

Chapter 2

The King's Hospital in Norman Palermo: San Giovanni dei Lebbrosi in Context

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San Giovanni dei Lebbrosi in the written sources: Roger II's donation and William I's additions (1154– 1155)

The archive of the church of San Giovanni dei Lebbrosi has not reached us. Only two documents survive from the Norman age, pertaining to the hospital and the church annexed to it. For reasons that will be explained later on, these documents were incorporated into the archive of the church of the Santa Trinità, better known as the Magione, in Palermo; currently, they are stored in the Archivio di Stato of Palermo.¹ The earlier of the two texts is an Arabic *platea* from December 1154 which has reached us via a Latin translation from 11 February 1259 and an authenticated copy made on 7 July 1286;² the second document is a late 12th-century chancery draft copy of a privilege issued by William I in May 115[5].³

The 1154 document was originally a *jarīda* in Arabic, describing the boundaries, rights and men pertaining to the estates of Margana and Haiarzeneti (< Ar. *ḥajar al-Zanāta*, 'the stone of the Zanāta'). It was donated in perpetuity to the hospital of San Giovanni Battista – located outside the city of Palermo (*hospitali sancti Iohannis Baptiste extra civitatem Panormi*) – and confirmed to the 'aforementioned' church. The latter is mentioned here for the first time and was evidently associated with the hospital from the very beginning, as an annexed legal entity (*que gratia concessa est perpetuo et in eternum hospitali predicto, quod executum scriptum est privilegium hoc et confirmatum ecclesie supradicte*).⁴ The

second document, from 1155, mentions an 'anonymous' hospital founded by King Roger – suggesting that it was identified by antonomasia – and located in the Palermo area (*hospitali a domino et glorioso rege Rogerio, genitori nostro felicis memoriae, sito in territorio eiusdem urbis Panormi*).⁵ The King had endowed it with estates (*casalia*) and villeins, as well as vineyards and lands, donations which were later confirmed and significantly extended by William I.

The juridical measures taken by the Norman rulers are *pro anima* donations, primarily for the salvation of the souls of Roger II and his parents (*idem predictus dominus rex, pater noster, eidem hospitali ob salutem animae suae et parentum suorum*, 1155),⁶ and for the remission of his sins (*ut dictus rex haberet meritum a Deo petendo remissionem peccatorum eius et sequendo voluntates eius*, 1154),⁷ but also for the commendation of the souls of the sovereign and of his son William, who was still alive at the time (*ad remedium animae eiusdem domini regis, patris nostri, et nostrae augere*, 1155).⁸ This donation follows a tradition of Norman *pro anima* donations, some of which were made to hospitals: in 1101 Roger Borsa (d. 1111), the son and successor of Robert Guiscard, and the brother of Bohemond of Antioch, sought to make a donation of a third of a thousand gold bezants to the Hospital of St John the Baptist in Jerusalem: *pro peccatis suis et pro requie anime ipsius suorumque... in sustentatione hospitalis languidorum et ceterorum inualidorum*.⁹

On an unspecified date, through the use of legal instruments such as registers of villeins and lands as well as issued privileges (*in plateis et scriptis*), Roger II endowed the hospital he had founded with a considerable patrimony consisting of the estates

¹ On the Magione archive and its history, see Lo Cascio 2011.

² Palermo, Archivio di Stato, Tabulario della Commenda della Magione nos. 78 and 173; published in Enzensberger 1996: no. 4, 11–14; document summary in Lo Cascio 2011: no. 5, 23.

³ Palermo, Archivio di Stato, Tabulario della Commenda della Magione no. 1; edition in Enzensberger 1996: no. 8, 23–26; document summary in Lo Cascio 2011: no. 6, 23–24.

⁴ Enzensberger 1996: no. 4, 12; Russo 1975: 131. In light of the 1154 Arabic *jarīda/platea*, it has been hypothesised that the church was founded before the hospital: see Di Stefano 1979: 25. It must also be noted that the hospital is referred by name unlike the *ecclesia supradicta* is not explicitly mentioned by name in the 1154 Arabic *jarīda/platea* transmitted through the two Latin transcriptions of 1259 and 1286.

⁵ Enzensberger 1996: no. 8, 25.

⁶ Enzensberger 1996: no. 8, 25.

⁷ Enzensberger 1996: no. 4, 12.

⁸ Enzensberger 1996: no. 8, 25.

⁹ Albert of Aachen 2007: 572, 574 and n. 78; Mitchell 2004: 63 (in both texts one must correct the attribution of the donation to Roger the Great Count, *sic*). On the topic of *pro anima* donations in medieval Southern Italy see Fonseca 1996: 186; Peters-Custot 2019; more generally see Magnani S.-Christen 2003; Bacci 2003; Magnani 2009.



Figure 1 – Map of Sicily showing the five estates mentioned in the 1155 letter of privilege: 1. Meselarmet. 2. Butont. 3. Gurfa. 4. Margana. 5. Raalginet/Haiarzeneti

of Meselarmet in the Mazara district (also known as Meselarmel, between Mazara, Castelvetro and Salemi), Butont in the Menneni district (also known as *rahl Butont*, present-day Rebuttone, between Altofonte and Piana degli Albanesi), and Gurfa (near Polizzi), with their villeins and estates. Roger II also added the vineyards and lands around the hospital (*quae sunt in circuitu hospitalis*), many of which had formerly belonged to prominent individuals, as in the case of the vineyard of the prothonotary Philip, the vineyard of emir (*ammiratus*) Theodore, the vineyard bordering the hospital and formerly owned by the wife of the *gaitus* (< Ar. *qā'id*) Amet/Aḥmad, the vineyard adjacent to one in Mascari and bordering the *Migeles* vineyard, formerly owned by Nicholas Lagucet, an olive grove located near the hospital, and the lands bordering the olive grove up to a place known as *Iusifia* and then extending as far as the sea, and – finally – the *Anselia's* land.¹⁰ As already noted, Roger II's donation was made at an unspecified date; however, thanks to Carlo Alberto Garufi's investigations of the people mentioned above, it can

reasonably be dated to the period between January 1145 and December 1146 or, alternatively, to 1148.¹¹

In 1155, Roger II's conspicuous donation was confirmed by William I, along with that of the estate in the Vicari district and what is referred to as Raalginet (< Ar. *rahl al-Zanāta*, 'the village of the Zanāta', a place name equivalent to Haiarzeneti) near Corleone (fig. 1), which had already been donated in 1154. To these, the sovereign added the vegetable garden once owned by Michael of Antioch, the son of George of Antioch, located near the Oreto River, adjacent to the Saracens' *mahumeria* near the vegetable garden of the 'emir of emirs' (*ammiratus ammiratorum*) Maio. The hospital had full ownership and management rights over all its properties, free from any controversy or calumny, and was not subject to any obligations or services, except towards the sovereign and his heirs.¹²

¹¹ Garufi 1940: 46; for an in-depth analysis of place names, see Enzensberger 1996: 23–25.

¹² Enzensberger 1996: no. 8, 25–26.

¹⁰ Enzensberger 1996: no. 8, 25.

William I's confirmation and enlargement of the donation must have been well-known and accepted at the local level, so much so that the *Consuetudines* of the city of Palermo (ca. 1250/1270-78) mention the sovereign as the 'founder' of the lepers' hospital. It is also interesting to note that, at the time of the extension of *Consuetudo* 81, the hospital complex was referred to as a group of 'houses' (*in domibus*, a word which might also have had a religious meaning),¹³ already developed into a *mansio* by the Norman king.¹⁴ William I's role is further emphasised by an addendum to the 1560 edition of Fazello's work, where the sovereign is credited with the founding – at an unspecified date – of the *Leprosorum xenodochium* near San Giovanni dei Lebbrosi. This was transferred from the church of San Leonardo which, in Fazello's day, was located half a mile outside Porta Nuova.¹⁵ Although there is no real evidence to confirm this hypothesis, it may be that the original *hospitale* founded by Roger II was specifically adapted to house lepers by William I. In this case, after an initial phase in which the *hospitale* was intended to provide simple assistance in a religious milieu – which is to say board and lodging for the sick and poor, as well as pilgrims – there may have been a second phase in which a leper hospital was set up by separating the lepers and administering specific medical treatments to them, which is essentially what also occurred in hospitals in the Holy Land: at Acre, Jerusalem and Nablus.¹⁶ Be that as it may, it seems as though Palermo's leper hospital was de facto set up before guidelines on such matters were issued with canon 23 of the Third Lateran Council, presided over by Alexander III in 1179. This was the final outcome of a process begun in the middle of the century. Given that lepers were forbidden to live among healthy people and to attend church like other Christians, the canon established the possibility for them to have their own churches, cemeteries and priests, wherever it was possible to gather together a large enough number of lepers to ensure a communal life.¹⁷

By contrast, during William II's reign, the hospital of Palermo experienced a significant *deminutio patrimonii*, as the estate of Haiarzeneti was revoked by the Crown and donated to the Monastery of Santa Maria Nuova of Monreale. This information can be inferred from a *jarida*, or Arabic-Latin estate register, with a detailed description of the boundaries of the lands and villages granted to Santa Maria Nuova of Monreale by William II on 15 May 1182. In this document, the vast territory of Corleone also includes the *divisa*, which is to say the boundaries, of Haiarzeneti, which – except for a few discrepancies due to the 1258 translators – reproduces that of the Haiarzeneti estate which William I donated to the hospital of San Giovanni Battista in 1154.¹⁸

In light of the available written sources from the Norman age, and especially of the archaeological and architectural evidence we shall be reviewing, it is difficult to accept the widespread idea that the current church of San Giovanni dei Lebbrosi dates from the years between 1071 and 1085,¹⁹ and hence that it is the oldest Norman church in Palermo, if not one of the earliest architectural structures in the county.²⁰ The royal building project emerged in an independent and original form during the reign of Roger II, and this dating is confirmed – albeit indirectly – by the church's adherence to the aesthetic standards of that period.

This is evidenced by, among other things, decorative details such as the only surviving capital in the right-hand apse of the church, 'a rare example of an Andalusí Umayyad decorative capital in Sicily, derived from the composite Roman capital', to quote Umberto Scerrato's authoritative opinion (fig. 2).²¹ The echinus bears a hitherto undeciphered Kufic inscription, within a frame which may be read as: *al-'izza li-Llāh / al-yumn al-yumn*, i.e. 'Glory be to God / prosperity, prosperity' (fig. 3).²² It is worth recalling that *al-'izz* ('power', and by extension 'glory'), sometimes spelled *al-'izzā*, and *al-yumn* ('prosperity') are 'invocations' (*ad'īya*) occurring – often jointly – among the Kufic inscriptions painted

¹³ Niermeyer 1976: 354–355; for a parallel for the use of *domus* to mean 'religious house', see Miller and Nesbitt 2014: 146.

¹⁴ *Ut omnes lepre vitio maculati, in domibus Sancti Iohannis Leprosorum Civitatis Panhormi, ubi Rex Guillelmus eorum statuit mansionem, debeant permanere*, La Mantia 1900: no. 81, 218.

¹⁵ *<Ubi post modum Guillelmus Siciliae Rex, Leprosorum xenodochium ex Aede Divi Leonardi extra moenia ad occidentem .500. p. ab urbe distant, eo translatum, instituit>*: see Fazello 1560: 187 and addendum. In a slightly later addendum, Fazello states that the spring of Ainsindi could be found half a mile outside Porta Nuova; to its right was the ancient church of San Leonardo, which used to be a leper hospital; to the left, extending for roughly 300 feet, was the Zisa: see Fazello 1560: 188 and addendum. On the church of San Leonardo, located near the present-day church of the Cappuccini, see Ingrassia 2005: 216 and no. 24 on the map, 151, 217–218, 224–225; Villabianca (F. M. Emanuele e Gaetani) 1873: 386–387 and n. 1; Carta 1969: 53; Lo Piccolo 1995: 159–161.

¹⁶ In the Holy Land this process took a few decades, with a turning point around 1180: see Mitchell 2004: 84.

¹⁷ On canon 23 of the Third Lateran Council, see Bériac 1988: 160–162.

¹⁸ Cusa 1868–82: I/1, 196 (Latin text), 232–233 (Arabic text); Garufi 1902: 47–49.

¹⁹ 'Ma la vera e propria fondazione avrà fatto seguito non molto dopo la conquista di Palermo (1072), come per adempimento di un voto, probabilmente prima della morte del Guiscardo (1085)', Di Stefano 1979: 25; followed by Bagnarini 2012: 27–28; Di Liberto 2013: 169; Maurici 2016: 74.

²⁰ Inveges 1649–51: III, 77; Valenti 1920; Guiotto 1952: 133; Maniaci 1994: 52; Genovese 2010: 66.

²¹ 'Un raro esemplare in Sicilia del capitello di tipo omayyade andaluso derivato dal capitello romano composito', Scerrato 1979: 327 and fig. 98; the scholar describes the capital as a 'probabile importazione, come un'importazione, in circostanze diverse, è il capitello andaluso che si conserva nel Battistero di Pisa'. By contrast, Bellafiore 1990: 126, describes it as a 'capitello aglabita di reimpiego con iscrizione cufica'; on the capital, lastly, Gandolfo 2019: I, 72.

²² The capital measures between 35 and 36 cm in height and 25 cm in width, while the height of the epigraphic band (excluding the frame) measures between 4 and 5 cm; we hope to publish the capital and a commentary on its inscription at some point in the future.



Figure 2 – Capital with Kufic inscription

was *al-mu'tazz bi-Llāh* ('he who is powerful through God').²⁴

What we have is an apparently insignificant ornamental detail – a capital with an Arabic inscription adorning the apse of a Christian church – which actually reflects the distinguishing style and political and cultural horizon of the Norman sovereigns.²⁵

San Giovanni dei Lebbrosi in archaeological records

In Palermo, archaeology has only played an important role in historical research in the last few decades, and in the case of San Giovanni in particular, it has remained entirely absent.²⁶ In order to properly value the importance of this site, then, an archaeological analysis of the building was undertaken for the first time. This methodology understands construction as material culture, viewing a building as an object in context and subject to modifications and alterations throughout its history. Such an approach implies that no single building is preserved as it was originally planned and constructed, and that architecture therefore possesses its own stratigraphy, which is the result of such subsequent actions.



Figure 3 – Kufic inscription (detail)

on the ceiling of the Cappella Palatina in Palermo.²³ We should further bear in mind that the formula *al-'izza li-Llāh*, which is very common in Arabic epigraphy, might also echo the *laqab*, or honorific title, of Roger II, who

Looking first at the sequencing of the existing building made it possible to truly understand the construction process, to ascertain whether there are any remains

²³ More specifically, *al-yumn* occurs even two and/or three times in a row (with or without asyndeton) among the inscriptions on the ceiling of the Cappella Palatina: see Johns 2010: 355–379.

²⁴ On Roger II's *laqab*, found on coins and in inscriptions, as well as in texts such as al-Idrīsī's *Nuzhat al-mushtāq fi ikhtirāq al-āfāq*, see Johns 1986: 22–23, 25, 39–40, 43–44; Johns 2010: 362.

²⁵ See Tronzo 1997; Bongianino 2017.

²⁶ A synthesis is available in Spatafora 2004; as regards San Giovanni dei Lebbrosi, see Utrero Agudo and Mandalà 2016: 47–49.



Figure 4 – General view of San Giovanni dei Lebbrosi

likely to date from previous and later periods, and to pinpoint those areas that require further archaeological research *in situ*. In other words, the archaeological stratigraphy of the architecture helped us to make full use of the excavation process in accordance with the questions that have already arisen. This stratigraphy was also required for the archaeometric examination of the building materials, though prioritising the archaeological trenches played a key role in protecting the landscaped site while respecting its current function as a parish church.

San Giovanni today is a three-aisled basilica with a tripartite transept, three semi-circular apses and a projecting porch at the west end of the hall, which is roofed and divided by pointed arches resting on pillars. The transept and apses, meanwhile, are vaulted, with a dome on squinches covering the crossing space (fig. 4 and 5).

Archaeological analysis of the existing building

Archaeological analysis has identified up to 117 stratigraphic units in the existing structure of San Giovanni, which may be summarised in terms of six construction phases. Only the first of these dates back to the Norman era. This analysis focuses on this phase, but in order to understand the origin and later evolution of San Giovanni, restorations undertaken in the late 19th century (Phase IV) and in the 20th (Phase V) must also be taken into consideration. Initial interventions by Giuseppe Patricolo and subsequent works directed

by Francesco Valenti, between 1912 and 1927, aimed to recover the primitive medieval church of San Giovanni; this involved dismantling the inner plastering, the southwest room, the façade, the north sacristy, the hall vaults and the bell gable, all of which are from the modern period (Phase III).²⁷ Valenti recovered the internal height of the paving, conceived and built a new central-west tower, rebuilt the upper part of the walls and introduced new timber roofing, reusing old elements. He also replaced the bases, shafts and capitals of the apses, except for the capital with a Kufic inscription in the south apse (fig. 2). During this work, a number of schematic and partial drawing surveys of the state of preservation of the church were carried out, along with others showing the results after the restoration.²⁸ Later on, in 1956-57, the homogenising intervention of heritage supervisor Giuseppe Giaccone revealed the structures surrounding the church, including paving and architectural elements dating to different periods.²⁹

Archaeological analysis shows that the original church of San Giovanni (Phase I; L 29 m, W 11 m) was very similar to the current one: a three-aisled basilica built of limestone, with a tripartite transept, three semi-

²⁷ Valenti 1920; Valenti 1932: 216–217, fig. XXXIX–XL; Guiotto 1952; Russo 1975: 132–134; Maniaci 1994: 51–59; Scaturro 2005: 28; Genovese 2010: 66–72; Vassallo *et al.* 2019: 15–17.

²⁸ Plan and longitudinal section in Valenti 1920. One axonometric, one longitudinal and two cross-sections have been published by Di Stefano 1979, fig. XXXII–XXXIV. See also Ciotta 1988: 157; Maniaci 1994: 53; Genovese 2006: 114.

²⁹ Vassallo 2018: 19–20 and fig. 3.

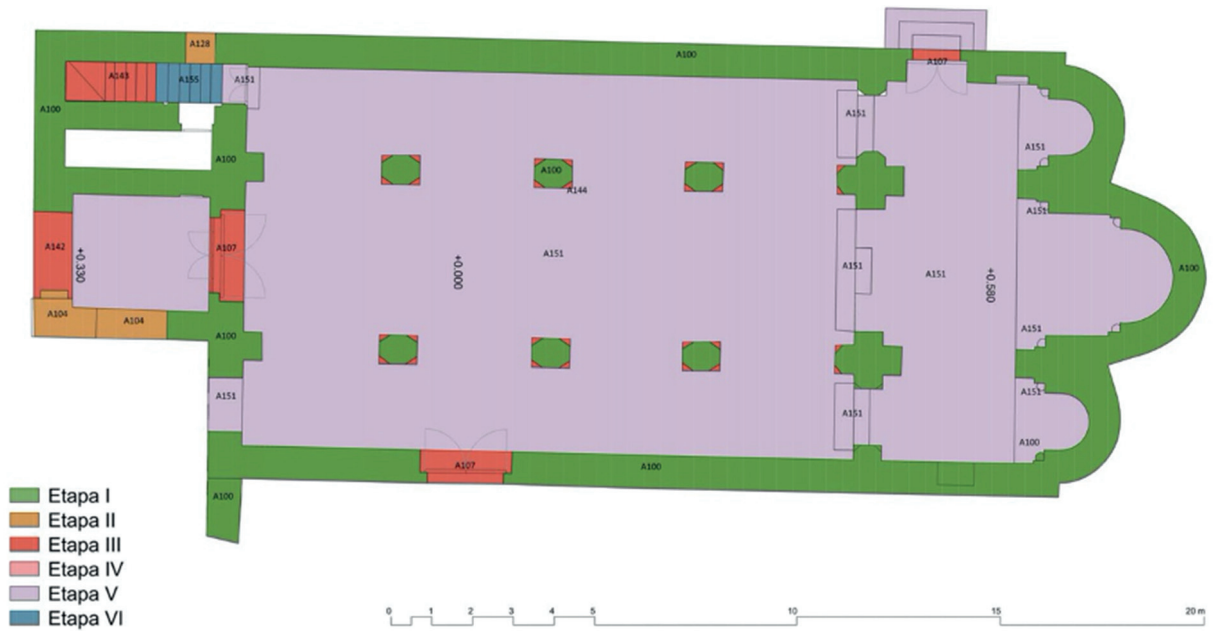


Figure 5 – Plan of San Giovanni, including the phases of construction



Figure 6 – Archaeological records of the south façade of San Giovanni

circular apses and a projecting porch at the west end of the hall (fig. 5 and 6). The hall was roofed and divided by pointed arches resting on pillars. The other spaces were, as explained below, covered in stone vaulting.

The original walls were built in two faces, using small ashlar stones (H 20-22 cm) of local limestone. The rows are continuous throughout the whole plan of the building, providing unity to all the walls. The stone

was cut by adze and placed in horizontal rows, with headers and stretchers (L 30-47 cm) used indistinctly. As was the norm, only the lowest rows are a little higher (visible mainly in the external façade of the apses), with a few fragments of bricks or tiles used to fill in the thin joints. The core of these walls, visible in the broken perpendicular wall of the western façade, is made of small rough stones bonded with a strong, whitish mortar. Although no putlog holes are visible, scaffolding was clearly used to build these walls and their corresponding vaults. This scaffolding was free standing and attached to the walls, making it easy to remove and reuse once work had finished.

Although the jambs of the windows lighting the hall and the apse have been partially restored (Phase V), their form remains the original one. The same is true of the doors, with internal timbered lintels and larger stones used to build up the jambs. Access points were opened in the northern wall of the hall, the western or main façade and the southern one, all of which have closing mouldings which show that their doors were closed and therefore controlled from the inside.

The entrances to the apses are the only places where bases, shafts and capitals are used to support the arches. Although this had not been noticed previously, archaeological analysis confirms that none of these elements are original, but were restored in recent times (Phase V, plaster cast on a timber core, possibly completed after the Second World War), apart from the capital with a Kufic inscription that supports the southern springer of the entrance to the southern apse. This element was especially designed for its current location, as is shown by the inscription and by the three-quarter form of the capital. It is also evident that the capital was inserted while the plaster covering the wall was still fresh, and it is possible that similar capitals were originally placed at the opposite north support and also at the entrance of the other two apses.

The arches of both arcades of the hall and the crossing space, as well as those at the entrances to the apses, are slightly pointed, with voussoirs which are not lined on the outside. They do not always use keystones, and stand on rectangular pillars with chamfered corners, built from huge ashlar stones (H 45-50 cm). Those pillars separating the hall from the transept are cruciform in plan and also have chamfered corners.

As mentioned above, the transept, apses and porch are all vaulted. The square crossing space of the transept is covered with a semi-spherical dome resting on a cylindrical tambour with transitional elements at the angles, which are in fact tall squinches generated by successive arches, similar to large *muqarnas* (fig. 7). The lateral spaces of the transept, rectangular in plan, are



Figure 7 – Domes of the crossing space and main apse

groin-vaulted, with the groins springing from the walls and not from the angles. The lateral apses are shallow and semi-circular in plan and vaulted with a quarter-sphere, and the main apse also has a straight western section, this time barrel-vaulted.

The porch was also roofed with groin vaulting. Since this space later fell into ruin or was destroyed (Phase II) and was then restored (III), only its springers are preserved today. Analysis, though, allows us to establish that it had two entrances, to the south and to the west. The former was later converted into a window, while the latter is still in use.

Examination of the lowest areas and of the staircase of the westernmost bay of the hall shows that these spaces are original and were built at the same time as the church, as well as vaulted with slightly pointed barrel vaults. The direction of the staircase shows, too, that the central tower erected by Valenti (Phase V) does not correspond to the original one. If a tower did indeed exist here, it would have probably stood at the northern angle. From a liturgical point of view, two new elements may have been added to the original furnishings of the

church, with two niches opened in the northern (this one recently transformed by the introduction of a wardrobe) and southern walls of the transept.

The design and construction of all these spaces was unitary, including two perpendicular west walls, the remains of which are only preserved at the southern corners of the western façade. These structures confirm that the temple was not built in isolation but planned as part of a larger complex, roughly 80 m in length and 44 m wide. This structure continued beyond the current fencing of the parish church and was partially destroyed to the east by the urbanisation of the area. Two long galleries, one running N-S and another W-E, are partially preserved today, leaving in between a 3.6 m wide porched courtyard in front of the western façade. The southern gallery extends beyond the east wall of the church and includes a large pool (7.35 m long and 2.65 m wide) at the eastern end, paved with hydraulic mortar and reinforced with internal mouldings.

Both galleries are wide (10.7 m), and they are divided by a central row of square pillars. Along with the thick perimeter walls, these would have supported a second level and were built using the same techniques as the church, with local limestone, regular-sized stones in horizontal rows and thin white mortar. In contrast, the perimeter walls were built of rough stone masonry, protected with plaster on the inside. The circulation levels for these galleries are different today, owing to the subsequent introduction of brick paving, the varying dimensions of which show that they may date back to different periods (e.g., west nave, bricks 28 x 21 and 35 x 23 cm; south nave, 41-42 x 23-24 x 5 cm).

Archaeological interpretation of the Norman church

Plan of the building. The original church of San Giovanni is a building which was perfectly planned not only in terms of its design, but also in its execution. The homogeneity of the dimensions and placing of the ashlar stones, the regular height of the walls and the execution of the openings and vaults reflect a thoroughly coordinated building project which was practical and dynamic and in which there were neither mistakes nor rethinking.

All of the walls were built at the same time and not in phases, thus avoiding jumps or discontinuities between the different elements. Freshly-quarried stones were cut with the help of a set square and used to create continuous courses. The openings (doors and windows) are always tall and narrow, with strong jambs, and the pillars are solid enough to support the loads of the stone groin and barrel vaults. Squinches serve to cover the square plan of the crossing area with a circular dome, driving the loads of the vaulted structure downwards.

These squinches are both high and deep, double-arched and supported by diagonally-sectioned groin vaulting identical to that found in another Palermo church, San Giovanni degli Eremiti. Groin vaulting with horizontal springers covers the lateral spaces of the transept, another feature which can also be seen in other churches in the city, such as at the entrance of the Martorana. In contrast to other churches in Palermo, San Giovanni employs pillars rather than reused shafts in the hall. This reflects an economical use of materials, as for a building with a clear functional purpose it was quicker and easier to build masonry pillars than to plunder or otherwise acquire reused bases, shafts and capitals. For the same reason, the building lacks any decorative elements such as mosaics or friezes, and the window screens and capital(s) in the apse are the only sculpted elements. Although only one capital is preserved today, there must originally have been six, that is, two at the entrance of each apse.

These features have nothing to do with the skill of the artisans, since the aforementioned stereotomy of the stones used to build the vaults on high squinches rather demonstrates the relevance of the geometry and the design involved in the planning process.³⁰ Voussoirs and ashlar stones needed to be accurately designed and cut in advance if vaults were to be built free of mistakes.

Finally, once it was confirmed that the west walls projecting from the façade of the church did, in fact, belong to the same building project, it became possible to make two further suppositions. The first is that these walls cannot be related to a previous Islamic settlement whose existence would appear to be suggested by written sources.³¹ If such a settlement did exist, then these walls were not part of it, though ongoing archaeological excavations reveal Islamic levels, defined by pottery records, a grave (also dated by carbon-14) and other structures earlier than the Norman building.³² The second is that church and complex were built coevally, and the latter was made up of galleries and at least one courtyard, with access from the west porch of the church.

Chronology of the church. The second of these suppositions leads us to the question of the chronology of the church. Many researchers date the current church to the late 11th century.³³ Di Liberto considers besides the use of pillars (and not of reused columns) within a conquest context and defends its likeness to other churches

³⁰ Regarding the stereotomy of the Norman vaults in Palermo, see Ciotta 1988: 151-162 and Guerrero 2014.

³¹ Di Stefano 1979: 24-26.

³² Archaeological excavations were carried out in 2017-2019 and 2021, and a synthesis of these is currently in progress.

³³ Calandra 1938: 32 (wrongly named as San Giovanni degli Eremiti); Calandra 1941: 237 and 239, n. 10; Costantino 1986: 117-119; Ciotta 1988: 151; Ciotta 1992: 88 and 252.

dated to that same period in the region of Messina.³⁴ In our opinion, although these churches are similar in plan, they are not comparable in technological terms, since these examples are built in rough masonry and brick, materials which do not require the kind of skills reflected by a building as meticulously planned as San Giovanni. In an attempt to correlate written and material records, it has been also suggested that the supposed church of San Giovanni built during the Norman conquest was replaced by the present one.³⁵

It is our view, according with other researchers,³⁶ that the church of San Giovanni was built at a later date. The contemporaneity between the church and its surrounding structures provides ample reason to link its construction with the written records which mention the foundation of the hospital, namely the reference by William I (1154 and 1155), who attested to the founding of such an establishment by his father, Roger II. Although it has to be highlighted that the document of 1155 does not mention specifically neither a church nor the name of the hospital.³⁷ Besides this, both building techniques and single elements (timber lintels, pointed arches) are evidence of technological features to be found in other churches of the first half of the 12th century in Palermo. Furthermore, the presence of some common technical details also employed at San Giovanni degli Eremiti (such as angular squinches) could in fact reveal not only artistic influence, but the activities of a common workshop. Elements such as the dual-centred pointed arches and the chamfered pillars of the domes on squinches are also common to Islamic architecture, and in particular to the 10th and 11th century style preserved in Ifrīqiya and in Egypt.³⁸ This fact could indeed suggest that Islamic artisans worked in the church, especially bearing in mind the capital with the Kufic inscription.

Form and Context. It is within the context of the reign of Roger II and his aim of establishing a church in consonance with this new power that San Giovanni and the common architectural and decorative language it shares with others contemporary buildings must be understood.

Other historical and archaeological research shows that the 12th century was the age when most *leprosaria* were founded in Europe, in accordance with the maximum spread of this epidemic.³⁹ Close to urban areas and protected either by a wall or a trench and accessed

via one or more gates, these complexes were usually provided with a chapel, an infirmary, several rooms, a refectory and a cemetery. They were managed by monastic communities which offered both confession and burial.

This same archaeology shows us, though, that there was no common architectural model for this kind of hospital.⁴⁰ The regularity and symmetry of the spaces in the Lebbrosi church could be interpreted as evidence of a royal commission, the management of which was then ceded to a monastic community (as is shown by the courtyard). In other words, the layout of San Giovanni appears to be more that of a monastery than of a hospital.

Its location outside the city and at some distance from the centre, where land was available and probably cheaper, was a convenient one for a hospital with a small chapel. The church is therefore mainly functional in style, lacking in outstanding ornaments but by no means devoid of resources or suitable technology. It is important to bear in mind that what we see today only amounts to a quarter of the original site, which was therefore an important project in terms of financial, material and human resources, and one which highlights the role played by the royal commission. The location of San Giovanni close to the entrance to the city and the Oreto River is also an indicator of the size of the population at the time. Medieval hospitals were understood as entities with limited medical services designed to take care of body and soul, and their purpose was more to relieve poverty than to save patients.⁴¹ San Giovanni marked the outer limits of Palermo and represented a milestone on the road, which was important for attracting alms from people passing by. The Oreto provided fresh water, a key requirement for the subsistence and economy of a *leprosarium* (note also the mention of the pool). The construction was proof of the piety, generosity and prestige of the commissioner, and this was materially visible to those arriving in the city.

Consequently, although San Giovanni today seems isolated and distant from the Norman core of Palermo, in its day it was integrated within the city, albeit on its edge, and certainly in terms of royal planning.

The hospital of San Giovanni Battista in the historical and cultural context of the Norman age

The hospital of San Giovanni Battista was thus located on the edge of the city, presumably where more land was available, at the crossroads between the urban and

³⁴ Di Liberto 2013: 169. Examples also already proposed by Di Stefano 1979: 25 and Costantino 1986: 118.

³⁵ Di Stefano 1979: 24–26; Maurici 2016: 74.

³⁶ Garufi 1940: 43–49; Guiotto 1952: 137.

³⁷ Enzensberger 1996: no. 8, 23–26; Lo Cascio 2011: no. 6, 23–24; Santoro 2019: 182–183 and n. 15.

³⁸ Bloom 2008.

³⁹ Gilchrist 1992; Magilton 2008; Roffey 2012.

⁴⁰ Roffey 2012: 225.

⁴¹ Gilchrist 1992: 101.

rural worlds.⁴² The hospital was set within a landscape marked by the presence of the Oreto and its estuary, so it is plausible to assume that the building of this complex was coeval and consistent with that of the Ammiraglio bridge used to cross the river: it stood as a solemn monumental gateway to the city.⁴³ In the Norman age, the complex would have been surrounded by vegetable gardens, vineyards and cultivated plots of land owned by the highest-ranking personalities in the kingdom. Near it was also a large date palm grove which was revived in 1239-40 by the Jews from *Garbum* (< Ar. *Gharb*, '[Arab-Islamic] West under the Almohad control') and which only vanished in 1316, when the palm trees fell to the axes of the Anjou soldiers attacking the city.⁴⁴ Certainly, greenery was not the only distinguishing feature of the suburban landscape surrounding the hospital, as this also included urbanised areas such as the *mahumeria Sarracenorum*, a Muslim mosque – presumably attached to a borough⁴⁵ – that was located next to Michael of Antioch's vegetable garden, near the river. It was probably a vestige of the settlements that existed along the Oreto and in the Palermo plain in the Muslim period, as mentioned by Ibn Ḥawqal.⁴⁶

Norman Palermo was a large city and the capital of a kingdom. As such, it experienced a gradual increase in the poor strata of its population, the outbreak of diseases and epidemics, and the need for social reforms and public health measures. The creation of new hospitals reflects this urban growth and was designed to meet the needs of a widely populated area, at the centre of a powerful process of economic expansion and political and social reorganisation.⁴⁷ The 12th century witnessed a significant increase in leprosy rates, and this is directly linked to the increase in

trade and urbanisation: paradoxically, it is an index of economic growth.⁴⁸ At the same time, it must be borne in mind that the establishment of leper hospitals may also reflect a social reaction to leprosy, not necessarily related to an increased spread of the disease.⁴⁹

Although it is difficult to infer this from the available written sources, the hospital of San Giovanni Battista just outside Palermo must have been a highly articulated complex, comprising one or more churches and chapels, possibly a cloister, at least one kitchen and refectory, dormitories and infirmaries, bathrooms and lavatories, granaries and storerooms, cisterns and wells, stables, vegetable plots and gardens, and some burial areas. Presumably, these were all marked off by a fence or moat, since – to quote Jole Agrimi and Chiara Crisciani – 'it is disease that generates the space which must contain it, but both have moral and religious connotations'.⁵⁰ Like other large-scale projects, the hospital of San Giovanni Battista was a monument designed to create a lasting memory of its patron and to embody his pious works and political programmes: his care for his people, the desire to exercise political and religious power within the framework of a Christian kingdom, and the ambition to establish a new dynasty with Palermo as its capital. Along with other monuments, such as the Ammiraglio bridge and the palace of Mare Dolce, the hospital was designed to reinforce the sovereign's image within the new capital of the kingdom, located as it was in an area of considerable strategic importance such as the southern entrance to the city. In particular, the hospital of San Giovanni Battista was a visible marker of the charitableness and piety of its founder and of his descendants, which is precisely how Ibn Jubayr perceived and interpreted the complex when assigning it to Christians. In December 1184, the Andalusī traveller recorded what, to his eyes, seemed like a Christian peculiarity: the fact that both in the suburbs of Palermo and in other cities he had visited in Sicily and in the Holy Land (Acre and Tyre were then part of the Latin Kingdom of Jerusalem), some Christian 'churches' (*kanā'is*) – i.e., places chiefly reserved for religious worship – were fitted out as shelters for sick Christians and actually functioned like the Muslims' hospitals (*'alā ṣīfat māristānāt al-muslimīn*).⁵¹

⁴² Gilchrist 1992: 115; Roffey 2012: 220.

⁴³ Although a bridge across the river may have already been built in the Roman age (see Uggeri 2004: 88), in its present form the Ammiraglio bridge dates back to the second quarter of the 12th c.: see Villabianca (F. M. Emanuele e Gaetani) 1986: 18–22 and n. 2 (with reference bibliography); Di Stefano 1979: 132–133; Costantino 1983: 6; Bellafiore 1990: 160–161; Maurici and Minnella 2006: 41; Fatta 2015: 2 (published also as Fatta 2018: 237); Santagati 2018: 72–73. As far as the patronage behind the monument is concerned, the scholarly consensus is that it was commissioned by George of Antioch (d. 1151), 'emir' from 1124 and Roger II's *amiratus amiratorum* ('emir of emirs') from ca. 1132. However, it cannot be ruled out that the sovereign himself was directly involved in the project. Scholars unanimously reject the local version according to which the bridge was built in 1113 – i.e., before George's rise to prominence – as mentioned by Palermo 1857: 294. Attached to the bridge there was a church, or more probably a chapel or shrine, devoted to St Michael the Archangel, and which according to local tradition was erected by George of Antioch himself in order to celebrate a victory over the Saracens: see Villabianca (F. M. Emanuele e Gaetani) 1986: 22; Palermo 1857: 295; see also, critically, Maurici 2016: 78 and n. 214.

⁴⁴ Cusa 1873: 47–53; Peri 1957: 53–54; Mandalà 2013: 449.

⁴⁵ The term *mahumeria*, *mahomeria* or *machomeria* would indicate a 'mosque' or 'Muslim district': see Caracausi 1983: 275.

⁴⁶ Ibn Ḥawqal 1938–39: I, 120; French trans. Ibn Ḥawqal 2001: I, 119.

⁴⁷ On hospitals in Norman Palermo, I refer to (not always reliable) surveys carried out by Rocco Pirro and other scholars, see Pirro 1733: I, 310–312; Carta 1969: 45–53; Mazzè 1988: 52–53; Mazzè 1998: 19–20, and, most recently, Santoro 2019.

⁴⁸ Bériac 1988: 165; Agrimi and Crisciani 1993: 249–252; Roffey 2012: 204; Miller and Nesbitt 2014: 120–121.

⁴⁹ Roffey 2012: 208.

⁵⁰ Agrimi and Crisciani 1993: 250. Unlike in the case of monasteries, in all probability there was no set plan for the building of leper hospitals, so the shape and layout of individual structures varied considerably. Among the decisive factors were the availability of land, the patients' social status, the kind of patronage exercised, and the intensity and distribution of the disease. See Roffey 2012: 219, 228.

⁵¹ Ibn Jubayr 1907: 329–330; Italian trans. in Ibn Jubayr 1995: 230. The identification with San Giovanni dei Lebbrosi has been made by Amari (ed.) 1997–98: I, p. 126 n. 61.

At the same time, the founding of the hospital altered the suburban landscape and ‘replaced’ the memory of the buildings that had previously stood there. As a charitable institution, the hospital of San Giovanni Battista was the outcome of a project carried out for a very particular purpose and having a well-defined meaning that transcended its specific functions; no doubt, the establishment of the hospital was also meant to recall the glory of the Norman siege and conquest of the city of Palermo which, according to a tradition deeply rooted in local historical memory, had found their epicentre precisely in that area.⁵² Regrettably, no trace remains of those performative acts such as processions, ceremonies and liturgies, which conveyed the founder’s desires and intentions. In any case, the monument itself transmitted the memory of certain events within the pre-existing suburban fabric and the system of relations with which it interacted. In this context, the hospital of San Giovanni Battista symbolically stood in continuity with and/or replaced a pre-existing structure, be it a *qaṣr* and/or a *ribāṭ*, that also exercised functions related to hospitality and/or care for the sick, and which dated back to the Islamic period.⁵³

The choice of this particular location for the hospital of San Giovanni Battista may also have been influenced by the ambivalent medieval attitude towards lepers who were seen, on the one hand, as images of Christ and people chosen for redemption and, on the other hand, as the symbol of sin par excellence and exemplars of God’s justice. Like heretics – and indeed as a metaphor for heresy itself – lepers needed to be excluded from the community and banished from human society (Leviticus 13:46 and 14:2).⁵⁴ What better symbolic

gesture could be performed than re-adapting an old institution of the Muslims – ‘heretics’ par excellence in medieval Latin thought⁵⁵ – to cater to lepers, thereby establishing a strong ideological continuity in terms of the people frequenting such places? The idea that the Norman sovereigns simply re-adapted and lent a Christian meaning to a pre-existing institution serving similar purposes is only a hypothesis – a no doubt plausible and intriguing one – which at present cannot be further substantiated. Let us add that an example of an ancient Islamic *ribāṭ* surviving into the Norman period may emerge from the writing of Ibn Jubayr, who spent a night at the *Qaṣr Sa’d*, on the road between Termini and Palermo, and who provides a rather detailed and laudatory description of this structure and its function. This place – whose name includes the Arabic word *qaṣr*, meaning ‘castle’ or ‘palace’ – would appear to have gradually lost its connotation as a stronghold garrisoned by ascetic warriors (*ribāṭ*), evolving into a structure providing hospitality for wayfarers and Muslim pilgrims (*funduq*). Still, it preserved the memory of its original character associated with the Islamic religion and the exercising of asceticism through a mosque and the graves of pious men.⁵⁶

With the transition to the Teutonic Knights (1219), fleeting mention is made of the customs of the patients staying at the hospital of San Giovanni ‘of the invalids’ (*hospitales Sancti Joannis infirmorum*), with a clear reference to the way in which the hospital was organised: the lepers, for example, had the right to appoint representatives.⁵⁷ However, it remains unclear which ‘order’ ran the hospital of San Giovanni Battista and who celebrated mass there before it passed into the hands of the Teutonic Knights. Our sources are completely silent on this point. It must be noted that medieval sources often mention leper hospitals without adding any information as to who was managing these institutions.⁵⁸ The dedication of the hospital to St John the Baptist would appear to be a ‘speaking name’ referring to the far more famous hospital of St John the Baptist in Jerusalem. However, Erich Caspar’s suggestion that the Hospital of San Giovanni dei Lebbrosi was donated to the Knights of the Hospital of Saint John of Jerusalem in October 1151 is based on the erroneous interpretation of a concession of fiefs made by King Roger to the Hospitaller Order of Saint John of Jerusalem in 1151, mentioned by Filadelfo Mugnos (1607-1675).⁵⁹ In actual fact, the document

⁵² The *Cronica Sicilie*, drafted between 1338 and 1348, states that eleven years after landing on the island (1060 or 1061) Robert Guiscard and Great Count Roger built – as their personal abode and fortress – *hospicia magna et mansiones*, in stone and mortar, beyond the Emir/Admiral’s river (*flumen Ammirati*), i.e., the Oreto, towards the sea. In the chronicler’s time, this complex of solid brick buildings was almost completely dilapidated and was known as San Giovanni dei Lebbrosi. In other words, this complex was regarded as the place where the two brothers had resided while laying siege to the city of Palermo: see *Cronaca della Sicilia* 2013: 21–22. Considering that Geoffrey, a son of Roger I, died of leprosy (*morbus elephantinus*) in 1120, it is difficult not to assume that the hospital was also founded *pro anima* of the sovereign’s half-brother. See Malaterra 1927: lib. IV, § 14, 18; D’Angelo 2007: 173, 175. A late local tradition has it that Adelasia, Roger II’s mother and hapless Queen of Jerusalem (1112-17), suffered from leprosy and was healed at the Acquisanta spring at Patti, associated with the veneration of St Febronia, just before her death in that city (18 April 1118): see Pisciotta jr. 1994: 9, 49; Sciacca 2004: 123; Fasolo 2013-14: I, 148 n. 809 and II, 5, 9 n. 15.

⁵³ On the *ribāṭ*-s on the Palermo coast, see Ibn Ḥawqal 1938-39: I, 120; French trans.: Ibn Ḥawqal 2001: I, 120; Amari 1933-39: III, 119-120; Mandalà 2019. For a more general overview on *ribāṭ*-s, *funduq*-s and hospitals in medieval Islam, see, respectively, Kennedy 2011; Constable 2003; Ragab 2015; Dols 1979; Dols 1983. In particular, both in North Africa (al-Qayrawān, 9th c.) and in al-Andalus (Cordoba, 8th-9th c.) there is evidence of leper hospitals located outside city walls: see Hamarneh 1962: 375; Dols 1983: 907-908, 914; Mazzoli-Guintard 1998: 322-323.

⁵⁴ For a succinct overview, see Agrimi and Crisciani 1993: 250.

⁵⁵ Moore 1987: 61 and *passim*; on Muḥammad and Muslims as heretics and pagans, see Tolan 2002; e.g.: *Unde verius heretici quam Sarraceni nominari deberent, sed usus falsi nominis prevaluit*, Oliverus 1894: 204.

⁵⁶ Ibn Jubayr 1907: 329; Italian trans. in Ibn Jubayr 1995: 230.

⁵⁷ Huillard-Bréholles 1852-61: I/2, 590-591; Lo Cascio 2011: no. 30, 36. The document was also confirmed in Taranto in April 1221: see Huillard-Bréholles 1852-61: II/1, 165-166.

⁵⁸ Miller and Nesbitt 2014: 147.

⁵⁹ ‘Un privilegio di concessione di feudi, fatta dal Re Ruggero alla

which Mugnos is referring to is the confirmation of a donation made that same year to the Knights Templar – not the Knights Hospitaller – in the areas of Pantalica and Scordia by Geoffrey, the son of Oliverius, together with his wife Galgana, the daughter of Henry de Bubly.⁶⁰ The presence of Knights of the Hospital of Saint John the Baptist in Sicily dates back to 10 October 1137, when Roger II granted the Hospital royal protection, tax exemption, the right to make use of royal land, the right to house the sick and judicial autonomy.⁶¹ However, it seems as though the privilege of 1137 offered only theoretical support to the Knights of the Hospital, and did not involve the donation of any royal property. Knightly orders only really settled in Sicily over the course of the following decade: before the 1140s, the Knights Hospitaller did not own any lands or properties on the island, even though it is most likely that they were present in Messina.⁶² Furthermore, they would appear to have become a stable presence in Palermo only in 1203, when *magnus admiratus* William Malconvenant granted them some properties in the city and two large estates in Val di Mazara.⁶³

It is quite likely that already in the Norman period the hospital of San Giovanni Battista responded to the need to segregate the sick and to exercise social control over leprosy, as was certainly to be the case later on.⁶⁴ In the context of Norman southern Italy, the renowned translator Constantine the African, active in Salerno and Montecassino in the second half of the 11th century, devoted the brief treatise *De elephantia* to the ‘elephant disease’, viz. leprosy. The text adopts the classification of different kinds of leprosy based on the four humours, but says nothing about its transmission. Still, it implicitly attests to a certain prevalence of – or, at any rate, interest in – this disease.⁶⁵ By contrast, Salernitan physicians believed that leprosy could be easily transmitted from one person to another *ex infectione aeris*. *Quaestiones Salernitanae*, a Salernitan work put together around 1200, states that leprosy can be caught simply by talking to a leper; the text also compares leprosy to scabies, a parasitic infection that is easily transmitted.⁶⁶

One remarkable testimony sheds light on the predominant view of leprosy and its transmission at

court.⁶⁷ Manuscript Vat. gr. 300 (f. 248 rv), an Italo-Greek codex from the time of Roger II, contains the *Ephodia tou apodemountos*, which is to say the Greek translation of the *Zād al-musāfir wa-qūt al-hādir* by Abū Ja‘far Aḥmad b. Ibrāhīm Ibn al-Jazzār (d. 979–80).⁶⁸ In the chapter devoted to elephantiasis, i.e. leprosy (VII, 23),⁶⁹ we find a marginal gloss from the height of the 12th century, which has been published and carefully studied by Anna Maria Ieraci Bio.⁷⁰ This gloss – whose relevance to the topic under investigation has hitherto been overlooked – represents a Greek redaction of the *quaestio* pertaining to the connection between sexual intercourse and leprosy, which enjoyed considerable popularity in its Latin form.⁷¹ In its Greek version, the *quaestio* is posed by the ‘king’ himself to a physician referred to as ‘Salernus’ (*eis ton Esalerinon*) – probably to be identified with Master Salernus, a Salernitan physician active at the Palermo court around the mid-12th century (he was charged with poisoning in 1167) – during the illness of Robert the Constable, probably Robert of Binetto/Beneth, who was in charge of the *comestabulia* of Bari (ca. 1150).⁷² The ‘king’ in question, therefore, could be William I (r. 1154–1166), or possibly Roger II (r. 1130–1154). The *quaestio* begins as follows:

The king posed the following question to [Master] Salernus when constable Robert fell ill with elephantiasis. A difficult and arduous problem according to expert physicians and excellent teachers. This is the question: ‘Why, when a leper has sexual intercourse with a healthy woman and another healthy man has intercourse with the same woman to which this previously happened, does the latter man fall ill with leprosy instead of the woman?’ Solution to the question. And I say: ‘Many experts have stated that those who have this disease contaminate the air we breathe and that we mustn’t have them sit near us up[wind] when the wind is blowing. If they persistently advise us to avoid this ample space, why are we not allowed to avoid a narrow and shared space, inhaling and exhaling mouth to mouth, and nose to nose?’...⁷³

The doctrine underlying the *quaestio* is that infected air is a cause of contagion and disease, a theory widely attested to in Hippocratic treatises, further elucidated by Galen in relation to ‘miasmas’, and taken up by numerous later authors. In this specific case, the Greek *quaestio* produced by the Norman court states that lepers

sacra Religione Gerosolimitana nel 1151’, Mugnos 1655: 190; Caspar 1999: reg. 231, 536–537; followed (tacitly) by Brühl 1987: 312.

⁶⁰ Petracca 2006: II, 497–498 and 606–607; for Enrico de Bugli’s donation (July 1146), see Petracca: II, 496–497, 606.

⁶¹ Document published in Pirro 1733: II, 931–932; Brühl 1983: 139–141.

⁶² Toomaspoeg 2003: 51–52.

⁶³ Toomaspoeg 2003: 60.

⁶⁴ On the segregation and social control of lepers, see the overview in Agrimi and Crisciani 1993: 249–252; on San Giovanni dei Lebbrosi between the 13th and 14th centuries, see La Mantia 1900: no. 81, 218; Sciascia 2006: 37.

⁶⁵ *Constantini Liber de Elephantia* in Martín Ferreira 1996.

⁶⁶ *The Prose Salernitan Questions* 1979: 98.

⁶⁷ As regards the concept of contagion and infection, I refer to Nutton 1983.

⁶⁸ On the manuscript tradition of this work, see Miguet 2017.

⁶⁹ On leprosy in Ibn al-Jazzār’s Arabic text (I. VII, 17–18), see Ibn al-Jazzār 2015: 104–108 (*judhām*), 108–113 (*baraṣ* and *bahaq*).

⁷⁰ Ieraci Bio 2007; for an edition and translation of the text, see Ieraci Bio 2007: 271–274.

⁷¹ Ieraci Bio 2007: 267–269.

⁷² Ieraci Bio 2007: 252–255; on Master Salernus, see Pseudo Falcando 2014: 246–251; Ausécache 2008.

⁷³ Ieraci Bio 2007: 271 (Greek text), 273 (Italian trans.).

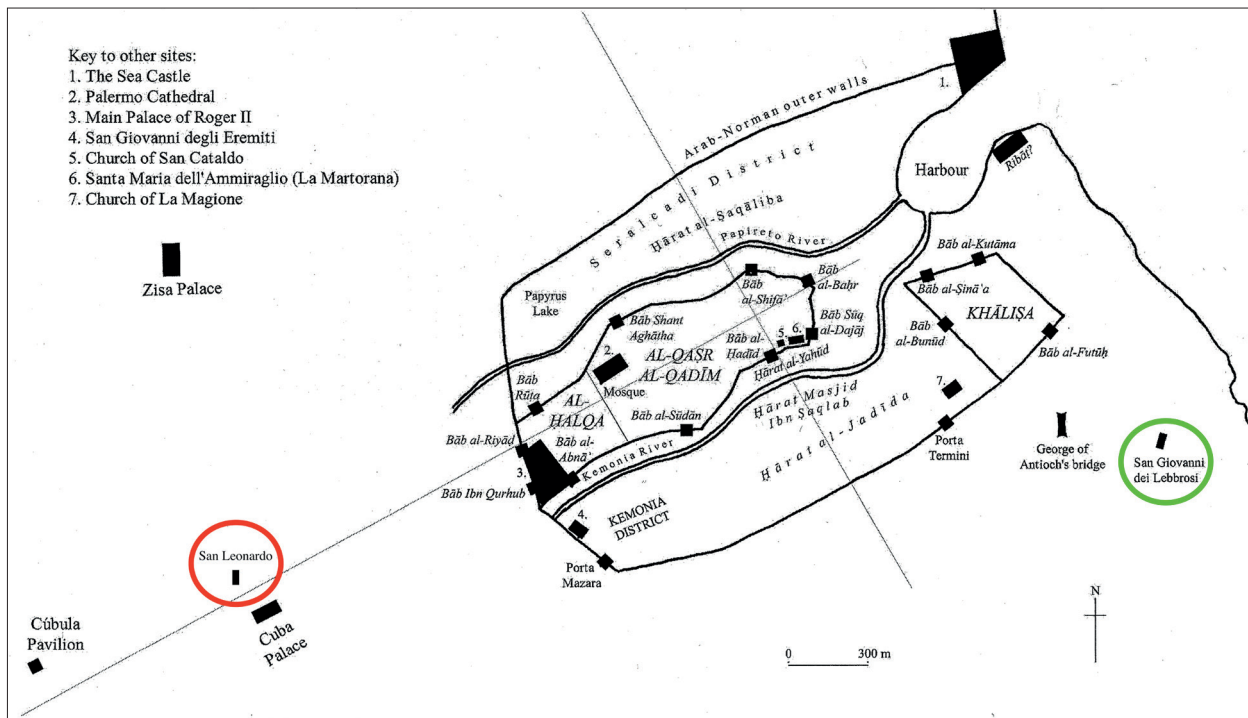


Figure 8 – Map of Palermo in the Norman period showing the location of the hospitals of San Giovanni dei Lebbrosi and of San Leonardo (adapted from Metcalfe 2009: Map 4)

contaminate the air through their breath that healthy people inhale, which suggests that the latter should not keep close to lepers, and especially sit downwind from them ‘when the wind is blowing’ (*anemou pneuontos*); the close proximity of mouths and noses is particularly lethal. This hypothesis is expounded by offering a range of explanations for the link between sexual intercourse and leprosy.⁷⁴ The *quaestio* also provides historical insight as to the medical and philosophical thought underlying the establishment of the hospital of San Giovanni dei Lebbrosi. As already noted, the complex is located southeast of Palermo; hence, with respect to the winds in the fourth quadrant, which blow quite regularly from the north and the west, the hospital finds itself downwind from the city: implicitly, the position recommended by the *quaestio* to avoid the transmission of the disease. The same topographical logic could also lie behind William I’s wish to transfer the lepers from the hospital of San Leonardo to San Giovanni: for the San Leonardo hospital was also located *extra moenia*, but to the west/southwest of the city and of the Royal Palace, which is to say upwind from the city – a location which did not agree with the medical theories circulating at court (fig. 8). The transfer of the lepers – potentially ‘contagious’ and hence unwelcome neighbours – must also have been motivated by the desire, during the reigns of William I and William II (r. 1166-1189), to create a royal park filled with grand buildings that might serve as dwellings for the court

and the sovereign himself (Zisa, Cuba, Cuba soprana),⁷⁵ and which in some cases were located very close to the San Leonardo hospital (note, for instance, the close proximity of the church of San Leonardo and the Cuba in the planimetric sketch by G. F. Ingrassia, 1576;⁷⁶ fig. 9).

In any case, it must be noted that, in the Norman-Swabian context, considerable attention was paid to the problem of air pollution and hence to the spread of diseases, as is shown by the Constitutions of Melfi (1231) and by the almost coeval laws in Palermo.⁷⁷ The city’s *Consuetudines* prescribe the segregation of lepers outside ‘the camp’, in compliance with the biblical text of Leviticus, lest they corrupt the air and pose a danger to healthy people – an assumption which may be associated with the medical reasoning behind the abovementioned *quaestio* (*Quo colligitur manifeste huiusmodi egritudine maculatos debere ad aliis hominibus segregari, ne aeris corruptio inducatur, et sanis hominibus preiudicium generetur*).⁷⁸

⁷⁵ Di Liberto 2013: 156–165; Maurici 2016: 122–129.

⁷⁶ Already Villabianca stressed the ‘Saracen origins’ of the San Leonardo church, ‘which it carries in its framework’ (‘l’origine saracenicca, che porta ella nella sua fabbrica’) – a reference, presumably, to the ‘Arab-Norman’ style of the exterior: see Villabianca (F. M. Emanuele e Gaetani) 1873: 386; in Ingrassia’s planimetric sketch, we see a domed belfry adjacent to the building (whose position seems to mirror that of San Giovanni degli Eremiti): see Ingrassia 2005: 216–217, no. 24.

⁷⁷ *Friderici II. Liber Augustalis* 2003: lib. III, § 48 (*De conservandis aeris*); English trans. *Liber augustalis* 1971: 132; Powell 1978: 89–92.

⁷⁸ La Mantia 1900: no. 81, 218.

⁷⁴ Ieraci Bio 2007: 256–259.



Figure 9 – Planimetric sketch by G. F. Ingrassia, *Informatione del pestifero et contagioso morbo* (1576); at no. 24, “The Church of San Lunardo, opposite the [house of] convalescent women” (“La Chiesa di San Lunardo, di rimpetto alle donne convalescenti”)

Furthermore, we must bear in mind that, in the 12th century, the Latin translation of Avicenna’s *Canon* reinforced the idea that leprosy was highly contagious and warned readers not to approach lepers. Avicenna emphasised the danger of transmission, although certain Muslim authors condemned the very idea of contagion, insofar as it violated the principle of divine predestination as regards man’s fate.⁷⁹

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⁷⁹ Avicenna 1507: f. 443; Miller and Nesbitt 2014: 110–111.

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Author contributions

The two authors have shared ideas and tasks, including the writing of the paper; academic responsibility lies with Giuseppe Mandalà for the ‘San Giovanni dei Lebbrosi in the written sources...’ and ‘The hospital of San Giovanni Battista...’ sections, and with María de los Ángeles Utrero Agudo for the ‘San Giovanni dei Lebbrosi in archaeological...’, ‘Archaeological analysis...’ and ‘Archaeological interpretation...’ sections.

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