, "I demand five hundred dīnārs to treat his malady and cause it to disappear." My [great-] grandfather said to him. "If thou hadst treated 'Alī, I would not have been satisfied with five hundred dīnārs for thee." Seeing that my [great-] grandfather was angry, ibn-Buṭlān said: "I am thy servant and thy slave, living on thy benevolence. I did not say what I said except jokingly. As for those things on 'Alī, they are nothing but skin eruptions caused by youth. As soon as he is fully adolescent, they will disappear. Worry not, therefore, about it, and listen not to someone else who might say that he would cure him and

<sup>84</sup> Al-Muqaddasī, *Description of Syria*, p. 66; B. A. Collins, *Al-Muqaddasi: The Man and His Work* (Ann Arbor, 1974), p. 248.

<sup>85</sup> Wilkinson, *Jerusalem Pilgrims*, pp. 3, 84, 137. Concerning leprosy in the Latin Kingdom of Jerusalem, see Ernest Wickersheimer, "Organisation et législation sanitaires au royaume franc de Jérusalem (1099–1296)," *Archives internationales d'histoire des sciences* 16 (1951), 689–705; E. E. Hume, "Medical Work of the Knights Hospitallers of Saint John of Jerusalem," *Bulletin of the Institute of the History of Medicine* 6 (1938), 461.

<sup>86</sup> Shazar, "Des lépreux pas comme les autres," pp. 19–41. Besides the residences for lepers in Jerusalem in the twelfth century and in Acre in the thirteenth century, it is possible that the order had hospices for lepers in Beirut, Tiberias, Caesarea, and Ascalon (*ibid.*, p. 27).

<sup>87</sup> *EI*<sup>2</sup>: "Abū l-Barakāt al-Baghdādī" (S. Pines); Maḥmūd ibn (Ābādī, *Ta'riḫ ṭibb* (Tehran, 1353/1934), p. 709. For other individuals see ash-Shabushṭī, *Kitāb ad-Diyārāt*, ed. G. Awwad (Baghdad, 1966) p. 36; Ibn 'Abd Rabbih, *al-Iqd al-farīd* (Cairo, 1940–68), 6:147; al-Bakrī, *Kitāb Mu'jam* (*Das geographische Wörterbuch*), ed. Ferdinand Wüstenfeld (Göttingen and Paris, 1876), 2:733; *EI*<sup>2</sup>, *Supplement*: "Ghāzī Khān" (M. Hasan).

<sup>88</sup> *EI*, first ed.; "Usāma" (Ign. Kratschkovsky).

<sup>89</sup> *EI*<sup>2</sup>: "Ibn Buṭlān" (J. Schacht). This Arab Christian physician visited Antioch in 443/1051 and observed the following: "In the town is a Bimāristān (or hospital), where the patriarch himself tends the sick; and every year he causes the lepers to enter the bath, and he washes their hair with his own hands" (*Le Strange, Palestine under the Moslems*, p. 371).

thereby make money from thee. All this will disappear with the maturity of the young man." And things turned out just as he had said.<sup>90</sup>

The fear of leprosy prompted discriminatory measures against the afflicted. According to Ibn al-Ukhuwwa (d. 729/1329), the *muhtasib*, or market inspector, must not allow people suffering from leprosy to use the public baths.<sup>91</sup> Also from Egypt, an endowment deed of Sultan Barsbay (825–41/1422–38) states that those suffering especially from leprosy (*judhām aw baras*) should not be employed.<sup>92</sup> The specific discrimination against lepers in these two instances, although rare, shows that the theological objections to the notion of contagion might have very little practical effect.

In North Africa (excluding Egypt) and southern Spain, there is no evidence of leprosaria in the pre-Islamic period and only slight evidence for Christian hospitals.<sup>93</sup> During the Islamic era, leprosaria were established and special quarters were designated for lepers. The quarters seem generally to have existed outside the walls of the cities, often in conjunction with leper cemeteries. The first Muslim hospital in North Africa appears to have been built in al-Qayrawān, the capital of Ifrīqiya, about A.D. 830; it was known as the Dimnah Hospital. Near it was situated a separate building called the *dār al-judhamā'* — the house of the lepers — where lepers were given medical attention.<sup>94</sup> Further west, the Almohad sultan Ya'qūb al-Manṣūr (580–95/1184–99) founded hospitals for the insane, the blind, and lepers.<sup>95</sup>

According to Leo Africanus, the suburban quarter (*ḥārah*) for lepers outside Fez comprised about two hundred houses in the early sixteenth century. They had their own leaders, who received the revenues of several endowed properties. The writer, who had himself been the secretary of the *māristān* in

<sup>90</sup> Usāmah ibn Muṣṣab ibn Munqidh, *Memoirs of an Arab-Syrian Gentleman*, trans. Philip Hitti (1929; repr. Beirut, 1964), p. 215 f.; see also pp. 36, 149. Shazar ("Des lépreux pas comme les autres," p. 40) also suggests the Muslims' fear of leprosy in the accounts of the capture of Robert, the leprous count of Zerdanā, during the Crusades.

<sup>91</sup> *Ma'ālīm al-qurba*, ed. R. Levy (1938), chap. 42; cf. Avi-Yonah, "The Bath of the Lepers at Scythopolis," pp. 325–26. See also N. Ziyadah, *al-Ḥisba wal-muhtasib fī l-Islam* (Beirut, 1963), p. 119.

<sup>92</sup> Aḥmad Darrāgh, ed., *L'acte de Waqf de Barsbay (Ḥujjat Waqf Barsbay)* (Cairo, 1963), p. 56.

<sup>93</sup> For North Africa, see M. S. Belguédj, *La médecine traditionnelle dans le Constantinois* (Strasbourg, 1966), pp. 17–24. For Spain, a single *xenodochium* was clearly established in Mérida after A.D. 589; see Dieter Jetter, *Geschichte des Hospitals*, 4 (Wiesbaden, 1980), pp. 15–27. The possibility of such charitable Christian institutions in the western Mediterranean poses the question of continuity with similar Islamic institutions.

<sup>94</sup> Hamarneh, "Development of Hospitals," p. 375. Incidentally, al-Mālikī tells the story of a virtuous man in al-Qayrawān named Shaqrān, who was tempted by a woman of the city. He prayed to God to change his nature and avert this evil from him. The man was stricken by leprosy (*judhām*), and the woman expelled him from her house. Thus, "God protected him from her evil. He was afflicted with ulcers in his hands and feet until he died; he chose affliction of this world over the affliction of the hereafter" (al-Mālikī, *Kitāb Riyāḍ an-nufuṣ fī ṭabaqāt 'ulamā' al-Qayrawān*, ed. Ḥ. Mu'nis, 1 [Cairo, 1951], p. 227).

<sup>95</sup> *EI<sup>2</sup>*: "Bimāristān." See Roger Le Tourneau, *Fès avant le Protectorat* (Casablanca, 1949), pp. 72, 110; Klingmüller, *Die Lepra*, p. 30.

Fez for two years, says that the lepers were well provided for. Furthermore, the leaders of the lepers were responsible for freeing the city of anyone stricken by the disease. When they recognized someone with the malady, they had the authority to make him leave the city and dwell in the leper quarter. When a leper died without heirs, half of his possessions went to the leper community and the other half to the person who called attention to the case. If the leper had children, the goods were inherited by them. Among the lepers were also those who had various skin diseases and other incurable illnesses.<sup>96</sup> It is, then, not so surprising to learn from Leo Africanus that when syphilis arrived in North Africa, apparently brought by the Jews who were driven out of Spain, the first to be contaminated were considered as lepers. They were forced out of their homes and obliged to live with the lepers.<sup>97</sup>

Surveying the cities of Islamic Spain, Lévi-Provençal asserts that most of the towns in the west seem to have had a leper quarter outside the city walls. The leper houses were supported by pious foundations and were often placed close to the aristocratic parks. This was especially the case of Córdoba, where in the ninth and tenth centuries A.D. the Munyat 'Adjab was a large orchard in the western suburb that was a charitable foundation of 'Adjab, one of the wives of Caliph al-Ḥakam I (180–206/796–822). The endowment provided that some of its revenue would support in perpetuity the lepers who were grouped together in an isolated leprosarium nearby.<sup>98</sup>

As in the Middle East, springs were believed to be beneficial for the leprous. Leo Africanus tells us that at al-Hammah in southern Tunisia the water leaving the city was collected, forming a lake, north of the city, that was called the Lake of the Lepers. The water was supposed to have the ability to cure lepers and to heal bodily sores, and a large number of lepers lived around the lake in cabanas. The author observed the admirable effects of the sulfurous waters, which he had tried to drink.<sup>99</sup> Until recent times in North Africa, curative properties were often attributed to natural springs, in association with local saints; the springs were thought to be advantageous for skin diseases, particularly leprosy.<sup>100</sup>

In Anatolia the Turks built numerous hospitals in the later Middle Ages,<sup>101</sup>

<sup>96</sup> Jean-Léon l'Africain, *Description de l'Afrique*, ed. and trans. A. Épaulard (Paris, 1956), 1:229.

<sup>97</sup> *Ibid.*, p. 60 f.; see also Zambaco, *La lèpre*, p. 100.

<sup>98</sup> É. Lévi-Provençal, *Histoire de l'Espagne musulmane*, 1 (Paris and Leiden, 1950), p. 188; 3 (Paris and Leiden, 1953), pp. 335, 382, 434. Jetter (*Geschichte des Hospitals*, 4:36) concludes that there is no clear evidence for hospitals in Umayyad Spain (A.D. 756–1031); the leprosarium in Córdoba "is the only establishment for the isolation of lepers in Islamic Spain that can be proven with reasonable certainty."

<sup>99</sup> Jean-Léon l'Africain, *Description de l'Afrique*, 2:399. A similar instance of mineral waters being used for the cure of lepers in Algeria is cited by Zambaco, *La lèpre*, p. 318.

<sup>100</sup> Westermarck, *Ritual and Belief*, 1:87; Legey, *Essai de folklore*, p. 158.

<sup>101</sup> The Black Death is commonly accepted as marking the beginning of the gradual disappearance of leprosy from Europe. This decline has yet to be explained satisfactorily; see William

following the precedent of the Islamic *māristān*.<sup>102</sup> They constructed hospitals in Kaysari (A.D. 1205), Sivas (A.D. 1217), Kastamonu (A.D. 1272), and Amasya (A.D. 1308).<sup>103</sup> A leper house that was built at Edirne in the time of Murād II (824–55/1421–51) functioned for almost two centuries. In A.D. 1530 Sulayman the Magnificent erected a leprosarium in Scutari, which survived into modern times. As in the Islamic West, the leproseria or quarters were located outside the cities. A leper house founded by Selim I in 920/1514 in Istanbul, which survived until 1920, is a good example.<sup>104</sup> It has been described in the following manner:

The leprous were taken care of by the religious foundations[;] 40 loaves of bread as well as soup and rice were sent to them each day from the foundations of 'Atik Valide. Their wood for the winter as well as their garments were equally provided from this same foundation. Donations of money and sacrifices of sheep given by those passing through the city of Üsküdar on their way to Anatolia were also accepted. All these were collected by the priest of the mosque found in the leproserly, who was at the same time director of the institution. The patients lived in their rooms and could marry among themselves. As the passerby did not like to approach the building, their gifts were deposited in the eight hollow stones put on either side of the entrance door. . . . [In 1934] there were, in an isolated building, 10 wooden rooms for the married and 6 rooms for the bachelors, each with a fireplace. Aside from these, there were 2 rooms for the priest, a washhouse for the whole leproserly, a large Turkish bath and a mosque with a minaret. The outside walls were of stone while the inner construction was of wood. The institution being located on the borders of the cemetery, the patients who died were immediately buried there, but no tomb stone was erected over their graves.<sup>105</sup>

To an increasing degree, lepers and leproseria were noticed by Western travelers in Muslim countries, and the travelers' accounts contribute to our knowledge of the treatment of the diseased.<sup>106</sup> For example, Carsten

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McNeill, *Plagues and Peoples* (Garden City, N.Y., 1976), pp. 175 ff., 283, where an unlikely solution is suggested. The pandemic and its recurrences probably destroyed large numbers of lepers because of their exceptional vulnerability to other diseases. However likely this may be, I have found no evidence for the cessation of leprosy in Islamic society in the later Middle Ages.

<sup>102</sup> The relationship of the early Turkish hospitals to the Byzantine *xenodochia* is unclear. The devastation of the Byzantine cities where Turkish hospitals were built — Caesarea, Sebasteia, Castamon, and Amaseia (see Speros Vryonis, *The Decline of Medieval Hellenism in Asia Minor* [Berkeley, 1971], p. 26 et passim) — and their architectural plan (the Persian *ṭwān* form) strongly suggest a discontinuity with Byzantine practice.

<sup>103</sup> See *El<sup>2</sup>*: "Bīmāristān"; A. Süheyl Ünver, "Sur l'histoire des hôpitaux turcs," *Atti del Primo congresso europea di storia ospitaliera (6–12 giugno 1960)* (Reggio Emilia, 1960), pp. 1240–57.

<sup>104</sup> Süheyl Ünver, "About the History of the Leprosaries in Turkey," pp. 447–50.

<sup>105</sup> *Ibid.*, p. 448.

<sup>106</sup> There is practically no mention of true leprosy by Western travelers in the Middle East during the medieval period. The only reliable report of leprosy in Egypt is the account of Prosper Alpin (1553–1617) in his *Medicina Aegyptorum* (Leiden, 1719), p. 56 et passim; French trans. by R. de Fenoyl, *La médecine des Égyptiens* (Cairo, 1980), 1:49f., 55 f., 95, where Alpin notes the widespread use of blood-letting and the frequency of leprosy among the poorer classes. See also Alpin, *Histoire naturelle de l'Égypte*, trans. R. de Fenoyl (Cairo, 1979), 1:77,

Niebuhr, writing in the mid-eighteenth century, denied the Turks' fear of contagion, as represented by the leprosaria. He observed:

The Turks, from a misconception of the doctrine of predestination, use no precautions against the plague [leprosy]; but the Arabians, although true Mussulmans, are more careful in respect to the leprosy. The last prince of Abu Schaeuhr used to send to the isle of Bahrein all who were attacked with the leprosy, or with venereal complaints. At Basra, lepers are shut up in a house by themselves; and there is a quarter in Baghdad surrounded with walls, and full of barracks, to which lepers are carried by force, if they retire not thither voluntarily; but the government does not seem to provide with any care for the maintenance of those lepers. They came out every Friday to the marketplace to ask alms.<sup>107</sup>

Evident in Niebuhr's observations are the conflicting ideas about the contagious nature of leprosy, the contrasting treatment of lepers, and the possible freedom of lepers to associate with the healthy. It seems that lepers commonly begged in the streets of the cities, despite the pious endowments on their behalf and laws against mendicancy. While many must have been genuinely leprous, it was not unusual during the medieval period for men and women to feign the disease by intentional disfigurement in order to receive public charity.<sup>108</sup> Deception of the opposite kind was also apparently common in the slave market, where a buyer had to be on his guard against the concealment of leprous sores on the bodies of slaves.<sup>109</sup>

In 1805, the German traveler Ulrich Seetzen journeyed through the Middle East and remarked on the hospitals for lepers in Damascus. His report is particularly informative about the Christian minorities and the Arabic terminology regarding leprosy:

*Haẓīrat al-ikhwah* is the name of the hospital for lepers in Damascus. The sick are called *mujādīm*, and the sickness, *dā' al-qu'ṭāl*. Among the Christians are about forty patients — Catholics, Greek and Maronite [?]. . . . There are here three hospitals for leprosy, of which two belong to the Christians and are called *haẓīrat al-ikhwah*. One of these belongs to the Maronites and the other to the Catholics, and contain about fifty male and female lepers. Among the Greeks are ten to fifteen lepers. These lepers support themselves by donations, bequests, collections of alms in the city, in Hauran and elsewhere, and also by lending out their copper

2:225. Concerning leprosy in nineteenth-century Egypt, see Marcel Clerget, *Le Caire*, 2 (Cairo, 1934), p. 16; *Description de l'Égypte: État moderne*, 1 (Paris, 1809), pp. 492–98 (Larrey), 2/2 (Paris, 1822), p. 697 (Jomard); A.-B. Clot-Bey, *Aperçu général sur l'Égypte*, 2 (Paris, 1840), p. 356 f. The contagionist/anticontagionist views of the period strongly affected the writing of medical history, especially the anticontagionist views of Clot-Bey and Zambaco. Clot-Bey recognized, however, that the contagious nature of leprosy had been held by the peoples of the Levant.

<sup>107</sup> Niebuhr, *Travels through Arabia*, 2:276 f. See also William Wittman, *Travels in Turkey, Asia Minor, Syria and Egypt* (1803; repr. New York, 1971), pp. 352, 446, 542 f.

<sup>108</sup> See C. E. Bosworth, *The Mediaeval Islamic Underground*, 1 (Leiden, 1976), pp. 24, 84, 100: "Vitiligo (*baras*) or leprosy (*judhām*) can be simulated by boiling up and then applying to the body a compound of indigo-leaf, basil, cubeb and green vitriol or coppers. . . ."

<sup>109</sup> Ibn Buṭlān quoted in Lewis, *Islam from the Prophet Muḥammad*, 2:273.

kettles, which were bequeathed to them. The Muslim hospital is called *jāmi' al-qa'ātilah*. It lay outside of the city, north of the Bāb ash-Sharqī, and had a garden and more income from real estate [than the Christian hospitals]. There were twenty patients here.<sup>110</sup>

According to the German consul in Damascus, Dr. Wetzstein, the more correct name of the Muslim hospital was *ḥawsh al-qa'ātilah*, or “enclosure for the diseased,” where the diseases were commonly understood to be syphilis (*dā' al-faranj*) and leprosy (*baras*); among the educated inhabitants the latter was called *judhām*. The term *jāmi' al-qa'ātilah* was explained by the fact that a mosque was part of the complex of buildings. The mosque had a minaret and a quarter for transient lepers. As for the Christian hospitals, only one survived until the mid-nineteenth century; Dr. Wetzstein saw it before it was burned down along with its inmates in 1860. It was a long narrow building with about forty rooms and all were occupied. Furthermore, Dr. Wetzstein observed that the lepers appeared in the city with “cringing shamelessness.” He passed by the market of the city one day and had seen a group of lepers besiege the store of a merchant in order to collect a debt.<sup>111</sup> The merchant vainly protested that he had paid the small sum already to the poor of his quarter. The partially mutilated figures attacked him, and he was forced to pay the sum again. Finally, Dr. Wetzstein noted the popular superstition of not using the proper name of a disease lest one fall under its power.<sup>112</sup>

Leprosy was also probably common in the countryside from medieval to modern times; most of our documentation, however, comes from the major cities, as in the case of Damascus. Leprosy, as well as syphilis and elephantiasis, frequently occurred in Egyptian villages in the nineteenth century.<sup>113</sup> The villagers usually received very poor medical treatment:

For those who are leprosy, they use a recipe very well-known among the “old women” from ancient times. It is to eat every morning for ten days the heads of scorpions, dried over the fire. Then the patient will be cured — if Allah permits — or else he will perish at the hands of the minions of Satan the Accursed.<sup>114</sup>

<sup>110</sup> Ulrich J. Seetzen's *Reisen durch Syrien, Palästina, Phönicien, die Transjordan-lander, Arabia, Petraea und Unter-Aegypten* (Berlin, 1854–59), 1:120 f. and 277 f. Numerous lepers and leprosarria are reported to have been seen in the nineteenth century by Europeans in the cities of Syria-Palestine; see Klingmüller, *Die Lepra*, p. 49; William M. Thomson, *The Land and the Book*, I (New York and London, 1908), pp. 529–35 et passim.

<sup>111</sup> This behavior does not seem to have been unusual because the lepers in Jerusalem in the nineteenth century formed a beggars' guild with a leader and lived on the slopes of the Mount of Olives in caves, near the pool of Siloam (see Wilkinson, *Jerusalem Pilgrims*, p. 171); from there, they spread out in all directions to beg (Klingmüller, *Die Lepra*, p. 49).

<sup>112</sup> “Aus einem Briefe des Herrn Consul Wetzstein an Prof. Fleischer,” *Zeitschrift der Deutschen morgenländischen Gesellschaft* 23 (1869), 309–13. For the unrestricted movement of lepers in nineteenth-century Egypt, see Zambaco, *La lèpre*, p. 367 f.

<sup>113</sup> Zambaco, *La lèpre*, p. 368.

<sup>114</sup> John Walker, *Folk Medicine in Modern Egypt* (London, 1934), p. 23; concerning this treatment, see Ibn al-Bayṭār, *al-Jāmi' l-mufradāt*, 3 (Būlāq, A.H. 1291), p. 128, l. 16.

Leprosy still exists in the Middle East, and many of the traditional practices and beliefs regarding the disease persist.<sup>115</sup>

The European tradition that lepers should be separated from society was sustained throughout the medieval period. Although the separation varied in its severity according to time and place, the convention was maintained until modern times.<sup>116</sup> The reasons for the segregation of lepers from the healthy were fear of contagion and fear of religious impurity; the latter was formalized in Levitical law and was clearly expressed in ecclesiastical legislation.<sup>117</sup> According to Peter Richards, the dread of moral defilement was more compelling than the fear of contagion. It was only after the onslaught of the Black Death in the mid-fourteenth century that increased importance seems to have been attached to contagion; because plague was observably contagious, it is probable that the Black Death accentuated such a belief.<sup>118</sup> In any case, the distinctive treatment of lepers in medieval Europe was created largely by religious ideas about the disease; lepers, as a social and moral group, were reflections of their disease, which could be either a test of martyrdom, purgation, or punishment for sin.<sup>119</sup> In effect, medieval Europeans tried to accommodate two incompatible ideas of leprosy: "the disease was the sickness both of the damned sinner and of one given special grace by God."<sup>120</sup> The conviction that leprosy was divine punishment was clearly the dominant Christian belief, hardly tempered by the pious assurances of salvation.<sup>121</sup> The fact that Islamic society did not form a correspondingly harsh judgment of the leper may be attributed to the strength of the Galenic interpretation of the disease and to the weakness of religious proscription.

The classical medical descriptions of leprosy formed the basis for the medical understanding of the disease in both Islamic and Christian societies. At the source, Hellenistic doctors were not unanimous concerning the

<sup>115</sup> See E. Kohout, T. Hushangi, and B. Azadeh, "Leprosy in Iran," *IJL* 41/1 (1973), 102–11; R. Eshraghi, "Social Aspects of Leprosy," *Mashed Medical Journal* (in Persian) 3 (1969), 381–89; H. A. Lichtwardt, "Leprosy in Afghanistan," *IJL* 2/1 (Manila, 1935), 75 f.; Klingmüller, *Die Lepra*, pp. 39–50; Zambaco, *La lèpre*, pp. 317 ff., 330, 367–81, 389–92, 542–61, 567–70; M. A. K. el-Dalgamouni, "The Antileprosy Campaign in Egypt," *IJL* 6/1 (1938), 1–11; Hanna, "Leprosy in the U.A.R."

<sup>116</sup> Rotha M. Clay, *The Mediaeval Hospitals of England* (London, 1909), pp. 52–54, suggests that the attitudes toward lepers became gradually more severe in England from the late twelfth century.

<sup>117</sup> Brody, *The Disease of the Soul*, pp. 107–46. The view that leprosy resulted from sinfulness or impurity is vividly expressed in medieval European alchemy; the common base metals are often referred to as "leprous" for being allegorically in a state of sin. See E. J. Holmyard, *Alchemy* (1957; repr. Baltimore, 1968), pp. 162–63 et passim.

<sup>118</sup> Richards, *The Medieval Leper*, pp. 48–61.

<sup>119</sup> Judith S. Neaman, *Suggestion of the Devil* (Garden City, N.Y. 1975), p. 112.

<sup>120</sup> Brody, *The Disease of the Soul*, pp. 100–101 and pp. 68, 101–14; see also Shazar, "Des lépreux pas comme les autres," p. 38 f.; Foucault, *Madness and Civilization*, p. 6 f. A helpful discussion of the paradoxical Christian view of illness may be found in Darrel W. Amundsen, "Medicine and Faith in Early Christianity," *Bulletin of the History of Medicine* 56 (1982), 334 ff.

<sup>121</sup> See my *Black Death in the Middle East*, p. 291, n. 3.

treatment of lepers, particularly about the separation of lepers from their communities. Islamic medicine seems to have preserved the more humane and scientific approach to the disease, in the sense that the doctors generally did not advise flight from the leper or isolation of the diseased, and their descriptions of leprosy did not contain a moral censorship of the afflicted.<sup>122</sup> Segregation and moral condemnation of lepers were, however, commonly counseled by some late Greek doctors. The European medical texts appear to emphasize this view, which may have greatly influenced social attitudes toward the diseased.<sup>123</sup> Thus, the combined religious and medical understanding of leprosy in the medieval West created a firm basis for social discrimination; they helped form what Judith Neaman, in a different context, has called "a prescribed sense of order," which simplified the judgment of social deviance of any kind.<sup>124</sup> The great dread of the disease, together with the imprecision of its symptoms, must have led to the misdiagnosis of a number of diseases as leprosy and an exaggeration of its prevalence. The results of such a diagnosis were often terrible: a prediction of disfigurement and death as well as social ostracism and contempt.<sup>125</sup>

There was no such unanimity about the interpretation of the disease that would have actuated social behavior among Muslims; Muslim ambivalence toward lepers arose from conflicting beliefs about leprosy. On the one hand, the belief in the contagious nature of the disease was conducive to the social isolation of lepers. The interpretation of the disease as a divine punishment would have strengthened that isolation,<sup>126</sup> and, on a more empirical level, the lifelong affliction of leprosy, often with conspicuous disfigurement, must have weighed heavily against the social acceptance of lepers. On the other hand, the religious texts generally denied contagion and did not ascribe the disease to God's punishment of individual Muslims. For leprosy as well as for other infirmities, there was no social opprobrium.<sup>127</sup> Nothing in the Qur'ān is comparable to the Levitical law, which was so decisive for the Western Christian view of leprosy.<sup>128</sup> On the contrary, the Qur'ān does not incrimi-

<sup>122</sup> Dols, "Leprosy in Medieval Arabic Medicine," p. 332.

<sup>123</sup> Shazar, "Des lépreux pas comme les autres," p. 39: "D'après les écrits médicaux, il [the leper] est fourbe, méfiant, colérique à l'excès, il est affligé de cauchemars et d'un appétit sexuel démesuré."

<sup>124</sup> Neaman, *Suggestion of the Devil*, p. 146. See also John Boswell, *Christianity, Social Tolerance, and Homosexuality* (Chicago, 1980), pp. 61–136.

<sup>125</sup> Brody, *The Disease of the Soul*, p. 58. The fear of ostracism, even more than personal suffering, is pungently described by St. Gregory in the fourth century A.D. — see Keenan, "St. Gregory of Nazianzus," p. 18.

<sup>126</sup> It is probable that the substantial Jewish and Christian minorities in Islamic societies held opinions about leprosy that were more comparable to the Western European interpretation. Furthermore, Judaeo-Christian ideas about leprosy may have influenced Muslim attitudes and practices. Unfortunately, I have no evidence for this speculation.

<sup>127</sup> The only evidence to the contrary may be found in the account of Ibn Qutaybah, *Uyūn al-akhbār*, 4:69.

<sup>128</sup> Also, as Shazar asserts ("Des lépreux pas comme les autres," p. 34), the laws of purity in the *hadīth* literature never mention leprosy.

nate the diseased: the blind, the lame, and the sick bear no fault or blame (*haraj*), and it is permissible for all men to gather and eat together.<sup>129</sup> As we have seen, it was even possible for al-Jāhiz to argue that illness was a virtue for the afflicted. In addition, jurists and doctors took a relatively rational and noncondemnatory view of the disease. As a result of all these contending ideas in Islamic society, the leper might have been separated but was not stigmatized.

In addition to the religious, legal, and medical reasons for a more benign view of leprosy and its victims, medieval Islamic society appears, generally, to have lacked a well-defined social structure in comparison to medieval Europe.<sup>130</sup> There was not the strong European sense of group identification, affiliation, and conformity to models of behavior.<sup>131</sup> Social relations were more fluid, personal, and informal in Islamic society; social institutions before the Ottoman Period were noncorporate in nature.<sup>132</sup> These generalizations seem to be applicable to both the civilian elites and the marginal groups in Islamic society. Within this context of fluid social organization, therefore, it is not surprising that lepers were not clearly distinguished as a social group and strictly incarcerated in leprosaria.

The leprosarium is a concrete expression of social attitudes toward leprosy. As a refuge for the despised, the leper house was ubiquitous throughout medieval Europe.<sup>133</sup> With regard to the segregation of lepers in the Middle East, the picture is not so clear. Leprosy certainly existed, and lepers were often treated in the hospitals. But there is no persuasive evidence for separate leprosaria or leper quarters in the medieval Middle East. It has been shown, however, that in North Africa and Andalusia leper houses and distinct quarters for lepers existed in the Middle Ages. The probability that lepers were at least partially separated from the rest of the community in the

<sup>129</sup> See n. 1 above and Opitz, *Die Medizin im Koran*, p. 40.

<sup>130</sup> R. P. Mottahedeh, *Loyalty and Leadership in an Early Islamic Society* (Princeton, 1980); I. M. Lapidus, *Muslim Cities in the Later Middle Ages* (Cambridge, Mass., 1967); A. L. Udovitch, "Formalism and Informalism in the Social and Economic Institutions of the Medieval Islamic World," in *Individualism and Conformity in Classical Islam*, ed. A. Banani and S. Vryonis (Wiesbaden, 1977), pp. 61–81.

<sup>131</sup> C. W. Bynum, "Did the Twelfth Century Discover the Individual?" in her *Jesus as Mother: Studies in the Spirituality of the High Middle Ages* (Berkeley, 1982), pp. 82–109.

<sup>132</sup> Petry, *The Civilian Elite of Cairo*, p. 324 f.; George Makdisi, *The Rise of Colleges: Institutions of Learning in Islam and the West* (Edinburgh, 1981), p. 224 et passim.

<sup>133</sup> The establishment of special asyls for lepers in Europe is attested as early as the fourth century A.D. (E. H. Ackerknecht, *History and Geography of the Most Important Diseases* [New York, 1961], p. 112), but this should not be interpreted as evidence of the arrival of a new disease. Rather, it was probably the result of the Christianization of the empire, which took seriously the biblical injunctions about how to treat persons with disfiguring skin diseases. For the medieval European leprosaria, see Jean Imbert, *Les hôpitaux en droit canonique* (Paris, 1947), pp. 149–95; Brody, *The Disease of the Soul*, pp. 69 f., 73–78; Richards, *The Medieval Leper*, p. 11 et passim; J. H. Mundy, "Hospitals and Leprosaries in Twelfth- and Early-Thirteenth-Century Toulouse," *Essays in Medieval Life and Thought*, ed. J. H. Mundy et al. (New York, 1965), pp. 181–205; K. Sudhoff, "Aus der Geschichte des Krankenhauswesens im früheren Mittelalter in Morgenland und Abendland," *Archiv für Geschichte der Medizin* 21 (1929), 199–203.

Middle East is suggested by the existence of leper houses and quarters at the end of the Middle Ages — the leprosaria built by the Turks and those observed by European travelers in the Middle East (and Persia)<sup>134</sup> in the eighteenth and nineteenth centuries. Although arguments *ex silentio* are notoriously dangerous, we may reach the tentative conclusion that lepers were segregated in the medieval Middle East. Yet, the failure to extract a clear picture of such segregation must be due largely to the relative tolerance shown toward the diseased in comparison to contemporary European practice.

The segregation of lepers that did exist in Islamic communities was exceptional with regard to all other diseases. The discrimination, however, should not be emphasized too strongly; the lepers had remarkable freedom of movement, even when they resided in asylums — comparable perhaps to the harmless madmen who wandered freely through the streets.<sup>135</sup> Although a good deal of attention has been devoted to leprosaria and quarters, it seems that many victims of the disease, especially the less serious cases, did not enter leper communities; they may have only consulted medical practitioners and were cared for in their homes.<sup>136</sup> This was probably common in Islamic society because of a strong sense of familial responsibility, especially for female members of the family. Familial medical care goes back to antiquity, before the development of hospitals, and never died out in the Middle East; medical treatment by doctors was simply under the supervision of the *paterfamilias*.<sup>137</sup> The *māristān* served primarily the needs of the poor.

In this comparison of the leper in medieval European and Islamic cultures the status of the leper in the Latin Kingdom of Jerusalem is particularly informative. In a recent study of the Order of Saint Lazarius, Shulamith Shazar has shown the anomalous status of the leprous Crusader.<sup>138</sup> The leprous Christian warrior was not an object of contempt, nor was he ostracized from society; on the contrary, he was able to play a fully active role in his order, including military service. Shazar attributes this anomaly to the chronic lack of manpower in the Crusader Kingdom and to the structure and character of the Crusader nobility. Moreover, he suggests that the

<sup>134</sup> Comparable segregation of lepers appears to have occurred in Persia; see Richter, "Beiträge zur Geschichte der Aussatzes," p. 349.

<sup>135</sup> For the madman in ancient society, see George Rosen, *Madness in Society* (New York, 1968), p. 64 et passim; in medieval European society, see Neaman, *Suggestion of the Devil*, chap. 4; and in Islamic society, see Dols, *Majnūn: The Madman in Medieval Islamic Society* (forthcoming).

<sup>136</sup> Besides leprosy, this seems to have been the practice with other chronic illnesses, particularly the insane who were neither homicidal nor suicidal.

<sup>137</sup> For example, Zambaco commented (*La lèpre*, p. 360) in the nineteenth century: "We have seen leper slaves retained and treated in the houses of Musselman masters, who did not decide to send them to leprosaries. And their reward was not to have seen leprosy spread in their families or among their households, in spite of cohabitation for several years, without the least prophylaxis."

<sup>138</sup> Shazar, "Des lépreux pas comme les autres," pp. 19–41. See also Indrikis Sterns, "Care of the Sick Brothers by the Crusader Orders in the Holy Land," *Bulletin of the History of Medicine* 57 (1983), 65 f.

leprous king Baldwin IV (A.D. 1173–84) may have had a salutary impact on the image of the leper in Crusader society; at least the description of the king by the chronicler William of Tyre reflects a noncondemnatory view of leprosy. Furthermore, the legislation of the Crusader Kingdom is consistent with such a view. Shazar disavows any Muslim influence in this matter;<sup>139</sup> yet, the similarity to the status of the leper in Islamic society is striking. In the discussion of Crusader legislation, which is the primary source of information, Shazar points out the discrepancy between the *Livre au roi* and the *Assises de la cour des bourgeois*.<sup>140</sup> The former stipulated that the wife of a leprous soldier could not remarry and must retire to a convent. The second, which deals with the nonmilitary class, is exceptional in allowing the annulment by an ecclesiastical judge of a marriage in which either partner was leprous and the remarriage of the healthy partner. Shazar suggests that the difference between the two laws may be explained by the special concern of the legislator to protect the knights from contamination by the leprous knight's wife. Regarding the bourgeois, the danger of contagion is apparently disregarded. It is enticing to suggest in this unique instance that the burgher class in the Crusader state was more amenable to Islamic practice regarding the annulment and remarriage of lepers.

A number of salient features distinguish the status of the leper in Islamic society and in medieval Western Europe. The Western characterization of the leper as bad-tempered and oversexed was unknown in Islamic society; neither was the disease considered to be fiercely contagious. The leper in Islamic society was not considered to have been stricken by an unmitigated evil — the “disease of the soul” — that entailed both a civil and religious living death, severing him entirely from his community and religion. Therefore, we do not find in the Middle East any governmental regulation of lepers, any ritual for separating the leper from the community, any distinguishing costumes, or any communal persecution of the afflicted. The Islamic leprosarium may have had the features of an almshouse as well as a hospital, but it lacked the monastic aspect of European lazaret houses, which demanded penitential discipline. Finally, a vivid reflection of the contrast between leprosy in medieval Islamic and European cultures is the absence of the leper as a stock character in Arabic, Persian, and Turkish literature.<sup>141</sup>

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<sup>139</sup> Shazar is, however, greatly mistaken about Muslim practices and beliefs regarding leprosy (*ibid.*, p. 23 f.).

<sup>140</sup> *Ibid.*, pp. 20, 23–25, 36.

<sup>141</sup> Brody, *The Disease of the Soul*, pp. 147–97. In general, leprosy appears to have lacked the metaphoric potency in Islamic society that it possessed in medieval European society. For example, R. I. Moore has shown that heresy in the West was often considered a disease, *pestis*, or more specifically *lepra* (“Heresy as Disease,” in *The Concept of Heresy in the Middle Ages [11th–13th C.]*, ed. W. Lourdaux and D. Verhelst [The Hague, 1976], pp. 1–11); see also Shazar, “Des lépreux pas comme les autres,” p. 39.