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Miracle Tales as Privileged Sources for a Historical Investigation of the Diseases in the Middle Age: Canonization Processes and *Libri miraculorum*

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ABSTRACT

In the varied spectrum of healers to whom the sick people could turn to in Middle Ages, including physicians, surgeons and different kind of empirical practitioners, the saint was often the first to whom they would refer. Miracle tales, therefore, represent an essential source for a historical investigation into diseases and sick people. Without claiming to be exhaustive, this article aims to briefly outline this topic through several examples taken from miracles accounts in some canonization processes and *Libri miraculorum*, compiled between the thirteenth and the fifteenth centuries. It will be highlighted how these sources, when properly interpreted, are of fundamental importance for understanding the relationship between the sick and his/her community of reference, as well as the work of some empirical healers who approached the sick person's bedside. Furthermore, these sources are unique lexicographical treasures related to the vocabulary of disease – an aspect still largely overlooked.

Key Words: Healing miracles - Canonization processes - *Libri miraculorum* - Disease's lexicon - Sickness in the Middle Ages

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In the fourteenth century, the well-known French surgeon, Henri de Mondeville could not refrain from his sarcasm towards those sick people who had undertaken a pilgrimage to Noyon, visiting the grave of Eligius, a saint of the Merovingian period. Starting from the thirteenth century, this saint, for cultic reasons still unknown, began to be invoked for the healing of a disease (in fact, several diseases that manifested as severe ulcerative lesions), that popularly took his name, being known as *morbus/malum sancti Eligii*. Mondeville wrote:

“For the common people and country surgeons, all ulcers, sores, apostemes and fistulas which require prolonged treatment turn out to be Saint Eligius’ disease. If it is pointed out to them that some of these sick people are healed when they go on a pilgrimage to St Eligius, while others are not, they respond that those who are not cured only have themselves to blame as they have not made the pilgrimage with sufficient devotion, or that it was not really St Eligius’ disease”¹.

Moreover, Mondeville, ironically, reports an anecdote whose main character is a surgeon. His mortar, used to prepare a medicine to cure St Eligius’ disease, broke. This event triggered resentment among those present, who interpreted it as the saint’s revenge against those who persisted in trying to cure that disease².

Mondeville’s stories and his sarcasm towards the behavior of common and sick people, allow us to speculate on how the surgeon and every representative of profane medicine, carrying out his duties could not help but face the ‘medicine’ performed by saints. Therefore, the saints, to whom sick people constantly turned to, were part of a diversified therapeutic option, constituted by physicians, surgeons and a number of empirical healers³. This is further highlighted by the fact that some saints were invoked as ‘expert’ healers and became eponymous for several diseases (Eligius was not the only one)⁴.

Starting from the twelfth century, there is a proliferation of accounts of healing miracles that took place both at the relics of the saints, where the sick people would go pilgrimage (as described by Mondeville), and directly at the residence of the sick (even in this case, the burial place of the saints plays a fundamental role in the pact made between the worshipper and the saint)⁵. In these accounts, alongside the narration of how the saint’s thaumaturgy operated, there was, to a greater or lesser extent, a description of the patient and how the disease manifested itself on his/her body, as well as the behavior adopted to cope with the disease and the pain before the miraculous healing occurred. Therefore, from the perspective of a historical investigation into the disease and the sick, miraculous healing accounts are a source of fundamental importance.

The sources we refer to in this article are two kind of hagiographic texts: the *Libri miraculorum* and the dossiers of the investigations *in partibus* of the canonization pro-

cesses (henceforth CPs), which were established starting from the end of the twelfth century⁶.

The investigation *in partibus*, carried out at the burial places of candidates for sainthood and at the various places where they had lived, was aimed to collect testimonies regarding the episodes of their lives, especially the miracles that occurred through their intercession (in life or *post mortem*) including healing miracles, which were often the most numerous. In such cases, the individual who had benefited from the miraculous healing was directly questioned, unless it was a child. Furthermore, those who had been present at the event, such as family members, relatives, neighbors, and various secular healers, were called upon to testify as well.

The testimonies, despite being addressed within functional questioning schemes aimed at demonstrating the sanctity of the candidate, were characterized by an intrinsic spontaneity, and variously influenced by the cultural *milieu* in which the investigation took place⁷. In addition, these testimonies were translated from the vernacular, the language commonly used by the people, into Latin. It should also be noted how, in the course of time, accounts of miracles become richer, more detailed and circumstantial in their description of the phenomenology of diseases, also documenting a growing medical awareness on the part of the witnesses.

The *Libri miraculorum* are collections of miracle tales occurred after the death of a saint. Mostly in Latin, the *Libri* are structured as a series of miracle tales written by one or more authors. These tales often included detailed descriptions of the sick people, although it is important to note that in Christian anthropology, the disease was often associated with the sin, both in soteriological (as a potential means of redemption for the soul of the sick) and etiological terms (as a consequence of the sin)⁸. This association could influence how the authors of the *Libri*, who were typically Churchmen, depicted the sick. Furthermore, these texts, to varying degrees depending on the level of education and cultural background of the author, contain quotations from various sources, including the Holy Scriptures, theological texts, and other hagiographic works, which were once again useful to describe the sick people and their disease⁹. For example, in a passage from one of the thirteenth-century still unpublished account in the *Liber miraculorum* of St Edmund of Abingdon, the anonymous author wrote to have learned about a “reliable” story directly from a sick man who claimed that “due to an overabundant melancholy, namely a congested blood mass, he had grown suffering from the quartan disease”¹⁰. The description of this disease had not actually reached the author through the sick man (who would have had to be a medical expert to express himself in that way), nor can it be said to have been originally invented by the author, and therefore, to be the expression of his medical knowledge, as it had been written¹¹. This is because it is a verbatim quote from a passage written by Gregory of Tours about a miracle performed by St Martin¹². Therefore, for a comprehensive understanding of this passage within the context of a historical

investigation on disease, including an analysis of the author's knowledge, we should refer to Gregory of Tours and thus to the sixth century. This does not indicate that the authors' description in the *Libri* were not original or that they did not have access to the testimonies of the sick who had turned to the saint, including a possible meeting with the sick in the sanctuaries. However, a study of these texts from a historical and cultural perspective is essential to recognize the narrative intentions of each author, the sources and literary models used, to avoid forced interpretations¹³.

Given these premises, this article aims to briefly outline, through several examples, the most relevant topics that CPs and *Libri miraculorum*, written from the thirteenth to the fifteenth century, offer in the context of a historical investigation on disease and the sick people, without claiming to be exhaustive. This study is based on numerous stories of miraculous healing, and the investigation is still ongoing, with the aim of conducting further in-depth research in the future¹⁴.

About physicians and empirical healers

A vital aspect of the CPs in the Middle Ages (sometimes even of the *Libri*) is the continuous reference to many empirical healers, who, alongside physicians, worked at the patient's bedside, about whom we often have only limited and indirect knowledge.

These texts depict the image of the sick person willing to turn to different healers simultaneously, often considered of equal importance. In a miracle tale from the CP (1445-50) of Bernardino of Siena, a paralyzed woman testifies that before reaching the relics of this saint, she had unsuccessfully resorted to medicine and to "enchantresses", from whom she had received "multa brevia et multas incantationes", and had even gone on a pilgrimage to the column where Christ had been bound¹⁵. This represents a combination of multiple remedies, including also the 'magical' ones, although the latter tend to be rarely mentioned in the CPs and in the *Libri*, due to the general aversion of many Churchmen.

Sometimes, the aversion extended even to those who were skilled in the use of the *incantamenta*, such as the *vetula* (old woman), although her empirical knowledge was not too dissimilar from that of educated physicians¹⁶, as also demonstrated by a testimony from the CP of Philippe de Bourges (1265-66). It narrates of a *vetula* who had provided *cerebrum cati* (cat's brain) to a man and his mistress (*garcia*), through which they had driven madness in man's wife¹⁷. It is crucial to emphasize that a description of the cat's brain, as a substance causing *stoliditatem* (foolishness), will be found in treatises on poisons written by some learned physicians in a period shortly after Philippe de Bourges' CP. The first of these treatises is Pietro d'Abano's *Tractatus de venenis*¹⁸. This account demonstrates the continuous exchange of knowledge among individuals from different cultural background and, specifically, highlights the 'popular' origin of the belief regarding the properties of *cerebrum cati*

which will later be found in the treatises. In this case, the *vetula* qualifies as an intermediary for this knowledge.

From the sources under examination, several figures of therapists emerge, including barbers, midwives, and other individuals whose name derives from their specialization, with regional variations. For example, this is the case of the *medicus/chirurgus cretorum* in Thomas Aquinas' CP (Fossanova, 1321) who was a specialist in treating the *cretus*, which, in the same source, indicates a person suffering from inguinal hernia¹⁹.

The account of a testimony in Bernardino of Siena's CP (1445-50) is an example of how a figure like that of the *erbolarius*, a seller of medicinal herbs, could, when necessary, also serve as a therapist. One of these figures, while in the square "selling herbs for doctors", also acted as a *magister dentium* (dentist), and, moreover, treated the witness's diseased eye²⁰.

Above all, miracle tales are among the few sources that partially inform us about the work of midwives during the Middle Ages. From these accounts, we can learn, for instance, about the 'resuscitation' methods used with the newborn when extracted from the mother's uterus in a state between life and death. These methods consisted of blowing into the newborn's mouth and nose (and even ears!) after drinking wine and eating spices. It should be noted that information about these practices performed by midwives can only be found in medical texts from the sixteenth century onwards²¹.

From the perspective of physicians, there was an increasing mention of them in the testimonies of CPs. Starting with a general reference that depicted the patient who had turned to them in vain before obtaining healing through the saint's intercession, as described in the most ancient CPs (and in the *Libri miraculorum*), we move towards more specific details about their name and actions²².

However, there are few direct testimonies from physicians compared to the total number mentioned in the CPs²³. This is a proof of the fact that the opinions of physicians (and surgeons), who were increasingly held in greater consideration to support the miracle, had not yet acquired the probative value they would have had in the early modern period²⁴. Furthermore, it is an aspect which, in the Middle Ages, distinguished the CPs from the criminal investigations, where typically the surgeon was called to testify as an expert when injuries and homicides occurred²⁵.

Historians often tend to quote, as a significant example of physician's testimony, the statement made by Jean de Tournemire, in the CP (1389-90) of Cardinal Peter of Luxembourg²⁶.

Tournemire, an important physician from Montpellier, who played a prominent role for the *studium* of the city, describes the characteristics of the breast cancer that had affected his daughter²⁷. The text of the testimony, in which the disease is explained with significant references to the humoral theory and authoritative figure like Hippocrates, was assimilated to a medical *consilium*²⁸. However, it is essential to con-

sider its uniqueness compared to any other statement made by physicians in the context of the investigations of CPs. This represents an exception in both the content and significance of the text, as well as in the stature of the witness (miraculous healing testimonies in medieval investigations rarely involved famous professionals)²⁹.

Tournemire, despite underlying the incurability of breast cancer, also shows his confidence in the relics of the cardinal (in contrast to what was done by Henri de Mondeville previously mentioned), to the point of recommending their therapeutic use (the physician refers to the use of some threads of cloth from a dress that belonged to the saint), as well as promising two *ex-voto* in wax in the shape of breasts. Therefore, this statement needs to be contextualized. As Danielle Jacquart pointed out, Tournemire attended the ecclesiastical *milieu* surrounding the saint, being called upon to testify about the exemplary life of the latter and to ascertain the unnatural state of his corpse, and therefore “the investigators... sought to measure the authenticity of the physician’s devotion”, and, in addition “taking into account the father’s emotional state”³⁰. We must not forget that Tournemire gave testimony regarding breast cancer especially because the patient was his daughter. As a matter of fact, individuals belonging to the patient’s social network were typically called upon to describe and interpret the latter’s disease.

About the relationship between the sick and the community

Miracle stories show how the sick people would immediately turn to the members of their social network, who were actively involved in the management of the disease, starting with the formulation of the diagnosis, which often became a subject of debate. For instance, in the *Liber de miraculis sanctorum Savigniacensium*, edited in Normandy in the thirteenth century, regarding a woman’s disease, it is mentioned: “Some said that it was the disease that was popularly called *porfil*, others [said it was] *antrax*, others that it was *lupus*, which is equivalent to *morbus regius*”³¹.

Leaving aside the meaning (or rather, the meanings) of the different disease’s names, it is acknowledged that those who approached the sick were inclined to formulate their own personal diagnostic interpretation (there are numerous examples in this regard). Therapeutic suggestions were also provided, along with the statement of the prognosis, and the opinion of common people was regarded on par with that of professional healers. In the CP (1318-19) of Clare of Montefalco, for example, the remission time of a fever suffered by a woman is questioned by a neighbor who doubted what the physician had said³².

Furthermore, common people’s knowledge was sufficient to demonstrate that the disease was incurable, thus ensuring the authenticity of the miracle. In the CP of Bernardino of Siena, a woman indeed declares herself an expert in her own illness (leprosy) and, in addition to her testimony, those of neighbors are included, but not

those of the healers³³. In the same CP, it is the brother of an individual suffering from “pestilential fever”, who had been abandoned by physicians as hopeless, confirming that the healing had occurred thanks to the contact with the saint’s relic³⁴. The man had not only considered the peak of the fever but had also evaluated the patient’s urine, as it was one of the diagnostic methods par excellence performed by physicians. Furthermore, in the CP (1363) of Dauphine de Puimichel, the inquisitors asked the noblewoman Francesca to comment on her niece’s “critical days” of the fever to assess whether it was a spontaneous recovery rather than a miracle³⁵, even though the witness had stated that her niece had been treated by a Jewish doctor³⁶.

With reference to the miracle of resurrection, the community of the sick is always involved in identifying the signs of death. Even from a legal perspective, except in cases of injuries and homicides, common knowledge was considered sufficient to determine an individual’s death. Detailed indications of what were believed to be the signs of death and of some empirical evidence aimed at their detection can be found in miracle tales. In many cases, these signs and examinations correspond to those described in medical texts³⁷.

The relationship between the sick and the community leads us to the topic of the perception of the sick in medieval society. Both the *Libri* and the CPs reveal how certain types of patients tended to be marginalized – for example, in the case of leprosy – due to the fear of contagion and their bad smell and repulsive appearance. Despite the evangelical precepts on welcoming the sick, they were sometimes even driven away from sanctuaries for the same reasons mentioned above, including the fear their bodily fluids might offend the sacredness of the place. For example, in a miraculous tale from the *Liber* of Guillaume de Bourges, written in the thirteenth century, the author emphasizes the description of the ‘inhuman’ appearance of a dropsical patient, whose fetid breath was unbearable for those who approached him. Moreover, the patient had been removed from the saint’s relics for fear that a rupture of his belly (the less noble part of the body) would occur, to the point of compromising and causing ‘scandal’ in the sacred place³⁸.

About the disease’s lexicon

Besides being described in both the testimonies of the CPs and in the accounts of the *Libri*, the disease is often named, making these sources an valuable lexical treasure for disease terminology in Latin and occasionally in the vernacular. In the latter case, these are expressions of ‘popular’ use that, lacking a Latin equivalent, were included in the vernacular form in both the *Libri* accounts and in the Latin transcriptions of the testimonies of the CPs.

These sources are therefore bearers of a nosographic lexicon often unfamiliar to historians of disease, characteristic of specific geographic areas. For example, the expression *lo tac* (or *lo tat*) can be found in two testimonies of the CP of Dauphine

de Puimichel and in three miracle tales in the collection of miracles (1376-79) attributed to Urban V³⁹. Both sources originate from Provence. The term is listed in the most recent dictionary of medieval French vernaculars, where it is indicated as the name of the plague commonly used in Provence in the year 1382⁴⁰. The hagiographic texts state that the term was more properly considered as a symptom associated with a ‘pestilential’ event (not synonymous with the plague), and a sign of patient’s imminent death⁴¹. Moreover, these sources demonstrate that it was in use before 1382.

In miracle tales, specific names often have different meanings than those found in medical texts. For instance, in the above-mentioned quote found in the *Liber de miraculis sanctorum Savigniacensium*, the *lupus* and *morbis regius* are identified as the same disease, whereas in the medical texts, these two terms referred to different diseases⁴². Moreover, in medical texts *lupus* indicated a gangrene strictly localized in the lower limbs, but by reading miracle tales, we learn that the term could also refer to a disease localized in other parts of the body⁴³.

In the *Liber*, it is repeatedly mentioned the *morbis hispanicus*, associated with severe gangrenous cutaneous manifestations⁴⁴. The expression is also found in medical sources, but only starting from the sixteenth century, where it is used as a synonym for syphilis, a disease not documented in the Middle Ages⁴⁵. Beyond the origin of the term *morbis hispanicus*, which is probably linked to cultural and social factors that still require further investigation⁴⁶, the awareness of the age of the *Liber* edition demonstrates that it is a conceptual error to associate it exclusively with syphilis.

In addition, we should underline how the hagiographic texts explain the origin and meaning of diseases names of ‘popular’ origin (including diseases with the names of saints), then adopted by medical texts and, in some cases, used nowadays although with variations of meaning⁴⁷.

To briefly conclude

The inclusion of narratives about the daily life of the sick people in healing miracle tales allows us to draw information about how they coped with their disease, their relationship with the community of reference and with various types of healers, including empirical ones. In this regard, these specific sources emerge as particularly enlightening regarding the work of midwives.

It is these very sources that primarily highlight how, in the Middle Ages, individuals’ diseases were always perceived as a collective experience. This underscores the importance of the relationship between the sick and the community, expressed in terms of continuous interaction and, at times, exclusion.

At the same time the miracle tales are characterized by being among the sources that best reveal the names of diseases normally employed in more or less narrow contexts

of society in the Middle Ages and how it may also be influenced by religious, cultural and social life.

When examined through a proper interpretation of the sources, these themes are fundamental in the perspective of a historical study related to disease and the sick.

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Non-ISO4 abbreviations

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Frate Francesco = Frate Francesco. *Rivista di cultura francescana*

PL = Migne JP (ed.), *Patrologia Latina cursus completus...*, Series Latina. 221 voll. Parisiis: J. P. Migne /Garnier; 1844-

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 2. *Ibid.*, *Tract. II, Notabilia introductoria*, p. 68. A theory on the reason for Saint Eligius' specialization can be found in Foscati A, *Malattia, medicina e tecniche di guarigione: il Liber de miraculis sanctorum Savigniacensium*. *RetiMedievaliRiv* 2013;14(2):59-88, pp. 78-81.
 3. For an effective synthesis on empirical healers, see Duranti T, *Ammalarsi e curarsi nel Medioevo. Una storia sociale*, Roma: Carocci; 2023, pp. 73-110.
 4. See Foscati A, *Saint Anthony's Fire from Antiquity to the Eighteenth Century*. Amsterdam: Amsterdam University Press; 2020.
 5. In the vow to the saints the promise of pilgrimage to their remains always appears.
 6. On the medieval processes of canonization is a must to refer to Vauchez A, *La sainteté en Occident aux derniers siècles du Moyen Âge d'après les procès de canonisation et les documents hagiographiques*. Roma: École française de Rome; 1981. On the subject of healings at the sanctuary and for a reasoned bibliography, see Canetti L, *Terapia sacra: guarire al santuario*. In: *La medicina nel Basso Medioevo. Tradizioni e conflitti*, Atti del LV Convegno storico internazionale, Todi, 14-16 Ottobre 2018. Spoleto: Centro Italiano di Studi sull'Alto Medioevo; 2019. pp. 47-75.
 7. To cite an example: in the CP of St Frances of Rome the theme of 'magic' is a vital one. Bitterly fought (Frances burns books of spells and admonishes the enchantresses),

- 'magic' is also present in the works of Giovanni Mattiotti, confessor of Frances and active in promoting her worship and canonization process. See Bartolomei Romagnoli A, Santa Francesca Romana nel quarto centenario della canonizzazione. Rassegna storiografica e nuove ipotesi di lettura. Benedictina 2008; 55:153-80 (see also below ref. 15).
8. Agrimi J, Crisciani C, Malato, medico e medicina nel Medioevo. Torino: Loescher; 1980; Foscati A, ref. 4. pp. 20-8.
 9. On the reference sources of hagiographic texts, see at least Berlioz J, Identifier sources et citations. Turnhout: Brepols; 1994.
 10. Ms Auxerre, Bibliothèque Municipale, 123G, f. 151ra. "Ex cuius fida relatione accepimus quod incretente melancolia id est decocti sanguinis fece quartane pestis intemperancia extiterat pregravatus".
 11. Louise E. Wilson interprets this passage of the *Liber* as a proof of the author's medical culture and as evidence of alleged knowledge circulating in the thirteenth century: Wilson LE, Conceptions of the Miraculous: Natural Philosophy and Medical Knowledge in the Thirteenth-Century Miracula of St Edmund of Abingdon. In: Mesley M, Wilson LE (eds), Conceptualizing Miracles in the Christian West, 1100-1500. Oxford: The Society for the Study of Medieval Language and Literature; 2014. pp. 99-126, pp. 122-3.
 12. Gregory of Tours, *De miraculis S. Martini*, II, 58. In: PL 71, col. 967.
 13. It is well known that hagiographic texts represent important sources for social and diseases history. Such bibliography is indeed very extensive. However, there is sometimes a tendency to disregard the contamination between texts and, above all, the specificity of these sources. In this respect, see Alessandra Bartolomei Romagnoli's accurate definition of hagiographic texts as 'meta-texts' "il cui ordine veritativo non è quello della realtà fattuale. Non per questo la *factio* medievale è una "invenzione" ma è un genere di racconto che, pur non escludendo la storia, intende prima di tutto comprendere e comunicare i fatti spirituali e mistici"; Bartolomei Romagnoli A, Un viaggio dentro i racconti delle stimate. CF 2022;1-2:357-65, p. 360.
 14. Most of the CPs studied by Vauchez A (ref. 6), and various *Libri miraculorum* (also unpublished) written in the territory of present-day Italy and France, more uniform in terms of medical practice, have been taken into consideration. The texts of the CPs have been studied on critical editions, when existing, or directly on the manuscripts, in order to avoid the errors that may be present in the *Acta Sanctorum*, the repertoires in which many of the texts under examination are transcribed. For the need to be concise, we can only indicate in this article the CPs and the *Libri miraculorum* from which the examples given derive.
 15. Pellegrini L (ed.), Il processo di canonizzazione di Bernardino da Siena (1445-1450). Grottaferrata: Collegium Sancti Bonaventurae; 2009, p. 80. The *brevis* (usually translated as *brieve* in Italian and *brief* or *brevet* in French) was, in general, a sheet of paper or parchment folded several times on which were written some words, invocations, drawings. It was placed in contact with the body and had an apotropaic and therapeutic function. It could not be opened, and therefore the content had to remain secret, otherwise it would lose its effectiveness. See Cardini F, Il "breve" (secoli XIV-XV): tipologia e funzione. RicFolk 1982;5:63-73; Boudet JP, Descamps J-P, Pouvoir des mots et brevets magiques. In: Bériou N, Rosier-Catach I, Boudet J-P (eds), Le pouvoir des mots au Moyen Âge. Turnhout: Brepols; 2014. pp. 381-408. In the Bernardino of Siena's CP, unlike that of Frances of Rome (see above ref. 7), there are references to therapeutic acts such as the *carmina* (and therefore to enchanters and enchantresses) without any negative judgment.

16. Regarding the *vetula*, the study by Jole Agrimi and Chiara Crisciani is a must: Agrimi J, Crisciani C, Immagini e ruoli della “vetula” tra sapere medico e antropologia religiosa (secoli XIII-XV). In: Paravicini Bagliani A, Vauchez A (eds), *Poteri carismatici e informali: Chiesa e società medioevali*. Palermo: Sellerio; 1992. pp. 224-61.
17. Ms Città del Vaticano, BAV, lat. 4019, f. 75v.
18. Pietro d’Abano, *Tractatus de venenis*. Marburg: Eucarius Cervicornus; 1537, p. 63: “Ille, cui in potu datum fuerit cerebrum catti, patiebatur stoliditatem”. The same quote is also found in Guglielmo de Marra’s *Sertum Papale de venenis* and in the books on poisons by Antonio Guaineri and Sante Ardoini. In the miracle tale we also find references to the toad, another animal included in the treatises on poisons. This miracle’s story was studied in the past by Goodich M, *The Multiple Miseries of Dulcia of St. Chartier (1266)* and Cristina of Wellington (1294). In: Goodich M (ed.), *Voices from the Bench. The Narratives of Lesser Folk in Medieval Trials*. New York: Plagrove Macmillan; 2006. pp. 99-125. The scholar, in the absence of references to treatises on poisons, insists on an interpretation, we would say anachronistic one, of the *vetula* as a witch. We have to point out that the *garcia* (woman of easy morals) was a figure included among the ones considered as the poisoners: see Collard F, *Veneficiis vel maleficiis*. Réflexion sur les relations entre le crime de poison et la sorcellerie dans l’Occident médiéval. *Le Moyen Âge* 2003;1(t.CIX):9-57, p. 10. The tale deserves an appropriate insight.
19. Laurent MH (ed.), *Processus canonizationis S. Thomae*. In: *Fontes Vitae S. Thomae Aquinatis*. Saint-Maximin: Revue Thomiste; 1937. pp. 483-5, p. 492.
20. Pellegrini L, ref. 15. p. 130. In the same CP, the one who sold herbs to physicians, but from inside a shop, is referred to as *aromatharius*. About this specific character, see Moulinier-Brogi L, *Médecins et apothicaires dans l’Italie médiévale*. Quelques aspects de leurs relations. In: Collard F, Samama E (eds.), *Pharmacopoles et apothicaires. Les “pharmaciens” de l’Antiquité au Grand Siècle*. Paris: L’Harmattan; 2006. pp. 119-34.
21. The insight on the topic is in Foscati A, *Retracing Childbirth through Hagiographical Texts and Canonization Processes in Italy and France between the Thirteenth and Sixteenth Centuries*. In: Dopfel C, Foscati A, Burnett C (eds), *Pregnancy and Childbirth in the Premodern World. European and Middle Eastern Cultures, from Late Antiquity to the Renaissance*. Turnhout: Brepols; 2019. pp. 195-224, pp. 205-8. The first physician to report these methods of resuscitation proper to midwives was Simon de Vallambert in his 1565 treatise on puericulture: *Simon de Vallambert, Cinq livres de la maniere de nourrir et gouverner les enfans des leur naissance*. Poitiers: Marnesz et Bouchetz; 1565. pp. 35-6.
22. The statement of the failure of profane medicine before the saint’s healing is a *topos* of hagiographic literature aimed at demonstrating the latter’s thaumaturgic power. It is likely that instead, the sick person immediately invoked the saint.
23. The number of physicians and healers who testify in the most relevant medieval CPs is indicated in Foscati A, *Il ruolo del guaritore profano nell’identificazione del miracolo. I processi di canonizzazione tra XIV e XVI secolo (Italia e Francia)*. In: Andreani L, Paravicini Bagliani A (eds), *Miracolo! Emozione, spettacolo e potere nella storia dei secoli XIII-XVII*. Firenze: SISMEL-Edizioni del Galluzzo; 2019. pp. 207-24, pp. 209-11. Also Joseph Ziegler who, in a quoted article, aims to demonstrate the significant presence of physicians in medieval CPs admits that most of the healing miracles are accepted without any apparent proof from the medical authority: Ziegel J, *Practitioners and Saints: Medical Men in Canonization Processes in the Thirteenth to Fifteenth Centuries*. *Soc Hist Med* 1999;12(2):191-225, p. 220. See also, within given limits to the CP of Nicholas of

- Tolentino, Lett D, *Judicium Medicine and Judicium Sanctitatis*. Medical Doctors in the Canonization Process of Nicholas of Tolentino (1325): Experts Subject to the Inquisitorial Logic. In: Salonen K, Katajala-Peltomaa S (eds), *Church and Belief in the Middle Ages: Popes, Saints, and Crusaders*. Amsterdam: Amsterdam University Press; 2016. pp. 153-69.
24. See Pomata G, *Malpighi and the Holy Body: Medical Experts and Miraculous Evidence in Seventeenth-Century Italy*. *Renaiss Stud* 2007;21(4):568-86.
 25. See Duranti T, “Ius civile credit Hypocrati”: medicina e diritto in dialogo, oltre le dispute universitarie. In: *La medicina nel Basso Medioevo*. Ref. 6. pp. 313-47.
 26. See, for example, Ziegler J, Ref. 23. pp. 202-5.
 27. Ms Paris, BnF, lat. 9747, ff. 333r-337r.
 28. It is included among the *consilia* by Crisciani C, *Consilia*, responsi, consulti. I pareri del medico tra insegnamento e professione. In: Casagrande C, Crisciani C, Paravicini Bagliani A (eds), *Consilium*. Teorie e pratiche del consigliare nella cultura medievale. Firenze: SISMEL- Edizioni del Galluzzo; 2004. pp. 259-79, pp. 271-3.
 29. See, for example, the comparison between the medical witnesses in the CP of Bernardino of Siena and in that, of the late sixteenth century, of St Filippo Neri: Lavenia V, *La canonizzazione di Bernardino: tra storia, diritto e pietà*. *Frate Francesco* 2011;77(2):435-45, p. 442.
 30. Jacquart D, *Médecine, miracles de guérison et mort apparente à la fin du Moyen Âge*. In: Andreani L, Paravicini Bagliani A (eds), Ref. 23. pp. 247-68, pp. 255-6.
 31. Ms Paris, BnF, NAL 217, f. 39.
 32. Menestò E (ed.), *Il processo di canonizzazione di Chiara da Montefalco*. Scandicci: La nuova Italia; 1984, p. 398.
 33. Pellegrini L, Ref. 15. p. 459.
 34. *Ibid.*, p. 265.
 35. Cambell J (ed.), *Enquête pour le procès de canonisation de Dauphine de Puimichel, comtesse d’Ariano (†26/XI/1360)*. Torino: Bottega d’Erasmus; 1978. pp. 426-7. The cited texts show that the notion of ‘critical days’ was widespread at several cultural levels. Especially regarding medical texts, see Recio Muñoz V, *Medicus artifex sensualis est: Amato Lusitano ante la teoría de los días críticos*. *eHumanista/Conversos* 2019;7:39-58.
 36. It must be said, however, that Jewish doctors, although recalled in several CPs as therapists who were often the performers, are never called, in the analyzed CPs, as direct witnesses. The topic is covered in Foscati A, Ref. 23. p. 215.
 37. On the signs of death and empirical evidence in the miracle tales, see *ibid.*, p. 220-22. Regarding the signs of death in medical texts, see Duranti T, *La morte nella medicina bassomedievale (secc. XII-XV)*. In: De Ceglia FP (ed.), *Storia della definizione di morte*. Milano: FrancoAngeli; 2014. pp. 165-81.
 38. *Sancti Gulielmi archiepiscopi Bituricensis. Vita, miracula post mortem et canonizatio (...)*. *Analecta Bollandiana* 1884;3:271-361, pp. 332-33. However, for a correct evaluation of the account, we have to consider about the fact that the dropsy weighed on a symbolic surplus, because for the tradition, it was the disease which had affected some great sinners. See Foscati A, Ref. 4. pp. 23-8. In the same volume some examples of removal and rejection of the sick by the sanctuaries are mentioned (*ibid.*, pp. 80-5).
 39. On Dauphine de Puimichiel’s CP: ms. Aix-en-Provence, Bibliothèque Méjanes 355, ff. 134r; 136v. The manuscript is taken into consideration because in the 1978 Cambell edition, quoted above (see above ref. 35), the transcription of the lemma is not correct. About

Urban V, see: Albanès JH, Chevalier U (eds), Actes anciens et documents concernant le bienheureux Urbain V, pape (...). Paris: Bibliothèque de l'École des chartes; 1897. pp. 124-365, pp. 225, 228. The dossier of Urban V consists of a collection of testimonies each referring to a single miracle, transcribed, dated and signed at the bottom by various notaries. The quote mentioned is from the nineteenth-century edition which is an exact transcription of the only manuscript which contains the text (ms. Marseille, Département Bouche du Rhône, 1 H 676).

40. <https://www.cnrtl.fr/lexicographie/tac/0> (last access: August 2023). The dictionary indicates also other meanings, including that of a disease typical of cattle. The lemma is a captivating example of the polysemy of the medical lexicon of the past. We have an ongoing study and publication dedicated to the semantic meanings and changes of this lemma.
41. For example, we read in a tale of Urban V's dossier: "Petrus Garini... asseruit... quod... uxor sua... graviter infirmabatur, que patiebatur febrem continuam et habens lo tat, quod est signum mortale"; Albanès JH, Chevalier U, Ref. 39. p. 228.
42. See, Foscati A, "Dicitur lupus, quia in die comedit unam gallinam": Beyond the Metaphor: *Lupus* Disease between the Middle Ages and the Early Modern Period. *Mediterranea* 2023;8:27-53.
43. *Lupus* as a nosographic term still exist and is used to indicate various pathologies. The most common among them is the Systemic Lupus Erythematosus, an autoimmune disease, which is different from the medieval *lupus*. This term has a metaphorical origin. In fact, for ordinary people, the way to fight the disease, that 'ate' the flesh of the sick person like the ferocious beast, was to feed it with chicken meat. Confirmation of the use of such a form of therapy, and to our knowledge the earliest evidence of this, comes from a miracle tale included in the twelfth-thirteenth century Pseudo-Hebermus' collection of *miracula* attributed to the intercession of St Martin (see, *ibid.*, pp. 33-5).
44. Paris, BnF, ms. NAL 217, ff. 25; 38; 39; 69; 73; 76; 78.
45. See, Foscati A, Il linguaggio della medicina fuori dalla medicina nel Medioevo. I *libri miraculorum* e i processi di canonizzazione come repertorio lessicografico dei nomi delle malattie. In: *La medicina nel Basso Medioevo*. Ref. 6. pp. 441-66, pp. 453-4.
46. The question we ask ourselves is: why was gangrene associated with the Spanish in Normandy in the thirteenth century? It is possible, but it is all to be demonstrated, that the expression *morbis hispanicus* originated following contacts made owing to pilgrimages to Santiago de Compostela.
47. For example, let's focus on the expression solely used in Italy 'fuoco di Sant'Antonio' which today popularly means the disease caused by the virus *herpes zoster*, but which in the past indicated, in great part of Europe (in the Latin form *ignis sancti Anthonii*), gangrene, of whatever etiology (see Foscati A, Ref. 4). See also above Ref. 43.

