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Author(s): David Gentilcore

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## CONTESTING ILLNESS IN EARLY MODERN NAPLES: *MIRACOLATI*, PHYSICIANS AND THE CONGREGATION OF RITES\*

Recent work in the history of medicine has stressed the importance of the “view from below” — the sick person’s view — as a way of overcoming an overly “Whiggish” approach to the subject, which has tended to isolate it from mainstream historiography. As Roy Porter has noted, “health is the backbone of social history, and affliction the *fons et origo* of all history of medicine”.<sup>1</sup> How did ordinary early modern Europeans regard health and sickness? How did they explain their illnesses?<sup>2</sup> How did they manage their encounters with the whole range of healers that existed in a time of medical pluralism? The posing of such questions is necessarily influenced by the work of sociologists and anthropologists, medical and otherwise, who have increasingly focused on accounts of chronic illness to analyse how people interpret and cope with illness in their lives, especially as the sufferers themselves express it.<sup>3</sup> Great attention is paid to how sufferers construct and tell illness stories and the functions such narratives serve. What historians can do along these lines is clearly limited by the sources available to them, records created with very different ends in mind than anthropologically inspired analysis. None the less, a wide range of sources is available. In

\* Earlier versions of this article were presented at conferences at the University of Milan, Gargnano sul Garda, Italy (1991) and at Woudschoten, The Netherlands (1994), and at a seminar at the Wellcome Unit for the History of Medicine, University of Cambridge (1993). I am very grateful to all three audiences for their helpful comments and suggestions, and to Bob Scribner for his encouragement. I should also like to thank the Canadian Academic Centre in Italy, the Wellcome Trust, and Churchill College, Cambridge. All translations are my own, unless otherwise indicated.

<sup>1</sup> R. Porter, “The Patient’s View: Doing Medical History from Below”, *Theory and Society*, xiv (1985), p. 192.

<sup>2</sup> R. Jütte, “The Social Construction of Illness in the Early Modern Period”, in J. Lachmund and G. Stallberg (eds.), *The Social Construction of Illness: Illness and Medical Knowledge Past and Present* (Stuttgart, 1992), pp. 29–30.

<sup>3</sup> L. Garro, “Chronic Illness and the Construction of Narratives”, in M.-J. DelVecchio-Good *et al.* (eds.), *Pain as Human Experience: An Anthropological Perspective* (Berkeley, 1992), pp. 100–37; B. Good, *Medicine, Rationality and Experience: An Anthropological Perspective* (Cambridge, 1994), ch. 5.

addition to studying diaries and other personal documents offering first-hand accounts, historians have looked at doctors' own case-books.<sup>4</sup> They have studied accusations of magic and sorcery to discover what these could reveal about attitudes to illness caused by such forces and about popular forms of healing.<sup>5</sup> In the continuing search for relevant sources, canonization processes have been largely overlooked. While scholars of the medieval period have used miracle accounts to study disease, early modernists have been more reluctant to take up the challenge.<sup>6</sup> This is somewhat surprising, given that historians of earlier periods must largely rely on the saints' lives and miracle registers of saints' shrines, where the mediation of churchmen in recording the event is most evident.

The causes of forty-one "servants of God" from the kingdom of Naples were examined by the Congregation of Rites between the years 1588, when it was founded, and 1750, the arbitrary though approximate cut-off date for this study. These candidates for canonization ended up as venerables, blessed and saints, the various stages of ecclesiastical recognition.<sup>7</sup> The witnesses called to give evidence at these juridically styled hearings responded to and commented on a series of questions and declarations regarding the holiness, Christian virtues, miracles, prophecies, quality of death and so on of the candidate for canonization.<sup>8</sup> In fact, it is

<sup>4</sup> R. Porter and D. Porter, *In Sickness and in Health: The British Experience, 1650-1850* (London, 1988); B. Duden, *The Woman beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany*, trans. T. Dunlap (Cambridge, Mass., 1991).

<sup>5</sup> See D. Gentilcore, *From Bishop to Witch: The System of the Sacred in Early Modern Terra d'Otranto* (Manchester, 1992), ch. 5.

<sup>6</sup> P.-A. Sigal, *L'homme et le miracle dans la France médiévale (XIe-XIIe siècle)* (Paris, 1985), esp. ch. 5; R. Finucane, *Miracles and Pilgrims: Popular Beliefs in Medieval England* (London, 1977), esp. ch. 4; J. Wortley, "Three Not-So-Miraculous Miracles", in S. Campbell, P. Hall and D. Lausner (eds.), *Health, Disease and Healing in Medieval Culture* (London, 1992), pp. 159-68. One exception has been J. Gélis, "Miracle et médecine aux siècles classiques: le corps médical et le retour temporaire à la vie des mort-nés", *Historical Reflections / Réflexions historiques*, ix (1982), pp. 85-101.

<sup>7</sup> Y. Beaudoin, "Elenco di processi di beatificazione e canonizzazione conservati nel fondo dei Riti (S.C. per le Cause dei Santi) dell'Archivio Segreto Vaticano", *Archivio Segreto Vaticano, Vatican City* (hereafter A.S.V.), 1982, Index 1147. For a survey of hearings held in the city of Naples during the eighteenth century, see G. Sodano, "Santi, beati e venerabili ai tempi di Maria Francesca delle Cinque Piaghe", *Campania sacra*, xxii (1991), pp. 441-60.

<sup>8</sup> For a discussion of the procedure, see S. Ditchfield, "How Not To Be a Counter-Reformation Saint: The Attempted Canonization of Pope Gregory X, 1622-45", *Papers of the Brit. School at Rome*, lx (1992), esp. pp. 380-3; G. Dalla Torre, "Santità ed economia processuale: l'esperienza giuridica da Urbano VIII a Benedetto XIV",

(cont. on p. 119)

the narratives of miracles performed by such holy people, both whilst alive and after death, that form the larger part of the processes and that would go on to constitute episodes in the published hagiographies and miracle collections so numerous during the period.<sup>9</sup> The narratives frequently permit the historian to reconstruct entire courses of treatment leading up to the miraculous intercession. They also contain a vivid description of aspects of everyday medical attitudes and practice, to which those of the miraculously cured sick people, the *miracolati*, can be compared.

To judge by these narratives, the principal function of saints was to perform miracle cures.<sup>10</sup> The witnesses, in their own words, describe these miracles, which represented a source of hope in cases of imminent death, where medicine could provide no relief or cure. As in the Middle Ages, miracles formed part of the expectations of mankind in early modern Catholic Europe. They were part of accepted, everyday experience. They provided a source of healing at a time when resistance to disease was low and pre-modern medicine was of little efficacy. Indeed, in this medically pluralistic society the intervention of physicians was but one source of relief, and not necessarily the most common. The period's network of healers consisted not only of regular medical practitioners, but of cunning folk, exorcists and saints, to say nothing of widespread domestic medicine.

The early modern body was a battleground for differing interpretations of disease: natural, divine and diabolical. Miracle cures exemplify this ambivalence. They represent a useful subject for study because with them "the body finds itself at a limit: between health and disease, life and death, nature and the supernatural, the real and the imaginary".<sup>11</sup> Rather than deal with miracles

(n. 8 cont.)

in G. Zarri (ed.), *Finzione e santità tra medioevo ed età moderna* (Turin, 1991), pp. 231-63.

<sup>9</sup> G. Sodano, "Miracoli e Ordini religiosi nel Mezzogiorno d'Italia (XVI-XVIII secolo)", *Archivio storico per le province napoletane*, cv (1987), pp. 293-414.

<sup>10</sup> For an analysis of the role of saints and miracles in local culture, see P. Delooy, "Towards a Sociological Study of Canonised Sainthood in the Catholic Church", in S. Wilson (ed.) *Saints and their Cults* (Cambridge, 1983), pp. 189-216; J.-M. Sallmann, "Image et fonction du saint dans la région de Naples à la fin du XVIIe et au début du XVIIIe siècle", *Mélanges de l'École Française de Rome: Moyen Age — Temps Modernes*, xci (1979), pp. 827-74; Gentilcore, *From Bishop to Witch*, pp. 162-208.

<sup>11</sup> O. Redon and J. Gélis, "Pour une étude du corps dans les récits de miracles", in S. Boesch Gajano and L. Sebastiani (eds.), *Culto dei santi: istituzioni e classi sociali in età preindustriale* (Collana di studi storici, i, L'Aquila, 1984), p. 565.

*per se*, however, the focus of this study will be on what miracles — and stories about them — can tell us about the healing process in general. In the first section, I shall consider how the miraculously cured sick people represented illness and the healing process. What can the miracle stories tell us about the links between medicine and religion in Catholic Europe during the early modern period? To answer this question we must explore religious and medical concepts of disease. The second and third sections will therefore discuss how two different professions — physicians and ecclesiastics — competed over self-definitions, skills and roles, as evinced in the miracle cure.

## I

Let us begin by looking at one miracle narrative in detail. In 1747, Giuseppe Orecchio of Naples, a fifty-year-old widowed shoemaker, recounted how he had been miraculously cured. The cure has come down to us because he testified before the hearing being held in the city's Dominican monastery to investigate the cause of the saintly Dominican tertiary nun Maria Rosa Giannini, who had died six years earlier. He recounted that in February 1746:

a swelling or tumour began to form and become visible in the area of my testicles ([speaking] with reverence), which spread backwards as it grew, so that after about fifteen days it reached the size of a large lemon, and divided into three . . . each as big as above [i.e., as a large lemon], and they caused me bitter pains worse and worse as they grew, and they kept me from sleeping and resting, or urinating freely, or having bodily evacuations, which I could not have without great pain.

Orecchio called in a surgeon, who resolved that the only way to save him was to cut open the tumours, even though it was a dangerous operation and the result uncertain. Each incision was a palm in length and two fingers in depth, and out of them came “bloody and putrid watery matter, about eight pounds in weight”, said Orecchio. As a result of the cuts, his urine “no longer went out through its natural channel” but through each of the incisions. Though “continually medicated with wadding and other things the surgeon deemed opportune”, the sores steadily worsened and Orecchio began suffering from “continuous fever”. When the wounds had failed to close by the following July, the surgeon apparently advised him to go to the baths at Ischia. However, after taking six baths Orecchio's bladder developed a

second opening, so he promptly returned home to Naples. The surgeon informed him that there was nothing more he could do to save his life. As a result, Orecchio related, “there was weeping in my house, with the realization that I could die within a few days”.

According to Orecchio, at this point (mid-July) two of his daughters went to church to make their confession and to “dedicate their holy communion to my health”. On their way there, they were stopped by two young women, who charitably asked them why they were weeping. When Orecchio’s daughters told the women that their father was dying, the two women persuaded them to follow them into the church of San Domenico, where they could recommend their father to the intercession of Maria Rosa Giannini, who was buried there. This they did, and that same morning they brought their father a paper image of Giannini. Orecchio remembered the nun’s saintly reputation, and hearing of his daughters’ chance meeting, he prayed to her. Meanwhile his daughters had begun a novena, timed to end on the feast of St Dominic (4 August). On the night of the 4th, for the first time in many months, Orecchio slept well and without pain:

I felt much better and I had the idea of having a quick look at the cut tumours, to which I had applied the image of the said servant of God from the time my daughters had brought it to me, and I had continually kept it in those parts; so I got down from my bed, and . . . I got dressed into my clothes, which I had not been able to do in the past, and with some trepidation I saw that the said tumours had already ceased and settled down with the other parts to their natural place, as if they had never been there, and the wounds [were] closed with natural skin, so that you could hardly tell they had been there, having no other scar than that of a flea-bite.

Orecchio was convinced the cure was miraculous, and became assured of this when, with some anxiety, he urinated. To his relief, “it came out through the natural channel, as before the cut”. He praised God and Giannini’s intercession. And, Orecchio concluded, when the surgeon saw him healthy for the first time, he too was convinced that the cure was miraculous, “since humanly I should have been dead”.<sup>12</sup>

We can compare Orecchio’s account of events to that related by the surgeon who treated him, the thirty-five-year-old Gennaro Sarno. It differs in several respects. Sarno deposed that he had

<sup>12</sup> A.S.V., Congregazione dei Riti (hereafter A.S.V., *Riti*), 1861, fos. 576<sup>v</sup>-581<sup>r</sup>.

first begun to treat Orecchio as far back as 1740, and identified Orecchio's malady as the French pox (*morbo gallico*), an important fact which Orecchio, perhaps out of shame, had neglected to state. Nor had Orecchio mentioned that he had spent a month at the city's hospital for syphilitics, the *Incurabili*. This was at the behest of Sarno, who was aware of the seriousness of Orecchio's condition and his poverty. Orecchio had gone there for the removal of a chancre, though he was forced to return home for unspecified family reasons before the treatment was complete. This resulted in what Sarno referred to as a "serpent herpes" and led to the tumours which the surgeon incised, but which failed to heal. Around this time Orecchio's wife had died of a related form of consumption (*etticia gallica*). Orecchio then resolved to go to the baths of the Sacred Mount of Mercy at Ischia, though Sarno advised against it. When Orecchio returned home after the sixth bath, in worse health than ever, he sent for Sarno in repentance and desperation. Sarno concluded that the case was hopeless and advised him "to go to some hospital to end his days there more comfortably, since in his house he had no comfort or means of protecting his health". In September of the same year one of Orecchio's daughters told Sarno of her father's miraculous recovery. As Sarno told the hearing, at first he did not believe the news. But when he saw Orecchio alive and well, and later examined him, he became convinced that the cure was indeed miraculous.<sup>13</sup>

Typically, illness narratives start by identifying the genesis of illness, making use of a particular explanatory model to give it meaning. The story's beginning is anchored in a particular time and place. No doubt this was also true of Orecchio's experience. However, as we have seen, Orecchio did not tell the ecclesiastical investigation how and when his illness originated, presumably because of shame. The next stage in the narratives moves from genesis to the period when the physical symptoms become a major disruption in the person's life. It is again interesting that Orecchio's narrative began not with the beginning of his disease (in 1740), but when it took on a much more frightening appearance and reached a life-threatening stage with the appearance of tumours (1746). This situation was exacerbated by his wife's death. At this point in the narratives, the relief from pain and

<sup>13</sup> *Ibid.*, fos. 598<sup>r</sup>-602<sup>r</sup>.

the search for a cure come to the fore. Various events pertinent to the illness and its treatment are related, such as Orecchio's desperate trip to the baths at Ischia — against the surgeon's wishes. But Orecchio's account only became really expansive when he entered the second phase of his story. This began with his daughters' chance encounter and their visit to Giannini's tomb. This shift into "sacred time" is something that I shall return to later.

Narratives like this are important for the historian, since telling stories about particular experiences is the primary human mechanism for bestowing meaning upon them.<sup>14</sup> They reveal not so much actual happenings as the underlying meanings attributed to the events.<sup>15</sup> Disease is seen to occur not only in the body, but in time, in place, in history and within the context of lived experience and the social world.<sup>16</sup> In a world shattered by illness, the construction of narrative allows the sick person to "reconstitute" the world. Being a *miracolato* assured ample opportunity to tell and retell the story, as new sources of cure were added to the pre-existing explanatory model of illness. The relating of miraculously cured illnesses to ecclesiastical hearings investigating the holiness of servants of God was an extension of this function. The narratives given as testimony share many of the characteristics of similar stories told to relations, friends and neighbours. Yet the hearings were directed and conditioned by the ecclesiastical authorities. As a source, therefore, the canonization processes do have their limitations, and it is worth bearing them in mind as we proceed.

First of all, the structure of the hearing consists of a series of numbered articles compiled by the cause's "postulator", to which the witnesses responded in turn. The comments of witnesses were thus structured, and often restricted, by the formulation of the article itself. But there was always an invitation to "describe any further miracles that you know about", which gave the witnesses relatively free rein, allowing for greater variety in the narratives and bestowing a more direct oral quality upon them. Even here, however, we are not dealing with the episode exactly as recounted by the witness, but as taken down by court clerks. Often this

<sup>14</sup> H. Brody, *Stories of Sickness* (New Haven, 1987), p. 5.

<sup>15</sup> A. Kleinman, *The Illness Narratives: Suffering, Healing and the Human Condition* (New York, 1988), pp. 49-52.

<sup>16</sup> Good, *Medicine, Rationality and Experience*, p. 133.



involved translating into Tuscan Italian testimony given in dialect, and the paring away of any tangential remarks, with a resulting loss of spontaneity. The involvement of a postulator in shaping the cause meant that witnesses were not representative samples of medical practitioners, nor of the community as a whole. Only privileged witnesses — those with something positive to contribute to the cause — were singled out by the postulator to testify before the Congregation or at a local hearing. The role of the postulator is one to which we shall return in the third section.

Events were not necessarily recounted as they occurred, or even as they were perceived to have occurred. Witnesses were often speaking about events and impressions of many years prior to the hearing. Memories could deteriorate with time, as witnesses themselves occasionally noted.<sup>17</sup> There was also a conscious reshaping of testimony on the part of witnesses, conditioned by the servant of God's local fame and a desire to present him or her favourably. But of greater relevance to this study is the similar process of *self*-representation by witnesses before the Congregation. For example, in order to give more weight to the miracle cure, witnesses almost always described it as having taken place as a result of the sick person's invocation of the saint only after all other remedies had been exhausted and the physicians had given up hope. This made the miracle more acceptable to both the medical profession and the church authorities. But in fact, saints were generally invoked from the very start of the illness, alongside other forms of treatment, in a form of double recourse. The entire illness episode was thus reinterpreted in the light of the miraculous outcome. Yet this is not so much a limitation as a characteristic that can be turned to our advantage. Although the narratives were structured by the way the hearing was conducted, they provide us with an indication of how such stories were told and the importance they had in relating illness experiences within the community.

What can they tell us about how illness was perceived? The language used to represent illness is remarkably similar to that used to describe possession of the body by demons. The popular healing rituals of the period made use of exorcizing formulas to

<sup>17</sup> A.S.V., *Riti*, 2615, fo. 76<sup>v</sup>.

conjure disease out of the body.<sup>18</sup> But the possession-illness link is clearly evident in the miracle narratives too, uniting learned and popular traditions. Disease is represented as an active force, which enters and advances through the body. It “assails”, “assaults”, “oppresses”, “comes upon”, “strikes”, “crushes”, “burdens” the body. A war between sickness and health ensues, the body becoming the field of battle. The disease “grows”, “spreads” or “winds its way” (*serpe*) through the body, “clinging” to it, becoming “rooted”. During this corporeal encounter the sick person is somehow dispossessed. The doctors, after having tried their remedies on the body, abandon it. The sick person reacts to the loss of his or her body by seeking a miracle. The miracle is the “moment of struggle when, despite the laws of nature, the defeat of the disease is decided”.<sup>19</sup> The disease “withdraws”, the body is “liberated”, “cleansed”. The sick person has been singled out, the body reunited with the self and its functionality restored. The miracle cure is at once unique and part of a timeless corpus of similar cures. But for the physician recounting the same event, the miracle is often presented as something of an anticlimax, which does not involve him directly. After all, the sick person’s life has not only been saved by the miracle; it has been marked, singled out. The physician’s life is affected to a much lesser degree, if at all (except, of course, in those cases where the physician is also the *miracolato*).

In the canonization processes there is remarkably little difference between the terms used by sick people and by their doctors, though they did often differ on what constituted a miracle cure. At least as far as “natural” illnesses were concerned, there was a substantial convergence between lay and professional medical outlooks and attitudes, though lay knowledge was practical know-how based on experience, without the medical-theoretical underpinnings being spelt out.<sup>20</sup> In the case of one miracle cure, both the nun cured of a paralysis, Maria Rispoli, and the helpless

<sup>18</sup> D. De’ Antoni, “Processi per stregoneria e magia a Chioggia nel XVI secolo”, *Ricerche di storia sociale e religiosa*, new ser., iv (1973), esp. pp. 190-208; Gentilcore, *From Bishop to Witch*, pp. 131-7.

<sup>19</sup> Redon and Gélis, “Pour une étude du corps”, p. 570.

<sup>20</sup> Porter and Porter, *In Sickness and in Health*, p. 274. Cf. J. Henry, “Doctors and Healers: Popular Culture and the Medical Profession”, in S. Pumfrey, P. Rossi and M. Slawinski (eds.), *Science, Culture and Popular Belief in Renaissance Europe* (Manchester, 1991), pp. 191-221.

convent physician, Giovanni de Turrís, were agreed on why the cure could only have been miraculous:

Nor could I have recovered otherwise [Rispoli recounted], given that the medicaments were of no help to me, as was seen by my four months' experience [with them]. I recovered instantaneously, having stopped taking medicaments several days before; nor was any crisis brought about in me, either by sweating or other evacuation, by which the humour causing my illness could have been dissipated and digested . . .<sup>21</sup>

De Turrís likewise said that the cure was a miracle because it had taken place without the necessary fever or other "movement of the body" (*scioglimento di corpo*) to act as a purge.<sup>22</sup>

The evacuation of evil humours was one of the pillars of Galenic medicine. A cure brought about in its absence helped to define that cure as miraculous, as I discuss in the second section below. But as far as many non-medical witnesses were concerned, saints could also use their miraculous intercession to bring about the vital purge. The miracle is depicted as a crisis. The sick person's condition gets dramatically worse, the bad humours spread throughout the body, until the miracle intervenes to expel them through the various orifices.<sup>23</sup> In any case, popular and learned traditions shared the concept of "flow" within the body. A blockage in one part of the body could manifest itself elsewhere. This is particularly evident in women's perceptions of their bodies. Thus a woman who had just given birth linked her swollen leg, so painful she could not move it, to her difficult labour. She refused to be examined by a surgeon, consenting to be treated only by the midwife who had delivered the baby.<sup>24</sup> In 1623, the domestic servant Rosata Tomasi recounted how several years earlier her mistress had been suffering from sharp pains in her belly/womb (*ventre*<sup>25</sup>) and was losing a large quantity of blood. The ailing woman fetched the Jesuit Bernardino Realino (1530-1616), held locally to be a saint. Whilst he was kneeling at her bedside, reciting a litany to the Virgin Mary, she took his biretta, which he had removed to say the prayer. She placed it —

<sup>21</sup> A.S.V., *Riti*, 2024, fo. 2406<sup>r</sup>.

<sup>22</sup> *Ibid.*, fo. 2456<sup>r-v</sup>.

<sup>23</sup> Redon and Gélis, "Pour une étude du corps", p. 570.

<sup>24</sup> A.S.V., *Riti*, 2023, fos. 2031<sup>v</sup>-2032<sup>r</sup>.

<sup>25</sup> The Italian word *ventre* exemplifies the difficulties inherent in translating body and illness terms into another language (to say nothing of another time). *Ventre* can mean, variously, stomach/belly; bowels; womb/uterus. In any case, early modern medicine often described the functions of the stomach and the womb in the same terms: see Duden, *Woman beneath the Skin*, pp. 165-6.

like a relic — over her womb, where she had the pains. Tomasi concluded her account thus: “and as soon as she touched her *ventre* with that biretta, a large piece of putrid and congealed blood came out of her body, and all her pains ceased”.<sup>26</sup> This discharge was a dangerous though necessary element of the cure. This is true whether or not the expulsion was a mola, a fact which is never specified. A bodily growth was not identified as pregnancy until the quickening occurred. In fact, the belly/womb ambiguity indicates the way in which this space was hidden and mysterious. The womb was not yet a part of some medicalized reproductive apparatus.<sup>27</sup> What is interesting in this context is the woman’s control over her own body. No medical practitioner figures in the story.

Physicians and sick people also shared the need to describe and identify the disease. Objectifying the illness and its symptoms brought a certain sense of control over it, as well as exerting a powerful influence over behaviour.<sup>28</sup> The narrative process was a crucial element in this. Talking about illness and comparing previous experience was basic to an understanding of the malady and seeking a cure. If professional care was sought then the medical practitioner depended on the sick person’s often harried and urgent description of the illness in order to formulate a diagnosis. This was facilitated by the existence of vividly descriptive and figurative popular and regional terms for illnesses used, or at least understood, at all levels of society. When using such illness terms in their narratives, witnesses sometimes preceded them with an expression like, “as popularly called . . .” (*volgarmente detto . . .*). Such was the term *le coccia*, literally swellings or pustules, to refer to smallpox (*vaiuolo* in Tuscan Italian); *i porri* (literally, leeks) to refer to warts, as opposed to the learned term *verruche*; *mal di punta* (in the sense of stitches or sharp pains) for pleurisy; and *mal mazzucco*, literally hammer-sickness, to refer to a kind of frenzy.

Let us take cases of fever. To analyse them it may be useful to bear in mind what Byron Good has called “semantic net-

<sup>26</sup> A.S.V., *Riti*, 1514, fo. 1680<sup>r</sup>.

<sup>27</sup> Duden, *Woman beneath the Skin*, p. 28.

<sup>28</sup> A. Kleinman, *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine and Psychiatry* (Comp. Studies of Health Systems and Medical Care, iii, Berkeley, 1980), pp. 76-7; J.-P. Peter, “Les mots et les objets de la maladie: remarques sur les épidémies et la médecine dans la société française de la fin du XVIII<sup>e</sup> siècle”, *Revue historique*, ccxlvii (1971), pp. 22-3.

works". These consist of the "words, situations, symptoms and feelings which are associated with an illness and give it meaning for the sufferer".<sup>29</sup> Fevers were considered diseases in their own right, not symptoms of something else. They were the most prevalent form of illness in the narratives, both in their sheer number and in their variety. If very dangerous, fevers were at least familiar. Sick people and physicians alike sought to identify as early as possible the variety of fever in question. The canonization processes reveal shared ideas about causation as well as terminology. Both popular and learned traditions saw fright or fear as possible causes of fever. This was possible because sudden and strongly felt emotions were thought to block the flow of fluids in the body.<sup>30</sup> In a conception very different from our own, fevers "occupied" the body; they could then be described as "leaving" it. As for the numerous expressions used to indicate fever, they can be broken down into types (pestiferous, aerial, lymphatic, frenetic, hectic, rabic), into degrees (malignant, acute, ardent) or into rhythm (slow, continuous, intermittent, quotidian, tertian, double tertian, quartan). Adjectives used to describe the fever vary from the common "great" to "fermentative".

Statements about pain also suggest how the sick body was perceived by early modern Europeans. Because pain could not be understood objectively, it had to be described. The language used was therefore metaphorical.<sup>31</sup> During pain the body became an object, the sick person outside it, looking down on it. The reality of pain, as a natural part of both sickness and medical treatment, explains the number of miracles which intervene to save the sick from dangerous physic and surgery or to alleviate pain during the course of an operation. Pain itself was frequently linked to the emotions. This helps explain why a nun could "find

<sup>29</sup> B. Good, "The Heart of What's the Matter: The Semantics of Illness in Iran", *Culture, Medicine and Psychiatry*, i (1977), p. 39.

<sup>30</sup> In an undated consultation, the Bolognese physician Ippolito Albertini (1662-1738) wrote of a woman suffering from malignant fever that fear "directly touches and disturbs the spirits and the nerve-structure, which govern movement in all our fluids": *Clinical Consultations and Letters by Ippolito Francesco Albertini, Francesco Torti and Other Physicians*, ed. and trans. S. Jarcho (Boston, 1989), no. 131, p. 214. The role of fright in causing illness survives in the Italian popular medical tradition, while it has been relegated to the ranks of "syndrome" by modern biomedicine. For two differing approaches, see P. Ritarossi, "La paura", *Storia e medicina popolare*, iv (1986), pp. 7-24; O. Galeazzi, "La paura nelle Marche: un esempio di culturalizzazione integrale del patologico", *Storia e medicina popolare*, vi (1988), pp. 16-34.

<sup>31</sup> Duden, *Woman beneath the Skin*, pp. 88-9.

herself oppressed by evil thoughts and other pains”.<sup>32</sup> Pain was even perceived to lead to madness. One illness episode exhibits all these various features. In 1729 Benedetto Jurleo recounted how he had been suffering from sciatica and had exhausted various remedies, until on 18 November the pain had increased so sharply that he thought he would “die mad” (*morire arrabbiato*). But following a vision of the saintly Carmelite nun Rosa Maria Serio (1674-1726), during which she told him he was cured, Jurleo said he “immediately felt [as if] a one-*cantaro* weight had fallen from my aching thigh, and in an instant I was relieved and healthy, and the next morning I walked through town, as if I had never suffered any malady at all”.<sup>33</sup> The moment of release from pain can be described as vividly as the pain itself and the moment when it first began. Jurleo’s sense of relief is at once poignant and palpable.

The *miracolati* often refer to specific dates or phases in the illnesses. In addition to naming – identifying – the illness, it was important to locate crucial moments in its course. The narratives did not seek the dispassionate representation of the illness experience, but to elicit a particular understanding of the events. Witnesses privileged certain times in their narratives: the exact moment when they discovered their illness, times of medical intervention, sudden changes in condition. These are times of extreme uncertainty, when a person’s life is suddenly and patently in the balance. Entry into the marked time of illness is thus carefully recorded by sick people, distinguished from the rest of their lives.<sup>34</sup> When she testified in 1725, the articulate nun Maria Rispoli remembered the exact date when she had had her apoplectic fit, even though it was nine years earlier (4 February 1716). We may have doubts about the general use of numerical dates in society at this time, but at the very least she was able to calculate them for the benefit of her deposition. She remembered, too, the day when she began invoking the intercession of the

<sup>32</sup> A.S.V., *Riti*, 378, fo. 24<sup>v</sup>. Women were regarded as particularly susceptible to “hysterical” pains or convulsions, which originated in “the uterus and nervous structures”, according to a consultation written in 1704 by Albertini: *Clinical Consultations and Letters*, ed. and trans. Jarcho, no. 61, p. 77. Nuns, especially those of “melancholic temperament”, were particularly vulnerable.

<sup>33</sup> A.S.V., *Riti*, 708, fo. 3892<sup>v</sup>. The Neapolitan *cantaro* was equal to eighty kilograms.

<sup>34</sup> R. Orsi, “The Cult of Saints and the Reimagination of the Space and Time of Sickness in Twentieth-Century American Catholicism”, *Literature and Medicine*, viii (1989), pp. 66-7.

saintly Jesuit preacher Francesco de Geronimo, shortly after his death in nearby Naples (11 May 1716). She remembered when her pains got much worse, now affecting both sides of her body (4 June), followed by the application of relics, which took away these new pains but left the original paralysis uncured. She remembered the night when she had a vision of de Geronimo (14 June), for the following day she awoke without pain and was able to walk.<sup>35</sup> The onset of her illness was in fact reinterpreted and given new meaning in the light of her devotion to the saint and the subsequent miracle.

For those suffering from chronic or fatal illness the devotion to and invocation of a saint offered an opening up of the “bounded time” of illness. Illness is wholly “present time”. Sick people have difficulty remembering when they were well or that they will be well again. Devotion to a saint opens a way out of this present time and space by allowing the devotee to express confidence in the future actions of the saint.<sup>36</sup> Religious devotions and vows to saints structure and give meaning to time outside that of the illness, and faith in a cure offers a future beyond illness. For those who testified, belief in the real possibility of a miracle was crucial. For this reason relics were always applied to the body and saints invoked “with keen faith”, “with great trust and hope”. Indeed, the act of invocation itself often brought an immediate sense of relief and “a certain internal consolation”, as one witness put it.<sup>37</sup> For this reason miracle accounts place great emphasis on how the sick person first found out about the particular saint and when and in what circumstances that saint was first invoked. The transmission of such knowledge was fundamental for cultural models of illness. Invocation brought the illness into a new, symbolic phase. This is evident with the onset of “sacred time” in the Orecchio narrative described at the beginning of this section. Illness was not something restricted to specific sites in the body. It was located in imagination and experience, in history and in social relations.

The wording of the invocations made to the saints indicates the link they provided to times and spaces outside the bounded ones of illness. They express a desire for the recovery of a

<sup>35</sup> A.S.V., *Riti*, 2024, fos. 2401<sup>r</sup>-2403<sup>r</sup>.

<sup>36</sup> Orsi, “Cult of Saints and the Reimagination of the Space and Time of Sickness”, p. 69.

<sup>37</sup> A.S.V., *Riti*, 2615, fo. 105<sup>r</sup>.

functional body, guaranteeing reinsertion into society or community. A paralysed nun prayed to have her ability to walk restored, so that she could at least “go to confession and communion *in the places where she used to*”.<sup>38</sup> As this request suggests, devotees do not always ask the saints to “cure” them. The early modern idea of the functional body was different from ours. The complete recovery of health, in the modern sense, is not necessarily the sick person’s main desire or expectation. There is a gap between “health” as defined by modern biomedicine and what people of other societies, past and present, are prepared to put up with, while considering themselves free from sickness.<sup>39</sup> Even Paolo Zacchia admitted that miracle cures could consist of having one illness transmuted into another or shifted to another part of the body: the supernatural equivalent of the Galenic procedure of conducting disorders from vital to less important regions of the body. He gives the example of a patient of his suffering from a tumour, ulcers and painful haemorrhoids, much to her great personal shame, who after invoking the intercession of Cardinal Bellarmine, awoke to find herself suffering from articular pains and nothing else.<sup>40</sup>

Other miracles permitted sick people to confess their sins before they died. Dying the “good death” was of great importance throughout the early modern period. Although pious writers had shifted the emphasis away from the *memento mori* of previous centuries, and on to lifelong preparation for and meditation on death, the faithful continued to regard the time immediately preceding death as crucial.<sup>41</sup> In 1765 the apothecary Onofrio Stiffa recounted the following incident, which outlines the elements constituting a “good death”:

The late Pietro Alosca, Neapolitan, was struck down by an illness which caused him to cough up blood through the mouth, and he bled in such great quantity when I was fetched . . . that I was unable to look at him, [and] I thought then that he was about to suffocate. Forced to make a

<sup>38</sup> *Ibid.*, 2024, fo. 2402<sup>v</sup> (my emphasis).

<sup>39</sup> S. Kellert, “A Sociocultural Concept of Health and Illness”, *Jl Medicine and Philosophy*, i (1976), p. 223.

<sup>40</sup> P. Zacchia, *Quæstiones medico-legales: in quibus eæ materiæ medicæ, quæ ad legales facultates videntur pertinere, proponuntur, pertractantur, resolvuntur* (Amsterdam, 1651 edn), bk iv, title 1, question 8, pp. 224–5. See also pp. 132–3 below.

<sup>41</sup> P. Ariès, *The Hour of our Death*, trans. H. Weaver (London, 1981), pp. 300–5, 310–12; D. Roche, “‘La mémoire de la mort’: recherche sur la place des arts de mourir dans la librairie et la lecture en France aux XVIIe et XVIIIe siècles”, *Annales E.S.C.*, xxxi (1976), pp. 76–119.



decision, I suggested, as was my wont, that he recommend himself to the said servant of God [Ludovico Sabbatini], by pressing the said relics to himself and praying to him for the grace of his soul and body, depending on [Sabbatini's] will. And immediately I saw the vomit of blood cease, and the said Pietro was moved into a position in which he could make confession, take communion and put all his things in order. And within five or six days he died peacefully, the servant of God having, I believe, granted the grace of his soul, considering it expedient, perhaps, that he should die.<sup>42</sup>

## II

Educated physicians recognized that only the church had the authority to decide whether something was miraculous. Legal medicine had much to say about presumed supernatural activities of all kinds, from possession to the miracles and ecstasies of saints. The Roman *protomedico* and pioneer of forensic medicine Paolo Zacchia dealt with the subject at length in his wide-ranging treatise *Quaestiones medico-legales*, parts of which were first published in 1623.<sup>43</sup> In the questions devoted to miracles (of special interest to us here), Zacchia remarked that the unlearned were quick to attribute a miraculous origin to cures. The number of *ex votos* covering the walls of saints' shrines was testimony to this. Moreover, physicians heard of "miraculous cures of sick people daily, or rather by the hour, even by the minute".<sup>44</sup> Due to the number of apparent miracles, Zacchia advised caution in defining something as miraculous. Apparent miracles could be brought about by "evil men" and demons, to say nothing of the deliberate staging of fake miracles. The final decision was therefore to be left to the church.<sup>45</sup>

Zacchia devoted one section or "question" to discussing "the miraculous healing of the sick". Cures *could* be miraculous, but there had to be no doubt, in particular instances, that the cure had not come about naturally or "through art". Thus the illness had to be impossible, or at least very difficult, to cure (Zacchia gave the example of blindness). Its symptoms had to be very severe, as in the case of "burning and malignant fever". And the illness could not be in its final phase at the time the miracle

<sup>42</sup> A.S.V., *Riti*, 1931, fo. 647<sup>r-v</sup>. Sabbatini (1650-1724) was a Neapolitan Piarist.

<sup>43</sup> The *protomedico* was a sort of chief medical officer: see D. Gentilcore, "All That Pertains to Medicine": *Protomedici* and *Protomedicati* in Early Modern Italy", *Medical Hist.*, xxxviii (1994), pp. 121-42.

<sup>44</sup> Zacchia, *Quaestiones medico-legales*, bk iv, title 1, question 8, p. 223.

<sup>45</sup> *Ibid.*, question 1, p. 198.

occurred, since the illness could have declined naturally shortly afterwards.<sup>46</sup> As for the miracle cure itself, it had to take place suddenly and instantaneously. It had to be in every way perfect and absolute. In no way must a miracle cure resemble a natural one, so that where a crisis or evacuation took place — “namely by vomit, haemorrhage, diarrhoea, sweating, urination” — the cure had to be categorized as natural, not miraculous.<sup>47</sup>

When it came to the category of so-called “magical” or diabolical diseases, physicians were willing to recognize their impotence. Because the demons behind such illnesses were of spiritual and metaphysical substance, nothing natural, corporeal or physical could work against them.<sup>48</sup> In cases like this physicians advised the sick person to visit a priest or exorcist for supernatural — that is, sacramental — remedies, in keeping with the church’s teaching. Yet early modern medicine was also prepared to draw the line when it came to naturally caused afflictions. Miracles form part of this “grey area”. Physicians had no difficulty in accepting the theoretical possibility of miracle cures. The guidelines may have been strict, but miracles were seen to occur. Zacchia himself, examining the depositions of witnesses — which included at least three doctors — certified as miraculous the case of an Aretine woman who had been saved from certain death whilst giving birth in 1625.<sup>49</sup> By its very nature, the miracle cure meant that the physicians were recognized to have done all that was humanly possible. The miracle only took place once the patient was “given over” (*spedito*) by the doctors, who could thus distance themselves from the miraculous event. In this way there was no question of the saints competing with doctors. In fact, they complemented their powers. In theory, at least, the medical profession was thus not diminished.

Yet the physician who recounted a miracle cure before the Congregation of Rites found himself in a rather ambivalent position. On the one hand, he was giving glory to God and to the candidate in question. On the other hand, he was admitting to the limitations of his profession. Professional dignity was main-

<sup>46</sup> *Ibid.*, question 8, pp. 223-4.

<sup>47</sup> *Ibid.*, p. 225.

<sup>48</sup> *Ibid.*, p. 226. Ideas about diabolical diseases are discussed in D. Gentilcore, “The Church, the Devil and the Healing Activities of Living Saints in the Kingdom of Naples after the Council of Trent”, in O. P. Grell and A. Cunningham (eds.), *Medicine and the Reformation* (London, 1993), esp. pp. 139-42.

<sup>49</sup> Ditchfield, “How Not To Be a Counter-Reformation Saint”, pp. 397-8.

tained by the theological distinction between “miracle” and “grace”. By means of this the physician could reclaim a voice lost in the wake of the miracle cure and, at the same time, distance himself from the unlearned. It allowed the physician to be at least cautious, if not sceptical, in his interpretation of the event. Many witnesses, especially the uneducated, made no distinction between miracle and grace. One midwife replied that “as a poor woman, I do not know what difference there is between miracle and grace; I call and say a grace and miracle what is obtained when we recommend ourselves to the saints”.<sup>50</sup> Physicians and other professionals were expected to know the difference. A twenty-nine-year-old doctor from Cosenza, with a degree from the University of Naples (like most of the physicians in this study), confidently explained the difference in this way:

Because I am a medical practitioner, I have studied philosophy and therefore, under the name of the natural event, I include all that which happens and the way in which it happens in all its circumstances “secundum vires causarum naturalium” [according to the force of natural causes]. [This is] in contrast to the miracle which, whether in substance, manner, time or place, exceeds the powers and properties of secondary causes and recognizes directly God who operates through his omnipotence. I also know that amongst the common people the recovery of a sick person in very great danger of death from a disease is held to be a miracle; but, according to my thinking, this recovery of health obtained by means of the intercession of some servant of God, whether dead or alive, is not a miracle but a simple grace.<sup>51</sup>

In actual usage the distinction physicians made could be vague. It was sometimes simply a question of degree, a decreasing scale of the wonder the cure provoked. “Pure miracle”, “miracle”, “special” or “singular grace” and “grace” — to say nothing of the fudge “miraculous grace” — is the range of terms used (somewhat uncritically) by just one physician.<sup>52</sup>

How typical of the profession as a whole were testifying physicians? On the one hand, it could be argued that because of their education and training physicians tended to be more sceptical than laymen when it came to miracle cures. As a group, physicians were often suspected of impiety and materialism. However, in this period of religious orthodoxy — which extended to control over the teaching of medicine at the University of Naples — such

<sup>50</sup> A.S.V., *Riti*, 2473, fo. 164<sup>r</sup>.

<sup>51</sup> *Ibid.*, 234, fo. 684<sup>r</sup>.

<sup>52</sup> *Ibid.*, 2470, fos. 322<sup>r</sup>-327<sup>r</sup>.

sentiments were rarely manifested openly.<sup>53</sup> It is difficult to ascertain to what extent the few physicians tried before representatives of the Holy Office in Naples for “irreligion” represent more generalized trends.<sup>54</sup> Nor can we expect illumination from the canonization processes. Scepticism regarding miracle cures is too much to ask of a procedure designed to celebrate them. Those who testified before the Congregation of Rites were orthodox Catholics: unreliable witnesses would have been screened out of the process by the cause’s postulator. On the other hand, we should not assume that all practising physicians shared the ardent devotion to saints shown by some of their number who testified.<sup>55</sup> There was a middle ground which allowed for both proper devotion and practical caution. If they wished to distance themselves or express scepticism, the most participating physicians could do was to refer to a cure as a grace rather than a miracle. This served to limit the importance and the exceptional nature of the event. One physician, upon being confronted with his suddenly cured angina patient, recounted that “both [the patient] and her daughter, when telling me about the occurrence, called it *miraculous*; and I, believing their account [and seeing] what was left of the malady, became truly convinced that it had to be attributed to a *grace* obtained through the servant of God’s intercession”.<sup>56</sup>

I have come across only one episode which hints at scepticism; and, in keeping with the nature of the source, these sceptics are proved wrong in the end. A nun of Fasano, Rosa Maria Serio, was reputed to be a “living saint”: popularly venerated as a saint while still alive because of her visions and wonder-working.<sup>57</sup> It

<sup>53</sup> G. Cosmacini, *Storia della medicina e della sanità in Italia* (Rome, 1987), pp. 182-5.

<sup>54</sup> One example is the 1584 denunciation of Giuseppe Perrotta, future lecturer in anatomy and surgery at Naples University, “for irreligion and possession of prohibited books”. Perrotta told the court that his accusers had really acted out of envy of his earnings. He was eventually sentenced only to payment of a surety and obliged to treat gratis the sick of the monastery of Santa Maria la Nova and visit the shrine of Piedigrotta three times: L. Amabile, *Il Santo Ufficio dell’Inquisizione*, 2 vols. (Città di Castello, 1892), ii, app., document 8A, pp. 28-50. A century later, one physician, Gioacchino Senatore, was caught up in the series of inquisitorial trials against the Neapolitan “atheists”, though the group consisted primarily of lawyers and clerics: see L. Osbat, *L’Inquisizione a Napoli: il processo agli ateisti, 1688-1697* (Politica e storia, xxviii, Rome, 1974).

<sup>55</sup> This is the somewhat hasty conclusion reached by G. De Rosa, *Storie di santi* (Rome, 1990), p. 42.

<sup>56</sup> A.S.V., *Riti*, 1861, fos. 184<sup>v</sup>-185<sup>r</sup> (my emphasis).

<sup>57</sup> For this category of healers and relevant bibliography, see Gentilcore, “Church, the Devil and the Healing Activities of Living Saints”.

was believed she could predict the outcome of serious illness.<sup>58</sup> This may have served as a source of tension with local physicians. Zacchia noted that medicine had a natural prophesying function in predicting the course of a patient's illness, yet it could not promise unerring predictions of future events. Mistakes would be made.<sup>59</sup> Servants of God, on the other hand, had supernatural aid. When the parish priest of a town near the convent was taken seriously ill with a catarrhal flux, his brother, a physician, was informed, and subsequently visited Serio, who handed him a note saying: "Your brother's disease is fatal, and only God can help him". When he went to see his brother the priest, he found him up on his feet, apparently healthy. With a mixture of scepticism and relief he showed the note to those present, "and they all made fun of the prophecy made to them . . . and everyone said that it was the servant of God's vanity, and laughed and ridiculed her". Certainly, an account with this sort of ending would not have made it into the canonization process. In fact, unnoticed by the doctor, the priest's disease got worse "internally", and he died three days later, "so that everyone was bewildered, and confessed that the said Sr Rosa Maria was truly a servant of God".<sup>60</sup>

Both the medical witnesses we have just heard were avid collectors of relics and were confident that the relics had brought about cures. Giannini's physician believed so fervently in the holy woman's powers of healing while she was alive that he referred to her as "a living relic".<sup>61</sup> It should come as no surprise that members of the medical profession participated in the widespread "hunt for relics" that testifies so vividly to a belief in the healing powers of saints. In a symbolic way, relics extended their own limited powers. Moreover, physicians and surgeons were favoured by their proximity to the diseases of "living saints" — always convenient sources of relics. Thus the physician at Serio's convent, when he saw her cloth bandages soaked with blood during one of his calls, had them surreptitiously wrapped up and took them away. With pride he told the 1729 hearing how the relics had been used by an exorcist to liberate a possessed woman. The same relics were also used by the physician to provide

<sup>58</sup> A.S.V., *Riti*, 705, fo. 1033<sup>v</sup>.

<sup>59</sup> Zacchia, *Questiones medico-legales*, bk iv, title 1, question 5, pp. 205-6.

<sup>60</sup> A.S.V., *Riti*, 703, fo. 671<sup>r</sup>.

<sup>61</sup> *Ibid.*, 1861, fo. 348<sup>v</sup>.

“supernatural help” — the physician’s words — during a potentially fatal childbirth.<sup>62</sup> It is noteworthy, however, that he was the only physician, in all the processes I have read, to have witnessed at first hand the miracle cure he later corroborated. Many had relics, and gave them to their moribund patients to help bring about a saint’s intercession; but even they were almost never present when the narrated miracle actually took place. In fact, it often seems that it is the physicians who are the most put out by the occurrence of a miracle cure. Invariably the doctor’s patient confronts him with a *fait accompli*, at which the doctor can only wonder. This reflects the fact that the social dynamics of healing — including both natural and supernatural remedial sources — were largely driven by the sick person. In the first section we saw how Giuseppe Orecchio went to the baths at Ischia of his own accord. In 1621 a certain Giulia Pagano began her deposition by describing the great pain and blindness she had suffered in her left eye the year before. The doctors told her that it was a cataract, and that if it had not got better by the 14th of the month, “the eye was most assuredly lost”. While the doctors carried out their own treatment of syrups, sudatories and other remedies, she asked for a relic of Camillo de Lellis from a visiting member of his order.<sup>63</sup> She put her faith in the intercession of de Lellis, so that the actions of the doctors became inconsequential. As she remarked: “the doctors continually told me that the said eye was lost, and they made their remedies to do what they could *as far as they were concerned*”. But it was the relic that eventually brought about a cure.<sup>64</sup>

In the reinterpretation of illness episodes in the light of miracle cures the physicians often figured as helpless bystanders. Initiative was taken away from them and put in the hands of the sick person, who turned to the saints. The Neapolitan physician Giovanni Comes, who counted the kingdom’s *protomedico* amongst his acquaintances, recounted how he had treated a woman with sciatica for many years, with only moderate improvement in her condition. But she had taken supplementary measures:

<sup>62</sup> *Ibid.*, 705, fos. 1048<sup>v</sup>-1049<sup>r</sup>.

<sup>63</sup> De Lellis (1550-1614) founded the male nursing order known as the Ministers of the Sick. Though de Lellis spent a lifetime working in the hospitals of Rome and Naples, the miracles narrated by witnesses do not differ in typology from those of other canonization processes.

<sup>64</sup> A.S.V., *Riti*, 2631, fos. 71<sup>v</sup>-72<sup>v</sup> (my emphasis).

and returning to her house to examine the said infirm woman as usual, I found her healthy, and so I asked her how she had received this health, given that the infirmity was long, troublesome and almost incurable, and she replied that it was not by use of the remedies, but by a sign of the cross made on her by Fr Camillo, who had come to her house that morning and made the sign of the cross on the said afflicted part.<sup>65</sup>

It is striking that other sorts of practitioners seem to have been less put out by such eventualities. Indeed, they seem to welcome them without hesitation. Surgeons, barbers, apothecaries and midwives were often actors, not mere bystanders, in the miraculous events they proudly related. They often represented themselves as playing a prominent role in setting the stage for the miracle. They were also more frequently present when the miracles actually occurred. Finally, they were more inclined to ascribe a cure to a miracle, as opposed to a grace, especially if they lacked a formal education. One example will suffice. An apothecary recounted being present at a whole series of miracles, brought about through the relics he owned and his encouragement of the dying to venerate them. In 1765 Onofrio Stiffa told the hearing investigating the cause of the Piarist Ludovico Sabbatini of an episode involving a woman dying from rabic cough, continuous hectic fever and chest pains. The remedies prescribed by doctors had been of no use:

I said to her frankly that she was as good as dead, since there was no further remedy or refuge, and I added that only one other medicament remained to be taken, if she wanted, that would not be nauseating for her, and she replied that she would take it if I gave it to her. I added that the medicament was this: that I wanted to bring her a relic of the servant of God Fr Ludovico Sabbatini that I kept at home . . . a bit of his shirt soaked in his blood and a bit of his hose and habit . . . and that since I had had these relics I had received a great many massive miracles (*miracoli massicci*) by their means . . . and that if she promised me to have the same faith in them that I and the other people had, I would bring her the said relics, otherwise I would not.

Not only was Stiffa's own devotion in keeping with post-Tridentine orthodoxy, but he encouraged it in the sick people who made use of his relics. In presenting the sick woman with the relic, he first made her kiss it, then recite three Glorias in honour of the Trinity: a special devotion of Sabbatini's, he says, so that he would "first grant her the grace of her soul and then that of her body".<sup>66</sup> This reminds us of the close relationship

<sup>65</sup> *Ibid.*, fos. 138<sup>v</sup>-139<sup>r</sup>.

<sup>66</sup> *Ibid.*, 1931, fos. 644<sup>v</sup>-645<sup>r</sup>.

between the health of the body and the salvation of the soul in Christianity.<sup>67</sup>

Midwives were also more “ready to believe” than physicians. But then, the credulity of the midwife was a commonplace. The practice of placing amulets on the woman during delivery was accompanied by the placing of saints’ relics or images. While physicians might encourage patients to invoke the saints or lend them a relic when they felt they could do no more, midwives generally made use of such devotions themselves. In difficult births, according to the testimony of midwives, recourse to saints was automatic: when “the baby was coming out with his feet first”, or “was twisted in the womb”, or “was coming out double, that is bent at the back with head and feet first”.<sup>68</sup> But such were the dangers inherent in giving birth that midwives in Chieti told a local hearing that they routinely said seven paternosters and seven Ave Marias and invoked Camillo de Lellis — who came from the area — before each birth. As one woman told the Congregation: “I am so convinced that Fr Camillo is a saint that, as midwife in this town, there is no labour during which I do not invoke him, and I have seen many graces because of this”.<sup>69</sup>

### III

The church taught its own interpretations of disease. Disease could be God-sent, as a gift, test or warning. It was to be borne with patience or regarded as an opportunity for repentance and conversion. At the same time, the church regarded it as a state of bodily suffering which every good Christian should seek to alleviate. God and the saints provided recognized sources of healing, as did the medical profession. This contradiction was a source of some competition between natural and supernatural healing, viewed nowhere more clearly than in the convents of the period. On the one hand, the medical arts were represented by the physicians and surgeons who served these institutions treating the nuns — who thus found themselves in a privileged position compared with most of the population. On the other, nuns were the first to put aside their ministrations and trust instead in the

<sup>67</sup> F. Laplantine, *Antropologia della malattia*, trans. A. Biondi Felici (Florence, 1988), p. 206.

<sup>68</sup> A.S.V., *Riti*, 2628, fos. 36<sup>r</sup>, 273<sup>v</sup>.

<sup>69</sup> *Ibid.*, fos. 62<sup>v</sup>, 272<sup>v</sup>.



“celestial healer”, following contemporary models of holiness and devotion. Entire religious communities would routinely suspend medical visits and forego medicines while undertaking spiritual exercises conducted by Jesuit missionaries.<sup>70</sup> Individual nuns looked for signs that their diseases might have supernatural causes, a sign of divine favour. It formed part of the same cultural model advocating a strenuous regime of fasting, penance and bodily mortification.<sup>71</sup> This approach was especially evident in the case of those religious who fashioned themselves as, and were reputed to be, living saints. By the same token, it is striking how rarely the ecclesiastical concept of disease causation crops up in the narratives of laypeople. While (by our standards) a remarkable amount of pain and illness was accepted as natural, it is as if much of the laity had no time for the niceties of pious forbearance, when sickness meant an inability to perform vital social and economic functions.

Living saints best exemplify the ambivalence of the physician’s role, because they lived face to face with other, more secular healers. Medical practitioners, as part of the educated élite, frequently numbered themselves among the closest followers or “disciples” of living saints, in the same way that in an earlier time they had formed circles around religious reformers.<sup>72</sup> In the years after Trent, when the latter was no longer a safe option, being close to living saints was not only an expression of devotion, but a role that conferred status on the devotee. Paradoxically, however, the living saints provided the physicians with competition when it came to healing. They were able to impart the sacred through their touch. When the Dominican friar Serafino Balbi was crippled with gout in his left leg, he went directly to the living saint Maria Rosa Giannini for relief from his suffering. Though there was a physician present, who also testified at the hearing, he did not intervene, nor was he asked to. Giannini looked at Balbi’s leg and reminded him to say the rosary several times each day. Then, according to Balbi, “she took her rosary,

<sup>70</sup> D. Gentilcore, “‘Adapt Yourself to the People’s Capabilities’: Missionary Strategies, Methods and Impact in the Kingdom of Naples, 1600–1800”, *Jl Eccles. Hist.*, xlv (1994), p. 286.

<sup>71</sup> A world evoked by P. Camporesi, *The Incorruptible Flesh: Bodily Mutation and Mortification in Religion and Folklore*, trans. T. Croft-Murray (Cambridge, 1988), esp. pt 1.

<sup>72</sup> J. Martin, *Venice’s Hidden Enemies: Italian Heretics in a Renaissance City* (Berkeley, 1993), pp. 150–2.

made the sign of the cross three times on my foot with it, each time saying: Through the merits of the Most Holy Virgin of the Rosary may the gout go away".<sup>73</sup> Even dead saints possessed this healing touch, their living presence conveyed symbolically through visions. Francesco de Geronimo appeared in this way before a paralysed nun. She recounted: "it seemed to me that this servant of God extended his right hand over the left side of my body, touching me from the left side of my head to the underside of my left foot, and he disappeared".<sup>74</sup>

Whilst healing the sick who came in never-ending droves to see them, living saints themselves suffered diseases with heroic humility. Such was the prevailing model of holiness that those most gifted at performing miracle cures were also expected passively to endure their own illnesses, which they regarded as God-sent, telling their physicians that they were powerless against them. In addition to natural illnesses, God also sent the stigmata, every bit as real and as painful. Here the natural and the symbolic met. The surgeon of the Neapolitan nun and mystic Maria Villani (1584-1670) told a hearing in 1680 that "such was the love that this servant of his bore towards God that she was worthy of being pierced by a spear . . . above her right breast, in such a way that the spear penetrated through to wound the heart". He knew about the outer wound, "which no medicine could treat"; but only on her death, when her body was examined, did he see that there was a deep open wound in her heart as well, three fingers in length.<sup>75</sup> A further example is the nun Giannini. She put up with her numerous diseases "with indescribable resignation, never complaining, in fact showing not a little pleasure, with the greatest peace and readiness of heart".<sup>76</sup> Servants of God like Giannini gloried in their maladies, which were always long-lasting, repugnant and torturing — an attitude shared by the witnesses called to testify at hearings for their canonization, who described the diseases in the most vivid detail. Thus, in addition to her headaches, vomiting and "an umbilical hernia as big as a cucumber", Giannini suffered from articular tumours, nephritic pains, four abdominal scirrhuses, a prolapse of the uterus and, most terrible of all, two tumours or cysts "each as big as a baker's

<sup>73</sup> A.S.V., *Riti*, 1861, fo. 265<sup>v</sup>.

<sup>74</sup> *Ibid.*, 2024, fo. 2403<sup>r</sup>.

<sup>75</sup> *Ibid.*, 1882, fo. 209<sup>r-v</sup>.

<sup>76</sup> *Ibid.*, 1861, fo. 15<sup>r</sup>.

basket, so that when the servant of God had to go out she put them inside two bags, which were hung from and attached to her neck with strings".<sup>77</sup> Giannini refused any medical treatment for these "follicles", saying that "they were gifts from her spouse and for this reason she wanted to bear them until her burial". The reference to the mystic marriage with Christ and the presumed divine origin of the disease was something Giannini had in common with the many other female saints on whom she modelled herself. One witness, chief apothecary at a nearby monastery, brought medicines for some of her other ills, and noted "the patience she had in taking certain medicaments not suited in the least to certain of her ailments, which did not have a natural origin as the doctor believed, but a supernatural one, as she explained to her spiritual director".<sup>78</sup>

If the medical profession recognized its limitations when in the presence of the sacred it was suitably rewarded. The church's support of organized medicine is mirrored in the way it emphatically privileged those miracle cures narrated in the first person by a physician (i.e., as *miracolato*) or, more often, corroborated by one. As far as the church authorities were concerned, it was crucial that the miracles be verified as closely and strictly as possible. They were to have all the characteristics of historical facts, complete with precise dates, places, names, occupations and any other relevant details.<sup>79</sup> Who better than professional physicians could give the stamp of authenticity to healing miracles? "Professional hands that incise, tear out, treat, examine, attest, [were] the necessary route by which the church [could] publicly take a stand."<sup>80</sup> The role of physicians and surgeons extended even to the examination of the corpses of servants of God upon their exhumation, often hundreds of years after their deaths.

The verification requirement and the propaganda factor of the processes helps to explain two important features of the records with regard to healing and healers in early modern society. First, the complete absence of non-professional healers, such as wise women or itinerant pedlars, as witnesses in the processes. Whilst the medical profession sought to regulate the activities of mounte-

<sup>77</sup> Deposition of her physician Giuseppe Scoppa: *ibid.*, fo. 132<sup>r-v</sup>.

<sup>78</sup> *Ibid.*, fo. 433<sup>r</sup>.

<sup>79</sup> J. de Viguierie, "Le miracle dans la France du XVIIIe siècle", *XVIIIe siècle*, xxxv (1983), p. 316.

<sup>80</sup> S. Cabibbo and M. Modica, *La santa dei Tomasi: storia di Suor Maria Crocifissa (1645-1699)* (Turin, 1989), p. 65.

banks and charlatans, the Counter-Reformation church — in the form of the inquisitorial and the episcopal courts — was waging war against what it referred to as “superstitious” healing. Wise women may make the occasional appearance in the illness narratives, but their role was an entirely negative one. They provided the living saint with the opportunity of sniffing out their charms or countering their diabolical remedies — which always made the patient worse — with his or her divine ones. The verification of miracle cures provided by physicians also accounts for the relatively low representation of the popular classes amongst the *miracolati*. In addition to being considered less reliable witnesses, they generally did not have access to the services of physicians, who could then have corroborated their accounts. Even in those towns served by a community physician or *medico condotto*, the remedies he prescribed would have been far beyond the means of most people.

The church’s caution and control went hand in hand with a widespread encouragement of devotion to the saints, paradoxical as this may seem. Enforcing orthodoxy was about channelling devotion along recognized lines, not limiting the number of saints. This was consistent with the widespread need for, and occurrence of, miracles among the population as a whole. It also suited the religious orders, who could thereby encourage devotion to the saints and candidates for canonization of their own order and increase their own prestige. A popular, though unofficial cult was the *sine qua non* of the canonization process. The orders collected and published miracle accounts to further the causes of their own candidates or encourage devotion to members of their order already canonized.

What explains the predominance of healing miracles in the processes? On the one hand, they corresponded to everyday needs, fears and expectations. On the other, such miracles tended to be privileged by the Congregation of Rites and the religious orders. This was because miracle cures could be verified in a way that other miraculous interventions — as in the case of accidents — could not. Moreover, healing miracles could be edifying and instructive at the same time. They taught a trust in divine will and forbearance in the presence of suffering. Miracles which spared people from violent deaths — as a result of a duel, say, or of judicial torture — were not so edifying, and so are under-represented in the canonization processes.<sup>81</sup> Finally, miracle cures

<sup>81</sup> Though they are commonly represented in the *ex votos* spontaneously left at shrines throughout Italy. For Naples, see G. Imbucci, “Il timor di Dio: le tavolette

(cont. on p. 144)

were most in keeping with the biblical model. This was recognized and encouraged, even though the types of maladies cured did not reflect the diseases typically healed in the New Testament. Thus, instead of healing the possessed, the paralysed, the blind, deaf and dumb, Counter-Reformation miracles tended to intervene in cases of a wide variety of fevers and pains, only to a lesser degree healing the crippled. It should be noted that where there was less clerical mediation, the miracle typology was more varied, following medieval models. Such is the case with the miracles recorded in shrine miracle registers and in the *ex votos* hung on shrine walls. For this reason, the published miracle collections penned by members of various religious orders, because of their overt use as propaganda, are more in keeping with the Counter-Reformation emphasis on healing miracles deemed to be verifiable (according to the criteria of the time) and accepted by the Congregation of Rites for the canonization processes.<sup>82</sup> If the laity continued to want saints who could perform miracles, rather than the purely edifying models proposed by the church, then the authorities were determined that the miracles should at least be of an “acceptable” sort.

The editorial control exercised by the monks compiling the published miracle collections influenced, and was influenced by, that of the clerics in charge of postulating the causes of particular candidates for canonization before the Congregation of Rites. The task of the postulator — usually a member of the servant of God’s own order — was to collect favourable evidence, screening witnesses and their testimony before the hearing began. For the historian, it is where the centre (Rome) and periphery (local devotion) meet. The postulator looking for miracle accounts came face to face with the laypeople for whom miracles represented an existential need, a means of maintaining the symbolic order of the world. Who better, then, to mediate between them and a servant of God than that servant of God’s own postulator? If the pressure exerted on priests and exorcists to heal was great,

(n. 81 cont.)

votive di Madonna dell’Arco tra ’500 e ’900”, *Ricerche di storia sociale e religiosa*, new ser., xlii (1992), pp. 129-30.

<sup>82</sup> This was particularly true of those collections compiled by members of Tridentine Orders like the Jesuits and the Theatines: Sodano, “Miracoli e Ordini religiosi nel Mezzogiorno d’Italia”, pp. 397-8.

because of their sacramental powers,<sup>83</sup> it was much greater on the postulator and his agents, who were often seen as representatives of a servant of God on earth. One such helpless victim was Angelo da Baccarizzo, a friar responsible for collecting alms for the cause of the Calabrian Capuchin Angelo d'Acri (1669-1739). During his travels, he was told of a four-year-old boy who lay dead after a fall from a ladder. When Baccarizzo refused to go into a village chapel where the boy lay and pray to the servant of God to save him, the boy's grandmother screamed at the friar, "blaspheming against all dead monks". Then the boy's uncle came out in a rage, grabbed Baccarizzo by the collar and forced him into the chapel, leading him up to the altar, on which the boy had been placed. Shaking, Baccarizzo knelt down. He took an image of Angelo d'Acri from inside his habit, placed it on the boy's chest, and — "to comply with the importunity of others", as he discreetly put it — began to recite the litany of Our Lady. In the middle of this the boy revived, "vomited bile and food" and then got up. Those present "began rejoicing, saying miracle, miracle of Father Angelo, [and] they took the boy and went out of the chapel". The friar, having served his purpose, was left alone inside, "where I remained without finishing the litany".<sup>84</sup>

#### IV

Thus while the church authorities and the medical profession argued over, but mostly complied in, the construction of miracles, the bulk of the population continued to seek and interpret them in terms that most met their own needs. Limiting ourselves to healing miracles, we may say that at a time when learned medicine was inaccessible to the majority of the population, miracles provided a universal possibility of cure. They complemented the other forms of healing then available, such as that provided by cunning folk and a whole range of domestic remedies. Images and relics made real the saint's presence to even the poorest in society. And where obtaining corporeal or other relics was difficult, the oil, holy water or flowers from the saint's tomb would suffice.<sup>85</sup> Their use combined domestic remedial forms, where oil

<sup>83</sup> L. Allegra, "Il parroco: un mediatore fra alta e bassa cultura", in *Storia d'Italia: Annali*, 9 vols. in 10 (Turin, 1978-86), iv, *Intellettuali e potere*, ed. C. Vivanti (Turin, 1981), p. 907.

<sup>84</sup> A.S.V., *Riti*, 234, fos. 884<sup>v</sup>-885<sup>r</sup>.

<sup>85</sup> See the discussion in Gentilcore, *From Bishop to Witch*, pp. 187-93.

was a regular ingredient to be rubbed on afflicted bodily parts, with the power of the sacred. In this way, miracles symbolically extended the powers of nature. Likewise, consistent with the Galenic tradition, miracles could also help bring about the vital purge of fluids necessary for cure when the physicians were unable to effect it. This flew in the face of medical teaching, however, which affirmed that true miracles must not imitate nature in any way.

Each illness episode generated the telling of stories about it. These narratives served to transmit vital information within the community and eased the sufferer's anxiety. They were shaped and constructed by the need to provide meaning. The telling of stories allowed people to symbolize the source of suffering, attach meaning to experience, reconstitute a world shattered by illness. This symbolic ordering took place each time the story was retold, including the occasion when it was recounted before the Congregation of Rites. The miracle narratives reveal much about notions concerning the body and sickness. For sick people the body was objectified and distanced. It became a battlefield. Disease, like demonic possession, occupied and took over the body; a cure meant that the body was liberated. There was a flow throughout the body which, if blocked in one part, could result in disease in another part. In the canonization processes, the physicians gave up on the object of their attention, after having tried their remedies. But for the sick person this was not an insurmountable problem, since the dynamics of healing were largely controlled by him or her. It was the sick person's own responsibility. The sick frequently turned to the help of the saints, either accompanying the treatment of physicians or when the physicians had given up on the patient.

The narratives contain a wide variety of descriptive disease terms. These helped to label and objectify the affliction, allowing both patient and practitioner to come to terms with it. This labelling process is particularly evident in the case of fever, the most frequently mentioned illness in the records. Another characteristic of the illness episode as recounted was the tendency to stress certain moments and aspects of the experience. The narratives privileged the discovery of the illness, the sudden worsening in condition, treatment strategies and interventions, all leading to the rhetorical climax of the miraculous intercession. Although localized in the objectified body, illness was understood and

related in terms of a person's life, history and social relations. The miracle itself returned the body to functionality, restoring its place in the community. This was not necessarily a complete cure in the modern sense, a fact which suggests a difference between pre-modern and current definitions of health. Early modern expectations regarding sickness and health, like those regarding medical treatment, were remarkably different from our own.

Physicians seem to have shared most of these notions. Yet their role in testifying before the hearing was inherently ambiguous. Whilst seeking to give glory to God and his saints through their testimony, physicians sought to distance themselves from the unlearned and to protect the prestige and dignity of their profession. They were facilitated in this by the theological distinction between miracle and grace. They could thus adopt a critical stance, if not outright scepticism. Physicians often figure as mere bystanders to the miracle cure, confronted with a *fait accompli*. However, other members of the medical community — barbers, apothecaries and, especially, midwives — often presented themselves as actors in the event, bringing about the sick person's cure through relics they owned and being present at the event itself. This is not to say that physicians were less devoted to the cult of the saints than the rest of the population. Indeed, they often formed part of the circles that developed around “living saints”. Miracles were a welcome possibility for all; but the criteria adopted for defining a cure as miraculous were that much stricter for university-educated physicians, and became even more rigorous towards the middle of the eighteenth century, when the limits of reason became “those that reason itself imposed, by censorship or self-censorship, in the face of the theological province of the invisible”.<sup>86</sup>

The entire canonization procedure depended on this strict approach to corroborate healing miracles. For all those involved, from postulators to cardinals of the Congregation of Rites, this

<sup>86</sup> E. Brambilla, “La medicina del Settecento: dal monopolio dogmatico alla professione scientifica”, in *Storia d'Italia: Annali*, vii, *Malattia e medicina*, ed. F. della Peruta (Turin, 1984), p. 91. The restricted realm of the miraculous was not limited to physicians. It was also reflected in treatises like L. A. Muratori, *Della forza della fantasia umana* (Venice, 1740) and P. Lambertini, *De servorum Dei beatificatione et beatorum canonizatione*, 4 vols. in 5 (Bologna, 1734–8). Lambertini had served as Promoter of the Faith (and was thus in charge of canonizations) from 1708 to 1727, and in 1740 was elected pope as Benedict XIV.



gave them a higher propaganda value. The involvement of physicians was crucial, as far as the church was concerned. They lent an air of objective verification to the proceedings, as witnesses to events or as participants in the exhumations of saintly bodies. Healing miracles were verifiable in a way that other sorts of miracles were not. They were also edifying and instructive. While involving the medical profession in this way, the church also taught that disease could be God-sent. It was a gift or a warning: something Christians should seek to alleviate by accepted means — which did not, however, include wise women or itinerant charlatans — or bear with saintly patience. This inherent ambivalence in interpreting disease came to a head when living saints rejected as useless the treatments offered by their attending physicians. When diseases were sent by God no natural cure could help. This was particularly evident in the case of wounds linked to the stigmata which were, of course, incurable.

The wide range of cures provided by the miraculous intercession of saints and the stories narrated about them can tell us much about the important role of miracles in the everyday lives of early modern Neapolitans and, by extension, of Catholic Europeans in general. Reading backwards from the miraculous event, these narratives can also reveal otherwise hidden perceptions of the body and disease. They contribute to our knowledge of how sick people and their curers reacted to illness, how they explained and described it, and how they dealt with it. As the narratives suggest, miracles represent the point where natural, supernatural and symbolic come together, indeed collide. Illness is contested: it can be categorized in different ways, affecting the efficacy of available forms of treatment. Professions too come into contact. However, despite a continuing tension and ambiguity, churchmen and physicians manage to collaborate and find common ground in the miraculous healing of illness.

*University of Leicester*

*David Gentilcore*