

Medieval Dermatological

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Dermatological lesions were long regarded with suspicion bringing to mind the admonitions detailed in the Old Testament (Lev 13, 1-46). When the lesions became chronic, a suspicion of leprosy was made and the person thus affected was made to “wear torn clothes, leave his hair uncombed, cover the lower part of his face, and call out, Unclean Unclean!. He remains unclean as long as he has the disease, and he must live outside the camp, away from others” (Lev 13, 45-46). Those diagnosed as lepers were considered as living dead with the loss of their rights and belongings. During the Medieval period, this outlook was tempered by the concept of nursing being a Christian duty which led to the establishment of several leprosaria throughout Europe and the Middle East. The latter establishment was in the 12th century to be organised in a formal hospitaller Order.

The Order of St. Lazarus

In the Holy Land, a leprosarium was originally established up by Bishop St. Basil of Caesarea [329-379 AD] at Acre. St. Basil's followers assumed responsibilities for further leprosaria established in Jerusalem, Bethlehem and Nazareth. During the 11th century, the hospitaller services available in the Holy City included three establishments – St Mary Latin, St John the Almoner and St Lazarus. The Crusader conquest of Jerusalem in July 1099 led to the re-organization of these services with the eventual setting up of the *Xenodochium* [hospice services for pilgrims] under the patronship of St. John the Baptist and the *Leprosarium* under the patronship of St. Lazarus. Both were initially placed under the direction of Blessed Gerald; but the two establishments were eventually to separate resulting in the establishment of two hospitaller Orders – the Order of St. John of Jerusalem [eventually of Rhodes and Malta] and



Figure 1: Praying Knight of St. Lazarus (Source: corbel at Grattemont, France; 15th century)

the Order of St. Lazarus of Jerusalem. The Jerusalem *Domus Leprosorum Sancti Lazari* was situated outside the walls of

the northwestern point of the city. Members of the Order of St. Lazarus adopted a black habit with a green Latin cross. The Lazarites received several benefices in the Holy Land and in Europe. In the early decades on the 12th century, the Order assumed military duties contributing towards the defence of the Holy Land from the continuous threat of Islam occupation. The Order was expelled from Jerusalem after the Christian forces were driven out of Jerusalem by Sultan Salah al-Din after the battle of Hattin in Tiberias in October 1187. It subsequently re-established itself in Acre and after 1254 transferred its Magisterial Headquarters to France. The Christian forces, including the defending Lazarites, were expelled from the Holy Land after the siege of Acre in 1291.

While assuming military duties, the Order retained its original *raison d'être*, that of caring for lepers. It maintained this role throughout the subsequent centuries, even after the apparent decrease in the prevalence

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The diseased periodontium in periodontitis acts as a cytokine reservoir, where proinflammatory cytokines such as tumour necrosis factor (TNF α), interleukin (IL-1), and gamma interferon as well as prostaglandin E₂ (PGE₂) reach high tissue concentrations. This arena can therefore serve as a renewing reservoir for spillover of these mediators, which can enter the circulation and induce and perpetuate



Figure 2: Localized bone loss around the mesial root of the first molar

systemic effects. IL-1 β favours coagulation and thrombosis and retards fibrinolysis. IL-1, TNF α and thromboxane can cause platelet aggregation and adhesion, formation of lipid-laden foam cells and deposition of cholesterol.

Epidemiologic studies show this consistent link between periodontal infection and coronary artery disease and stroke; this appears to be a dose-response relationship – that is, the more severe the periodontal disease, the higher the risk of developing a cardiac

Hospitaller Orders

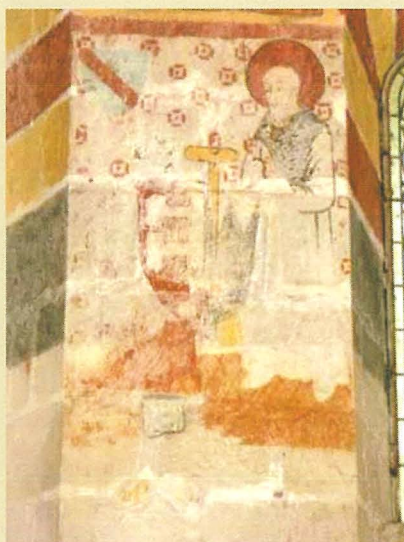


Figure 2: St. Anthony the Hermit
(Source: Chapelle Saint-Antoine,
Martizay, France; early 13th century)

of leprosy following the Great Bubonic Plague of the 14th century. In spite of papal attempts in 1489 to amalgamate the Order of St. Lazarus with the Order of St. John, the Order of St. Lazarus managed to survive so that by the 18th century it was represented by two branches: the French Order of St. Lazarus and Our Lady of Mount Carmel and the Savoyan Order of St. Lazarus and St. Maurice. The French Order was to suffer further from the turmoil brought about by the French Revolution, but apparently managed to maintain a presence up to the 20th century. After 1929 the Order undertook to expand its recruitment in France and beyond – notably Spain, Poland and the New World. The Military and Hospitaller Order of St.

Lazarus of Jerusalem does not appear to have any Medieval links with the Maltese Islands, though it did establish dealings with the Order of St. John during the 18th century. The Order of St. Lazarus established a presence in the Maltese Islands in 1966. After 1973, the Islands became the Administrative Headquarters of the Order. The Grand Priory of the Maltese Islands has retained its interest in leprosy supporting throughout the years the small leper colony in Malta and other centres overseas particularly in Africa. With the extinction of leprosy from the Maltese Islands, the Grand Priory of the Maltese Islands has adopted other philanthropic activities adopting the Step-by-Step Foundation which works with brain-injured children and the St. Lazarus Special Rescue Corps which provides first-aid services.¹

The Order of St. Anthony

Another condition which has marked dermatological manifestations was ergotism or St. Anthony's Fire which assumed epidemic proportions in Europe during the 11th century. Caused by a fungal infestation of rye, ergotism was characterised by a sense of lassitude, painful contractures, peripheral neuritis, hallucinations, and the onset of dry gangrene. The epidemic prompted Gaston of Dauphine (c.1095) to found the Order of St. Anthony in thanksgiving for the miraculous relief from the disease. The Order built a hospital at Saint-Didier de la Mothe, which became its central house. The members devoted themselves to the care of the sick, particularly those afflicted with ergotism

and other skin disease. They wore a black habit with the Tau or St Anthony's Cross in blue. The congregation established shelters or *domus elemosynaria* throughout France, Germany, England, Tuscany, Bohemia, Spain, Italy, Palestine and Constantinople. With wealth came relaxation of discipline and a reform was ordained (1616) and partially carried out. In 1777 the congregation was canonically united with the Order of St. John of Malta but was suppressed during the French Revolution. The Order of St. Anthony had earlier Medieval links to the Maltese Islands. A 1373 document in the Cancellaria Regia of the State Archives, Palermo (Cancellaria 12, f.198) refers to a petition by *Frater Johannes Venancij Cole de Busano*, representing the *domibus Sanctj Antonij* to enable him to exercise his rights as procurator over property in the realm of Sicily and the Maltese Islands.^{2,3} ☐

References

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3. Rudge FM. Orders of St Anthony. The Catholic Encyclopaedia. Appleton R – The Encyclopaedia Press, New York, 1907-1922 [CD-Rom version, 2003].

condition. However, at present, due to a lack of intervention studies that assess the impact of successful periodontal therapy on systemic disease outcome, these relationships can only be interpreted as 'associations'. The calculation of a summary estimate of risk for the moment remains difficult and awaits further research.

The fact that there is currently no evidence

to demonstrate the potential benefits of periodontal therapy poses a dilemma for dentists. We may be treating both an oral disease and an exposure for systemic diseases, so until guidelines are established, one continues treating periodontal disease knowing that it will at least improve oral health and assumes it may be good for overall health as well.

In the future, it is hoped that laboratory

diagnostic tests such as blood lipids, glucose, liver proteins, genetic testing, antibody testing and microbial analyses will be integrated into the practice of periodontal medicine to identify patients at risk and monitor the effects of therapy. ☐

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