



Chapters from the Legal History of Leprosy

Orsolya Falus

University of Pécs, Faculty of Law

Instructor, Kaposvár University, Faculty of Economic Science

E-mail: falus.orsolya@ke.hu

Abstract. Initiated by the French journalist Robert Follereau, in 1954 the UNO inaugurated the Leprosy Day (Martyrs' Day), which is celebrated on the last Sunday of January every year. Although the bacterium that causes leprosy was isolated by the Norwegian scientist Gerhard Henrik Armauer Hansen in 1873 and from 1982 this disease can be cured with a special pharmaceutical complex, still 219,826 new lepers are detected worldwide every year, according to the data published in August 2010 by WHO-experts. Ancient Chinese and Hindu sources from 600 BC already refer to leprosy; to Europe the disease was imported by the army of Alexander the Great from India around 327–326 BC. Even the Old and the New Testament of the Holy Bible mention leprosy in several details. During the Middle Ages the Military and Hospitaller Order of Saint Lazarus of Jerusalem, established in the Holy Land in 72 AD, did pioneer work in nursing lepers. In the process of time the medical attendance concerning lepers was organised in special hospitals called 'leprosoria' built on river banks. Special office and even services were organised for the treatment and isolation of the people infected. Although medical science has prevailed against leprosy, and almost simultaneously even jurisprudence defended the patients' rights via legislation, still mankind can regrettably not get rid of this disease that stigmatises seriously.

Keywords: leprosy, WHO, Holy Bible, Military and Hospitaller Order of Saint Lazarus of Jerusalem, leprosorium, patients' rights

I. International Leprosy Day

The International Leprosy Day (Martyrs' Day) is traditionally held on the last Sunday of January every year. It was inaugurated by the UNO in 1954, initiated by 'the missionary of healing love', Raoul Follereau.

For the impressive experiences he gathered among lepers in Ivory Coast, the French writer and journalist, Raoul Follereau, established an international foundation that aims to aid the total and worldwide liquidation of leprosy. In 1974 he even initiated the commemoration of lepers all over the World. Follereau

is a model that confirms us in the faith that God loves even those who confess: “I do not know God, however he knows me – and that is hope”.¹

The Raoul Follereau International Union – Friends of Raoul Follereau Association seated in Paris, France, that works for the liquidation of leprosy, has consultative status in the UNESCO, maintains relations with the UNO and several medical organisations struggling against leprosy and other infectious diseases, mainly in Africa. Its annual proceedings are called “Développement et santé”.

The recent significant development of medical sciences and the fact that from 1982 this disease can be cured with a special pharmaceutical preparation, may induce advanced societies to suppose that leprosy does not exist anymore and forget about it.

This is, however, not true at all. Still 219,826 new lepers are detected every year, according to the data published in August 2010 by WHO-experts. There are almost 10 million people suffering from leprosy in the world.²

Nowadays, when the bacillus that causes leprosy – *mycobacterium leprae* – has been isolated and it can even be cured well, it seems to be only a matter of intention to get rid of this disease once and for all. Why is it still surrounded by superstitious fears, why does it still stigmatise, and why leprosy is that very malady and not any other infectious disease?

II. Leprosy as a Disease

Leprosy proper, or *lepra tuberculosa*, in contradistinction to other skin diseases commonly designated by the Greek word *lepra* (psoriasis), is a chronic infectious disease caused by the *bacillus leprae*, characterised by the formation of growths in the skin, mucous membranes, peripheral nerves, bones, and internal viscera, producing various deformities and mutilations of the human body, and usually terminating in death. This bacillus was discovered by the Norwegian scientist Gerhard Henrik Armauer Hansen in 1873.

How leprosy originated is unknown: bad nutrition, bad hygiene, constitutional conditions (tuberculosis, alcoholism, probably heredity) seem to favour its production and propagation. The disease is immediately caused by the infection of the *bacillus leprae*, a small rod bacillus from 0.003 mm to 0.007 mm in length and 0.0005 mm in diameter, straight or slightly curved, with pointed, rounded, or club-shaped extremities, usually found in short chains or beads.

The period of incubation is ‘estimated at from a few weeks to twenty and even forty years’. Like most infections, leprosy has a preliminary stage, uncertain in its character: there are loss of appetite, dyspepsia, and nausea, neuralgia, rheumatic

1 Follereau 2005. 35.

2 Barragán 2007.

and articular pains, fever, intermittent or irregular, unaccountable lassitude and anxiety. These premonitory symptoms, which may last for months, are followed by periodical eruptions. Blotches, first reddish, then brown with a white border, appear and disappear in various parts of the body; sooner or later small tumours, filled with a yellowish substance fast turning to a darker hue, rise sometimes on the joints, but oftener on the articulations of the fingers and toes. These tumours, however, are not yet specifically leprosy; at the end they may leave permanent spots, pale or brown, or nodules. Then the disease, manifested by the apparition of specifically leprosy formations, diverges into different varieties, according as it affects the skin and mucous membranes (cutaneous leprosy), or the nerves (anaesthetic), or both (mixed, or complete); each of these varieties, however, merges frequently into the others, and it is sometimes difficult to draw the line between cases.

Cutaneous leprosy is either macular or tubercular. The former variety is characterised by dark (*lepra maculosa nigra*) or whitish (*lepra maculosa alba*) spots, usually forming on the place of the old blotches; the eruption, at first only intermittent, turns finally into an obstinate ulcer with constant destruction of tissue; the ulceration usually begins at the joints of the fingers and toes, which drop off joint by joint, leaving a well-healed stump (*lepra mutilans*); it is sometimes preceded by, and ordinarily attended with, anaesthesia, which, starting at the extremities, extends up the limbs, rendering them insensible to heat and cold, pain, and even touch. In the tubercular type, nodosities of leprosy tissue, which may reach the size of a walnut, are formed out of the blotches. They may occur on any part of the body, but usually affect the face (forehead, eyelids, nose, lips, chin, cheeks, and ears), thickening all the features and giving them a leonine appearance (*leontiasis, satyriasis*). Tubercular leprosy develops rapidly, and, when attacking the extremities, its destructive process has the same effect of ulceration, mutilation, and deformity as has been mentioned above. Scarcely different from the preceding in the period of invasion is the course of anaesthetic leprosy, one of the characteristic symptoms of which is the anaesthesia of the little finger, which may occur even before any lesions appear. The ulcer, at first usually localised on one finger, attacks one by one the other fingers, then the other hand; in some cases the feet are affected at the same time, in others their ulceration follows that of the hands. Neuralgic pains accompany the invasion, and a thickening of certain nerves may be observed; motor-paralysis gradually invades the face, the hands and the feet. Consequent upon this, the muscles of the face become contracted and distorted by atrophy; ectropion of the lower lids prevents the patient from shutting his eyes; the lips become flabby, and the lower one drops. The sense of touch and muscle-control being lost, the hands are unable to grasp, and the contraction affecting the muscles of the forearm produces the claw-hand. In the lower extremities analogous effects are produced, resulting first in a shuffling gait and finally in complete incapacity of motion. Then the

skin shrinks, the hair, teeth, and nails fall, and the lopping-off process of necrosis may extend to the loss of the entire hand or foot.³

Leprosy was not uncommon in India as far back as the 15th century BC and in Japan during the 10th century BC. Of its origin in these regions little is known, but Egypt has always been regarded as the place whence the disease was carried into the Western world. That it was well known in that country is evidenced by documents of the 16th century BC; ancient writers attribute the infection to the waters of the Nile⁴ and the unsanitary diet of the people as Galen referred to. Various causes helped to spread the disease beyond Egypt. Foremost among these causes Manetho places the Hebrews, for, according to him, they were a mass of leprosy of which the Egyptians rid their land. Though this is romance, there is no doubt but at the Exodus the contamination had affected the Hebrews. From Egypt Phœnician sailors also brought leprosy into Syria and the countries with which they had commercial relations, hence the name 'Phœnician disease' given it by Hippocrates (*Prorrhethics*, II); this seems to be borne out by the fact that we find traces of it along the Ionian coasts about the 8th century BC, and in Persia towards the 5th century BC (Herodotus). The dispersion of the Jews after the Restoration (5th century) and the campaigns of the Roman armies are held responsible for the propagation of the disease in Western Europe: thus were the Roman colonies of Spain, Gaul and Britain soon infected.

III. Leprosy as a Divine Punishment

The foregoing sketch of the pathology of leprosy may serve to illustrate some of the many passages of the Bible where the disease is mentioned. From the epoch of the sojourn of the people of God in the desert down to the times of Christ, leprosy seems to have been prevalent in Palestine: not only was it in some particular cases (Numbers 12, 10; 2 Kings 5, 27; Isaiah 53, 4) looked upon as a divine punishment, but at all times the Hebrews believed it to be contagious and hereditary (2 Samuel 3, 29); hence it was considered as a cause of defilement, and involved exclusion from the community. From this idea proceeded the minute regulations concerning the diagnosis of the disease and the restoration to social and religious life of those who were cleansed. All decisions in this matter pertained to the priest, before whom should appear personally both those who were suspected of leprosy and those who claimed to be healed. If, at the first examination, the signs – coloured nodule, blister, shining spot, discolouration of the hair – were manifest, isolation was pronounced at once; but if some of the signs were wanting, a seven-days quarantine was ordered, at the term of which a new inspection had to take place;

³ The Catholic Encyclopedia 1918, webpage.

⁴ Lucretius, *De rerum natura* 1864.

should then the symptoms remain doubtful, another week's quarantine was imposed. The appearance of 'the living flesh' in connection with whitish blotches was deemed an evident sign of the infection. White formations covering the whole body are no sign of leprosy unless 'live flesh' (ulceration) accompany them; in the latter case, the patient was isolated as suspect, and if the sores, which might be only temporary pustules, should heal up, he had to appear again before the priest, who would then declare him clean. A white or reddish nodule affecting the cicatrix of an ulcer or of a burn would be regarded a doubtful sign of leprosy, and condemned the patient to a seven-days quarantine, after which, according as clearer signs appeared or not, he would be declared clean or unclean. Another suspicious case to be re-examined after a week's seclusion is that of the leprosy of the scalp, in which not leprosy proper but ringworm should most likely be recognised. In all cases of acknowledged leprosy infection, the patient was to 'have his clothes hanging loose, his head bare, his mouth covered with a cloth' and he was commanded to cry out that he was defiled and unclean. As long as the disease lasted, he had to 'dwell alone without the camp' or the city.

Like the presence of leprosy, so the recovery was the object of a sentence of the priest, and the reinstatement in the community was solemnly made according to an elaborate ritual given in Leviticus (15).

In connection with leprosy proper, Leviticus speaks also of the 'leprosy of the garments'⁵ and 'leprosy of the house'.⁶ These kinds of leprosy, probably due to fungus formations, have nothing to do with leprosy proper, which is a specifically human disease.

IV. Knights of Saint Lazarus

In Christian times the canons of the early councils (Ancyra, 314), the regulations of the popes, the erection of leper-houses, called 'leprosoria' – special hospitals for lepers, built on river-banks – bear witness to the existence of the disease in Western Europe during the Middle Ages. The invasions of the Arabs and, later on, the Crusades greatly aggravated the scourge, which spared no station in life and attacked even royal families. Lepers were then subjected to most stringent regulations. They were excluded from the church by a funeral mass and a symbolic burial. In every important community asylums, mostly dedicated to Saint Lazarus and attended by religious orders, were erected for the unfortunate victims.

During the Middle Ages the Military and Hospitaller Order of Saint Lazarus of Jerusalem, established in the Holy Land in 72 AD, did pioneer work in nursing lepers.

5 The Holy Bible, Leviticus 13. 47–59.

6 The Holy Bible, Leviticus 14. 34–53.

The Order of Saint Lazarus, like the other orders born in the Holy Land during the Crusades, had a turbulent and honourable beginning, a brief but very useful role in exterminating leprosy in Europe during the Middle Ages, another brief naval period when it served with distinction attacking pirates in the Mediterranean during the 17th century, after which it became an honorific distinction bestowed by the King of France.

Gerard de Martigues, a Provençal, later known as the 'Blessed Gerard', founded the Order of Saint John and was director of the Hospital of Notre Dame in the Holy City sometime before the Crusaders conquered Jerusalem in 1099. At first, Gerard directed the Hospital under the authority of the Abbot of St. Mary. Later he and his companions left and created a special congregation, adopted a Rule, took vows and were accredited by the Popes. The first bull in their favor is dated February 15, 1113 and refers to 'Gerard, Founder and Governor of the Hospital at Jerusalem and his Legitimate Successors'. Godfrey de Bouillon, uncrowned 'king' of Jerusalem was so impressed with the dedication of Gerard and his companions towards the sick and the wounded that he supported and gave them funds and facilities. Some believe that the Order of Saint Lazarus took on a separate identity in 1120 when Boyand Roger, Rector of the Hospital of Jerusalem was elected Master of the Hospitallers of Saint Lazarus. Those suffering from the 'living death' of leprosy regarded Lazarus⁷ as their patron saint and usually dedicated their hospices to him. The first written reference we have to Saint Lazarus as a 'knightly' order is a letter written by Henry II, King of England and Duke of Normandy, dated 1159, in which he makes a large donation to it, and refers to the 'Knights and Brethren of Saint Lazarus'.⁸

Five major orders were formed in the Holy Land in the late 11th–early 12th century: the Knights Templar, Knights Hospitaller (St. John), Knights of the Holy Sepulchre, Knights of the Hospital of St. Mary of Jerusalem (Teutonic Knights) and Knights of Saint Lazarus. Templar knights who contracted leprosy were sent to the care of the Order of Saint Lazarus. These knights trained the brethren of Saint Lazarus in the military arts and were responsible for transforming the Order into a military one. William, archbishop of Tyre, as well as other historians of the period, appeared unaware of the difference between the Orders of Saint Lazarus and Saint John and lumped them together, referring to them in their accounts only as 'Hospitallers'. By 1256 the Order of Saint Lazarus had grown considerably and its existence was recognised by Pope Alexander IV under the Rule of St. Augustine. It acquired a church, a convent and a mill in Jerusalem and property near the Mount of Olives. It built a chapel at Tiberias and two hospitals for pilgrims in Armenia. It acquired more establishments at Nablus, Ascalon and Caesarea.

In 1187 Saladin invaded and reconquered the Holy Land at the battle of Acre. The Order lost its main hospital and convent, and a contingent of knights

7 The Holy Bible, Luke 19, 9–31.

8 Algrant, webpage.

perished in the loss of Jerusalem. In 1191 Richard Coeur de Lion defeated Saladin at Azoof and recaptured Jaffa. He and Saladin made a treaty by which the sea coast from Tyre to Jaffa remained in the possession of the Crusaders, and Christians were allowed full liberty to visit the Holy Sepulchre. The Order relocated to Acre built a hospital, convent and church, and carried on with its hospitaller functions. It secured sovereign rights over a portion of the city on territory ceded to it by the Templars, and Pope Urban IV confirmed its privileges in 1264. They were mentioned as being present at the battle of Gaza in 1244 and at the final siege in 1291 when Acre fell to the greatly superior Mameluke forces. The Christian knights present in Acre perished, as did Christian hopes in the East. The green cross of Saint Lazarus disappeared from the Holy Land after two hundred years. It moved to Cyprus, then Sicily, then returned to its headquarters at Boigny near Orléans in France. The property at Boigny was given to it by King Louis VII in 1154 and erected as a barony in 1288. Many knights who had become used to the Mediterranean climate decided not to return to France and went no farther than Sicily, where they established themselves on properties given to them by the Germanic Roman Emperor Frederick von Hohenstauff. Their headquarters was in Capua, on the Italian mainland. These expatriates eventually became a completely separate branch of the Order under Papal jurisdiction when in 1489 Pope Innocent VIII fulminated a bull giving the properties of the Orders of Saint Lazarus and of the Holy Sepulchre to the Order of St. John, in effect dissolving the two. The branch of Saint Lazarus at Boigny refused to recognise the validity of the bull.

By the early 16th century the Order was moribund. Leprosy had been virtually eliminated in Europe. The Crusades were over, and in Papal eyes there was very little to justify the continued existence of Saint Lazarus. Though the knights of Saint Lazarus at Boigny continued to function as an order, as far as the Pope was concerned, the Order in France had ceased to exist. The properties of the Sicilian branch had been transferred by the Pope to the Savoyan Order of Saint Maurice, which became the Order of Saints Maurice and Lazarus. Originally created as a military order whose mission was to protect the Papal States' shoreline from the Barbary pirates, it soon became nothing more than a distinction of the House of Savoy and after the unification of Italy, a state order along with that of the Crown of Italy. Following the Second World War, King Umberto exercised from his exile in Portugal his right of *fons honorum* and proffered these Savoyan orders to many of his deserving friends.

His son, Prince Victor Emanuel, continues to award the order. On July 25, 1593, King Henry of Navarre abjured the Protestant faith in order to accede to the French throne as Henri IV. In 1608, two years before his assassination, he created with the blessing of Pope Paul V the Order of Our Lady of Mount Carmel and named Philibert, Marquis de Nerestang, Grand Master of Saint Lazarus, Grand

Master of the new order. He in effect amalgamated the two orders, which then became known as the Order of Our Lady of Mount Carmel and Saint Lazarus.

There is a good deal of controversy as to the King's reasons for founding this new order and then joining it to Saint Lazarus. Some historians see it as a move to prove to the Pope that he was now a good Catholic fulfilling the vows he took to create institutions to glorify the Church and the faith when he abjured Protestantism. Others hold that the King was being wily and his only desire was to prevent the considerable properties of a moribund Saint Lazarus from falling into the hands of the Hospitallers of Saint John and, in effect to revive Saint Lazarus (which was dissolved by Pope Innocent VIII in 1489). Since over the years he had made several efforts to have the Pope annul the 1489 bull, it is reasonable to assume that the truth lies somewhere in between. Historians of the Order claim that, although they owed allegiance to a common grand master, neither Order lost its sovereign identity.⁹

In theory the Order was military, but with the exception of a brief period in the 17th century when it manned ten naval frigates it played no military role after it left the Holy Land. It was composed of diplomats, high-level civil servants and members of the titled nobility and one hundred knights.

Nowadays the Order is active not only in France, but also in Italy, Hungary, Austria, Portugal, Scandinavia and Malta. Since 1961 due to the regulation of the Grand Master, the Order has restarted its charity work even in the English-speaking countries, such as Great Britain, the United States, Canada, Australia and New Zealand. There are some independent commands in India, Thailand and Niger, as well.

The historical continuity of the Order is traceable upon the array of the Grand Masters' succession. The Chancellery of the Order is now seated in Malta. The Order has never stopped caring about lepers and other patients suffering from skin-disease. The Order also gathers medicine and forwards it to countries where there are still lepers. It founded hospitals for lepers in Congo, Senegal, Syria, Lebanon, Israel, Malaysia and Turkey. The most famous member of the Order was probably Albert Schweitzer, who cured lepers himself in Africa.

V. Legislation in the Middle Ages in Western Europe

As a consequence of the dissemination of leprosy in Europe, legislation provided against the spread of the disease and regulations concerning the marriage of leprosy persons, as well as their segregation and detention in institutions – which were more charitable and philanthropic than medical, partaking of the character of asylums or almshouses – gradually came into operation. The leper-houses,

⁹ Algrant, webpage.

called 'leprosoria' existed in France as early as the 7th century at Verdun, Metz, Maastricht. These institutions were a couple of lodges built on river banks. In the 8th century St. Othmar in Germany and St. Nicholas of Corbis in France founded leper-houses, and many such existed in Italy. Legislative enactments against the marriage of lepers, and providing for their segregation, were made and enforced as early as the 7th century by Rothar, King of the Lombards, and by Pepin (757) and Charlemagne (789) for the Empire of the Franks. The earliest accounts of the founding of leper-houses in Germany is in the 8th and 9th century; in Ireland, 869 (Innisfallen); England, 950; Spain, 1007 (Malaga) and 1008 (Valencia); Scotland, 1170 (Aldnestun); the Netherlands, 1147 (Ghent). The founding of these houses did not take place until the disease had spread considerably and had become a menace to the public health. It is said to have been most prevalent about the time of the Crusades, assuming epidemic proportions in some localities: in France alone, at the time of the death of Louis IX, it was computed that there were some two thousand such houses, and in all Christendom not less than nineteen thousand.¹⁰

These institutions were intended principally as houses to seclude the infected, and not so much as hospices for the curative treatment of the disease, which was considered then, as now, an incurable disorder. They were founded and endowed as religious establishments, and as such they were generally placed under the control and management of some abbey or monastery by a papal Bull, which appointed every leper-house to be provided with its own churchyard, chapel, and ecclesiastics.

The following extracts from the regulations of the leper-hospital at Illeford (Essex), in 1346, by Baldock, Bishop of London, illustrate this point: 'We also command that the lepers omit not attendance at their church, to hear divine service unless prevented by previous bodily infirmity, and they are to preserve silence and hear matins and mass throughout if they are able; and whilst there to be intent on devotion and prayer as far as their infirmity permit them. We advise also and command that as it was ordained of old in the said hospital every leprous brother shall every day say for the morning duty, an Our Father and Hail Mary thirteen times and for the other hours of the day [...] respectively an Our Father and a Hail Mary seven times, etc. [...] If a leprous brother secretly [occulte] fails in the performance of these articles let him consult the priest of the said hospital in the tribunal of penance'.¹¹ The Church, therefore, from a remote period has taken a most active part in promoting the well-being and care of the lepers, both spiritual and temporal.

¹⁰ Hirsch 1885. 7.

¹¹ Dugdale 1693. passim.

VI. Leprosy in Transylvania; the Leprosy Pulpit of Sighișoara

The most leprosy cases were diagnosed in Europe from the 11th to the 14th century. It culminated in the 13th century, however, even the 18th century was not immune from leprosy. We find the first data concerning leprosy in the 15th century. Lepers diagnosed were isolated everywhere. For this purpose were the first leprosoria built in Brașov (Hungarian: Brassó) in 1413, in Codlea (Hungarian: Feketehalom) in 1413, in Bistrița (Hungarian: Beszterce) in 1454, in Sibiu (Hungarian: Szeben) in 1474, in Cluj (Hungarian: Kolozsvár) in 1559, in Rožňava, now in Slovakia (Hungarian: Rozsnyó) in 1575 and in Sighișoara (Hungarian: Segesvár) in 1575.¹²

Sighișoara is a city in county Mureș (Hungarian: Maros) in Transylvania, Romania. Among the files of Sighișoara documents referring to a hospital can be found already from 1461. In this hospital, however, only the poor, the old, the invalid and the disabled patients were cured. In 1549 still only one hospital was mentioned, but from 1575 there were two hospitals in the city, one of them – the new one – was the leprosorium. This leprosorium consisted only of a couple of lodges built on the outside of the walls of the city, on the right bank of the river Küküllő. The lowland plain where the leprosorium was built was referred to as ‘Gringraas’. One of those little lodges still existed at the beginning of the 19th century. A small chapel was also built next to the hospital, since lepers – suffering for 20–30 years from their illness – needed much of spiritual consolation. A special pulpit was walled on the outside of the church, too, because lepers were not allowed to enter the church.

The surroundings of the church is now built upon, and dwelling-houses enclose this sorrowful monument. A bridge spans over the river Küküllő leading us here. The small bridge was mentioned in the 16th century as ‘pons leprosorium’.

VII. Patients’ Rights – are We Overly Patient?

Alas, leprosy even in these days – such as in the ancient times and the Middle Ages – is a disease that stigmatises. Its advanced symptoms, i.e. somatic distortion and amputations still cause excommunication, even if the patient has recovered and is not infectious any more. On April 19, 1997, the representatives of leprous patients issued the ‘Global Appeal 2007’ (Appeal for Building Global Humanitarian Response Capability), which aims to start public fight against condemnation and discrimination.

¹² Tarr, 2003. 8 ff.

Even the label of Leprosy Day – Martyrs’ Day – refers to the fact that the martyrs of this day are not the lepers because they now can effectively be healed. The martyr is actually the ideal of human dignity, the equality of human and civil rights.

Human dignity originates from the unity of spirit and body, which means that the body is able to receive the elements of the material world and exist among them, while the spirit secures the basis. Body and spirit are, however, not two isolated kinds, but they exist together as a unit. This unit makes mankind prevail over the other living creatures, since we do have reason and free will in our acts. On the understanding of the fact above, we can state that this ability means the substance of human dignity.¹³

Tamás Lábady, the great Hungarian jurist of our days, defines human dignity as a quality that goes hand in hand with our life; an absolute right, which is indivisible and equal for each human creature.¹⁴ Considering the principles seized above we have to reject not only each classic motive of discrimination (i.e. race, sex, religion), but also the discrimination because of illness.

Finally, we have to mention patients’ rights as well, which emerged via the legislation of the US, in the ‘Salgó-case’ in 1957. In this case both legs of the patient were paralysed after an operation done properly. The paralysis was caused by a rare complication, so the basis of the judgment was not malpractice, but the absence of patient’s information. From this legal action, European governments of laws started denominating patients’ rights. This new approach manifests in the first ‘Patient’s Bill of Rights’ of the Hospitals’ Society of the US in 1973, and later on in ‘Patients’ Charter’ issued by the WHO in Amsterdam in 1989.¹⁵

Patients’ rights nowadays are constitutional rights in the better part of the world. Although with the isolation of the bacillus that causes leprosy medical science has prevailed against this disease, and almost simultaneously even jurisprudence defended the patients’ rights via legislation, regrettably, mankind still can not get rid of this disease that stigmatises seriously.

The battle against leprosy appears to be a social problem transcending the aspects of both medical science and jurisprudence. In the last analysis, it seems to be the battlefield of a war that is fought for everlasting human dignity and against discrimination. I am sorry to say that mankind can still not triumph in this battle even in the 21st century.

13 Tarr 2003. 8–9.

14 Lábady 1997. 223.

15 Jobbágyi 2008. 52.

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