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While I was reading this new study, my sister, who is a former nurse, glanced at the title and commented, “Disabled clerics! That's a bit niche, isn't it? How does that relate to wider society?” Bearing in mind that my family thinks that everything medieval is a bit niche, my sister’s point is a valuable one. I spent time explaining to her the key messages that I took away from this book. Medieval clerics were among the most highly educated and well-connected people in Latin Christian Europe who left some of the best “paper trails” that survive from the Middle Ages. In theory, to be an ordained priest, a man had to be deemed physically and mentally “perfect,” but in practice the attraction and retention of suitable people meant that what today we might call “reasonable adjustments” had to be made to allow some of these men to hold office. They either always had a condition that might be deemed disabling (although sometimes only in the context of needing to be “perfect” for ordination) or they acquired it during later life, making their position difficult to maintain.

Negotiating these adjustments gave rise to two types of documentation: the petitions in which individuals asked the pope to be allowed ordination or continuation in office and the papal letters that authorized such steps or responded to other aspects of the process (for example, answering other clergy who might have complained about the individual’s impairment). Handling these cases allowed clergy to bypass their local bishop or other ecclesiastical authority and enabled popes to increase their influence across Europe. As Ninon Dubourg points out, “petitions and papal letters form a productively hybridized corpus, situated at the intersection of authorized, institutional policy and (auto-)biographical testimony, chronicling the lived experiences of disabled people in the Middle Ages” (p. 21). This body of material is immensely valuable as a way into the lives of a fairly small but highly influential medieval social group. My sister’s other question, how it relates to wider society, does, however, still need to be answered.

This monograph is one of the latest in the fruitful but rather variable series, Premodern
Health, Disease, and Disability from Amsterdam University Press. It is a strong study with some excellent chapters. The introduction provides a good overview of where Dubourg's approach fits within disability studies and thoroughly explains what petitions and papal letters are, how they were produced, and what the dimensions of her data set are (142 petitions and 743 letters from the thirteenth and fourteenth centuries). The introduction also analyzes the gender, clerical status, and social rank of the petitioners and recipients of the letters. Not all the documentation relates to men; twenty-three nuns received papal letters. However, throughout the book only one woman's case is discussed. Gender is not a concern of this book, although obviously the constructedness of clerical disability had a highly gendered aspect since only men could be ordained as priests. How abbesses and prioresses managed their official business, which also sometimes required travel and delegation, is not explained.

Chapter 1 is a useful guide to the concept of an “unblemished” priesthood in ecclesiastical law and tradition and the ways clerical norms were established. Chapter 2 analyzes the impairments that led to the petitions and letters. These range from congenital conditions, such as visual impairments and absent fingers, to acquired conditions that resulted from illness or injury, such as loss of an eye in an accident or a diagnosis of leprosy in a small but interesting number of cases. In a third of all cases, old age is a factor. Clerics simply became too mentally or physically weak to carry out their duties in later life, although, in many cases, the specific weakness or infirmity is not described. The remaining three chapters focus on three categories of clerics: those wishing to become clergy, those seeking adjustments so that they can remain in office, and those wishing, or required, to retire. The last chapter's title, “Leaving the Clergy,” is rather misleading. A cleric did not cease to have clerical status but rather changed roles or retreated to a monastery or hospital. The conclusion provides fascinating insight on current practice in the Catholic Church in relation to the admission and retention of disabled people and the support they might be able to receive and the barriers that remain.

The research contained in this book is revealing for its exposure of the flexibility and support that were possible and the diversity of clerical life. Clerics could have servants and official adjutants, they could be released from duties that required travel, or they could move to a less responsible position, all while retaining their income. However, there were limits, some of which were clearly stipulated. An impaired priest was rarely allowed to have “care of souls”—that is, pastoral responsibilities that involved performance of Mass, because “the integral sacredness, or perfection, of the clergy could not be called into question by any cleric's putative moral weakness, or his obvious physical ‘defect’” (p. 144). This situation applied even in what might seem today to be minor injuries, for example, the loss of an ear in a childhood accident. These kinds of defects, which without context denoted judicial punishment or other kinds of inappropriate behavior, could cause scandal at a level similar to allowing illegitimately born men to perform sacred duties. These men were “disabled” by their parents’ immorality and similarly had to petition to become clergy.

The implication is that those with obvious physical defects—and whether they were obvious was a matter of debate—were also tainted by possible moral failings, which could lead to future scandal. These types of issues shed a great deal of light on wider medieval attitudes. Although this book is very strong on the church's ability to bend its own rules, there is no discussion of whether this flexibility had any impact whatsoever on how impairments and responsibilities were viewed among the laity. It is clear that social status was of paramount importance. Bishops and abbots, often from aristocratic backgrounds, were the ones most likely to be able to retain their incomes even if they were the least in need. The intersectionality
of medieval discrimination still needs more analysis.

This book comes highly recommended. It has some rather idiosyncratic sections, such as where monasteries are described as retirement homes and places to send disabled children, which is a rather old-fashioned view of monastic recruitment. There are some rather odd translations; I have never before seen “starvation” as one of the six non-naturals, or a *macula* in the eye described as a birthmark. I do wish that there was a wider range of examples; whole chapter sections might rest on just one petition. The (auto)biographical potential of the sources highlighted in the introduction is not really pursued as much as one would expect. Many of the higher status clergy would have left a wider range of documentation that may reveal more about their experiences. A future study might wish to use this book as a starting point for a prosopographical approach to uncover more about particular individuals. There is a great deal to be done in this area. Scholars especially interested in the disabiling effects of chronic illness and old age ought to pay this book attention. Dubourg has brought to wider notice a whole body of previously neglected documentation that deserves much more study.

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