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## Chapter 2: Aetiologies of Impairment: Congenital, Geriatric, and Acquired Conditions

All applicants to the orders were subject to vetting to ensure their suitability. Yet men hoping to become responsible for the care of souls (*cura animarum*) were under even more intense scrutiny. The care of souls was perhaps the single most important task in the clerical portfolio; clerics with such benefits must be above reproach, and thus were held to higher standards of idoneity than the rank-and-file clergy. This is exemplified in a letter from Urban VI to the Franciscan leadership, written at some point after 1381 and collected by the convent S. Francesco di Conegliano, now preserved in the Archivio Status Tervisii. The Pope addresses Ludovicus de Venetiis, Minister General of the Order of Friars Minor, and Marcus de Conegliano, Professor of the same Order on an urgent matter: ensuring that sufficient checks have been undertaken on a candidate pursuing the role of master in the order, Brother Franciscus Belluni. Beyond illuminating this specific case, the letter reveals how the popes continued to resolve the tricky question of access to the sacred orders at the beginning of the Great Schism.

Franciscus's request is neither as straightforward nor as simple as it might first appear. Masters in the Franciscan order were permitted to preach, to give sermons and to celebrate the divine offices. Accession to the vaunted rank of master thus obligated scrupulous attention to applicants' suitability, as Urban emphasizes:

Consequently, having no certainty as to the capacity and identity of Franciscus we ask your discretion to inform us of this, in which we have great faith in the Lord, and we undertake and request that you or one of you, verify that Franciscus is indeed thirty years of age, that he is indeed the offspring of a legitimate marriage, that he is not tainted by any criminal infamy or serious and notorious crime, nor of a monstrous body, nor born (*naturaliter*) without one of his limbs, nor mutilated because of an accident (*casualiter*), and that, if this Franciscus studies and reads philosophy and theology for at least eight years, and [...] it is conceded by the apostolic authority that he is authorized to teach in the faculty, in the city of Padua and other places of the Veneto in which he has received the title of master.<sup>1</sup>

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<sup>1</sup> Cenci, *Supplementum*, letter 34, p. 84. Urban VI to Ludovicus de Venetiis, Minister General of the Order of Friars Minor, and to Marcus de Conegliano, professor of that Order, 12 June 1381. Letter edited by Andrea Sartori, *Archivio Sartori, documenti di storia e arte francescana II/1: La provincia del santo dei fratri minori conventuali*, Padova, Giovanni Luisetto, 1986, p. 578: “*Nos igitur de sufficientia et idoneitate ipsius francisci ad hoc certam notitiam non habentes, discretioni tue de qua in iis et aliis gerimus in domino fiduciam specialem per apostolica scripta committimus et mandamus, quatenus vos vel alter vestrum dicto francisco si ipsum triginta annos habere, de legitimo matrimonio procreatum, nullaque infamia criminali respersum, aut gravi notatum crimine vel corpore monstruosum, aut membro aliquo naturaliter carere, vel casualiter mutilatum fore, et si eundem franciscum studuisse et legisse ad minus in philosophia octo annis, et totidem in theologia, et [...] in civitate paduana vel in dicto loco venetiarum huiusmodi magistrerii honorem et licentiam docendi in facultate predicta auctoritate apostolica concedatis.*”

Here, the Pope sets out the intellectual and practical criteria that Franciscus must fulfil in order to become a master. The cleric must be of appropriate age, of legitimate birth, and without a reputation of criminality. More importantly for the present discussion, his body must not bear any mark of ‘mutilation’ nor any sign of ‘monstrosity’. This prohibition holds even if such deformities originated in ‘natural or accidental causes’, as long as the applicant himself was deemed ‘faultless’ for the condition. Fulfilment of such criteria was only the first stage in the process of becoming a master, however. As recounted in the rest of the letter, a roster of witnesses – in this case, all masters of the Order – had to attest to Franciscus’ exemplary faith and morality. Once that had been settled, he would embark upon a long and rigorous course of education. Clerical education programmes of this kind are discussed in depth in Chapter 3. With the enumeration of defects that would block Franciscus’ promotion to the role of master, this letter effectively offers a definition of idoneity, or at least the one mobilized by Urban VI and his Chancery. At the same time, this document operates as something of a primer on the causes of impairment typically referred to in papal letters – be that congenital, accidental, disease-, or age-related – as well as to the standard vocabulary used by both supplicants and the Chancery. Analysis of these elements, whether deployed consciously or unconsciously, reveals the writing strategies and goals of the various actors in the supplication process. Indeed, supplicants present the cause(s) and the consequence(s) of their impairment by mobilising discursive strategies, in order to implement the recognition of their disability. They must then navigate smartly to receive their pontifical grace.

There were two main approaches to the relationship between sin and impairment in the Middle Ages. In his twelfth-century *Sentences*, Peter Lombard offers a useful summary. Quoting Bede the Venerable, Lombard delineates the five reasons for which individuals receive bodily afflictions:

For scourges befall (*flagello*) in five ways: either so that the merits of the just be increased by their patience, as with Job; or for the safe-keeping of the virtues, lest pride attack, as in Paul; or to correct sins, as in Mary’s leprosy; or to the glory or for the glory of God, like the man born blind; or for the beginning of punishment, like Herod, that here may be seen what happens in hell, according to this saying: ‘Consume them with double contrition, oh Lord’.<sup>2</sup>

Drawing on biblical exempla, the author elucidates the strong link between personal or parental fault and physical or mental impairment. During her lifetime Mary was punished with leprosy for slandering her brother, Moses; in the afterlife, Herod, the king of Jerusalem, was punished by being eaten alive by worms for his murder of the apostle James.<sup>3</sup> God’s chastisement is two-fold: individuals are first punished in the earthly world with physical affliction, and then again in the spiritual realm, by the denial of salvation.<sup>4</sup> In other words, impairment occurs at both a physical and spiritual level. This so-called moral model corresponds to the historical interpretation of impairment as a marker of sin, an interpretation that has existed from Antiquity onwards, and is supported by the Bible.<sup>5</sup> The second approach offers a more

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<sup>2</sup> Lombard, *The Sentences*, vol. 4 (distinctio 15, chapter 2), p. 78. He quotes Matthew 9:4; Job 1:12-22; Corinthians II:12,7; Numbers 12:10; John 9:3; Acts 12:23.

<sup>3</sup> On the link between impairments and sins, see Metzler, *Disability in Medieval Europe*, p. 38–55.

<sup>4</sup> Gianfalla, “‘Ther is moore mysshapen’”.

<sup>5</sup> Kristiansen, Vehmas and Shakespeare, *Arguing about Disability*, p. 2.

positive view of impairment, however, and is equally supported by biblical material. Impairment is a test set by God to enable an individual to prove their faith.<sup>6</sup> Man must endure all the calamities that his Creator sends him without questioning his goodness. Here again, Lombard leverages biblical examples to underscore his point. Job endures agony upon agony, yet his faith only keeps growing; Paul embraces sickness in order to safeguard his humility and get closer to the suffering of Christ. Similarly, the healing of unnamed blind men in The New Testament demonstrates God's munificence. Their sensory impairment is an opportunity to manifest divine goodness in the world.

Such a binary cultural conception of impairment echoes anthropological theories, shedding light on the psychic ambivalence we show towards physical and mental disability, vacillating between compassion and rejection.<sup>7</sup> In the Middle Ages, the choice of approach largely depends on the type of documentation at hand.<sup>8</sup> The first paradigm foregrounds, and legitimizes, societal exclusion, providing that such action complies with the salvation doctrine as established in theology. It presupposes a direct, albeit theoretical, link between sin and impairment, and thus dominates in canon law. The second approach, by contrast, underscores that the inclusion of difference is one of the core characteristics of medieval Christian society.<sup>9</sup> Unsurprisingly, it prevails in petitions, papal letters, and other practical documentation which discusses the societal integration of disabled people. Then, it appears that the Chancery cares about the clerical consequences of impairment, that is to say, about cleric's disability and not impairment (or the specificities thereof).

## The Principle Causes of Clerical Impairment

Notwithstanding any moral aetiology, the majority of supplicants in the corpus are disabled by bodily weakness both congenital and acquired (65%). The next most frequent causes of disability, age-related incapacity (12%) and sensory impairments, both congenital and acquired (10%), trail distantly behind. I gather under the terminology of 'physical weaknesses' undefined infirmities and diseases (referred to by the vague terms *infirmitas* or *debilitas*) in order to respect the imprecision of medieval terms (see B. Writing Disability). Collectively, these categories account for more than 87% of the impairment burden of the total cohort. The remainder are ascribed to: mutilation, such as limb loss (6%); physical impairment, such as mobility-limiting conditions both congenital and acquired (5%); leprosy (1%); and mental weakness both congenital and acquired (1%).

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<sup>6</sup> Cusack, "*Graciosi*".

<sup>7</sup> On the continuity of the binary approach between acceptance and exclusion from an anthropological perspective, see Stiker, "Pour une nouvelle théorie".

<sup>8</sup> Scarborough, *Viewing Disability*.

<sup>9</sup> Frohne and Horn, "On the Fluidity of 'Disability'".

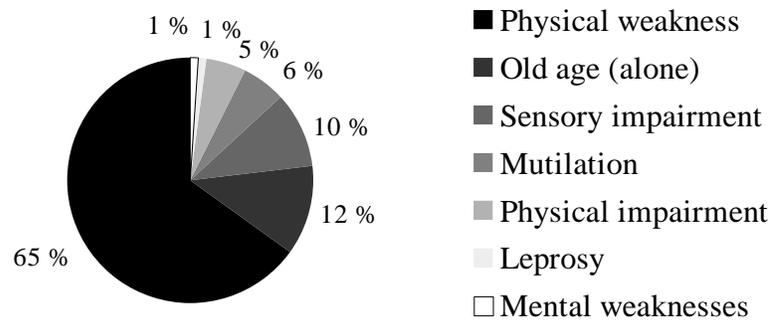


Figure 1: Main causes of clerical impairment on 1140 cases (12th-14th century)

The following sections discuss aetiologies of disability in the corpus, along the life-stage trajectory. At birth, congenital conditions come to light, and later impairments are acquired through disease, in accidents, or as a result of advancing age. This study productively increases our understanding on two intersecting planes.<sup>10</sup> On a micro level, consideration of supplicants' age allows us to discern the specificities of their lived experiences in greater detail. At the macro level, such framing allows us to identify the archetypes of medieval impairment. The transition between childhood and adulthood, and the shift from mid-life to old age, constitute two distinct periods of identity construction. The former marks the beginning of working life, in which the impaired cleric may require certain accommodations for the first time. The latter signifies the end of work, a period in which some clerics may experience impairment for the first time in their lives, and impaired clerics may experience new symptoms or an age-related increase in the severity of their existing condition(s). In all periods, impaired clerics relied on the receipt of papal grace in order to facilitate their integration in the Church, and the appropriate adjustment of ecclesiastical regulations.

### *Congenital impairment*

Today, only 15% of disabilities are congenital.<sup>11</sup> In the corpus of papal letters, we find fourteen cases in which 'proven' birth defects play a role (a little more than 1%). This includes, for example, supplicants living with clubfoot, deafness, and certain types of blindness.<sup>12</sup> The medieval conception of heredity explains the causes of physical impairment in terms of the mixture of both parents' humours during the formation of the foetus. Although this theory has its roots in medical theories inherited from Antiquity, it was significantly developed in the Middle Ages.<sup>13</sup> It became an established medical category from the 1250s onwards, accepted both in intellectual circles and in canon law.<sup>14</sup> Theological discourse adopted, and adapted, medical conceptions of heredity. From a theological perspective, parental sin was a direct cause of physical infirmity in new-borns, a conjecture supporting the Church's aim of regulating, or

<sup>10</sup> Irwin, "Repositioning Disability".

<sup>11</sup> Siebers, "Disability in Theory".

<sup>12</sup> There were few birth defects in the medieval period because of the infant mortality rate, which was between 12 and 20 per cent according to experts, and the high rate of chronic illness among children. See Rawcliffe, "Sickness and Health". The numbers were drawn from Sandidge, "Changing Contexts of Infanticide".

<sup>13</sup> Metzler, "Disabled Children".

<sup>14</sup> Lugt and Miramon (eds.), *L'hérédité entre Moyen Âge et époque moderne*.

‘normalizing’, sexual practices.<sup>15</sup> The formation of the foetus was not a purely biological affair, but intrinsically moral too. Parents’ moral faults *and* humoral qualities were passed on to their offspring, forever marking them in the form of impairment.<sup>16</sup>

Ecclesiastical authorities endorsed the notion of the fundamentally moral dimension of procreation. This supported the widespread dissemination of the theory in canon law and medical texts. As witnessed by examples from the corpus, such ideas filtered into supplications and papal letters, which dealt with matters of heredity in more practical terms. This is evident, for example, in the case of Johannes of Kemnicz, a subdeacon in the diocese of Prague, whose dossier was filed by the Chancery on 20 April 1344. Johannes had asked Pope Clement VI to be allowed to receive major orders and an ecclesiastical benefit with or without care of souls, despite his ocular birth defect. Clement responds:

[...] And so you, who believed yourself to be the product of a legitimate marriage, received minor orders in spite of the birthmark (macula) in your left eye, [...] you were elected a canon in the churches of Prague by the chapter of this canonical church and promoted to all sacred orders, but then a certain doctor from Paris, who promised to remove the birthmark from your eye, ended up destroying your eye, and so you were able to be a prebendary canon of the church of Wrocław thanks to our letters. [...]<sup>17</sup>

The letter explicitly establishes a parallel between moral and physical defects of birth, with mention of ‘legitimate’ parentage (and thus the spectre of *illegitimate* parentage) juxtaposed with the literal stain on Johannes’ eye. The two congenital conditions seem to be accorded equal weight.<sup>18</sup> Johannes’ ocular stain, a physical birth defect, that was not a problem to receive minor order, when Johannes was unaware of his *defectus natalis* (defect of birth). Indeed, we learn elsewhere in the letter that the cleric’s enemies accuse him of a moral defect which would cast his ocular impairment in an altogether different light. They proclaim that he is of illegitimate birth, the product of a clandestine marriage, with his parents living in sin under the same roof for several years.<sup>19</sup> The issue at stake in the letter, however, is not Johannes’ parentage per se – even if he also must receive a pontifical grace for it – but rather his own actions. His congenital impairment only became an ecclesiastical problem after Johannes sought medical treatment from a Parisian doctor to remove the stain. Instead, the procedure ‘destroyed’ his eye. It is for this reason that Johannes appeals to the Pope for a special pardon, both for his *defectus corporis* because

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<sup>15</sup> Thomasset, “La représentation de la sexualité”.

<sup>16</sup> Pearman, “‘O Sweete Venym QueynteP’”.

<sup>17</sup> RV 159, f. 414 (RA 76, f. 288) – Clement VI to John of Kemnicz, subdeacon in the diocese of Prague, 20 April 1344. Text edited by Klicman, *Monumenta vaticana*, letter 335, p. 199: “[...] *Tuque postmodum, qui te credebas prout credis forte de legitimo matrimonio procreatum, omnes minores ordines suscepisti et deinde quadam macula in oculo tuo sinistro orta [...] per electionem dd. ff. capituli eiusdem ecclesie canonicatum fuisti alias canonice assecutus teque facisti ad omnes sacros ordines promoveri, quodque postmodum quidam medicus existens Parisius, qui tibi promiserat huiusmodi maculam de ipso oculo removere, oculum ipsum destruxit, ac deinde canonicatum sub expectatione prebende ecclesie Wratislaviensis per nostras litteras assecutus fuisti. [...]*”.

<sup>18</sup> On the notion of a “macula” (stain), see Steinberg, *Une tache au front*, p. 19.

<sup>19</sup> On clandestine marriages, see Avignon, “Les mariages clandestins”.

of his eye's mutilation and for his *defectus natalis*, citing his ignorance of any immorality on the part of his parents' union for not having asked for grace before.

In his supplication, which is repeated in its entirety in the Chancery's letter of response, Johannes himself could underscore that the contravention of religious prohibitions during intercourse endangers any children conceived from the act.<sup>20</sup> Such unfortunate offspring are marked with impairment, deformity, epilepsy, or leprosy according to Church authorities, including second-century authors Caesarius of Arles and Gregory of Tours, alongside material compiled in Gratian's *Decree*.<sup>21</sup> From the latter anthology, a letter written in the mid-seventh century by Boniface, Archbishop of Mainz, is particularly useful in forwarding Johannes' agenda. In this text, Boniface suggests that corrupt carnal unions produce vitiated children. This idea was frequently repeated in the following centuries, perhaps most notably by Lothair of Segni, elected pope in 1198 as Innocent III.<sup>22</sup> Johannes' supplication bears witness, thus, to the fact that deviant sexual behaviour was increasingly prohibited and punished by the Church during the thirteenth century, whilst the sacrament of marriage was promoted with ever more vehemence.<sup>23</sup>

### *Accidentally acquired impairments*

In theory, clerical supplicants are under the aegis of the Church, and as such are protected from the violence of war or private conflict. At the same time, they are still human, and full members of Christian society: they cannot escape the everyday violence of adult life. Around 6% of the letters explicitly refer to impairments caused by accidents occurring between the ages of eleven and sixty. Small children can become disabled in their own homes due to domestic accidents, even in loving families in which neglect and abuse are absent.<sup>24</sup> Once out of infancy, the risk of accidental disability increases and the spaces in which it occurs become more diverse, as children move away from the parental home.<sup>25</sup> For example, Julianus Boysseli, a clerk in Le Mans, was born with a visual impairment, an ocular condition made that much worse by an accident in his youth:

In view of what has been presented to us in the petition of the dear son Julianus Boysseli, cleric of the diocese of Le Mans, we agree that the said Julianus, who has suffered from a defect of vision in one of his eyes since birth, which was mutilated by accident by a comrade while they were playing, and was therefore in some way deformed, it has been humbly begged of us by the said Julianus that, inasmuch as, out of devotion to holy orders, he desires to dedicate himself to divine service, we consider it worthy by apostolic generosity in this

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<sup>20</sup> RS 4, f. 302 R – Johannes of Kemnicz, subdeacon in the diocese of Prague, to Clement VI on 20 April 1344 (text edited by Klicman, *Monumenta vaticana*, letter 334, p. 198).

<sup>21</sup> Boswell, *The Kindness of Strangers*, p. 260, quoting Krusch (ed.), *Gregorii Turonensis*, book 8, p. 617 and Morin (ed.), *Sancti Caesarii*, p. 199.

<sup>22</sup> *Décret de Gratien*, distinctio 56, chapter 10 and Stange, “*Oculi cordis*”.

<sup>23</sup> Lugt, “Le fœtus”, p. 355.

<sup>24</sup> Accidents in the home account for 65% of invocations and 59% of French and English miracles of the 12th and 13th centuries. See Lett, *L'enfant des miracles*, p. 60. In cases where injured children become disabled, they are cared for by their families or communities, as revealed in the books of miracles. See Kuuliala, *Childhood Disability*.

<sup>25</sup> Lett, “Les lieux périlleux”.

matter to provide for him and his status [...] we ask that you carefully inquire into the above-mentioned deformity and defect and the means and circumstances [of the accident] so that we may know the truth about it from your letters patent.<sup>26</sup>

The letter, addressed by Clement VI to the bishop of Paris on 12 May 1346, describes the circumstances of Julianus' impairment as a central part of his supplication to enter higher orders. His mutilation, caused by a comrade while they were playing together, resulted in a 'deformity' of the eye. Games are a typical cause of impairment in children and young people in the Middle Ages.<sup>27</sup> Little wonder, given the fact that the most violent – and popular – medieval games involved arming children with sticks, swords, or stones.<sup>28</sup> Clement VI asks the episcopal addressee to demonstrate flexibility, but remain diligent in assessing the nature of Julianus' impairment and its aetiology. Whilst the reported circumstances must still be verified, the Pope seems inclined to excuse the supplicant's impairment, and not view it as an impediment to the cleric's desired promotion. Indeed, as discussed in Chapter 1, childhood accidents are considered to be extenuating circumstances in cases of clerical mutilation, since such impairments were the result of chance. Julianus was therefore allowed to devote himself to divine service, despite his apparent ocular disfigurement. Notably, Clement explicitly praises Julianus' exemplary handling of informing the Church of his impairment. By bowing to the institution as protocol demanded and following the Chancery's procedures assiduously, Julianus increased his stock at the highest levels of the Church.

### *Geriatric impairments*

Old age is cited as the singular cause of impairment in 12% of cases in the corpus. Yet, if we also factor in cases in which old age was a supplementary, aggravating factor in instances of mental or physical impairment, the figure rises substantially, to some 35% of the corpus overall. In other words, of the total burden of impairment in the corpus, old age is a supplementary or joint factor in two thirds of cases. The prominence of age as a factor in impairment is unsurprising. Regular and secular clergy, taken as a group, had disproportionately high rates of elderly members compared with the rest of society.<sup>29</sup> Clerics were more insulated than the general population from the routine causes of fatality in the era – such as wars, violence, malnutrition, and epidemics – thanks to their special status, alongside the relative autonomy of their lifestyle.<sup>30</sup> This is particularly true at the end of the thirteenth century, which bore witness to a steady

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<sup>26</sup> RV 174, f. 432 V – Clement VI to the Bishop of Paris, 12 May 1346: “*Cum sicut ex tenore oblate nobis nuper pro parte dilecti filii Juliani Boysseli clerici Cenomanensis diocesis petitionis accepimus idem Julianus patiatum defectum visus in uno suo oculo qui dudum tempore nativitatis, sue oculus cum sociis ludetur casualiter crepuit et ex inde aliquantulum est deformat fuit nobis pro parte dicti Juliani humiliter supplicatum ut cum ipse ex devotione in sacris ordinibus affectet se Dei servicio dedicare providere sibi et statui suo super hoc de benignitate apostolica dignaremur. [...] per apostolica scripta committimus tenore presentium et mandamus quatenus de deformitate et defectu huiusmodi et eorum modo et circumstantiis cum diligentia te informans quod super hiis inveneris nobis per tuas patentes litteras [...]*”.

<sup>27</sup> Falls, blows and injuries can then represent 20% of the the child's impairment, and accidents 9% of them, according to the accounts of miracles studied by Sigal, “*Les Accidents de la petite enfance*”. Furthermore, in the English coroner sources examined by Barbara Hanawalt, falls cause 3.5% of miracles, and assault and battery 21%. See Hanawalt, “*Childrearing among the Lower Classes*”.

<sup>28</sup> Mehl, “*Les lettres de rémission françaises*”.

<sup>29</sup> Sheehan (ed.), *Aging and the Aged*.

<sup>30</sup> Cochelin, “*In senectute bona*”.

rise in the average age of clergymen.<sup>31</sup> On all pontifical letters that mention ‘old age’ as cause of impairment, only approximately 7% disclose the writer’s age: these petitioners range from 50 to 80 years old, with an average age of 68. By contrast, 21% of all petitions written by elderly petitioners provide us with their age, ranging from 45 to 80 years, with an average of 64.<sup>32</sup> Despite such disparities in the level of accuracy between letters and petitions, the average age of elderly supplicants remains relatively stable, between 64 and 68 years, i.e. the age at which classical and medieval authors believed that the ‘last period of life’ began.<sup>33</sup> The beginning and middle of old age certainly represent the periods in which (greater) incapacity emerges, thereby preventing clerics from fulfilling their duties. However, the onset of ‘old age’ was tied less to a specific number than to the severity of the supplicant’s impairment. The corpus contains, for instance, an instance of ‘age-related’ impairment in a relatively youthful, 45-year-old, cleric.<sup>34</sup> Strikingly, no documents in the corpus pertain to a supplicant over 80 years old. This appears to be the ‘upper bound’ for the consideration of clerical impairment.

Although its consequences were described in concrete terms in papal documents, old age was perceived in culture more generally in highly ambiguous terms. This was a period of physical and moral decline, yet older people were to be valued for their wisdom and knowledge.<sup>35</sup> The Papal Chancery seems to equivocate similarly in its attitudes to the ravages of age and the value of the elderly. Church authorities, for example, routinely deployed negative tropes of the incompetence and immorality of old(er) men. An illustrative example is found in a letter from Alexander III, addressed to Chajalisius, Count of Pharos, and all the nobles of the island, on 1 June 1368. Alexander authorizes the electors to choose a new bishop, because the current one is far too old:

It has come to our notice that our brother Martin, your bishop and shepherd, is no longer suitable and is causing unworthiness, at the instigation of the devil: he is said to have had an honourable youth, but at present, according to you, old age leaves him unseemly and without honour, therefore you judge that a better one should be elected to lead your church.<sup>36</sup>

Bishop Martin’s advanced years render him unsuitable for his current episcopal position, causing indignation. Whilst the elderly Bishop is not necessarily malicious in his actions, his fault lies in waiting too long to retire, after the point at which he is able to fulfil his duties satisfactorily. His continued presence in post negatively influences the management of his own, and the community’s, affairs. This

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<sup>31</sup> Minois, *Histoire de la vieillesse*, p. 253.

<sup>32</sup> The petitioner's age is more frequently found in his or her petition than in the letter subsequently written by the Chancellery staff, underlining that this information sometimes appears to be secondary to the institution.

<sup>33</sup> Shahaar, “Who were Old in the Middle Ages?”. On the anthropological classification of age, see Stauch, “Alt werden im frühmittelalter”.

<sup>34</sup> See Stiker, “Vieillesse, pauvreté et handicap”, p. 135: “Globally, throughout history, the age of civil status is not a criterion for determining old age. It is the bodily or mental state of individuals that makes them old” (my translation).

<sup>35</sup> Le Goff and Truong, *Une histoire du corps*, p. 108.

<sup>36</sup> Migne (ed.), *Patrologia*, vol. 200, letter 574, col. 0545 D – Alexander III to Chajalisius, Count of Pharos and to all the nobles of the island, 1 June 1368: “*Insinuatium nobis esse noveritis quod erga fratrem nostrum Martinum, episcopum et pastorem vestrum, diabolo instigante, non congruum habeatis indignationem; dicitis enim eum quem in juventute honorifice habuistis, nunc senectute gravante vobis esse incongruum et inhonorum, volentes vestro arbitrio meliorem eligere, cum Dominus illum Ecclesiae vestrae diu constituit esse pastorem [...]*”

example demonstrates the way in which old age re-orientes an individual's former, youthful identity: Martin no longer embodies wisdom, and indeed is a figure of embarrassment, unworthy of holding his office.

Another, much more positive, archetype of the old(er) man was also routinely used by the Church, however. In this model, old age is presented as a time of peace, prayer, and contemplation in which elderly clerics come into their own in terms of their faith practice. This is exemplified, for example, in a letter written on 28 April 1343 by Clement VI to Adus, Bishop of Winchester. The Pope authorizes the elderly Bishop to install coadjutors to help him manage his diocese:

It has been humbly requested of us that, as a reward for these efforts, and for your last days, we should provide for your tranquillity and peace, so that you may devote yourself freely to prayer and contemplation, and that you may bear with the least trouble the infirmities and oppression of old age, in which we consider it worthy to accompany you favourably.<sup>37</sup>

The Pope aims to support Adus in his quest for 'tranquillity and peace', despite, and in mitigation of, the otherwise 'unbearable infirmities caused by his old age' (*infirmities et senii gravamina*). This freedom is offered to him as a reward for the work he has done for the Church during his long life. Unlike with Bishop Martin, the Pope here actively accommodates Adus in his decline, without removing him from office.

The Church's ambivalent attitude towards old age, and indeed elderly clergymen, crystallizes in the pragmatic compassion shown by the Chancery in dealing with their affairs. Older clerics are never outright rejected or othered in the corpus, as in some literary texts.<sup>38</sup> Rather, the Chancery acknowledges the practical issues at hand; as in the case of Bishop Martin, age-related infirmity is a fact of life and cannot be ignored. Yet, it seeks, by and large, to support elderly members of the community with respect and dignity, as long as they follow appropriate protocols and, crucially, seek adjustments to their role before a crisis ensues. In the corpus, advanced age is determined by several operative criteria: biological age, functional age (i.e., supplicants' relative participation in society, mobility levels, and so on), and cultural age.<sup>39</sup> The latter depends on an individual's life circumstances (including gender, status, and occupation), and the extent to which they possessed the physical characteristics typically associated with old age (i.e., burden for Others or figure of wisdom). However, these different kinds of age are not valued equally by the Chancery. The institution privileges functionality above all in its assessment of supplications; functional age is what matters to the Chancery, when determining impairments to be age-related.

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<sup>37</sup> RV 147, f. 67 R – Clement VI on 28 April 1343 to Adus, the Bishop of Winchester: "*Quare nobis humiliter supplicasti ut in recompensationem laborum huiusmodi et ut in extremo dierum tuorum sine per nostre operationis providentiam ea potiaris quiete et pace per quam orationibus et contemplationi te possis liberius dedicare ac infirmitates et senii gravamina cum minori taedio supportare te in hac parte gratiose prosequi dignaremur. [...]*"

<sup>38</sup> Lalouette, "On le voudroit veoir mourir".

<sup>39</sup> See Sprandel, "Modelle des Alterns"; Von Kondratowitz, "Alter und krankheit"; and Botelho, "Old Age and Menopause".

### *Disease-related impairment*

Diseases account for up to 83% of impairment in the corpus, if we subtract conditions caused by old age alone (12%) and mutilation (5%) from the total impairment burden. The causes of diseases are sometimes provided in the documentation. In such cases, the discourse used in the letters offers invaluable insight into the conceptualization of contamination in the period. Explanations range from elaborate medical theories to divine truths, or a combination thereof, with both seeking to rationalize human suffering and give it meaning.<sup>40</sup> Proposed aetiologies, shared by ecclesiastical elites, vastly differ according to the principle effects of a disease (e.g. the bodily breakdown associated with leprosy, vs. the sensory loss associated with ocular impairment), its presumptive longevity (if it is an acute or chronic condition, its curability, and so on) and its relative visibility.

In the medieval system of thought, good physical and mental health is rooted in the optimal balance of several factors.<sup>41</sup> According to the Hippocratic and Galenic traditions, the human body is composed of the four elements (fire, air, water, earth) which represent four qualities (hot, cold, wet, dry) and form four humours (yellow bile, blood, phlegm, black bile).<sup>42</sup> Mixed together, these criteria constitute the temperaments that characterize the ‘complexion’ of the patient (also called qualities). Medicine became a science in its own right in the eleventh century, developing primarily at universities where Galenism and Hippocratism were taught.<sup>43</sup> Whilst humoral theory was predominant in the science’s infancy, the theory of complexion began to emerge as a more advanced framework with which to conceptualize the balance of qualities within an organ. Indeed, it slowly took precedence over humoral theory, as medieval thinking about the human body developed.<sup>44</sup> In a binary framework, good and ill health are mutually exclusive states. Complexion theory, by contrast, establishes a spectrum of physical and mental experience falling between these two poles. In this way, it can account for the vast diversity, and the messy realities, of individual experiences of impairment and illness.<sup>45</sup> For this reason, it is a routine reference point for supplications and papal letters, especially during the fourteenth century.<sup>46</sup> At a basic level, petitioners were obliged to disclose their conditions in order to benefit from papal grace. But what precisely they chose to disclose, and how they expressed their experiences, were also crucial. Minimally, they had to describe their ongoing suffering in a way that would both arouse the compassion of the Apostolic See and legitimize the accommodations they sought, and thus make the pope more likely to dispense his grace.

The case of Johannes Casse, canon and chancellor of the church of Noyon, is enlightening in this context. In a letter dated 10 February 1345, Clement VI uses the medical concept of complexion to explain Johannes’ illness, without doubt recapitulating information that the supplicant himself had

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<sup>40</sup> Cohen, “Towards a History of European Physical Sensibility”.

<sup>41</sup> Rose and Clark, “Psychiatric Disability”.

<sup>42</sup> See Nutton, “Medicine in the Greek World” or Bardinet Broso, Fantini and Grmek, *Histoire de la pensée médicale*.

<sup>43</sup> JHays, *The Burdens of Disease*, p. 20.

<sup>44</sup> Jacquart, “*De crasis a complexion*”.

<sup>45</sup> On health or illness conditions, see Lugt, “Neither Ill nor Healthy”.

<sup>46</sup> On the medicalisation of secular and ecclesiastical elites, and a study on their medical knowledge, see Dubourg, “*Deo iudicio percussus*”.

provided on the topic. The canon wishes to return to his native land, in order to regain ‘the balance of qualities’ that he enjoyed when he last lived there:

Therefore, your supplications request that you, who for the care and cure of the said disease (*infirmitas*) from which you have been suffering for a long time, and also moreover which is easily and conveniently aggravated, you wish to be transferred to the natural air of your homeland in order to follow medical advice, we hereby permit you to reside personally in your homeland according to the aforementioned cause, and that you may obtain the fruits, revenues and products of your office of canon and prebend in the chancery of the church of Noyon, and that for up to three years you may freely collect the daily allowances, only excepting those collected when you personally reside in the church or if you only intermittently visit the same church.<sup>47</sup>

The Hippocratic-Galenic idea that each person is formed by his or her ‘natural’ environment legitimizes Johannes’ request, and is of central interest to the Pope in his adjudication of the matter at hand.<sup>48</sup> Medieval thinking held that every individual possesses a complexion unique to them, albeit one that changes throughout life. According to Thomas Aquinas, abnormalities in human health are explained when the components that collectively produce the complexion (i.e., the humours), deviate from the ‘normal’ disposition of the human species, following some kind of balance, the one that is optimal to each individual.<sup>49</sup> The proper balance of their complexion was established at the moment of their birth, in accordance with the environmental conditions of their birthplace. In that context, one of the elements of an individual’s complexion is a direct result of the natural environment in which they find themselves. If even a single element is out of balance, health can be lost entirely. As such, the air in the birth-place location is the most ‘healthful’ for the maintenance of that proper complexion.<sup>50</sup> If an individual moves from this place, the mixture of qualities in their body may change detrimentally, leading to disease. Hence medical practitioners were compelled to consider the individual circumstances of the patient in order to produce treatments tailored to their situation.<sup>51</sup> One size would not fit all. The same is true for the papal response to Johannes’ petition, and supplications more generally.

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<sup>47</sup> RV 165, f. 20 R – Clement VI to Johannes Casse, canon and chancellor of the church of Noyon, 10 February 1345, for which I give the transcription according to the register: “[...] *Tuis itaque supplicationibus inclinati tibi qui pro cura et remedio dicte infirmitates qua longo tempore te gravatum fuisse asseris et adhuc etiam aggravari facilius et commodius assequendis de consilio medicorum ad aerem naturalem tue natalis patrie desideras te transfere, auctoritate presentium indulgemus ut in dicta tua patria ex causam predictam personaliter residendo fructus, redditus et proventus canonicatus et prebende ac cancellarie ecclesie Noviomensis quos obtines cum ea integritate, usque ad triennium libere percipere valeas cotidianis distributionibus dumtaxat exceptis cum qua illos perciperent si in ecclesia ipsa personaliter resideres et ad residendum interim in eadem ecclesia minime tenearis [...]*.”

<sup>48</sup> Jacquart, “The Introduction of Arabic Medicine”.

<sup>49</sup> Thomas Aquinas, *Summa Theologiae II-II*, q. 157, article 3: “We speak of Insanity (*insania*) as the destruction of health (*sanitas*). Just as the health of the body spoils when the body deviates from the normal complexion of the human species, so we speak of madness (*insania*) when the human soul deviates from the normal disposition of the human species”.

<sup>50</sup> Lugt, “The Learned Physician”.

<sup>51</sup> Riha, “Chronisch Kranke”.

Clement VI recommends that Johannes return to his homeland, as he had not adapted to the air in Noyon. Indeed, this move had been prescribed as a form of treatment by the petitioner's medics. This reflects contemporary medical opinion: the solution to cases like Johannes' was a therapeutic return to familiar surroundings. In medieval medical discourse, the principles that make up the physiology of the human body were termed 'natural things' (*res naturales*). These 'things' comprise not just the elements, complexions, and humours – but also the body's organs and limbs, its operations, and its faculties. By influencing these six 'natural things' appropriately, individuals could re-balance their complexion and thus re-gain their health.<sup>52</sup> Interventions included the pursuit of regulation of the six 'unnatural things' (*res non naturales*: air, food, exercise, sleep, starvation and the passions of the soul), typically following specialist dietary regimens, programmes of activity in which exercise and rest, and sleep and wakefulness, were alternated, and the adjustment of one's environment in order to breathe air that was more optimal for one's system. Regulation of the six 'unnatural things' became a topic of focussed discussion in the first half of the fourteenth century (1300-1348) and gained significant currency in the years that followed. It exerted a considerable influence on the petitions and pontifical letters.<sup>53</sup>

In a conceptual sense, all illness in the Middle Ages was curable.<sup>54</sup> Healing was guaranteed, in theory at least, not just by advancements in medical knowledge but by God himself, thanks to divine miracles.<sup>55</sup> However, in petitions and papal letters, however, illness is presented as a condition that is destined to last, as people write to the Pope because "cures" have failed them. So, this corpus self-selects to favor incurable illness. In the sixty cases of disease-related impairment in the corpus, two words appear again and again: *incurabilis* and *insanabilis*, and both can be translated as 'incurable'.<sup>56</sup> In medieval medicine, chronic conditions are considered incurable.<sup>57</sup> Although consideration of chronic conditions can productively illuminate episodes of temporary impairment, such conditions are rarely considered by historians of premodern disability.<sup>58</sup> Yet the difference between acute illnesses and chronic conditions is not always clear. The difference between acute and persistent illnesses was first theorized in the fifth century by Caelius Aurelianus, a Roman physician.<sup>59</sup> In a pair of treatises on acute and chronic illnesses (*Acutarum or Celerum Passionum*, and *Tardarum or chronicarum passionum* respectively), Caelius proposed that chronic conditions involve episodes of severe illness followed by periods of remission.<sup>60</sup> In this way, chronic conditions can present, at least superficially, as a series of acute illnesses from which the patient recovers, only to fall ill once more.

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<sup>52</sup> Morley, *Theories, Models, and Concepts*, p. 57.

<sup>53</sup> Nicoud, *Les régimes de santé*.

<sup>54</sup> Linker, "On the Borderland of Medical and Disability History".

<sup>55</sup> For miracle stories, see Laes, "Disabled Children in Gregory of Tours", and Edwards Rose, "Constructions of Physical Disability".

<sup>56</sup> These conditions are related to the third meaning of "neutral" (neither healthy nor diseased) in galenic medicine. See Lugt, "Le fœtus", p. 303.

<sup>57</sup> Krötzl, Mustakallio and Kuuliala, "Introduction".

<sup>58</sup> For extensive discussion of chronic illness AS impairment, with the chronically ill in the disability community, see Spencer-Hall, "Chronic Pain and Illness".

<sup>59</sup> Riddle, *A History of the Middle Ages*, p. 58.

<sup>60</sup> Caelius Aurelianus, *On Acute Diseases and on Chronic Diseases*.

Relapsing and remitting conditions are often explicitly described in the papal letters with the adjective *cronicus* (chronic). This is the case, for example, in Gregory XI's correspondence with Raphael de Luca, a professor of the order of hermits of St Augustine, Master of Theology, about Johannes Rodulphus de Luca, a professor of the same order with longstanding health issues:

As we learn from the supplication of Johannes, who currently resides in the city of Luca, he has been suffering from a serious chronic illness (*gravi morbo cronico*) in his left leg for some time and still today, to the point that he cannot go without danger to his person to the aforementioned study in Toulouse, Johannes has humbly begged us to foresee in advance that he be absolved of this solemn promise, and we deem it worthy of apostolic benevolence that an honourable teaching should be made to you in this way.<sup>61</sup>

Johannes had been a brilliant student of theology in Toulouse, yet his ecclesiastic career was now in question. In his supplication, sent from his current residence in Luca, he reports suffering from a serious illness in his left leg for some time. Though he had made a solemn promise to return to Toulouse and continue his studies, such a move would now gravely endanger his health, thanks to his chronic condition. He successfully appeals to the Pope to grant a dispensation, which allowed him to renege on his vow for medical reasons, and retain his title of master whilst remaining in Luca. The usage of the word *cronicus* to describe Johannes' limb condition underscores that, whilst the affliction is permanent, its impact upon his capacity, i.e. the degree of impairment it causes, varies according to the circumstances in which he finds himself.<sup>62</sup> Du Cange's dictionary of medieval Latin, citing the eleventh *Miracles of Saint Ruffin* as a source, states that the term *cronicus* is used to denote 'when [an] illness has been inconvenient for a long time, when there is no possible help'.<sup>63</sup> This definition chimes with practical sources. The term is deployed, for example, in the 1284 statutes of the Palmers' Guild in Ludlow, in which 'chronic and incurable' afflictions are recognized as conditions causing incapacity.<sup>64</sup>

The description of Johannes' chronic condition as an ailment that 'for some time and still today', tells us something about the ways in which medieval people conceptualized the curability of illnesses. Leprosy, for example, was considered to be a permanent condition in the Middle Ages as there was no cure. Whilst the disease certainly causes permanent disfigurement and loss of mobility, sufferers also

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<sup>61</sup> RA 197, f. 104 R – Gregory XI to Raphael de Luca, Franciscan professor and Master of Theology, 5 May 1375. Text analysed by Hayez, Mathieu and Yvan (eds.), *Grégoire XI*, n° 39 961 of which we transcribe from the register: “*Cum autem sicut eadem petitio subiungebat idem Johannes, qui in civitate Lucensi residet de presenti, adeo gravi morbo cronico in sinistro crure suo gravatus postea extiterit et existat ad presens quod absque periculo persone sue ad predictum studium Tholosanse nullatenus redire posset, pro parte ipsius Johannis fuit nobis humiliter supplicatum ut providere sibi in premissis ac ipse ab huiusmodi iuramento absolvere et huiusmodi magisterii insignia sibi concedi facere de benignitate apostolica dignaremur [...]*”.

<sup>62</sup> For example, in the Ottoman Arab world there is only one word 'zamin' or 'zam̄in' to refer both to people with a chronic disease or condition and to refer to physical disability such as a missing limb, partial paralysis or sensory impairment in relation to the ability for a man to earn a living. See Scalenghe, *Disability in the Ottoman Arab World*, p. 3.

<sup>63</sup> Du Cange, *Glossarium*, article “*Chronicus*”, vol. 2, column 321b: “*Cum vero per multum temporis morbo tam gravi laboravisset, nec ab illo, utpote jam Chronico et incurabili... auxilium invenisset.*”

<sup>64</sup> Metzler, *A Social History of Disability*, p. 71.

experience periods of both of remission and relapse: their condition chronically varies.<sup>65</sup> Then, leprosy is a chronic disease, i.e., a long-term condition, lasting for years, which is incurable but not fatal.<sup>66</sup> For these reasons, the chronically ill were often excluded from medieval hospitals. They could not benefit from the care provided because their condition was considered incurable.<sup>67</sup> Unlike acute illness, which caused only short-term, temporary impairments, chronic – permanent, sometimes varying – conditions forced supplicants to re-orient their lives in order to deal with their long-term effects.<sup>68</sup> Johannes Rodolphus' chronic limb condition limited his ability to move from one university to another, but it did not impede his studies entirely, nor his ecclesiastical career. A dispensation of papal grace permitted him to receive his theology degree in a more suitable location. In short, the two terms chronic and incurable are used synonymously in the sources; that which cannot be cured and does not cause death inevitably returns, with some degree of frequency. The impairment caused by chronic conditions could vary, shifting according to the logic of the condition itself or the circumstances in which an individual found himself. Nevertheless, such conditions were permanent in terms of their continued presence, despite any periods of remission. However, the Church accepted chronically ill individuals within the clergy ranks.

The longevity of physical and mental conditions was thus of paramount importance in the dispensation of pontifical grace. The Chancery had to be sure that a supplicant was not merely suffering from an acute illness, after which he would regain health and full capacity, so the accommodations such clerics received were not fraudulent. Nevertheless, long-term conditions, even those with variable symptomology, were a legitimate basis for clerics' requests for accommodations to be granted. The petition process provided clerics with congenital, age- and disease-related impairments alike the opportunity to negotiate with the Church hierarchy and secure necessary accommodations. Supplications represented a single administrative channel through which such negotiations could take place. However, the way in which clerics presented their impairment and framed the worthiness of their appeals differed substantively according to the specific cause of their impairment. In that context, the way of presenting themselves in order to appear disabled was of crucial significance.

## Writing Disability

Supplicants tend to present their disability, and its cause, in vague terms. The most commonly used terminology is polysemous: *infirmitas*, *debilitas*, and *imbecilitas*. The meaning of these terms is slippery: they all denote impairment, weakness, inability to perform certain actions, and/or a disease.<sup>69</sup> The term *infirmitas* is commonly used to refer to all debilitating bodily conditions, whether acute or chronic.<sup>70</sup> On another hand, the word *debilitas* is used as a generic term for *infirmitas*, meaning illness or impairment,

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<sup>65</sup> Theilman, "Disease or Disability?"

<sup>66</sup> On non-fatal chronic diseases, see Wendell, "Unhealthy Disabled", p. 163. On incurable ones, see Scambler, "Long-term Disabling Conditions and Disability Theory".

<sup>67</sup> Kupfer, *The Art of Healing*, p. 39.

<sup>68</sup> Falvo, *Medical and Psychosocial Aspects*, p. 2.

<sup>69</sup> There are no words to encompass 'disability' in Latin, as is the case in other medieval societies. See Hsy, Pearman and Eyler, "Introduction" and Bruce, "Unhælu".

<sup>70</sup> On the translation of medical terms, see Barnhouse, "Languages of Experience".

or sometimes more simply old age. Yet it is also used more diffusely to refer to the state of an individual's health.<sup>71</sup> Generally, *imbecilitas* illustrates the characteristic of something weak without any specific nuance being associated with it. Such polysemy is commonplace in the supplications and papal letters. These texts are far less concerned with establishing the biological minutiae of a cleric's impairment and its aetiology than with the *consequences* of that impairment in terms of the supplicant's capabilities and his appearance.

As discussed in Chapter 1, the discursive material contained in papal letters is based on the information supplied in petitions. The Chancery recapitulates petitioners' own testimony in order to draft a suitable epistolary text for the official dispensation of pontifical grace.<sup>72</sup> This entails supplications' formal transformation, a process through which the discourse is standardized and normalized. Notwithstanding such modifications, these documents allow readers to access the authentic experiences of impaired clerics through discursive analysis. Supplicants were active participants in the petition process. They shrewdly pursued discursive strategies to present their impairments to the Chancery most persuasively, and thereby maximize the chances of their success. The choice of vocabulary was of decisive importance both for the petitioner and the Chancery. The former had to ensure that his condition, and its effects, was properly understood; the latter rendered its judgment in large part based on the avowed consequences of impairment, as disclosed by the petitioner. Ultimately, narratives legitimized the inclusion or exclusion of clerics from the ecclesial body.

### *Discursive strategies*

Impairment could be an asset of sorts, exploited discursively by supplicants in petitions as a means to enter negotiations with the Chancery. As long as the supplicant bore no liability for his condition, impairment provided grounds for the request of papal favours.<sup>73</sup> In a letter written to Johannes, bishop of Tusculum, Honorius IV confirms, for example, that impairment and illness are 'just causes' and legitimate impediment for the commutation of a simple vow:

To Johannes, bishop of Tusculum and legate for the apostolic see. We hereby grant you [Johannes] the possibility of commuting for twenty persons the vows which they have taken and which they are unable to fulfil because of impairment (*infirmitas*), illness (*debilitas*) or any other just cause, to a different work of piety, except for the vows of continence and the visitation of the holy Jerosolomite places, God willing.<sup>74</sup>

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<sup>71</sup> Goetz, "Debilis".

<sup>72</sup> The inclusion of the content of the supplications in the letters makes it possible to limit fraud, to respect increasingly precise canonical procedures and to spread them. See Montaubin, "L'administration pontificale".

<sup>73</sup> For discussion of liability for impairment, see Chapter 1.

<sup>74</sup> RV 43, f. 206 V – Honorius IV to Johannes, Bishop of Tusculana and Legate for the Apostolic See, 31 May 1261: "*Johanni, episcopo Tusculano, Apostolice Sedis legato [...] commutandi cum XX personis si secundum Deum videris expedire, vota eorum que propter infirmitatem vel debilitatem aut aliam justam causam huius nequeunt adimplere in alia opera pietatis, votis tamen religionis continentie ac Jerosolomitano prorsus exceptis liberam tibi concedimus auctoritate praesentium facultatem*". Text analysed by Prou (ed.), *Les registres d'Honorius IV*, n° 795, which we transcribe and translate from the register).

The letter, dated 31 May 1261, confers only limited powers on Johannes. The Pope authorizes the bishop, as legate, to commute certain vows. He reserves for himself the ability to commute vows of continence and of pilgrimage, however, because of their significance.<sup>75</sup> It is clear, nevertheless, that impairment and illness are considered to be legitimate causes of physical or mental incapacity to the Chancery. The commutation of vows is thus justified, on the basis that such conditions prevented individuals from their fulfilment. This logic similarly governed the release of monastics from their vows.

In his *Summa Theologica*, Thomas Aquinas questions whether ‘he who has vowed to enter religion is bound to remain in religion in perpetuity?’ His response is illuminating:

A man who has entered religion gives neither scandal nor bad example by leaving, especially if he do so for a reasonable motive; and if others are scandalized, it will be passive scandal on their part, and not active scandal on the part of the person leaving, since in doing so, he has done what was lawful, and expedient on account of some reasonable motive, such as sickness, weakness, and the like.<sup>76</sup>

Monks and nuns may leave enclosure, the Angelic Doctor avows, if they have a ‘reasonable motive’, such as illness or bodily weakness. Such scandal was a major factor in the consideration of clerical impairment because of the example they embodied for the laypeople. In theory, the presence of an impaired monastic in enclosure would generate scandal in the lay community (see Chapter 3). Yet scandal could also result from regular clerics leaving enclosure, or by their temporary presence outside of the monastery’s walls – but it is not supposed to be the case for an impaired monastic (see Chapter 4). Concerning secular clerics, the Sext of Boniface VIII also recalls the precept of ‘reasonable motive’ in the provisions on the residence. This text stipulates that all beneficiaries must collect the income derived from their ecclesiastical office in person on a daily basis. However, all those who are physically unable to do so for ‘just and rational reasons’, including sickness, are excused from this obligation.<sup>77</sup>

Supplications should not be taken as entirely factual documents. The reality of petitioners’ testimony is potentially distorted, as supplicants amplified favourable elements or omitted disadvantageous details from their narratives.<sup>78</sup> As Monique Maillard-Luypaert remarks, it was typical for petitioners to ‘inflate their merits, feel sorry for themselves, [and] enumerate the sufferings they have endured’, in attempt to garner the pope’s compassion. They were reticent about topics that could be detrimental to their case – such as their illegitimacy, advanced age, or the number of benefits that they already possessed – or even outright lied.<sup>79</sup> In 1924, Ursmer Berlière suspects such deception in the fourteenth-century case of Ubertain of Casale, a Franciscan friar.<sup>80</sup> In 1317, John XXII responded to Ubertain’s petition seeking permission to join the Benedictine Order:

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<sup>75</sup> Thomas Aquinas, *Summa Theologiae II-II*, q. 88, article 12: “Whether the authority of a prelate is required for the commutation or the dispensation of a vow?”

<sup>76</sup> Ibid, q. 189, article 4.

<sup>77</sup> *Liber sextus* by Boniface VIII, Book III, title 3, chapter 1.

<sup>78</sup> Moyse, “Les suppliques médiévales”. To study these exaggerations, he uses the work of Baix, “De la valeur historique”.

<sup>79</sup> Maillard-Luypaert, *Papauté, clercs et laïcs*, p. 137, my translation from French.

<sup>80</sup> Berlière, *Le recrutement dans les monastères*, p. 59.

Indeed, you have thought to tell us that, because of various weaknesses (*debilitas*) and impairments (*infirmitas*) of your own body, which frequently torment you, and because of other reasonable causes, you have explained to us that you wish to transfer yourself to the order of St. Benedict from the order of Friars Minor, in which you were a teacher, in order to have greater personal tranquillity and to be able to devote yourself more comfortably to the Lord.<sup>81</sup>

Earlier that same year, John had condemned the Fraticelli, an extremist offshoot of the Franciscan Order, as heretics. Ubertin had been accused of belonging to the heterodox sect. Berlière contends, thus, that Ubertin's avowed 'weaknesses and impairments' are feigned, serving only as a pretext for mitigating charges of heresy levied against him by transferring himself to the Benedictines. Berlière's reading of the case is supported by the opening of the letter, which announces that the supplicant 'argues to be ill' (*cum infirmitantibus se asserit infirmari*). Yet, Berlière's suspicion do not change the fact that, despite being suspected of heresy by the Pope, Ubertin's appeal to be transfer because of his multiple impairments was successful. He was permitted to transfer to the Benedictine monastery of Gembloux on 1 October 1317, due to his ongoing ill health. Then, Ubertin could use getting accommodations for his impairments as a means to "accommodate" (i.e., absolve) his heresy too. It leaves room for manoeuvre by using impairment as a good excuse, even if that might not be the first reason. But it is not for the historian to judge, since the papal institution deemed physical incapacity to be a legitimate reason for a cleric to move to another community. Then, the presence of 'authentic details' in these texts should not be dismissed or minimized.<sup>82</sup>

### *The blurry line between truth and fiction*

Humanizing the supplicant was a major aim of the petition process, both for the petitioner and the Chancery. Indeed, some petitions explicitly set out the various elements that could favour the applicants' cause, including pertinent details of impairment and its consequences.<sup>83</sup> Petitioners sought to establish a bond of compassion and sympathy with the addressees of their supplications. The creation of such intimacy rested upon the provision of a priori truthful information, material that also made the request itself legitimate. Interacting with the ecclesiastical institution in the supplication, petitioners created a specific version of themselves and their lives. Each supplication, in a sense, invoked a temporary identity. The same petitioner might, for instance, offer a very different version of events in other supplications. This could include presenting themselves as more or less disabled, depending on the type and extent of their new request. The details of previous supplications were often included in the Chancery's forms, in order to enable the clerks to produce subsequent requests efficiently.<sup>84</sup> Approximately 0.3 to 0.5% of all

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<sup>81</sup> RV 67, ep. 182 – John XXII to Ubertin of Casale, 1 October 1317. Text analysed by Mollat (ed.), *Jean XXII*, n° 5 701, which we transcribe from the register: "*Sane, nobis exponere curavisti, quod propter debilitates varias et infirmitates proprii corporis, quibus frequentibus molestaris, et propter alias etiam rationabiles causas nobis explicitas de ordine fratrum minorum, quem ab olim fuisti professus, pro maiori tuae personae quiete, et ut commodius obsequium praestare possis Altissimo, ad ordinem Sancti Benedicti desideras se transferre [...]*".

<sup>82</sup> The expression 'true details' is a translation from Vallerani, "La pauvreté et la citoyenneté".

<sup>83</sup> Kuras and Sulkowska-Kuras, "Suppliques, brouillons, lettres et registres", p. ?? (my translation).

<sup>84</sup> Montaubin, "L'administration pontificale".

letters produced by the Chancery related to clerics' disability. Then, even if impairment was not a very used criterion to ask for a pontifical grace, it was a valid one.<sup>85</sup>

Petitioners disclosed their impairments in a variety of ways and for many reasons, reflecting the diverse experiences of individuals living with physical and mental conditions. Petitions were obliged to conform to rigid stylistic expectations. Nevertheless, supplicants had considerable room for manoeuvre in terms of self-expression, even after the introduction of forms, called formulary. From the start of the thirteenth century, the number of requests received by the Chancery increased sharply. This necessitated the development of forms for scribes' usage, with copyists equally provided official forms. From the fourteenth century onwards, the Chancery circulated collections of pro-forma language for applicants'.<sup>86</sup> The Church imposed rules relating to the writing and presentation of petitions on all involved in the process – supplicants, their procurators, and internal staff – in order to streamline the petition process and increase efficiency. Such regulations were extensive, but not exhaustive: they did not correspond to all situations. The varied explanations used in those forms attests to the fact that petitioners could, and were incited to, offer precise descriptions of their lived experiences.

Describing experiences of impairment for maximal persuasive effect was a complex task. This is emphasized in supplications preserved in the formulary of Heinrich Bucglant. Written in the first half of the fourteenth century during the pontificate of Benedict XII (1338-1342), this collection offers examples of texts which rely only lightly on lexical convention. The vocabulary used is more varied than is typical, both when describing the impairment and its consequences. Such is the case in a petition written by a cleric known as Rokesberch, rector of the parish church of Sesterflete in the diocese of Verden (Germany). In this letter, the cleric asks to be allowed to resign from his office for a 'specific and legitimate cause': he suffers gravely from gout. The rector's condition meant that he was unable to travel to the Apostolic See to register his petition, necessitating that he sends a procurator on his behalf. Two versions of the rector's petition were presented to the Chancery and registered. Comparison of the differences between these two notionally identical texts permit to see the way petitioners could modulate their narratives, in order to most effectively describe their experiences.

Relevant sections of the documents are presented below, with text in the left column from the first version of the petition, and text in the right column from its second iteration:

P., known as Rokesberch, rector of the parish church of Sesterflete, in the diocese of Verden in the Holy Roman Empire, informs your Holiness that he wishes to resign freely from the office of rector in the church of Sesterflete for sound and legitimate reasons. He therefore asks that [you permit],

the Bishop of Cassino, your chamberlain	anyone you deem fit, such as cardinals,
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to transmit, in person or through other letters [your decision] and that

<sup>85</sup> The numbers are then very similar to those of Salonen, *The Penitentiary as a Well of Grace*, p. 122–123.

<sup>86</sup> Auvray, "Note sur un traité".

the Bishop of Cassino	the appointed Commissioner
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to legally appoints a procurator for the aforementioned P. Rokesberch because,

his gout disease ( <i>Infirmitas podagre</i> )	his disease ( <i>valetudo</i> )
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does not allow him to visit the Curia, and inasmuch as he has to come and collect his resignation from his parish office of Sesterflete from the Apostolic See. He therefore asked for someone to come and collect it for him, and proposed the appointment of Johannus, of the Fransoyzer, cleric of the diocese of Bremen

of good character, science and propriety	recommended for his science and letters, his morals and honest life, and other merits of multiple virtues
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to be attorney for all the proper and extensive rights of the petitioner which your authority confers and assigns, notwithstanding contradictory elements and favourable clauses.<sup>87</sup>

In the petition's first version (left), the supplicant requests that Benedict XII appoints the Bishop of Cassino, his chamberlain, as a messenger to deliver his verdict to Rokesberch's procurator. In its later updated version (right), however, the supplicant defers to the Pope in the selection of an appropriate messenger, with a mild suggestion of the use of a cardinal. Beyond this shift in logistics, the two documents present the rector's illness in connotatively different ways. Whilst the first letter explicitly identifies the petitioner's illness as gout (*podager*), the second refers only to an unspecified illness or weakness (*valetudo*) that limits the cleric's mobility. In either case, the painful consequences of the petitioner's ill health are identical. The first formulation offers a precise diagnosis. The second, by contrast, is much vaguer, evoking only the effects of the petitioner's physical impairment i. e., his disability. The fact that gout reduces the sufferer's mobility, or at least that this is possible, is taken as implicit in the first petition. Mention of the disease is sufficient to explain, and excuse, the petitioner's absence. The second text, however, is reticent on the subject of what, exactly, has led to the petitioner's reduced mobility.<sup>88</sup> Whilst illustrative, Rokesberch's case is not unique. Petitioners had no qualms in

<sup>87</sup> Schwalm, *Das Formelbuch des Heinrich Bucglant*, letter n° 119, p. 68: "Significat s. v. p. dictus Rokesberch rector parrochialis ecclesie in Sesterflete, Verd. Dyocese, quod ipse dictam (parrochiale) ecclesiam in Seterflete, quam canonicè et pacifice optinet, intendit ex certis et legitimis causis libere resignare. Supplicat igitur s. v., quatinus [venerabili patri domino .. episcopo Cassinensi vestre creature devote et camerario] / [alicui de reverendis patribus dominis cardinalibus vel alteri cui s. v. placuerit] vive vocis oraculo vel alias per litteras vestras committere dignemini, ut [idem episcopus cassinensis] / [ipse commissarius] a procuratore predicti p. Rokesberch ad hoc legitime constituto, cum predictus p. propter [infirmitatem podagre] / [valetudinem] visitare curiam s. v. non poterit, huiusmodi parrochialis ecclesie in Sesterflete resignationem apud sedem apostolicam recipiat vice vestra eaque recepta ipsam ecclesiam domino Johanni dicto Fransoyzer clerico Bremen diocese [moribus, scientia et etate iidoneo] / [quem litterarum scientia, morum et vite honestas aliqua merita virtutum multipliciter recommendant] cum omnibus iuribus suis et pertinentiis auctoritate vestra conferat et assignet, inducentes, contradictores et cum ceteris non obstantibus et clausulis oportunitis."

<sup>88</sup> Perhaps this is a trace of the bishop's involvement in the dispensation for the rector of Rokesberch, whose incapacitating condition he knows. On the other hand, the petitioners may seek to inform the bishop. The wording of the petition to the commissioner, on the other hand, reveals a clear distancing of the rector from his interlocutor.

submitting multiple petitions on a single issue to the Chancery. Such redundancy indicates, above all, that petitioners adapted their testimony according to their interlocutor, and to the favour that they were requesting. It also indicates rather more practical concerns. Petitioners may need to send several letters in order to provide all the information required for the Chancery to consider their case. Then, they had to take care to describe their experiences in sufficient depth, and even from multiple angles, in their letters so that their procurator and/or the Curia's scribes could select the details, and thus the arguments, that would best support their appeal. So, the initial letter(s) have to have enough good material in that the Chancery could then build a solid case from them, which would be recapitulated in the formal papal responses.

The formalization of language thanks to the used of these formulary and petitioners' lived experiences facilitated the task of the Chancery.<sup>89</sup> Indeed, administrative necessity led to the extreme condensation of legal discourse and catalysed the use of stereotyped formulas.<sup>90</sup> In particular, it made it possible to create categories classifying supplicants according to the graces they requested in their petitions. At the same time, the standardization of descriptions of impairment allowed for the emergence of a common identity, as petitioners enunciated their unique experiences in a shared formulaic discourse. Indeed, standardized descriptors could offer individuals powerful moments of recognition, as they saw traces of their own lives captured in the administrative phraseology. Admittedly, supplications and pontifical letters tend to lack originality, to the point of arousing historians' suspicions.<sup>91</sup> It is essential, however, to read between the standardized lines. In fact, standard forms and vocabulary function to render the specificities of each supplicant's request that much more visible, as we discern the ways in which clerics modulated, even diverged from, obligatory frameworks.

Experiences of impairment, illness, and advanced age are fundamental elements in the construction of identity, both in terms of the way an individual presents, and conceptualizes, themselves, and in the way in which society categorizes them as subjects.<sup>92</sup> An individual's identity is, thus, integrally plural and constantly evolving.<sup>93</sup> A cleric's professional identity was anchored in his rank, for example, yet this reference point changed over the course of his career.<sup>94</sup> By contrast, impairment, and/or disability could operate as a stable referent, one which permanently affected clerics' social identity, as demonstrated by analysis of onomastics. Clerics' physical and mental conditions were sometimes reflected in their name or nickname.<sup>95</sup> This is the case, for example, for Nicholas the Lame of Orgemont (*Nicolas, le boiteux d'Orgemont*). He was the son of Pierre d'Orgemont, counsellor to the King of France Charles V, the first president of the Parliament of Paris, and Chancellor of France.<sup>96</sup> Clearly, Nicholas' mobility impairment was an important element of his identity. Strikingly, this moniker – and this impairment – did not hinder Nicholas' career.

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<sup>89</sup> On the formalisation of language, see Introduction.

<sup>90</sup> Schmugge, "Female Petitioners".

<sup>91</sup> Verger, "Que peut-on attendre d'un traitement automatique des suppliques?".

<sup>92</sup> Frohne, "Performing Dis/Ability?".

<sup>93</sup> Smith, "Conflict or Compromise?".

<sup>94</sup> Bekkum and Cobb, "Introduction".

<sup>95</sup> Sexton, "Difference and Disability".

<sup>96</sup> Mirot, *Les d'Orgemont*.

Nicholas was the subject of three letters written by Gregory XI in the space of a few months in spring and summer 1375.<sup>97</sup> In these letters, we learn in great detail about Nicholas' impairment, with his lameness a result of a fistula in the tibia of his left leg. The second letter, dated 22 June, for example, explains the cleric's situation as follows:

In this regard, you have told us that, because of the disease of fistula, which appeared by chance in the tibia of your left leg, to the point that this disease in the tibia does not allow you to move without support [*sine appodiamento*]. [...] Your humble supplications asks that you will be promoted to the orders of subdeacon and deacon, and receive a cure, which nevertheless does not require the order of the priesthood, and, besides, can be received by election, and if in it there is a place in a metropolitan church or in a cathedral, you are fit to freely recover and licitly retain a benefit.<sup>98</sup>

Theoretically, Nicholas' mobility impairment renders him unfit to enter the orders and to receive an ecclesiastical benefit. Yet, Gregory authorizes him to obtain a benefice, even one with *cura animarum*, or take up an ecclesiastical dignity in a metropolitan church or a cathedral chapter. His nickname of 'the Lame' is linked to a genuine physical impairment. It is made visible due to his reliance on a cane for 'support' when walking and moving about – as the letters stated that he cannot move without support. Were it not for his usage of the assistive device, Nicholas' impairment would go unnoticed in certain circumstances, such as when he sits or stands motionless. The cane, thus, potentially stigmatizes its user. However, it is clear that Nicholas embraced his impairment as a significant part of his identity, whether as a strategy of appeasement, out of necessity, or for more affirming reasons.<sup>99</sup> Nicholas' situation is reported neither in vague nor elusive terms. On the contrary, Nicholas' condition, and its effects, are presented with clarity, precision, and empathy. Such an approach was an effective strategy to inspire papal compassion.

Strictly speaking, Nicholas should never have been allowed admission to the clergy, let alone be permitted to perform the priestly office. The progression of his ecclesiastical career required successive grants of papal grace. With his decision to pursue ecclesiastical office, then, he actively placed himself outside of the norm, wilfully irregular. His supplications are entirely strategic, part of Nicholas' effort to carve out space for himself in the Church. The foregrounding of his impairment in the letter cited above, including the detail of his reliance on support when moving about, is a calculated move to achieve his aims: a grant of papal grace authorizing and his receipt of a benefice, and, then, his use of a cane. He

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<sup>97</sup> Others are from RV 286, f. 60 R (RA 195, f. 353 R) - Gregory XI to Nicholas of Orgemont, 9 April 1375 and RA 197, f. 184 R – Gregory XI to Aymeric, Bishop of Paris, 24 June 1375.

<sup>98</sup> RA 197, f. 173 V – Gregory XI to Nicholas of Orgemont, 22 June 1375. Text edited by Tihon (ed.), *Lettres de Grégoire XI*, letter 3 242: “*Nuper siquidem pro parte tua nobis exposito quod propter quendam morbum fistule, quem in tibia tua sinistra casualiter incurreras, taliter in tibia ipsa debilitatus eras quod ambulare sine appodiamento non poteris [...]. tuis supplicationibus inclinati, tecum ut ad subdiaconatus et diaconatus ordines promoveri et dignitatem curatam, que tamen sacerdotalem ordinem non requirat, etiam si ad illum consueverit quis per electionem assumi, et in hujusmodi metropolitana aut alia cathedrali ecclesia existat, libere recipere et licite retinere valeas*”.

<sup>99</sup> Kuuliala, *Childhood Disability*, p. 310–315.

wishes to obtain specific favours, and consciously chooses to present himself in a way that is most likely to lead to his appeal being successful.

Documents in the corpus demonstrate that impairment was an essential part of the identity claimed by clerics making a case for the granting of grace. ‘Claimed’ is the operative word here, however. Such findings do not necessarily reflect the supreme importance of impairment to clerics’ identity more generally. Rather, the prominence of impairment follows logically from the purpose of the texts at hand. Petitioners were compelled to craft a narrative that was both persuasive and canonically legitimate in order to stand any chance of the pope agreeing to their request. This involved mobilizing certain elements of their identity in a strategic fashion. Nicholas of Ogrement’s impairment was made obvious by his nickname, ‘the Lame’, a label most likely applied to him by others which he did not, or could not, cast off. Although it does not reveal Nicholas’ own perceptions of his disability from day to day, the sobriquet certainly served to centre his condition as a core part of his personal identity. His impairment was unavoidable, something that he would have to take into consideration in all aspects of his life, and especially in his relationship with the Church.<sup>100</sup> Nicholas was clearly adept at navigating the petition process. Following Gregory IX’s dispensation of grace in 1374, his ecclesiastical career went from strength to strength, bolstered no doubt by his family’s prestige. He became archdeacon of Amiens, dean of Saint-Martin de Tours and canon of Péronne, and finally, at some point after 1392, a member of the chapter of Paris. Each of these promotions would require the receipt of papal grace. For Nicholas, the petition process offered the means to mitigate the impact of his impairment, as symbolized in his nickname, in the construction of his social identity. As he progressed through the Church’s ranks and accrued new titles, his identity evolved.<sup>101</sup>

In pontifical letters, the ecclesiastical institution effectively ratified the curated identities that clerics claimed in their petitions. Indeed, it recognized the personal condition which they appropriated by allowing specific arrangements. This topic will be discussed in depth in Chapter 4. Such recognition of their disability was facilitated by the power dynamics instantiated by the supplication process. Whilst the Church held supreme authority, petitioners retained a certain agency. Petitioners chose what to disclose, how to disclose it, and the process itself could be used by clerics to achieve their own goals. Ultimately, the granting of pontifical grace allows for the recognition of the impairment as a disability.<sup>102</sup> Then, it actualizes the petitioner’s identity, from an institutional by probably also from a personal point of view. The Chancery classify them as ‘too disabled’ to fulfil their mission properly, and those who might be in need of accommodations.

## Conclusion

In the petitions and papal letters, the personal and the institutional are inseparable. These documents contain diverse accounts of impairment, with requests varying according to the specificities of a given cleric’s circumstances. Such heterogeneity necessitated a flexible institutional response. Church

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<sup>100</sup> Metzler, “What’s in a Name?”.

<sup>101</sup> Schmitt, “Conclusions”.

<sup>102</sup> See Faure, Dab and Tétard, *Classer les assistés*.

authorities' treatment of impaired clerics and the irregularity generated by their conditions was a variable as the clerics' own experiences. The Chancery was far more interested in the practical consequences of impairment – petitioners' disability – than forensic examination of its physical or mental cause.<sup>103</sup> The corpus indicates that, for the Church, two principle categories of impairment sufficed for administrative purposes. The first applied to clerics with facial, hand, or any body disfigurements who requested entrance to the major orders or other promotion. For this group, impairment was grounded in the notion of irregularity. Chronically ill and/or elderly clerics seeking accommodations fell into the second category. Petitioners of this kind requested the provision of additional assistance for their current role, or the permission to resign their office outright, all whilst retaining their benefits. Chapter 4 discusses these kinds of requests. If such clerics sought permission to leave the clergy entirely, they appealed to the pope to continue receiving financial support, in the form of a pension. Such petitions are considered in Chapter 5. These categories highlight issues the Church considered most significant in its adjudication of impairment: clerical idoneity and the management of benefits, respectively. In this context, the aetiology of (faultless) impairment was relatively unimportant. People were grouped according to what they wanted the Church to do for them/what kind of assistance they required from the Popes.

This chapter focused on the causes of clerical impairment in order to understand how narratives of aetiology affected the medieval Church's conceptualization of impairment more generally. Disability as a category includes e.g., chronically ill people, people with static physical, mental, sensory impairments. Whilst acknowledging the difference in life experiences is of course key, chronic illness was viewed as a kind of impairment, as today. Then, it seems relevant to include illness in the analysis of premodern disability, if only because of the ambiguity of terminology in the period. Indeed, the sources do not make a clear distinction between chronic illness and static impairment. Similarly, supplicants often offer only vague explanations of the cause of their impairment. By contrast, they were much more forthcoming about their lived experiences of disability, the ways in which their physical and/or mental condition affected their functioning in the world. Petitioners could not invent things out of whole cloth, however. Nor could they wildly exaggerate. Their accounts had to be credible, and their requests proportionate to avoid provoking the pope's ire and the Chancery's frustration, reactions which were counter-productive to supplicants' aims. The documents in the corpus provide invaluable material for historians to analyse. With close attention to the sources, it is perhaps possible to disentangle petitioners' strategic presentation of their impairment from their authentic experiences.

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<sup>103</sup> On the practical consequences of impairment, see Chapter 1.