Practitioners and Saints: Medical Men in Canonization Processes in the Thirteenth to Fifteenth Centuries

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SUMMARY. This article shows that recourse to expert medical judgement for authenticating miracles has medieval roots which lead to the thirteenth century. It provides a survey of those cases in the printed versions of canonization processes from c. 1200 to c. 1500 where medical men actively appeared as witnesses. It shows how, from the second half of the thirteenth century, many canonization processes (overwhelmingly in southern Europe) included at least one medical man who witnessed or gave expert testimony as a supplier of medicine. The physicians who appeared as expert witnesses were expected to rule out the possibility that there was a natural explanation for the wondrous cure. To acquire medical confirmation that a certain cure was miraculous seemed highly desirable to those wishing to substantiate claims of sanctity. Physician witnesses were often called upon to evaluate cases of which they had personal knowledge because of the medical know-how they possessed: however, medical science was not considered so universal that any physician could review the case (as is theoretically the case today in the medical council at the Vatican). Thus, to the therapeutic function of physicians and surgeons in southern Europe from the second half of the thirteenth century, a hitherto neglected duty should be added: whenever necessary, the community as well as the local ecclesiastical authorities expected the suppliers of medical services to contribute to the formal recognition of an apparent saint.

KEYWORDS: miracles, canonization, religion and medicine, Jewish physicians, papacy, hernia

Physicians play a crucial role in modern canonization processes which are entirely controlled by the Vatican.¹ A panel of five physicians meet every fortnight between mid-October and mid-July and at each meeting examine two miracles. Members of this panel are drawn from a pool of more than 60 physicians resident in Rome. All members are Italian, all are men, and all are Roman Catholic. They constitute the Consulta medica of the Congregation for the Causes of Saints. More than half of them are professors or heads of departments at one of Rome's medical schools; the rest are, with few exceptions, directors of hospitals and eminent consultants. Each panel member must pass judgement on the diagnosis (preferably a specific disease, but possibly just mortal danger), the prognosis, and the adequacy of the therapy used. He must verify that the cure was complete and of lasting duration (this could be a problem when the patient is still alive and the apparent cure may be only a temporary reprieve). He is then expected to determine

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whether the cure was natural, or inexplicable by all known scientific means. A decision by a majority on the panel that the cure was scientifically inexplicable ends its task. It is then up to the theological consultants, whose opinions must be seconded by the Congregation’s cardinals and, eventually, the Pope, to decide whether all this constitutes a miracle. The postulator may summon and interrogate the original physician involved in the particular event, but the consultants never contact him and their determination is impersonal, based solely on scientific analysis of written records.

Is this recourse to expert medical judgement for authenticating miracles a modern phenomenon? The only systematic study of forensic medicine in canonization processes fixed the middle of the sixteenth century as the time when physicians started to appear regularly as expert witnesses in these legal procedures. It has been alleged that the apparent lack of an expert medical role in earlier canonization processes resulted from the poor state of medical knowledge which did not allow accurate diagnosis. Since the Middle Ages was a period when external rather than internal proofs were in demand and recognized, there was little need for the medical expert. Consequently sanctity was usually determined ‘viva voce populi’. The purpose of this study is to question this picture.

Decretals of Innocent III from the first decade of the thirteenth century suggest that papal canonists had begun to accept, and even to seek, medical testimony in order to determine the cause of death. Papal coroners’ inquests admitted as evidence attestations of physicians and surgeons concerning post-mortem findings. By the end of the century these procedures, which contradicted earlier Roman legal practices, were introduced into civil law as well. In some north Italian cities, as early as the 1280s, medical practitioners were obliged to inform the municipal police about each case of wound they treated. Physicians thus came to play a major role in maintaining civic order and security. Similar development took place in southern France and Aragon. The growing appeal to surgeons and physicians for expert testimony before the law was an important force helping to shape a social role for medical practitioners. They came to be regarded by the community as people who could best judge the seriousness of wounds suffered in an assault. Bearing all this in mind, it would be surprising if a legal process such as the canonization of a saint—which, by the second third of the thirteenth century, became highly institutionalized and formalized—did not involve the medical milieu.

Spontaneous veneration of Christians as saints by their community gradually gave way to official recognition of them by the local bishop and his synod. Consequently, from the eleventh century onwards, the veneration of saints became dependent on papal permission to proceed with the matter. By the end of the twelfth century the chroniclers began to write down the miracles of recently dead

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saintly persons in the form of legal briefs for the purpose of applying for official canonical recognition before a saint could be publicly revered. By 1200, papal recognition of saints had become the rule, and the requirements for canonization were formulated. Detailed information as well as reputable witnesses were required in Rome and such information was subjected to assessors appointed by the Pope.\(^5\) Gregory IX’s letter of commission (October 1232) to the Archbishop of Mainz and Konrad von Marburg, ordering them to inquire into the virtues and miracles of Elizabeth of Thuringia (1207–31, canonized in 1235), and the related letter instructing Konrad von Marburg exactly how to examine the witnesses, are the first clear legal evidence for the institutionalization of the procedure under papal control.\(^6\) The letters say nothing of a specific role for physicians in the process, but urge the addressee painstakingly to examine witnesses so that after the darkness of disbelief concerning doubtful miracles is hammered out, brightness will enlighten the pure minds. Since plain belief was not enough to assure a formal recognition of the miracle, the witnesses were expected to show that they had certain knowledge (scientia) concerning the event. The testimonies should include a narrative of the miracle, and a detailed examination of the circumstances of the story based on a set of questions: How do you know? When exactly did the event take place? Who was present? Where? Who invoked the saint? What words were used? What are the names of those affected by the miracle? Did you previously know them? How many days did you see the person ill and how long was he or she actually ill? From which city did they come? The testimonies and the interrogation which constituted the local inquiry (processus informativus), usually presided over by a bishop, should then be put in writing, corroborated with the examiners’ seals and finally subjected to the Pope’s scrutiny. The curial process included a meticulous exami-


ination of the collected evidence by a committee of three cardinals who would produce a report known as the *relatio processus*, which they presented to the Pope. A decision on canonization would then be taken by the entire Sacred College of Cardinals assembled in a solemn but secret consistory.

Almost 80 years ago Ernest Wickersheimer drew the attention of historians of medicine to the literary genre of canonization processes as a source of precious information for those interested in medieval medicine. He produced a translation of excerpts from the process of Cardinal Pierre de Luxembourg, former Bishop of Metz (d. 1387). The local inquiry started in 1390 in Avignon and was presided over by Guillaume de Poitiers, Bishop of Viviers. Wickersheimer regarded the text as a tool to decode and decipher medieval diseases. He suggested that Pierre suffered from tuberculosis of the peritoneum and compiled a catalogue of diseases and therapy based on 158 (of the 179) healing miracles mentioned in the text and attested by some 90 witnesses. More recently, Ronald Finucane analysed a variety of sources related to canonization processes and extended our knowledge of children’s illnesses and disabilities as well as society’s attitudes towards them in the thirteenth and fourteenth centuries. Nancy Siraisi has shown how useful for historians of medicine can be the records of papal commissions of inquiry into the sanctity and miracles of a candidate for canonization. She has masterfully demonstrated that, in the case of the canonization process of Chiara de Montefalco (d. 1308), these records reveal the extensive availability and use of paid secular care in Spoleto and the surrounding region.

Canonization processes store precious information about doctor–patient relationships, particularly when they depict the painful experience of the ill candidate for sainthood. They expose the wide range of health suppliers and portray the medical needs and hopes of a society at a certain time and place. The stories about the dead saint reveal the actual participation of physicians or surgeons in autopsies. They show that people when ill went first to the doctor (if they could afford it) or doctored themselves; recourse to alternative channels of health (i.e. miraculous) usually came as a last resort when conventional methods had failed. However, these texts may also be used to gain insight into a hitherto neglected function of physicians and surgeons in medieval society: their role as active or passive participants in canonization processes and hence in the promotion of miraculous medicine in late medieval society.

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In what follows I shall chart the role medical practitioners performed mainly as witnesses to healing miracles which fortified the claim for the canonization of a holy man or woman. In so doing, I am indebted to André Vauchez's magisterial study of sainthood in the later Middle Ages. The list of medieval canonization processes at the end of the book provided me with a convenient starting point for my investigation. I also looked at collections of testified or authenticated miracles which are often fused into the canonization process but can appear as independent collections. At this stage of the investigation, it is of little importance whether a canonization process was successful (i.e. ended with formal canonization) or not. As far as the participation of medical practitioners in canonization processes is concerned, I found no significant difference between diocesan informative processes and local enquiries and between processes of canonization ordered by the papacy. Hence, in the following discussion, I have not distinguished between the two, and have recorded every case in which a named supplier of medical care was introduced by the title Magister or merely qualified as medicus, physicus, or chyrurgicus. It is of course impossible to determine with certainty whether the term ‘magister’, attached to medical practitioners, automatically means that the person was academically trained. As we shall see, some Jewish practitioners used this title as well, and it is unlikely that they were university graduates. Nevertheless, some kind of formal medical training (academic or other) may be inferred from such a title.

I have only looked at printed material. Some of the protocols I have used are based on faulty editions prepared by the Bollandists for the Acta Sanctorum. This series of lives of the saints, arranged in the order of their feasts in the ecclesiastical year, was begun under the Jesuit John van Bolland (1596-1665). He and his successors (the Bollandists) combed many archives and libraries of religious houses throughout Europe for material on saints. This enterprise was suspended when the Jesuits were suppressed in Belgium in 1773, but was then resumed in 1837. Much more material is hidden in the unedited and unpublished files (many of which are in the Vatican Archives) which await independent study. Such study will surely enable us to assess better the question of the narrative in these canonization proceedings, a question I have entirely ignored. Some of the edited accounts are based on seventeenth-century copies of now lost manuscripts. But the data I have collected are both quantitatively and qualitatively substantial enough to suggest that forensic medicine in canonization processes appeared much earlier than the middle of the sixteenth century. Personal and geographical names provided an irritating problem. I have usually kept the Italian name for the Italians, the French for the Frenchmen, and so forth. In cases of doubt, I have retained the Latin form.

It is not surprising that medical men appeared as witnesses in canonization processes or in earlier attempts to authenticate lists of miracles. As ordinary members...
of society, and perhaps driven by a pious inclination, some of them, just like lawyers, artisans, and merchants, would willingly participate in institutionalizing a saint’s cult. When this is the case, the testimony of the physician usually differs little from that of the theologian, the lawyer, or indeed the local housewife. Here, the medical background of the witness bears no relevance to his testimony: he merely happens to be a physician, too. This is the case, for example, with the two physicians appearing as witnesses in the canonization process of Bonaventura (d. 1274) in Lyons in 1480. Magister Paulinus de Sala, a bachelor in medicine from the nation of Nice, testifies that he has often heard about the holy life of Bonaventura, and that he knows nothing about the miracles Bonaventura did when still alive. He also gives details from his personal experience (cure from some feverish disease accompanied by symptoms of intestinal inflammation) to support his belief in the post-mortem miracles of Bonaventura. The cure followed submission to the prayers of Bonaventura, a promise to make a novena, which was a devotion consisting of special prayers or services on nine successive days, and pilgrimage to the tomb of Bonaventura in Lyons. Paulinus expresses his belief that prayers to, and intercession of, Bonaventura caused his own cure and other miraculous cures (often of patients suffering from gout). No medical content arises from Nycolaus Pavis’ testimony. As a doctor of arts and medicine from the Norman nation, he pretentiously stresses his academic credentials by hailing Bonaventura’s major contribution to ‘cultivating the Lord Sabaoth’s vineyard’ through his sermons and written works (in particular the Sentences commentary), and even clears Bonaventura of any suspicion of spreading heretical doctrines. He says nothing about healing miracles. This, however, does not imply scepticism, since he later tells us in all seriousness how the tongue of Bonaventura has been found whole, healthy, and red. But the main role played by physicians is as witnesses (who actively testified in person during the process) and expert testators (who were mentioned by name as potential corroborators to the witness’ testimony). The differentiation between witnesses and testators, who in Latin are denoted by the same word—testes—results from some doubt as to whether the latter actually appeared in person before the court. That they did is possible, particularly since many of the texts of the processes are edited versions and not verbatim protocols. But, in the absence of conclusive evidence on their participation, it is necessary to treat their appearance in the texts cautiously as indicating only potential participation in the process. I

15 A nation, in the context of the medieval universities, was a body of students belonging to a particular district, country, or a group of countries who formed a more or less independent community.
have organized my data according to five patterns of participation. In each section I have arranged the data chronologically.

I

Miracle 41 among the depositions made in San Sepolcro (Umbria) in 1304 regarding the miracles attributed to the Franciscan friar Raniero of Arezzo, who died that year, was told by Palitius of Bavia Masse Trabarrie, a bone doctor (medicus ossuum destructorum) who had treated Massus the son of Rosa from Città di Castello. Massus fell from his horse and broke his arm. A flawed attempt to repair the damage left him with an arm shorter by four fingers than it had been before but—still worse—contracted nerves turned the arm rigid and withered. During the five months of this unpleasant condition, the boy could not even dress himself. The said doctor testified that he employed in vain every art, power, and instrument, but the hand would not bend. The people surrounding the boy then invoked the saint and suddenly, while making a cracking sound like dry wood breaking, the arm miraculously regained its flexibility and the boy was restored to his former health. Another medical man from San Sepolcro, Magister Girardo (Gerardus, medicus de Burgo) testified as an expert that Perus Peri from Città di Castello, who for two years had endured ‘bodily fracture’ (corporis fractura, possibly a severe hernia), was no longer suffering from this condition. Perus’ intestines broke out (egrediebantur) and he could hardly walk, but he was miraculously cured after a vow taken by his wife.¹⁸

One of four medical men who appeared as witnesses in the 1306 Sulmona canonization process of Pope Celestine V (often referred to as Brother Pietro de Morrone; d. 1296, canonized in 1313) was the 54-year-old surgeon, Magister Riccardo of Sulmona.¹⁹ Riccardo was called to cure Francisca, a young girl who had been wounded in the heel by a stone thrown at her in a children’s game. Not properly treated, the wound developed into a fistula. Upon seeing the wound, Riccardo judged it incurable and refused to treat it. He supplied the by now weakened girl with some palliative advice, but dismissed her as a lost case since the ‘infistuled’ wound caused a corruption of the bones. He later learned that the child had been taken by her mother Gentilucia to Brother Pietro (i.e. Celestine V) who, after hearing her condition, marked the girl with the benediction of three signs of the cross and cured her completely. Magister Riccardo testified that the girl had been healthy ever since, and that he knew all this from seeing her.

The testimony of the surgeon Magister Benvenuto, witness 256 in Chiara da

¹⁷ AASS 1 November 1: 398C. Another bone-physician called Piliaritius de Bavia appears as testator to miracle no. 50 which describes the cure of a blind person. AASS 1 November 1: 400C.

¹⁸ Ibid., no. 51, 400D.

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Montefalco's failed canonization process of 1318—19 in Umbria (d. 1308; formally canonized 1881), has not survived. We can, however, partially reconstruct it through the testimonies of two of his patients, who had been miraculously cured by Chiara. Witness 217, Petrucciolo Biagji da Montefalco, told of the miraculous cure of his brother Pantolo, who for two months had suffered from an inguinal fracture (*fractura in inguine*) or hernia. A swelling the size of an egg emerged. Benvenuto examined Pantolo, determined that his patient was 'fractured' (*fractus*), that he was doubtful whether he could free Pantolo from his ordeal, and that because it was summer he could not cure him then. Until such time as he could, Pantolo should wear a groin-cloth (*lumbar*) over the hernia. Pantolo’s mother made a vow to Chiara, asking her to release her son from his agony. An instant cure followed and within a month both the hernia and the swelling disappeared.\(^{20}\)

Hernia brought about the participation of another medical man in Chiara’s process. Magister Filippo, a surgeon from Castroveteri, testified that he had heard a matron called Carella devoting her son Giovanni, who was suffering from inguinal hernia (*hemia quam habebat in bursa virilis membri*), to God and Saint Chiara. The child was cured without delay after the vow had been made. Several times the woman showed Filippo the scrotum of the boy, who had endured this condition from birth, and asked his opinion. He was reluctant to operate because the child was too young (five to six months old). Filippo was asked by the investigating committee if the condition demanded surgical intervention and he replied that it did, for without incision no cure was possible. He was further interrogated about the exact time of the event and was asked to testify that he had seen the boy healthy ever since.\(^{21}\)

In the same process the *fisicus* Nicola da Spoleto appeared on the stand as witness number 201, and told of a girl struck by pox (*variola*), a disease which, he alleged, usually afflicted boys and affected the whole body. When the disease retreated, abscesses remained in the girl’s legs (*apostemata in cruribus*) which, together with her arms and knees, became swollen and rotten. Nicola extracted a bone as well as some *sanies* (a thick mixture of pus and blood) from one of her arms or shoulders, but delayed a similar surgery on all the other joints because he feared its results and in any case he believed the condition was incurable. One day the girl’s stepmother brought him the girl saying: ‘Look, look! What do you make of this?’ He looked at the girl, who was almost entirely free of the symptoms. Without being pushed by the interrogators to draw the desired conclusion, he declared that in his judgement what had happened could not have been caused by any kind of medical intervention. He questioned the stepmother, who told him that nothing had happened between his failed attempt to cure the girl and her actual cure except for a vow she had made to God and Chiara. Nicola then ended his testimony by saying he believed the cure was made by divine power and not by medical means.\(^{22}\)

Magister Giovanni Rubeus, physician from Sermoneta (*fisicus de Sermineto*) was the 64th witness in the Fossanova process of 1321 which examined (for the second

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\(^{21}\) Ibid., pp. 306–7.

\(^{22}\) Ibid., p. 482.
time) miracles attributed to Thomas Aquinas (d. 1274, canonized in 1323). His testimony corroborated earlier evidence of the son of Pietro (Petrus) Craparius who had been miraculously cured from a severe liver condition. Through a urine check, magister Giovanni diagnosed Pietro as suffering from heating up of the liver (calefactio epatis). He prescribed phlebotomy, but was astonished by Pietro’s swift recovery in six to eight days since ‘according to medical art he should not have been cured so swiftly’. Magister Giovanni reappeared on the stand as witness 66. He was probably summoned by the interrogators to corroborate the testimony of witness 65, Maria Egidii from Sermoneta, who for a year had suffered dry cough (tussis sica) accompanied by fever and was miraculously cured. In her testimony and in reply to the inquisitors’ demand, she mentioned Magister Giovanni as one of the scientes (those who had certain knowledge) who were familiar with her case. Giovanni confirmed Maria’s story and added medical details which invested the narrative of apparent miracle with an aura of medical gravitas. The dry cough Maria was suffering was called by physicians empima (empyema was an accumulation of pulmonary pus)—a terminal disease particularly when the patient had entered the stage of withering (ad marasmon) as Maria had. Giovanni then told how he saw her fully cured, but did not know (nescit) how she was cured, since she was not treated by any other medical man. The interrogators were sensitive enough not to press him to admit the miraculous nature of the cure. He was, therefore, interrogated only about the duration of the disease, and about the precise date on which he saw her fully recovered.

Magister Pietro da Tolentino the son of Giovanni, a 40-year old physician (Petrus magistri Iohannis, medicus) was witness 222 in Nicola da Tolentino’s canonization process of 1325. His testimony reveals that the examiners were keen to receive expert medical judgement concerning the disease and its cure. Magister Pietro was Nicola’s personal physician, yet his testimony concerned not the Augustinian hermit but another patient of his, a lady called Dunzella who had suffered from what Pietro diagnosed as a pathological haemorrhage (fluxus sanguinis). When asked what kind of haemorrhage it was, he replied: menstrual. Bewildered, the examiners asked how this condition could be pathological when such occurrence is natural for women. Magister Pietro replied that in this case this was an illness (infirmitas) because it lasted over a month and occurred against the usual excretion and the course of nature (contra debitum assuetum et cursum nature). The disease was incurable, according to Pietro, who added that the prognosis (judicio) of another physician, Dominus Giovanni da Tolentino, was identical. Pietro was then asked whether divine governance through the life, the merits, and the prayers of Friar Nicola caused the cure. His reply, that it seemed so to him so far as concerned his faith (quantum fides sua), was unsatisfactory for the examiners, who were more keen to know his medical judgement. So they insisted and reformulated the question: Did you, and do you still think that the cure constitutes

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25 Il processo per la canonizzazione de S. Nicola da Tolentino, pp. 489–90.
a miracle? This time Pietro reacted as was expected of him and based his positive reply on his art and profession (quam sibi videtur in arte sua). Not having been present at the moment the woman made her vow and prayers, Pietro declined to answer what prayers the woman had uttered. Consequently, the interrogators asked again how he knew (scire) that the cure was miraculous (that is, directly linked to the intercession of the saint). Pietro replied that the combination of the woman’s testimony and her full recovery, which he diagnosed according to his art, secundum artem suam, convinced him that this was the case.

That physicians initiated communication with saints in the context of the cure of disease is patent from two testimonies in the 1376/7 Avignon session which examined miracles attributed to Pope Urban V (d. 1370).26 Guillaume Columbi, magister in medicina et in artibus, living in Marseilles at the time, told of a patient of his, Jacomin Massacani from Nice, who some two years before, around the feast of St Peter the Martyr in April, suffered severe pestilential fever accompanied by a carbuncle the size of a palm on the left shin. The doctor applied medicines to the carbuncle and to another pestilential ulcer (bossium) this apparent victim of plague had further up in the groin. This swelling was split open with a knife; two foul pieces of flesh (carnivadia) the size of fists were extracted from it and caused such a strong stench that hardly anyone could stand next to them. The physician immediately identified the signs of approaching death (signa mortalia), defined the case as hopeless and came to believe that there was no medical way to prevent death. But when the medical art reached a dead end, the physician, driven by charity and love, made a vow to Urban asking him to intercede on behalf of Jacomin and promising to make a pilgrimage to his tomb if the patient survived and regained his health. On the same day the patient showed signs of recovery and soon was fully cured. It thus seems that medical caritas was not limited to the physician’s commitment to do everything the medical art permitted him in order to care for a patient and cure his or her disease.

More evidence which suggests that some medical men were active agents of miraculous medicine and came to acknowledge openly its efficacy emerges from testimonies they gave concerning the cure of family members. In the canonization process in 1251 of the Augustinian hermit Giovanni Bono (d. 1249) in Mantua, the barber Adelardino testified concerning the miraculous cure of his daughter Agnesina who, after falling on a pavement and knocking the back of her head, lost her eyesight.27 Magister Benedetto, a 60-year-old medicus, was a key witness in the canonization process of Celestine V (Pietro de Morrone) in 1306 in Sulmona. Benedetto generally confirmed the validity of the various articles put forward

26 J.-H. Albanès and U. Chevalier (eds.), Procès verbaux des miracles du b’ pape Urbain V, in Actes anciens et documents concernant le Bienheureux Urbain V Pape, vol. 1 (Paris and Marseilles, 1897), pp. 181–2 (no. 90). Wickersheimer, Dictionnaire biographique, p. 234. Guillaume Columbi had been a bachelor of arts and medicine in Montpellier in 1362; at the time of the process he was in his mid-thirties. For the case of Magister Pierre Talhani, medicus-cirurgicus to the duke of Bourbon and a resident of St Pourçain (diocese of Clermont), who suggested that the friends of a patient of his, who had been suffering for six weeks from an incurable continuous fever accompanied by an abscess in the head, make a vow to Urban; see Procès verbaux des miracles du b’ pape Urbain V, pp. 233–4 (no. 158). Wickersheimer, Dictionnaire biographique, p. 663
27 AASS 21 October IX: 804E.
regarding the sanctity of Celestine, because he heard it publicly proclaimed in Sulmona. But in his case there was also a personal touch. Article three in the canonization process discussed the miraculous cure of his daughter Cathania who had suffered from sudden vertigo (vertigo capitis) which rendered her almost entirely blind. Other symptoms accompanying this condition were a severe headache, hearing difficulties, and a grossly enlarged left eye. For nine days no medical help (not even that of Magister Benedetto himself, as Cathania later testified) could free her of this condition. Then she experienced a vision telling her that only Brother Pietro could cure her. Overwhelmed with faith, hope, and piety, she told her husband (the notary Giovanni Riczardi) to take her to that monk. Tied to a horse to prevent her from falling and accompanied by three men (her husband, her father Magister Benedetto, and Magister Rinaldo, another physician who later gave his testimony), she arrived where the monk happened to be strolling. Pietro refused to see or talk to her directly for reasons of chastity. Magister Rinaldo told Pietro of the nature of the woman’s disease; Pietro sent her a wooden cross and asked the porter to lay it on her eyes. Cathania then regained her eyesight which became even better than it had been before; she walked back to Sulmona fully cured; furthermore, her morally loose husband was also transformed and persisted in a better and corrected life until the end of his days. Magister Rinaldo then added that he kept the wooden cross that cured Cathania, and used it again to cure a possessed woman.

Unlike the modern role of physicians in canonization processes, it was not uncommon to require the medieval medical man to state in public the final conclusion that the cure was miraculous. Witness 149 in Chiara da Montefalco’s failed canonization process of 1318–19 was Magister Nicola da Spoleto, fisticus, whom we have already encountered. Following the testimony of his wife Chiara, he gave his version of the miraculous cure of their son who had suffered from a severe fit of anxiety which had robbed him of the ability to talk. According to the woman, her husband was present at the vow-taking which presumably initiated the cure, but played no other role. According to Nicola the child was stricken with an unfortunate case of a severe bodily pain (accidens gravium dolorum corporis) and great anxiety which made him beside himself and deprived him of the capacity to talk or react to people talking to him. The interrogators needed a more medical description of the child’s condition and asked Nicola to be more specific. He replied that the pain was caused by some accidental flow (fluxus). He then added that he had believed then, and was still convinced that, Chiara’s merits had liberated the child from this agony.
The witness to the ninth post-mortem miracle in the unsuccessful proceso antiguo (1318) of Ramon de Penyafort (d. 1275) was Magister Joan, medicus in Barcelona. He told under oath of the revival of his daughter Margarita who had died after an unsuccessful struggle against fever and dysentery (fluxus ventris). He himself diagnosed her as dead by the colour of her skin and the sharp nose. Following the prayers of her mother at the tomb of Ramon, Margarita, who lay dead in bed from noon to vespers (c. 3 to 5 p.m.), opened her eyes at about compline and embarked on a path of quick and dramatic recovery. Magister Joan testified that he had been with his dead child when his wife was praying. He thus linked the cure directly to the intercession of the saint. After this cure Margarita lived healthily for 14 years. In the interrogation, Joan was asked about the exact time and location of the event and whether other people were present. Margarita was three or four years old at the time of the miraculous cure and had been dead for ten years at the time of the testimony. The interrogators were not interested in the circumstances of her premature death. Instead, they explicitly asked Magister Joan whether what had happened was indeed wondrous things (mirabilia) or whether it could happen by the art, the work, the advice, or the science of medicine (poterat contingere ex arte, opere, consilio vel scientia medicine). His reply was an adamant no. He stressed that, by the time of the miracle, he was already acquainted with physic and even drew his living from it. Thus his diagnosis that the child was dead did not depend merely on having seen her dead, but was founded on medical expertise. What had happened was supernatural and divine.

But the most famous case of a physician actively participating in a canonization process is that of witness 45 in Pierre de Luxembourg’s process of 1390 (d. 1387), the 60-year-old papal physician and Chancellor of the medical university at Montpellier (1384–96), Jean de Tournemire. His name appeared earlier in the inquiry when the ninth witness, the Augustinian theologian, Magister Gilles d’Orléans, gave his testimony regarding article 94, which described the peculiar state of Pierre’s body after his death. The cadaver apparently lacked any sign of rigor mortis; the organs were soft and loose as if he were asleep and his bright face was not the face of a dead person. Bewildered by this fact, Gilles testified that he had asked Jean de Tournemire how this could be. Jean replied that this was miraculous (mirandum erat) because from the moment the blood hardened and the nerves

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30 The subtle distinction of scholastic thinkers between marvels (natural effects we fail to understand) and miracles (unusual and difficult events produced by God’s power alone on things that have a natural tendency) does not apply here nor in most canonization procedures I have read. On wonders and miracles see C. Walker Bynum, ‘Wonder’, American Historical Review, 102 (1997), 1–26 at p. 4 and L. Daston and K. Park, Wonders and the Order of Nature 1150–1750 (New York, 1998), esp. pp. 109–33.


33 AASS 2 July I: 563E.
cooled down, according to the natural course of things (secundum morem at cursum nature), the organs had to become stiff. Jean thus appeared in this context as a decoder of nature; he was an essential agent for the passage from the natural to the supernatural explanation and for the rational acceptance of the miraculous. But Jean was not only quoted as an expert. He appeared in person as a witness whose detailed testimony deserves to be fully summarized here.  

In 1387 Jean visited his home and family in Montpellier. To his horror, he discovered his 18-year-old pregnant daughter Marguerite suffering from a pathological condition in her breast generally known as *noli me tangere* because the breast was painful when touched and its condition deteriorated the more it was tampered with. Jean reached the sad conclusion that his daughter was suffering from a hidden cancer (*cancer absconditus*), a lethal disease. When the cancer burst through to the surface of the breast and appeared as an open, foul sore, a quick, painful wasting (*corrosio*) of the flesh ensued, the whole breast consequently disappeared, and according to Jean, death usually followed within a year to 18 months. In the presence of his wife (his son-in-law was conspicuously absent) Jean asked his daughter how it all started. Marguerite described how a hard lump (*nodulitas*) like a hazelnut (*avellana*) appeared in her left breast. It was painful to the touch and gradually spread through the whole breast. Jean then wondered aloud whether all this could be related to the pregnancy. Here the mother abruptly intervened by exclaiming: 'How could it? The other breast is not at all affected by the tumour'. Jean tried to appease (*palliare*) the two women. He prescribed the conventional regimen under such circumstances (a diet that excluded salty meat, cheese, vegetables and fruits), but he knew that the girl was doomed. The wasting of the flesh could be slowed down by medicinal intervention (through application of essential unguents); but it could not be stopped. He had never seen a patient suffering from this condition survive longer than two years, even with expert medical care. It is clear that this part of the story had a single purpose: by giving an accurate, vivid, and gruesome description of the disease and by repeatedly stressing its incurability, Jean amplified the forthcoming miracle. The fact that the diagnosis was made by a renowned physician was also highly significant.

But in addition to diet, Jean also prescribed devotion towards Cardinal Pierre. He ordered his wife and daughter to pray twice a day, morning and evening, to Pierre and to invoke his help. The papal physician thus opted for an alternative path to a cure.

The devastated father left his home for the papal court at Avignon deeply saddened, and disturbed in mind. But, before his departure, the sick girl asked that some part of the cardinal's robe be sent to her so she could touch the ailing breast with it. The rest of the story revolves around the effective curative use of the relic. At this stage of the story, Jean de Tournemire acts as an agent of a miraculous cure.

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34 Ibid., 577C (article 182) and 598B-99E.
35 Noli me tangere is found in nosology even today. It signifies a medical condition indicating cancerous soft-tissue ulceration. For the medieval use of the term by Roland of Parma see L. Demaire, 'Medieval Notions of Cancer: Malignancy and Metaphor', *Bulletin of the History of Medicine*, 72 (1998), 609-37, at p. 616.
which illuminates the superior efficacy of the saint over natural healing methods. In the summer, Jean took a leave of absence from his duties at the papal court. He went to the tomb of Pierre de Luxembourg, where he approached the cleric in charge of the tomb, the then bishop-elect of Coutances. The bishop told him that only the linen shrouds in which the cardinal had been buried were in his possession. When Jean was given a small part of the shroud, he glanced at the box (possibly a reliquary) and saw a bloodstained cord or a rope. Not having special papal permission, the bishop-elect refused Jean's request to receive a substantial part of this relic, but he gave him a strand from the rope. Jean wrapped the strand in a fine cotton cloth and when he heard that the tumour had burst and become painful (a common development of the disease towards its terminal stage), he sent the cloth to his wife, specifically instructing her to rub the holy cloth morning and evening against the hardened part of the breast while making sure that the open sore of the cancer was under the strand of rope and in direct contact with it.

On his return to Montpellier he learned that Marguerite had aborted the child and that her condition was deteriorating rapidly. The distraught father rushed home to see his daughter lying utterly weakened. But he insisted on seeing her breast. To his astonishment he found that the hardening had disappeared and that the breast had reverted to its former healthy state, developments which were contrary to the nature of cancer (contra naturam cancri). The breast was not wasted (corrodabatur) by the open sore of the cancer as it should have been according to the natural development of the disease. According to Jean, Marguerite had had an ulcerated cancer (cancer ulceratus), but unexpectedly this did not develop into a corrosion of the flesh (corrosio canris) or foul sanies (sanies foetida horribilis). She had been prescribed the diet noted above and some simple medicines, which at best could slow down the progress of the disease. Jean determined that in 40 years of practice he had not come across a similar case of an ulcerated cancer which was cured within five weeks against all odds. Jean's conclusion (thrice repeated in the concluding part of the testimony) was unequivocal: the cure could not have been natural; it was a divine cure brought about by God through the intercession of the cardinal (hoc non reputat a natura factum sed a Deo intercedente glorio Domino cardinali). This testimony did not entirely satisfy the inquisitors, who consequently posed a set of questions to Jean. 'How do you know your diagnosis was accurate?' they asked first. Jean displayed his medical expertise by a meticulous explanation of his diagnosis, prognosis, and therapeutics, which he based on medical authorities. Hidden cancer (cancer absconditus) was a melancholic abscess (apostema) generated from burnt melancholic matter. Two signs unique to such melancholic abscesses and entirely missing in phlegmatic, sanguine, or choleric abscesses appeared in Marguerite's case. First, the moderate hardening of the tumour, which was the size of

36 The adjective Constantiensis could also mean of Konstanz.
37 For this Galenic definition and more references for breast cancer in classical sources, see P. Thompson, 'The Disease That We Call Cancer', in S. Campbell, B. Hall, and D. Klausner (eds.), Health, Disease and Healing in Medieval Culture (New York, 1992), pp. 5–6. Galen, De Methodo medendi, xiv.9, in C. G. Kühn (ed.), Claudii Galeni opera omnia, x (Leipzig, 1825), pp. 976–9. For the fullest survey of the medieval understanding of cancer and its therapy see Demaitre, 'Medieval Notions of Cancer'; at pp. 634–7 he summarizes the case of Jean de Toumemire.
of a hazelnut or walnut. Secondly, the fact that it hurt only when touched. This abscess or hidden cancer was lethal only after it had developed an ulcerated orifice (apertura ulcerosa). For this reason Hippocrates said that it was better and safer not to cure (i.e. radically remove) the abscess and to be content with a suitable regimen (exactly as Jean had prescribed). A radical cure (through corrosive unguents—unguenta resolutiva) might precipitate the spread of the disease and the corrosive processes, which led to inevitable death. Ulcerated cancer in an organ which did not allow a radical removal of the tumour, as in the case of female breasts, must end in death. Jean concluded his reply with a description of a failed attempt attributed to Rhazes to cure an ulcerated breast cancer. Rhazes apparently performed a radical operation on one breast, but when the cancerous tumours reappeared in the other breast, they could not be radically removed; the dreaded wasting of the flesh took place and the patient died.

The next questions in the interrogation received shorter replies and were not particularly related to the medical background of the interrogated person. In fact, Jean was fully assimilated into the crowd of believers who piously and faithfully expressed their absolute trust in the saint’s powers. ‘Do you believe that your daughter was cured by the prayers of the said cardinal?’ asked the inquisitors. Jean confidently replied, ‘Yes’ (sic). ‘What exactly did the patient do with the strand?’ was the third question. Jean related how twice a day they applied it to the orifice of the cancer. He attested that the girl felt great delight and pleasure on these occasions. ‘How long did the girl confront the open cancer before she was fully cured?’ was the fourth question. ‘Five weeks’, replied Jean, and reiterated that during this period she applied to the orifice no medicine but only the rope strand and the wrapping cloth. ‘Did you make a vow?’ the inquisitors then asked. Jean recited his prayer to the cardinal and his promise to bring to his tomb a pair of wax breasts if the girl was cured. He would later reply to a question regarding other corroborating witnesses that no one else was present when he took the vow. ‘Why did you have such devotion (devotio)?’ asked the inquisitors. Jean mentioned the miracles attributed to the cardinal and his holy way of living (in particular the patience with which he confronted the phthisis which had struck him). When asked how he knew about this, Jean replied that he frequently visited Pierre during his fatal illness and saw the bloodstained rope which he was reputed to have worn.

I found no evidence for the participation of female practitioners in canonization processes. But women who belonged to the medical milieu as wives of physicians did appear as witnesses. Thus, for example, in the canonization process of Nicola da Tolentino, Angelucia made it clear in her testimony that, although it was as his mother that she was telling the story of the miraculous cure of her two-year-old


39 Rhazes’s detailed treatment of cancer and its treatment in his Liber continent does not include this case. He uses the terms avellana and modum nucis to describe the various stages of the tumour: Habes candide lector Continentem rasis . . . (Venice, 1542), bk. 27, tr. iii ‘De cancro et moro’, fol. 313°–14°.
son, Manfred, she was also the wife of Bonijacopo the physician. Manfred fell over a boiling cooking-pot and his right arm was entirely paralysed. For over a year his father the physician failed to cure him with medical remedies (experimentis medicinalibus) until a vow to Nicola brought about a swift recovery within a month.

The supernatural cure of a medical man was a powerful narrative that enhanced and lent medical credibility to the healing powers of the saint. When a medical man recognized the superiority of celestial medicine through the saint’s mediation, the saint’s curative omnipotence could not easily be contested by potential critics or sceptics. Sometimes the cured medical man was only named in other witnesses’ testimonies. For example, a key figure in the miracles attributed to Thomas Aquinas (d. 1274) and investigated in the first stage of his canonization process in Naples in 1319 was Magister Rinaldo, medicus chirurgicus, a resident of Castrum S. Laurentii de Valle (Castel S. Lorenzo in Campania?). The surgeon was struck by podagric gout (gutta podagrica) which rendered him lame and entirely dependent on a stick. He was cured at the tomb of Saint Thomas and the story of his cure was repeated by six different witnesses throughout the process. All described him visiting their monastery utterly lame, unable to stand without a stick or the support of other people. Magister Rinaldo, however, did not appear on the witness stand.

But elsewhere the cured medical man appeared in person to tell the inquisitors his experience. The protocol of the proceedings which led to Louis IX’s canonization in 1297 (d. 1270) has not survived. But the reconstructed canonization process of 1297 is not the sole source of information which attests to medical involvement in the formal establishment of his sanctity. Collections of authenticated miracles provide information regarding the participation of his physician, Magister Dude (Dudo), in establishing his cult. Magister Dude was a cleric and a royal physician to both Louis IX and Philip III. Little is known about his medical credentials, but one episode in his life is well documented and is of interest to us here. He is the recipient of miracle 38 (out of 62) in the collection compiled by Guillaume de Saint-Pathus and related to Saint Louis. The miracle is also told by Guillaume de Chartres in his depiction of the life and miracles of Saint Louis. In 1282 Dude accompanied Philip III to Saint Germain-en-Laye, where the doctor fell ill. From the colour, thickness, and disordered composition of his urine, his physicians diagnosed him as suffering from acute fever (ague and continuous fever, according to Guillaume de Saint-Pathus). No signs of digestion (which would indicate forthcoming recovery) appeared on the second and third days. On the contrary, he became delirious, and his physicians determined that destructive

material had risen to his brain; consequently, they despaired of his chances of recovery. The combination of the disease in its early stage and the accumulation of humours in the brain was particularly dangerous. On the fourth day there were still no signs of digestion. At night, after having confessed and while suffering a severe headache, a desperate Dude invoked the dead king. He acknowledged his sanctity, asked Louis to intercede on his behalf, and vowed to make a pilgrimage to his tomb. Guillaume de Chartres gives a detailed account of the miraculous cure that night in which the saint manually extracted venomous and putrid humour from Dude’s ailing head. The cure was immediate; Dude was relieved of the headache and, after he had sweated copiously, the fever disappeared as well. For Guillaume de Chartres, Dude’s medical background underpinned the miracle. As a physician Dude knew that on the fourth day, before the disease had reached its climax, there was no natural cure to his condition; no sweat-inducing therapies or artificial cooling of the body could have helped at this stage of a developing disease. By invoking the saint Dude consciously, one could almost say rationally, opted for the only efficacious healing method, that of miraculous therapy. After admitting the miraculous circumstances of the cure, the bewildered physicians reverted to more conventional therapies. They prescribed a specific diet, but Dude consumed the opposite: against their advice he drank wine and water and was consequently fully cured. It is as if the experience had entirely converted Dude the physician, who became a proponent of miraculous medicine.

The first of 106 miracles attributed to Saint Goslino (Goslinus, the abbot of S. Salutore near Turin), and approved by the Bishop of Turin in 1472, is witnessed by the distinguished doctor of medicine Michele de Berutis, who was the personal physician (physicus) to the Duke of Savoy. Michele suffered for seven or more years from a very harsh (acerbissimus) and poisonous tumour in his stomach. Divinely inspired (but without conscious intention), he found himself at the monastery where Saint Goslino was buried. Facing the wax images surrounding the tomb, he learnt from a monk standing nearby that Abbot Goslino lay there and that many people had received divine grace through his mediation. Inspired by great hope, he genuflected and prayed to the saint to free him of this ferocious tumour. He vowed to visit the saint’s tomb for nine days and to donate wax and golden images. Consequently, nature assumed its course: his body was purged of all superfluities. The narrator of the miracle stressed Michele’s medical background. The human physician, who could not be cured by a thousand medicines, hastened to expose himself to the judgement of the heavenly physician, who restored the doctor’s health through his servant’s prayers.44

44 AASS 12 February II: 633C. ‘Currit igitur medicus humanus ad celestis medici suffragia et sanatur servi Dei precibus, cui mille non valuerunt medicine.’ A similar miracle is that of the distinguished surgeon Perinus Barberii who suffered from continuous vomit that created disgust both in himself and in those surrounding him. ‘But while he could opt for corporal cure, he was relieved of his suffering through the prayers of the holy pastor and honourably recognized the celestial gift’: Ibid., 635A. The miracles attributed to Louis of Toulouse or of Anjou (d. 1297; canonization process in Marseilles, 1308) include two cases of medical men (a physician, Pierre de Frejus and an apothecary, Etienne Tarasconi who was active in Marseilles) who were cured of eye diseases after making a vow to Saint Louis. ‘Liber miraculorum S. Ludovici episcopi’, in Analecta Franciscana VII (Quaracchi, 1951), pp. 279 (no. 17) and 309-10 (no. 139).
It is possible that the cases given in miracle collections should be read in terms of the *topos* of the cured physician who admits the limits of natural medicine. However, linking these stories to specific names of identifiable medical men adds a real dimension to the phenomenon. Whilst one cannot prove that these medical men actually made use of spiritual medicine, one can safely say that for these stories’ readers or listeners, such an association was not inconceivable.

II

Physicians whose patients were ultimately cured through what seemed to be a miracle appeared as testators (*testes*) at the end of testimony given by the cured person or a member of his or her family. Unlike witnesses, testators are only mentioned by name. We do not know if they were then actually summoned to confirm the medical validity of the case (the diagnosis of the disease and the unexpected cure which always came after they had abandoned hope), but this is not implausible. It does indicate that the identity of the physician in charge was important for evaluating the cogency of the testimony. A remarkable fact is the appearance of Jewish physicians among these testators.\(^4^5\) We know of the disproportionate number of Jewish medical men active in parts of south-western Europe throughout the thirteenth and fourteenth centuries. Their potential participation in canonization processes suggests a great degree of trust on behalf of the ecclesiastical authorities. Conversely, the possibility that Jewish physicians actively participated in canonization processes sheds fresh and, I believe, exciting light on the co-existence between Jews and Christians. It is possible to imagine a Jewish physician appearing before an ecclesiastical court which interrogated him about the nature of a disease, his diagnosis, prognosis, and the unexpected non-fulfilment of his prognosis. The episcopal or papal inquisitors should have been sensitive enough not to push the Jew beyond his expert opinion and should have refrained from demanding him explicitly to recognize the miraculous nature of the cure (as they often did with Christian physicians). The Jewish physician thus may have seen his appearance in the ecclesiastical court as part of his civic duties without having to acknowledge the saint’s powers (an idolatrous act according to Jewish law).

Table 1 summarizes the data discussed in this section. All the practitioners failed to cure their patients and either deserted them, or made a wrong prognosis. A vow to the holy man or woman brought a swift cure.

TABLE 1. Medical men as testators at the end of other peoples’ testimonies

<table>
<thead>
<tr>
<th>Practitioner</th>
<th>Disease</th>
<th>Saint</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>An anonymous <em>medicus</em>, probably Magister Pierre Gariboth</td>
<td>Certified as dead a child who had suffered from continuous fever</td>
<td>Attrib. to Louis of Toulouse</td>
<td>Ibid., pp. 324–25 (no. 189); Wickersheimer, <em>Dictionnaire</em>, p. 634</td>
</tr>
<tr>
<td>Magister Henri</td>
<td>Continuous fever accompanied by severe pain</td>
<td>Attrib. to Louis of Toulouse</td>
<td>‘Liber miraculumorum S. Ludovici’, p. 298 (no. 98)</td>
</tr>
<tr>
<td>Magister Laurence</td>
<td>Double tertian fever</td>
<td>Attrib. to Louis of Toulouse</td>
<td>Ibid., p. 294 (no. 82)</td>
</tr>
<tr>
<td>Vital (Jewish)³</td>
<td>Double tertian fever and gout</td>
<td>Attrib. to Louis of Toulouse</td>
<td>Ibid., pp. 289–90 (no. 64)</td>
</tr>
<tr>
<td>Magister Manent who was highly regarded in the medical art (Magister Manentus qui multum reputabatur in arte medicine)</td>
<td>Diagnosed dead a child suffering continuous fever</td>
<td>Attrib. to Louis of Toulouse</td>
<td>Ibid., p. 284 (no. 42) and ‘Processus canonizationis’, ibid., pp. 130–1</td>
</tr>
<tr>
<td>Witnessed by many brothers, Attrib. to Louis of physicians and laymen <em>(restes frares plures, medici et seculares)</em></td>
<td>'Liber miraculumorum fever, and phrenesis all combined</td>
<td>Toulouse</td>
<td>S. Ludovici episcopi’, pp. 279–80 (no. 20)</td>
</tr>
<tr>
<td>Magister Franciscus, surgeon <em>(chinigicus de ordine continent[i]um de Burgu)</em></td>
<td>Ulcers or eight imposthumes esp. in the kidneys and loins</td>
<td>Raniero of Arezzo (d. 1304)</td>
<td>AASS 1 November I: 401A</td>
</tr>
<tr>
<td>Magister Nicola, the son of Magister Giovanni de Piperno</td>
<td>Fever + a swollen abscess <em>(apostema)</em>; an intestinal abscess</td>
<td>Thomas Aquinas (Naples stage, 1319)</td>
<td>AASS 7 March I: 694C and 694F–95C</td>
</tr>
<tr>
<td>Magister Gregorio de Iulgiano, surgeon; one of several experts <em>(scientes)</em></td>
<td>Lunar epilepsy <em>(caducus in revolutione lune)</em></td>
<td>Thomas Aquinas (Fossanova stage of 1321)</td>
<td>Laurent, <em>Processus Canonizationis S. Thomae</em>, p. 470</td>
</tr>
<tr>
<td>Magister Hugues de Folio Valle and Magister Josse (a Jew), both medici physici, and the apothecary Hugues Garaudi</td>
<td>A woman suffering for 35 days’ continuous fever accompanied by severe diarrhoea and vomiting</td>
<td>Pope Urban V (Avignon, 1376/7)</td>
<td></td>
</tr>
<tr>
<td>Practitioner</td>
<td>Disease</td>
<td>Saint</td>
<td>Reference</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Magister Raymond Rosarie from Gignac, Magister Hugues de Folio Valle and the apothecary Raymond Butiraqui</td>
<td>Fever which lasted three months</td>
<td>Pope Urban V (Avignon, 1376/7)</td>
<td>Proces verbaux des miracles du pape Urban V, pp. 164–65 (no. 68); Wickersheimer, Dictionnaire, p. 679</td>
</tr>
<tr>
<td>An anonymous physician</td>
<td>Quadrant fever + intolerable pain around the heart (pleusin in the vernacular)</td>
<td>Pope Urban V (Avignon, 1376/7)</td>
<td>Proces verbaux des miracles du pape Urban V, p. 207 (no. 122).</td>
</tr>
<tr>
<td>Etienne Robaudi, a barber</td>
<td>Foul facial fistula which spread to the left eye which became infested with worms and lost its vision; a weaver extracted 24 worms from the eye</td>
<td>Pope Urban V (Avignon, 1376/7)</td>
<td>Ibid., pp. 134–5 (no. 134); Wickersheimer, Dictionnaire, p. 142.</td>
</tr>
<tr>
<td>Magister Arnaud Boquerii and Magister Joce</td>
<td>Severe fever + loss of consciousness</td>
<td>Pope Urban V (Avignon, 1376/7)</td>
<td>Proces verbaux des miracles du pape Urban V, pp. 216–17 (no. 136); Wickersheimer, Dictionnaire, p. 234</td>
</tr>
<tr>
<td>Magister Guillaume Columbi</td>
<td>A child who could not be breast-fed</td>
<td>Pope Urban V (Avignon, 1376/7)</td>
<td>Proces verbaux des miracles du pape Urban V, pp. 252–3 (no. 187); Wickersheimer, Dictionnaire, p. 393</td>
</tr>
<tr>
<td>Magister Jean Duflos, a surgeon who refuses to operate on his patient; pressure from his clients (who relieve him of responsibility in case of death) forces him to take up the knife</td>
<td>Urinary stone (lapis ad virilia) which prevents a child from urinating for 15 days; an operation (against the opinion of the surgeon) which causes haemorrhage and presumed death</td>
<td>Pope Urban V (Avignon, 1376/7) and Pope Urban V (Avignon, 1376/7)</td>
<td>Proces verbaux des miracles du pape Urban V, pp. 290–1 (no. 241).</td>
</tr>
</tbody>
</table>

* Is this the same Vitalis as in J. Shatzmiller, Jews, Medicine and Medieval Society (Berkeley, 1994), p. 127?

III

One of the interesting characteristics of post-1250 canonization processes and authenticated lists of miracles is their clear tendency to name the medical practitioners involved in cases of possibly miraculous healing, no longer discussing anonymous *medici* or *physici*. The examination of the first miracle in the unsuccessful *proceso antiguo* of 1318 of Ramon de Penyafort reveals the curiosity of the examiners to know the identity of the treating physician. The first witness, Bernat de Vineolis, a candle-maker from Barcelona, was interrogated about the physician,
who had treated a case of an apparently miraculous cure of a person suffering from an abscess in his jaws which spread to the neck, throat, and mouth. According to the witness, it was the late Jaume Servià from Barcelona. He was then asked whether Jaume was a good practitioner and an expert in the medical art. The witness replied that he did not know. Then Bertomeu, the person who had been miraculously cured, was interrogated. He told how he was first treated with no results by a certain surgeon called Pere del Hospital of Barcelona. When Jaume took over he found an unconscious patient, diagnosed him as suffering from squerentia, and predicted that the following night Bertomeu would reach the critical point (strictum punctum). Believing that the patient would die, he deserted him.\textsuperscript{46} The figure of the physician who had deserted his patient immediately after the diagnosis and without offering treatment was essential, not in order to denigrate the medical profession, but rather to eliminate the possibility that the cure was a long-term result of the medical therapy. This becomes apparent when the interrogators of the witnesses to the second miracle (the miraculous cure of a certain fatimonus Basseti, who suffered from quotidian fever accompanied by bloody spit) were adamant to verify whether and how the witnesses knew that the sick person had abandoned his medical treatment well before the miraculous cure. One of the witnesses said she had seen the physicians in charge, Magister Bernat ça Llimona (Bernardus de Limona, described as the best practitioner in Barcelona but who was dead by the time of the first process) and Magister Pere de Podiolo, both described as physici, leaving their patient because they believed he was dead.\textsuperscript{47}

Sometimes the named physician then appeared in person as a witness. This, for example, was the case with Benvenuta, a servant to the judge Dondedeo (then active in Milan), who suffered serious disease in both her eyes. She was treated for a long time by Magister Girardo, a medicus from Milan, who could not help her. Totally blind, she made a vow to Giovanni Bono (d. 1249) and gradually regained her sight.\textsuperscript{48} Two physicians backed her testimony. The first was the said Magister Girardo, who confirmed having treated her eyes which were covered with blood and flesh (coopertos sanguine et carne). He saw her entirely blind, but was unable to offer her medical help. But now, Girardo acknowledged, she could see well with her right eye. Girardo added that he still does not know (nescit) how she was restored to good health. He thus did not automatically reach the conclusion that the cure was miraculous (at least not in public). The interrogators seemed to be disappointed. He was asked further about the chronology of the case and said that she had been under his care for a year and that she started to see again shortly after the death of Giovanni Bono. Consequently, he was driven to declare that he

\textsuperscript{46} San Raimundo de Penyafort, \textit{Diplomatario}, pp. 209–23, at p. 211. For a fuller description of the case see McVaugh, \textit{Medicine before the Plague}, pp. 136–7. In n. 2 McVaugh suggests that \textit{squerentia} was possibly a mistake for \textit{squinacia} (quinsy).


\textsuperscript{48} AASS 21 October IX, 805E–F; see also p. 809F where Magister Pax medicus is named as the treating physician. There is no evidence in the text that he was subsequently summoned to testify.
believed God and the said brother (Giovanni Bono) brought about the cure and helped the girl. The interrogators thus received what they were after: a clear declaration from the physician that the cure was miraculous. Benvenuta was treated by a second practitioner, Ognibeni (or Agnabonus) from Mantua, whose servant Domenico appeared as a witness. This shows that it was possible for physicians to send a servant or a member of their household to testify in their place.

The canonization process of the Dominican Ambrogio da Siena (d. 1287, canonized 1622) involves two testimonies which were backed by the medical man who had witnessed the case. The first illustrates the reluctance of patients to undergo an operation. The practitioner Tura, who had treated Vassallus, confirmed under oath the story of the latter’s wife, Giovanna Pisana, who told how, when suffering from sudden rheumatic flow (flusus rheumatis) in his throat, her husband developed a large, red imposthume. The attending physician recommended surgical therapy (opertebat inddi). After three sleepless nights and having lost his ability to swallow, his wife devoutly made a vow to Ambrogio, and the cure was immediate.49 The second case is that of a man who, after a severe illness, appeared to be clinically dead (without a pulse). Two physicians declared him dead, but after a vow to the Saint he was fully cured. The two physicians involved, Ser-Bindus and Ser-Gerius, were summoned to testify and confessed that they could not perceive any natural cause for this cure.50

Miracle 52 of those attributed to Raniero of Arezzo, the Umbrian Franciscan who died in 1304, was witnessed by a certain Dina who told of her gravely ill six-year-old son. He could take in hardly any food, developed severe respiratory difficulties, and could not inhale or exhale without tremendous pain and effort. The mother went to the practitioner Magister Francisco de Burgo, physicus, who on examining the boy made a sombre diagnosis: the boy was suffering from asthma; his lungs had collapsed; the disease was incurable and death was imminent. She carried the boy and, holding him over the casket or coffin (cassa) of the saint, started praying. The extremely cold weather did not hinder the consequent cure. The physician himself claimed that the cure was the result of a great and evident miracle since the disease was deadly and his own contrivance (imaginatio) could be of no avail in this case.51

The narratives of miracles in the testimonies in Nicola da Tolentino’s canonization process contain numerous references to specific physicians who failed to cure

49 AASS 20 March III: 206C.
50 Ibid., 225E.
51 AASS 1 November I: 400E–F. See also Proœs verbaux des miracles du pape Urbain V, p. 310 (no. 254) for Magister Pierre Forqualqueri and other medical men, both physicians and surgeons who judged incurable the condition of a boy suddenly paralysed in the lower limbs. Magister Paul de Nerula is mentioned in two testimonies in the failed canonization process of 1451 of Francesca Romana (d. 1440, canonized in 1608). He unsuccessfully treated in 1434 Stefano, the six-year-old son of Antonio de Menta who, following a fall from a horse, suffered severe head injury. In 1439 he was treating a two-year-old boy suffering from hernia (ruptura cum inflatione). The treatment, rejected by the boy’s mother, involved tying the boy with elevated legs, applying plaster and prescribing consoude (consolida). In both cases, Francesca’s magic touch and words of consolation cured the patients: P. T. Lugano (ed.), 1 Processi inediti per Francesca Bussa dei Ponziani (Santa Francesca Romana) 1440–1453 (Vatican City, 1945), pp. ix, 273, 283.
their patients.\textsuperscript{52} The story of the cure of ser Venturino who suffered from continuous fever accompanied by three abscesses (\textit{apostemata}), two presumably in the buttocks (\textit{in natica} and \textit{inter utramque naticam}) and one in the testicles was reported by five witnesses (among whom were himself, his father, mother, and wife).\textsuperscript{53} According to most witnesses, three physicians treated him: \textit{dominus} Bartolo da Civitanova, \textit{dominus} Filippo the son of Bevenuto, and Magister Guadanbius da Macerata. But by failing to cure him they all betrayed him (\textit{diffidaverant eundem}) and believed he was doomed.\textsuperscript{54} At a certain stage (\textit{parasismus}) of the fever the man lost his ability to speak and all sensory perception, his pulse disappeared and his nose and legs turned stiff (\textit{congelati}). For the physicians this was enough to diagnose him as dead, and they instructed the father to make all the preparations for a funeral. The father did as they suggested, bought candles and shrouds, arranged a funerary vigil by Franciscan friars and had a grave dug in the premises of the Franciscan church in Macerato. But in addition to all this, he, his wife, and his daughter-in-law asked for the intercession of Nicola in a most peculiar way, which reveals yet again how ambiguous and non-definitive in the eyes of the people was the medical pronouncement of somebody as dead: ‘if he is not dead, let him not die and should he be dead let him reawaken.’

IV

As today, medieval personal physicians, having access to some of the most intimate corners of their patients’ lives, possessed precious information concerning the private life of their patients and concerning their character. As \textit{familiaris} of the patient, the physician witnessed closely how he or she coped with disease, extreme

\textsuperscript{52} \textit{Il processo per la canonizzazione di S. Nicola da Tolentino}, p. 159 (Magister Uguccio and Magister Berardo, \textit{medics} from Perugia betrayed (\textit{diffidare}) a patient suffering from continuous fever by failing to cure him); p. 211 (Dominus Giovanni the son of Magister Jacopo da Tolentino betrayed his patient who suffered from a heart disease); p. 276 (Magister Tommaso who gave up treating the diseased eyes of a child); p. 319 (Magister Pietro the son of Magister Giovanni and dominus Giovanni Bonacapiti were the physicians who treated a patient struck by continuous fever. Both believed that he was bound to die from the disease); p. 328 (Magister Bongiovanni and Magister Balgano who failed to cure a nun of an abscess in the kidney; they treated her \textit{in the monastery of Santa Lucia}); p. 334 (Magister Mercante diagnosed a continuous haemorrhage from the mouth as an incurable condition); p. 342 (Magister Pucius, medicus, is mentioned as one of those present in the events which led to the miraculous cure of a paralytic person); p. 411 (Magister Matteo de Monteulmi failed to cure a disease in the shin); pp. 521–2 (Magister Tommaso da Tolentino failed to cure a 30-year-old man who was afflicted with paralysis in the right half of his body); p. 563 (Dominus Giovanni and Magister Pietro, Nicola’s regular physicians, are mentioned in a testimony which describes Nicola’s behaviour when ill. He did not heed their advice to eat meat and generally rejected all medical orders); pp. 568–70 (Magister Matteo de Monteulmi, Magister Pasquale de Montemiloni, Magister Matteo de Culmurano, and Magister Bartolo da Perugia were the surgeons who unsuccessfully treated for 20 years the \textit{futura} of a patient; the surgical intervention involved the extraction of bones and left his shin swollen with humours and immobile).

\textsuperscript{53} Ibid., pp. 152, 155–6, 368, 398, 476 (where the wife of ser Venturino gives different names for the treating physicians: ‘magister Sandagnus, magister Philippus de Macerata, magister Ubertinus de Monte Ulmi et quidam alius de Civitanova cujus nomine non recordatur’).

\textsuperscript{54} The verb \textit{diffidare} was normally used in a political, feudo-vassalic context as preliminary to rebellion or war and meant to defy, or renounce fealty to or amity with, someone. This is a rare occasion in which the verb is used in the context of a depiction of dysfunctional doctor–patient relationship.
pain, and the utmost physical and spiritual torments. Often, he was present at his patient's deathbed. All this made him an invaluable source of information for those wishing to authenticate signs and stories of alleged sanctity. Medical ethics from as far back as the period of Hippocratic medicine forbade physicians to divulge any private information concerning their patients. But the assimilation of the idea of medical confidentiality in medieval medical culture was superficial at best. Hence the fact that, for the holy cause of creating saints, physicians were expected to divulge medical secrets does not mean that they were compromising a moral, professional commitment to maintain a certain form of medical confidentiality.

The earliest evidence I have found of a practitioner appearing in a canonization process as a personal physician of the designated saint is that of the 48-year-old Magister Jehan (Jean) de Bethizy, royal surgeon to Philip III in 1282, who was the 38th witness in the canonization process of Louis IX in 1297. Jehan may have accompanied Louis IX to the ill-fated expedition to Tunis and it is possible that he was involved in the unpleasant task of disembowelling the royal corpse (dilaceratio corporis), boiling it, and separating the flesh from the bones, all to facilitate the long-distance funeral in France (embalming under those circumstances was inconceivable). In 1305 he was involved in embalming the body of Jean II, Duke of Brittany, who died in Lyons during the coronation of Pope Clement V. It was however impossible to reconstruct his deposition which was part of the testimonies relating to the king's life. Hence we can only mention the fact of his active participation in the process.

The personal physician of Chiara da Montefalco (d. 1308), Magister Simone de Spello, appeared as number 406 in the list of witnesses in the process of 1318/19, but his testimony has not survived. However, apart from testifying on oath a few days after Chiara's death before the local authorities in Montefalco that the body had not been meddled with, we can reconstruct parts of Simone's testimony from other testimonies which mentioned his role.

The nuns who were the first witnesses to the strange marks on Chiara's internal organs (her gall bladder (cista fellea) which contained three identical globes arranged in a triangular shape, her heart where the instruments of the passion were inscribed) first sought the opinion of an expert. They went to Chiara's personal physician, Magister Simone de Spello, and asked if this could have a natural explanation or if it was a result of a disease. Magister Simone (who had earlier proclaimed Chiara dead while her body was sitting erect in bed as if she were alive) assured them that the marks could not have a natural cause nor did they arise from some pathology, thus substantiating their belief that there was something divine in

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56 Carolus-Barre, Le proes de canonisation, pp. 28, 11, 206-7. Wickersheimer, Dictionnaire biographique, pp. 362-3. Master Francis, Louis of Toulouse's physician and archdeacon of Mende, is among the list of people prepared by the proctors for the commissioners to examine. However, he does not appear among the witnesses examined by the commissioners in 1308. 'Processus canonizationis et legendae variae sancti Ludovici O.F.M.'., p. 10; at p. 21 he is mentioned by the first witness in the process as one of the sources for his confirmation of article 3: M. R. Toynbee, S. Louis of Toulouse and the Process of Canonisation in the Fourteenth Century (Manchester, 1929), p. 174.
the signs. Later on he is reported again to have examined the stones extracted from her bladder. He himself was asked to open it up; the organ was placed in his hands but he declined to cut it because he thought he was not worthy to do so. The bladder was eventually dissected by Sister Francesca, who extracted it from three small stones. Whether Simone's reluctance to open up the bladder was really due to humility or represented a clever way of avoiding an unpleasant, perhaps abhorrent act, he played an important role in fortifying the sisters' claim that Chiara's body displayed clear signs of her sanctity.

The first stage of the long process which led to Dauphine de Sabran's (d. 1361) formal beatification in 1694 by Innocent XII was between May and October 1363 in Apt and Avignon. Dauphine devoted herself entirely to God. She declined human social contact, ate alone, and spent her days in prayer and lamentation. At night she used to pray, read, and weep, allowing her body no sleep, rest, or the chance to recuperate. The characteristic mark of her peculiar behaviour was frequent, some would say constant, lacrimal weeping. This led to the warning by several people that she risked severe brain damage with the threat of consumption of the brain (consumpsio cerebris) and blindness. Two witnesses (Bertranda Bartholomea de Podio Michaele and Catherina de Podio) who were asked to reveal the identity of the practitioner responsible for this medical prognosis, named Durand Andreas, a canon from Apt. Durand was not only her devoted physician; he was an intimate friend (familiaris) and her confessor. As a physician he was deeply worried by her behaviour, which he strongly felt was damaging her health. Dauphine summoned Durand to treat her eyes. But she anticipated Durand's demands that she should refrain from shedding tears, asking him not to forbid her to do so because, although she apparently heeded his medical advice in other matters, she would never obey this particular order. She would rather incur the wasting of the brain and blindness than stop weeping, through which she felt she was purifying 'the eye of her heart'. Durand (Provost of Apt in 1372–73 and then almoner to Gregory XI, d. 1377) appeared as her confessor and physician on the witness stand and confirmed the story. His advice was that she devote herself after meals to manual work, or to reading and discussing scriptural or theological matters. This she should do for several hours, after which she could engage in weeping as God directed her. Should she be overwhelmed by tears immediately after the meal, this must be, because 'there is no counsel to counteract God's will'. By recognizing that the need to purify the heart (the spiritual eye) far superseded his duty to care for the physical eye, Durand set aside his medical persona and collaborated with the saint. From his testimony it also emerges that, in addition to his medical and confessional duties, Durand acted as a door keeper who


ushered in diseased people seeking medical aid from Dauphine. He persuaded her to receive the hordes of blind, epileptic, and other ill people and to pray for them. But he refused to say whether they were cured miraculously.

In the canonization process of Charles de Blois, Duke of Brittany (d. 1364), in Angers (1371), the 64-year-old Georges de Lesnen, *magister in artibus et bachalarius in medicina, scholasticus et canonicius*, gave his testimony specifically as Charles’ private physician and hence intimate friend (*familiaris*) for 20 years. He stressed that he knew Charles *because* he was his physician. Georges testified about Charles’ religiosity, piety, humility, humanity, charity (Charles apparently forced his physicians to visit poor sick people and supply them with medicines), abstinence, and mortification, and his endurance when held in captivity and when afflicted with disease or wounds. Describing Charles’ abstinence, Georges related how he, as a physician, daily visited Charles and witnessed his eating and drinking habits (Charles was extremely moderate when it came to eating and drinking; he eschewed delicacies and fatty food when served, and offered them to the poor). As a physician he frequently rebuked Charles for his frugal diet and even investigated the Duke’s confessor to condemn him, because it seemed to him that Charles was impairing his health.

The last of the eighteen witnesses summoned to testify in the first part of Pierre de Luxembourg’s process (1390), which discussed his life and particularly his asceticism and harsh, physical mortification, was a 48-year-old Italian physician, Magister Blasius de Fortino (or Forlivio), *physicus*, and Pierre’s personal physician. From the age of 13 Pierre habitually mortified his flesh with a rough knotted hempen rope, tying it so tightly that it bruised his skin, which started bleeding. He wished it to remain a secret; whenever his confessor came he took off the rope and denied that he regularly wore it. The confessor then told him that he knew he was using the rope. Pierre modestly admitted that he had indeed used it occasionally in Paris, and did not deny he still applied it (thus avoiding an outright lie, which he abhorred). The confessor seemed to have no qualms in revealing intimate details which he learned in the course of fulfilling his professional duties; our physician acted similarly. Notwithstanding his moral and professional commitment to keep the patient’s intimate secrets hidden from public view and to respect the manifest will of his patient to maintain secrecy, Blasius, a *familiaris* of Pierre, testified that because of his professional duty (*officium*), he visually and physically examined the naked body of the cardinal. Sometimes Pierre exposed himself with no delay, but occasionally he asked to postpone the examination, requesting the physician to go away for a moment before starting the checkup. Blasius testified that he assumed that on these occasions Pierre was wearing the rope. When he saw his body he could not miss bloodstained pits on his arms and the middle part of his body. When asked what these were, Pierre replied that Blasius should not question

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61 MS Paris, BnF lat. 5381, fol. 45v. At fols 306'-317' the barber-surgeon who supplied the Duke with medical services, Nicheletenus Barbeloti, testifies about Charles’ saintly life.

62 AASS 2 July i: 534E (article 46), 539F. Wickersheimer, *Dictionnaire biographique*, p. 86.
everything. From the chamberlains Blasius learnt about the real cause of the wounds. He then testified that he had seen the rope after Pierre’s death. The legitimacy of this relic thus relied on intimate information which the physician yielded to the ecclesiastical court.

As a physician Blasius could also testify to Pierre’s piety. When visiting Pierre he frequently found him genuflecting, bareheaded before an icon, and praying devoutly. Pierre’s acting this way in mid-winter irked Blasius as a physician in charge of this infirm patient, but he never asked Pierre to refrain from this behaviour. He later confirmed the truth of article 71, which described the patience (patientia) with which Pierre accepted his illness. Pierre never shouted at his bed-side attendants, and when asked how he was he always replied with cheerful countenance, ‘I am well’. This patience continued into his very last days, when he spent his time praying, listening to Lives of the Fathers and Saints being recited to him, and devoutly hearing Mass. At this stage, all the physicians attending him despaired, particularly an Italian physician who at first had been so hopeful and had even promised to cure him. Blasius testified to having witnessed the said behaviour. He acknowledged that he tried to persuade Pierre to give up these acts of religious devotion (presumably to preserve his ebbing strength), but denied having promised to cure the cardinal. Blasius apparently knew that one of the basic rules of the doctor—patient relationship was never to promise a cure lest a breach of trust arise. By acknowledging that at a certain stage they gave up hope, physicians did not necessarily undermine their professional credibility. They merely openly recognized that their capacity to cure was sometimes limited. Blasius thus did not deny his despair; he only insisted that he never extended his commitment to his patient beyond a sincere promise to do his best to help him.

On 18 November 1414, Gilles des Aubuis, a 60-year-old expert surgeon (in arte chirurgie peritus) from the parish of Sainte-Maure in the diocese of Tours, unfolded his testimony at the inquest regarding the miracles of Jeanne-Marie de Maille (d. 1414). Thirty years before he had been ordered by Queen Maria of Sicily to visit a certain lady named Maria de Maillac (formerly the lady of Sillé-le-Guillaume or Seilleyo), who was suffering dreadfully from a grave kidney condition caused by a blow from a heavy stone. It was expected that he would apply his surgical skills to the best of his knowledge and capacity, and alleviate the lady’s pain. Gilles did as he was told. He explained to Jeanne-Marie, who was lying in bed, the reason and the purpose of his mission on behalf of the Sicilian queen. He had been sent because he was a specialist in surgery and in order to apply medical intervention against her wound. The ailing lady said that if he took an oath not to divulge or reveal any of her secrets, she would willingly show him her wound. She then told him how she had been attacked at the shrine of St Martin of Tours by a madwoman possessed by an evil spirit. Jeanne-Marie was praying before a crucifix

63 AASS 2 July I: 543E.
64 AASS 2 July I: 561F.
65 AASS 2 July I: 561-2. ‘Dixit... quod ipsum non promisit curare, sed bene promisit diligentiam facere.’
when the madwoman hurled a heavy stone at her. The impact of the blow transversely compressed her kidneys (in transverso contracti). She had to be secretly helped to her room. Gilles proceeded to the cure (medela). He first removed her garments (eam discooperuit) in order to see the wound. An iron band was bound tightly against her skin. It seemed to Gilles a proof of her habits of self-mortification. By the cruel marks on her skin he immediately diagnosed signs of mortification of body and flesh. Proceeding further up, he palpated her kidneys, believing that with medicines and the help of God he would be able to cure her. But, realizing that the kidneys and an internal organ called stipula—which I was unable to identify—were entirely crushed, he knew that the wound was incurable and could not be repaired except by divine miracle. But a second visit to the lady found her safe and sound; only a hollow scar large enough to easily contain an egg betrayed her traumatic experience. The surgeon openly acknowledged that, considering the woman’s sanctity and God’s powers, this cure happened not by medicinal help but through a miracle.

The fifth witness in the second session (1447) of the canonization process of Bernardino da Siena (d. 1444) was magister Pax Antonii de Aquila, medicus. As a physician he was present at Bernardino’s deathbed and could testify to the truth of all details of article 18 describing Bernardino’s patience facing disease and pain in his last days and the last moments before he died. Article 19 relates how Bernardino’s corpse emitted no foul stench many days after burial. Pax Antonii affirmed the article’s veracity and testified that he himself visited and kissed the corpse of Bernardino for three days before it was buried. Article 21 sets forth the numerous miracles linked to Bernardino. Pax Antonii was interrogated about the frequency of the miracles and whether they really happened. He said that he himself had never been present when someone was relieved of a certain illness, but he had often heard of many who had seen such cases and he heard people praising the Lord and great acclamation of people admiring his miracles. Thus not every medical man appearing in canonization processes by definition openly acknowledged the possibility of miraculous cure. Some, like Pax Antonii, were prepared to give only second-hand assessments regarding the saint’s healing capacities, and not all of them were pressed by the inquisitors to recognize the supernatural course of events.

Physicians usually did not sit on the examiners’ board which was appointed to authenticate signs of sanctity. I have found only two such cases. The first, from Piacenza in 1208, is also the earliest case I know of suggesting an active role for a physician in a canonization process. A certain Girardo Vitalis de Ripa declared under oath how pilgrimage to the tomb of Raimondo Zarfogni (Raymundus Palmarius, d. 1200) and prayers to this holy man cured him of intestinal hernia.

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within a month. Girardo gave his testimony to an episcopal committee of which one member was the practitioner Magister Simone. A unique procedural practice comes from the second stage in Thomas Aquinas’s prolonged canonization process in Fossanova (1321) which was launched by Pope John XXII after the deadlock in the Naples process of 1317/18. It shows how medical practitioners appeared as independent experts on investigative sub-committees appointed by the inquisitors to verify specific details in cases of apparently miraculous healing. Amato Bruni de Castro Sompnini suffered from inguinal hernia for six years. He was unsuccessfully treated by Andrea Iuliano, expertus in talibus, who advised him to wear a groin-cloth (lumbar seu bracole) and to apply certain medicines to the swelling (yet more evidence suggesting that surgeons were reluctant to operate on their patients and preferred medical rather than surgical therapies). Following a vow to Saint Thomas, Amato was fully recovered within 15 days and attained a state of health far better than before his illness. The examiners (inquisitores), who needed concrete proofs that the story was true, asked Amato who else knew about this disease. He replied that the said master, Andrea, and his own wife knew about it, a reply which apparently did not satisfy the inquisitors. They specifically ordered an ad hoc committee of investigation to examine whether the swelling stopped and whether Amato was still wearing the groin-cloth. The committee included various local dignitaries (lay and clerical), notaries, and one medical practitioner, magister Nicolaus de Tibure, medicus. The whole committee investigated the place of the swelling and verified that Andrea was not wearing a groin-cloth. The medical practitioner had an additional role; as he had to determine whether Andrea was fully cured.

VI

This is not an exhaustive study: further investigation will doubtless yield more cases. It would be rash to draw detailed statistical conclusions on the basis of the data collected here. Whilst some canonization processes showed no involvement of physicians, others display an unusually high proportion of medical men participating in the procedure. The few biographical details we have concerning ten of approximately one hundred medical men named in the accounts of the canonization processes show that seven of them were older than 48 at the time of the process and belonged to the medieval category of ‘old’. But the sample is too small

68 AASS 28 July VI: 661A.
70 In the case of Raniero of Arezzo (d. 1304), five of 62 depositions (8.06%) involved medical practitioners; the collection of miracles attributed to Louis of Toulouse has at least nine items (out of 211, 4.26%), where medical men played an active role; five of the 486 depositions (1.02%) in the canonization process of Chiara de Montefalco (d. 1308) were given by physicians appearing as expert witnesses; 2.32% (four out of 172) of the witnesses known to us from Celestine V’s canonization process (1306) were medical men; of the 271 miracles discussed in 1376/7 during the preliminary, local inquiry which preceded the official, papal canonization process of Pope Urban V, 13 are directly attested by medical men (4.8%); three out of 90 depositions in the canonization process of Pierre de Luxembourg (3.33%) were given by medical men.
to justify a hypothesis that the participation of medical men in these legal events was age-specific.

Though one cannot speak of institutionalization of their role in the processes, by the second half of the thirteenth century medical practitioners who appeared as expert witnesses had become a familiar sight in canonization processes. In contrast to the modern procedure, the vast majority of healing miracles were accepted without apparent confirmation by a recognized medical authority. The actual participation of medical men did not ensure the successful completion of the process. While the modern panel reviews only written evidence and never meets the attending physician or patient, all the cases I have cited here present physicians who were directly involved in the case and had personal knowledge of the cured or curing persons. But, from the second half of the thirteenth century, many canonization processes included at least one medical man who witnessed or gave expert testimony as a supplier of medicine. It is as if token medical testimony became a desirable part of such processes.

In the intricate negotiations between community and authority that led to the official recognition of a cult and that sometimes found the people and the litterati opposed in their views, the appearance of a learned physician played an important role: it provided the authentication process with a learned, objectively verifiable view that was needed to overcome the doubts and hesitations which accompanied the oral testimonies of simple people. In a report written between 1318 and 1320 of a curialist (probably a theologian) on the life and miracles of Thomas Cantilupe, Bishop of Hereford (d. 1282) there are some doubts as to whether a girl who was revived by Thomas had actually been dead. The writer, who does not hesitate to use his knowledge of science to deal with the miraculous, discusses in great detail the signs of death which appeared in the girl’s body and proves that, by indicating separation between body and soul, they amount to an unequivocal proof of her death. On the right margin of the manuscript reporting the miracles of Thomas the following remark has been added: ‘Hoc asserunt auctores medicine’ (this assert medical authorities). Here, an indirect medical input affected the process, for we have no indication that physicians took part in the process that led to the canonization of Thomas Cantilupe. The direct participation of physicians in canonization processes attested in this essay served the same purpose: to overcome the doubts accompanying the oral testimonies and to supply the scientific background for claims of the incurable nature of an illness. In a way, we face here a recognition of the validity of medical science and its essential utility for the proceedings which lead to canonization. In a world that sought to de-mystify what appeared to be supernatural phenomena, in a world whose philosophers and theologians were committed in principle to explain marvels by reference to natural or secondary causes and with minimal recourse to divine intervention, only miracles were wonder-causing. For those who judged the authenticity of a

miracle, knowing (scire) that a miracle had taken place had more weight than believing it had happened. Scientia was necessary to eliminate the possibility that natural causes were responsible for the marvellous event. The physicians, who so often appeared in our texts as scientes, provided the necessary certain knowledge that the holy person, and not nature, caused the miraculous occurrence. Whether this role as scientes was unique to medical practitioners or whether there were other professionals who supplied other kinds of certain knowledge in the context of canonization procedures is a question which demands further study.

Physicians might appear as named individuals, and with particular emphasis on their learned background, in order to denigrate the effect of human medicine and so to elevate the efficacy of the saint or his shrine as suppliers of physical medicine. Alternatively, this was done simply to support the claim by the local ecclesiastical authority that the saint’s potency should be universally recognized. In the canonization process of Louis of Toulouse, Alaracia testified about the miraculous cure of her 10-year-old son Pierre, who had been afflicted with severe dropsy. As was usual in such cases, she first opted for conventional medicine. When the local physician in Sommières failed to cure the boy, she went to Montpellier, which was renowned as the place with the largest concentration of physicians. There she sought the help of Magister Johannes Provincialis, a renowned papal physician. 74

His failure to cure the child triggered the mother’s revolt against conventional medicine; she forbade the boy to drink the prescribed potion (beuragium) and instead opted for Louis’ intercession. Though Johannes Provincialis did not testify in the process, his indirect appearance in another witness’s testimony with his professional and academic attributes served the cause of those promoting the sanctification of the local holy man. When physicians actually appeared as witnesses, they substantially strengthened the claim to recognize miraculous events and lent them a scientific foundation.

Here a small refinement is needed. In the processes I checked in northern Europe (north of the Alps) the absence of named physicians as active participants in authenticating miracles is conspicuous. Occasionally, names of physicians who treated the patient and diagnosed his or her condition as incurable appear in a testimony, 75 but apart from the two medical men who appeared in the process of St Louis in St Denis, I have found only one more specific indication of a named medical man testifying in a canonization process north of the Alps. 76 One miracle

74 ‘quia ibi erat maior copia medicorum’. ‘Processus canonizationis et legendae variae sancti Ludovici O.F.M.’, in Analecta Franciscana VII, pp. 184–6 at p. 185. I was unable to find more information about ‘Magister Johannes Provincialis solemnps medicus qui fuerat medicus unius pape’.
76 It is difficult to determine whether Hugues le Barber who testified in the canonization process of Thomas of Hereford (d. 1282; London and Hereford 1307) was a medical man. As a domesticus of Thomas, Hugues appears several times in the edited version of the process and tells of Thomas’s care for the poor and sick, and of his abstinence. His testimony is not specifically medical. AASS 2 October 1, 550C–F, 554C, 558B and F, 560A and C–D, 565B.
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(327 of 237) in the collection attributed to St Catherine-de-Fierbois\textsuperscript{77} tells of the testimony of 'maistre Arthaulx de Bargac, docteur et medicin de monseigneur le Conte de Foues'.\textsuperscript{78} According to the testimony, given in September 1486, the physician became ill at La Bussière while on the way from Poitiers to St Catherine. Thinking he was dying, he dosed himself with every possible remedy, but to no avail. Finally, he made every preparation for impending death (confession and drawing up a will which specified funeral arrangements) and arrived at St Catherine's church where he surrendered himself to God and St Catherine. The next night he was fully cured.

In processes from northern Europe, anonymous physicians did receive miraculous cures after the medical art had reached its limits. For example, the second in a collection of miracles offered to Hubert Walter, Archbishop of Canterbury from 1202 to 1205, tells of a physician who was cured by a fragment from the staff of Gilbert of Sempringham (d. 1189).\textsuperscript{79} A medicus in Castle Donington (Leics.) suffered from tertian fever—a disease which physicians (phisici) usually suggest one endure patiently, asserting that it is both a disease and a remedy (medicina). But since the disease became protracted, debilitated his bodily powers, and could not be expelled with any medicine, the physician anxiously looked for an efficient antidote. He went to a hospital, whose provost was Elias, to obtain the herbal medicines necessary for his cure. Elias asked him whether he really wished to be freed from the fever. When the physician gave an affirmative reply, Elias told him he knew of a straightforward and tested medicine (manifesta et probata medicina) that could produce a permanent cure. The practitioner drank the water in which the fragment of Gilbert's staff was soaked and soon the fire of the fever was extinguished.

However, in northern processes physicians usually appear not as independent subjects but as marginal figures who have utterly failed in their prognosis, despaired too swiftly, and abandoned their patient. It is not inconceivable that physicians mentioned by name were later summoned to confirm this or that testimony; however, we have no proof that this was the case. Thus, our general conclusion applies to southern Europe only, which is the origin of an overwhelming majority of the evidence.

Roland Finucane has similarly found a significant disparity in the distribution of children's miracles concerning illnesses. Southern Europe reports about 1.7 more cases of cured children than northern Europe. He suggested that this might be due to the long tradition of study and practice of medicine in southern Europe and consequently the significant presence of medical men in that part of the world.\textsuperscript{80}

\textsuperscript{77} The cult of Catherine of Alexandria was revived in the 1370s. It was centred south of Tours in the canton of Ste-Maure at Sainte-Catherine-de-Fierbois en route to Santiago-de-Compostella.

\textsuperscript{78} Livre des miracles de Sainte-Catherine-de-Fierbois (1375–1470), ed. Y. Chauvin, Archives historiques du Poitou, LX (Poitiers, 1976), p. 132 (no. 237).


The north–south variance I have found may be linked to the same tentative explanation: the conspicuous presence of medical men in canonization processes in southern Europe may reflect the higher status of medicine and the stronger quantitative and qualitative presence of physicians in the urban cultures of southern Europe.

Exactly as today, the physicians who appeared as expert witnesses or testators were expected to rule out the possibility that there was a natural explanation for the wondrous cure. But, unlike today, they were occasionally forced explicitly to pronounce that the cure was miraculous. To acquire medical confirmation that a certain cure was miraculous seemed highly desirable to those wishing to substantiate claims of sanctity. Thus, to the therapeutic function of medical men (I have found no female practitioner actively or passively participating in canonization processes) in southern Europe from the second half of the thirteenth century, a hitherto neglected duty should be added: whenever necessary, the community as well as the local ecclesiastical authorities expected the suppliers of medical services to contribute to the formal recognition of an apparent saint. I have found no significant difference between the pattern of participation of medical men in the local, episcopal and hence preliminary stage of the canonization process (which aimed at convincing the papacy to start its own, official inquiry) and those processes which had been directly launched by the papacy. While the case of Urban V could suggest that the participation of medical men in canonization processes was more typical for the early stage (no medical men appeared in the papal process in Avignon) and hence reflects the community’s taste and interests, other opposite cases (for example, the process of Pierre de Luxembourg) preclude such an enticing hypothesis.

In addition to diagnostic approaches, therapeutic practices,⁸¹ and clinical descriptions of pathological conditions, the canonization processes highlight some more general characteristics of the patient–physician relationship in the later Middle Ages. Frequently, medical treatment involved a team of practitioners who simultaneously or consecutively treated the same patient. Male physicians treated all conditions of female patients even in monasteries and religious houses. Practitioners were, in general, reluctant to operate on their patients; they either opted for medicinal therapies or abandoned the patient altogether.⁸² Sometimes they were prepared to take up the knife only at the insistent demand of their clients. Cases of rejection of surgical therapy by clients were not always related to suspicion of, or lack of confidence in, the surgeon. Thus, for example, a certain Margarita refused to give her permission to the surgeons to cut into the swollen neck of her

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⁸¹ The relatively large number of hernia cases in this survey (all avoiding surgical therapy thanks to the Saint’s intervention) suggests that, despite the signs of a growing confidence in the surgical path (M. R. McVaugh, ‘Treatment of Hernia in the Later Middle Ages: Surgical Correction and Social Construction’, in R. French, J. Arrizabalaga, A. Cunningham, and L. Garcia-Ballester (eds.), *Medicine from the Black Death to the French Disease* (Aldershot, 1998), pp. 131–55), some patients and surgeons did their best to avoid the operation.

⁸² For surgeons and physicians who were reluctant to carry out radical treatment of a tumour (called *lupia*) in the joint between the right arm and the hand see San Raimundo de Penyafort, *Diplomatario*, p. 256.
three-year-old daughter. Instead she went to the local holy man Nicola da Tolentino, who advised prayer and offering to Saint Blaise. Margarita’s almost hysterical reaction to the possibility of an operation was not the result of fear for her daughter’s life; she was terrified by the notion that her daughter would be disfigured by the scar which would remain after the operation.  

How can we interpret this participation of physicians in canonization processes? Since at least some of the physicians mentioned in this essay and identified by me belonged to the upper echelons of the learned suppliers of medicine, one cannot dismiss the phenomenon as being limited to ignorant medical practitioners in remote places. Though many of the testimonies imply or express criticism at physicians’ impotence, their contribution to making saints from the second half of the thirteenth century is an illuminating example of how intertwined medicine and religion were, and of the lack of a simple science versus religion conflict during that period. Physicians were expected, on the rare occasions that they were involved in treating an emerging saint or one of his or her clients, to participate in the community’s effort to acquire universal recognition of his or her sanctity. By appearing in these trials in person, or indirectly as actors in other testimonies, they did not endanger their professional credibility or attractiveness; they only fulfilled a social duty. Furthermore, it is plausible to suggest, as Valerie Flint has done for Merovingian France, that the gloating over the physician’s failures communicated in some of the testimonies is an attestation of professional worth and not of medical incompetence. The testimonies and narratives of the miracles would lose much of their force if conventional medical treatment were normally to fail. One can even imagine that, by appearing as a renowned physician (solempnis medicus) in a canonization process, the physician, in spite of his failure acquired free advertising which did not harm his future career. Moreover, by actively participating in a canonization process the physician fortified his image as a pious person; this was surely an asset in the medical market of a traditional society. Most people in need of medical aid would opt first for conventional medicine, which was not threatened by the emerging cult of the saint. Indeed, they would have perhaps flocked to the physician who was humble enough to admit the limits of his art and not so arrogant and pompous as to deny the possible efficacy of alternative routes to cure. From the processes I have checked it emerges that the ecclesiastical officials in charge of the interrogation were usually sensitive enough to limit the questions they asked testifying physicians to dry medical details, and were not interested in delegitimizing human medicine. On the contrary, by including some physicians in

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83 Il processo per la canonizzazione di S. Nicola da Tolentino, pp. 236–7. See also pp. 225 and 288 concerning the miraculous cure of Bartholomew who suffered from convulsion (spasmum) and was about to be cauterized by Magister Tommaso Bone. The mere sight of the physician preparing the glowing iron pushed her mother into making a vow to Nicola so that she be cured ‘sine coctura’.


many canonization processes in southern Europe from the second half of the thirteenth century onwards, they communicate a recognition of the growing social prominence of physicians, of the scientific foundation of their art, and of their ability to provide reasonable explanations for most pathological phenomena of the human body.