

‘CHRIST MORE POWERFUL THAN GALEN’? THE RELATIONSHIP BETWEEN MEDICINE AND MIRACLES

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In the mid-thirteenth-century Dominican *Lives of the Brethren*, it was reported that Gil de Santarém, Portuguese friar and former physician (d. 1265):

encouraged the sick, although he himself was often sick, with his consoling advice, warning that they should not treat themselves with medicines, but with faith in Christ they should joyfully accept what was served them and it would benefit them greatly, because grace is stronger than nature, and Christ more powerful than Galen.¹

Historians would once have taken these words at face value and understood Gil’s words to mean a denigration of human medicine, represented by the famous ancient authority Galen, and the exaltation of divine healing, represented by Christ. Many medical historians would now argue for a more symbiotic relationship between medicine and religion, based on a nuanced analysis of a wider range of narrative and archival sources, including hagiography.² Careful analysis of Gil’s own life and his highly

¹ *Vitae fratrum ordinis praedicatorum*, edited by Benedict Maria Reichert, *Monumenta ordinis fratrum praedicatorum historica*, volume 1 (Louvain, 1896), 155 (my translation).

² Joseph Ziegler, *Medicine and Religion c.1300: The Case of Arnau de Vilanova* (Oxford, 1998); *Religion and Medicine in the Middle Ages*, edited by Peter Biller and Joseph Ziegler (Woodbridge, 2001); John Henderson, *The Renaissance Hospital: Healing the Body and Healing the Soul* (New Haven and London, 2006); Angela Montford, *Health, Sickness, Medicine and the Friars in the Thirteenth and Fourteenth Centuries* (Aldershot, 2004); Peregrine Horden, *Hospitals and Healing from Antiquity to the Later Middle Ages* (Aldershot, 2008).

medicalized miracles, suggests that for him too, the relationship between Christ and Galen was really rather complex.³

Over the last thirty years medical historians have grown increasingly confident in their use of medieval miracle accounts and saints' lives as sources for medical practice, the experience of illness, and the medicalization of society. However, there is no systematic study of the relationship between medical and miraculous evidence for the middle ages, and it remains a neglected area of research particularly amongst late medievalists working on the history of medicine. There are cults from many parts of Europe that have yet to be studied much at all, let alone investigated for what they could reveal about the multi-faceted relationship between medicine and religion. This essay asks the following questions: what has the word 'medicine' meant to those studying healing cults at different times? What are the most useful methods for analysing miraculous healing? How can historians studying miracles in diverse parts of Europe (and the world) use methods developed for completely different cultural contexts? As case studies the essay introduces three little-known Portuguese healing cults: the aforementioned cult of Gil de Santarém, the cult of Our Lady of the Olive Tree from Guimarães in northern Portugal and the Holy Name of Jesus from Lisbon.

What is Medicine?

Before we begin, it is important to reflect on what constitutes 'medicalization' and indeed 'medicine' when studying healing miracles. 'Medicalization' refers to the widening use of medical vocabulary and the widespread involvement of medical practitioners in diagnosis and treatment. Even if they are said to have failed, medical practitioners and their diagnoses and therapies often played a prominent role in miracles. Furthermore, as Joseph Ziegler has shown, it was in the thirteenth century that physicians and surgeons began to take up the role they enjoy today as expert

³ Iona McCleery, 'Saintly physician, diabolical doctor, medieval saint: exploring the reputation of Gil de Santarém in medieval and renaissance Portugal', *Portuguese Studies*, 21 (2005), 112-25.

witnesses in canonization processes.⁴ 'Medicine' is more difficult to define. At a recent conference the present author delivered a paper on the healing miracles of Isabel of Aragon, queen of Portugal (d. 1336), relating how Isabel healed a leper of a head wound by applying an egg-white plaster. This example was put forward as evidence for Isabel's medical practice.⁵ Afterwards, a woman in the audience denied that this was an example of medicine: instead it was 'just what women did'. Isabel's healing practice was deemed to be non-professional and therefore not medicine.

This experience led to some reflection over whether medieval men and women differed in their healing practices, both as medical practitioners and as saints. Monica Green has pioneered the study of gendered healthcare and there has been a great deal of work on gender and saints.⁶ Yet the realisation came that many scholars interested in miracles are not actually very interested in healing *per se*; they tend to see the miracle as the unstable category that requires rationalising, not 'medicine'.⁷ Ronald Finucane observed in a paper published in 1975 that 'the problem is not the definition of

⁴ Joseph Ziegler, 'Practitioners and saints: medical men in canonization processes in the thirteenth to fifteenth centuries', *Social History of Medicine*, 12 (1999), 191-225.

⁵ 'Vida e milagres de Dona Isabel, rainha de Portugal', edited by José Joaquim Nunes, *Boletim da segunda classe da Academia das Ciências de Lisboa*, 13 (1918-19), 1378-79.

⁶ Monica Green, 'Gendering the history of women's healthcare', *Gender and History*, 20 (2008), 487-518; *Gender and Holiness: Men, Women and Saints in Late Medieval Europe*, edited by Samantha Riches and Sarah Salih (London, 2002); Sari Katajala-Peltomaa, *Gender, Miracles and Daily Life: The Evidence of Fourteenth-Century Canonization Processes* (Turnhout, 2009).

⁷ It is actually quite unusual for hagiographical studies to analyse illness and healing in much detail. For example, Katajala-Peltomaa, *Gender, Miracles and Daily Life*, hardly mentions them, and nor does Steven Justice, 'Did the middle ages believe in their miracles?', *Representations*, 103 (2008), 1-29. Rachel Koopmans, *Wonderful to Relate: Miracle Stories and Miracle Collecting in High Medieval England* (Philadelphia, 2011), and Simon Yarrow, *Saints and their Communities: Miracle Stories in Twelfth Century England* (Oxford, 2006), are interested in healing, but it is not the focus of their studies. There is a chapter on healing in *The Cambridge Companion to Miracles*, edited by Graham H. Twelftree (Cambridge, 2011), but it focuses on miraculous belief in modern clinical practice. For a much fuller analysis of the meaning of miracles, including healing miracles, see now Robert Bartlett, *Why Can the Dead Do Such Great Things? Saints and Worshippers from the Martyrs to the Reformation* (Princeton, 2013), 349-64.

‘miracle’ ... it is a question of the definition of health and illness’.⁸ Finucane did not problematise medicine; in much of his work he explained away miracle cures by resorting to modern theories of remission, vitamin deficiency and psycho-somatic illness.⁹ However, his point still stands. We are not much closer to reaching a consensus on what health and illness were in the middle ages, how effective medieval people were at restoring the one and preventing the other from occurring, and indeed whether effectiveness is even an appropriate question to ask our sources. Yet from the perspective of hagiographical studies, medicine can sometimes be taken as a given, especially in contrast to the apparently ‘irrational’ miracles that are the focus of study.

When historians began to study miracle cults more carefully, it was the cults that acquired social functions and explanations, not medicine.¹⁰ Yet medicine is an untidy ‘umbrella’ concept, not a neat category. In the UK today it includes GPs, nurses, hospitals, university teaching and research, blood banks, organ donation, medical charities, dentists, chemists and opticians, drug companies, public health policy, personal hygiene, sex education, diet and exercise, alternative therapies, environmental health, and health insurance. All these things have multiple functions and require a great deal of explanation. Since the 1980s there have been fundamental changes to our modern understanding of life, death, disease and cures. We are less confident in our ability to annihilate disease, less confident about whether our longer lives are healthier, while across the world people are still paying the health cost of colonialism. Globally there is a lack of consensus about the best system of entitlement to healthcare. All these things affect how we

⁸ Ronald C. Finucane, ‘The use and abuse of medieval miracles’, *History*, 60 (1975), 6.

⁹ Ronald C. Finucane, *Miracles and Pilgrims: Popular Beliefs in Medieval England* (New York, 1995); Ronald C. Finucane, *The Rescue of the Innocents: Endangered Children in Medieval Miracles* (New York, 2000).

¹⁰ The pioneer of the functional approach to saints’ cults was Peter Brown, *The Cult of the Saints: Its Rise and Function in Latin Christianity* (Chicago, 1981). See also the essays by Anne E. Bailey and Simon Yarrow in this volume.

study past lives and we should reflect on them more than we currently do. Medicine must not be taken for granted.¹¹

Taking medicine for granted has tended to result in the preservation of attitudes present in the miracle narratives themselves, that is, that there was conflict or competition between medicine and religion. Gil de Santarém's reported comment about the power of Christ over that of Galen is a good example of such a medieval attitude. Other examples are the many cases in miracles where doctors failed to cure illnesses later healed by the saint, a topos that goes back to the Bible. There is no full-length study of medieval miracles that investigates these conflicts from a medical perspective. Perhaps surprisingly, though, there is now a study of modern miracles that does just that. In Jacalyn Duffin's analysis of over 1400 miracles from 374 beatification and canonization processes between 1588 and 1999, medicine is not taken for granted. In fact, for Duffin, miracles are an important source for how and why medical knowledge and practices were constructed, challenged, contested and adopted over the centuries, changing and spreading globally as time went on. Duffin, who is a practising haematologist as well as a noted historian of nineteenth-century clinical medicine, concludes that medicine and religion are heavily intertwined constructs or belief systems that equally demand and challenge the faith of their adherents and practitioners.¹² These demands compete with each other, therefore setting up an apparent opposition between the two belief systems which is imbedded in the system through teleological narratives produced 'in-house'. Gil de Santarém's reported speech makes sense within an intensely pious Dominican text, but is less convincing as an example of his beliefs when set against other evidence: the medical translations, which we know he almost certainly carried out as a friar, and his miracles.¹³ The rest of this essay will project Duffin's approach back

¹¹ For some of these debates see *Locating Medical History: The Stories and their Meanings*, edited by Frank Huisman and John Harley Warner (Baltimore, 2004).

¹² Jacalyn Duffin, *Medical Miracles: Doctors, Saints and Healing in the Modern World* (New York, 2009).

¹³ Iona McCleery, 'Multos ex medicinae arte curaverat, multos verbo et oratione: curing in medieval Portuguese saints' lives', in *Signs, Wonders, Miracles: Representations of Divine Power in the Life of the Church*, edited by Kate

in time and explore where medical study of medieval healing miracles has got to today, and consider how it can move on in the future.

Medieval Miracles and Medical History

How should a medical historian start working with miracles? For some audiences, it is still an uphill battle to show that religion matters to medicine and vice versa. It is not enough to argue that the use of a healing plaster by a saint was an example of medical skill. The historian has to explain in great detail that the plaster used by Isabel of Aragon in the miracle described above was similar to those recommended by male surgeons and that domestic medical practices were integral to medieval healthcare.¹⁴ The problem is that medical history has evolved in a separate sphere to religious or political history. Even the social history of medicine has had an identity crisis, falling awkwardly between medical sociology, medical humanities and social history.¹⁵ The result is that non-medical historians sometimes miss the nuances of current research in medical history, and medical historians do not do enough to integrate their field into historical studies more broadly.¹⁶ As a field, medical history has blossomed in the last twenty years. It is no longer just about medical manuscripts and university learning, although these things do not cease to be important, but includes

Cooper and Jeremy Gregory, *Studies in Church History*, 41 (Woodbridge, 2005), 192-202.

¹⁴ Montserrat Cabré, 'Women or healers? Household practices and the categories of health care in late medieval Iberia', *Bulletin of the History of Medicine*, 82 (2008), 18-51.

¹⁵ Roger Cooter, 'After death/after-"life": the social history of medicine in post-postmodernity', *Social History of Medicine*, 20 (2007), 441-64; Jonathan Toms, 'So what? A reply to Roger Cooter's "After death/after-"life": the social history of medicine in post-postmodernity"', *Social History of Medicine*, 22 (2009), 609-15; Brian Dolan, 'History, medical humanities and medical education', *Social History of Medicine*, 23 (2010), 393-405.

¹⁶ Monica Green, 'Integrative medicine: incorporating medicine and health into the canon of medieval European history', *History Compass*, 7 (2009), 1218-45.

everything that shelters under the umbrella of medicine today. It therefore deserves more attention from beyond the field.¹⁷

Medical history is far removed from what it was when Ronald Finucane and Pierre-André Sigal started analysing miracles in the 1960s and 1970s, adopting a large-scale socio-statistical approach that has proved very influential.¹⁸ Their approach appears quite different to that of Ernest Wickersheimer, a pioneering medical historian whose 1922 micro-study of the canonization process of Peter of Luxembourg (1387-1390) seems to be the earliest medico-historical analysis of any cult.¹⁹ As Finucane pointed out in his historiographical overview of miracles, nineteenth- and early twentieth-century scholars such as Wickersheimer could see that miracles might be 'useful' for understanding the social context of medical practice.²⁰ Yet for C. Grant Loomis in 1940, in what seems to have been the first study of miracle cures in an academic medical history journal, miracles were curiosities 'for the student of folk-medicine'.²¹ Writing in the same journal in 1986, nearly fifty years later, paediatrician Eleanora Gordon was more receptive to miracles as evidence for medieval childcare, but she still maintained that 'historians are appropriately sceptical about the historical validity of hagiographical literature'.²² If we compare the attitudes of two

¹⁷ For recent research see *Social History of Medicine*, 24 (2011), a special issue on the middle ages; *Between Text and Patient: The Medical Enterprise in Medieval and Early-Modern Europe*, edited by Florence Eliza Glaze and Brian K. Nance (Florence, 2011).

¹⁸ Pierre-André Sigal, 'Maladie, pèlerinage et guérison au XII^e siècle: les miracles de Saint Gibrien à Reims', *Annales*, 24 (1969), 1522-39; Pierre-André Sigal, *l'Homme et le miracle dans la France Médiévale (XI^e-XII^e siècle)* (Paris, 1985). For Finucane, see note 9 above.

¹⁹ Ernest Wickersheimer, 'Les guérisons miraculeuses du cardinal Pierre de Luxembourg, 1387-90', in *Comptes Rendus du Deuxième Congrès International de l'Histoire de la Médecine* (Évreux, 1922), 371-89. I have not been able to obtain a copy of this essay.

²⁰ Finucane, 'Use and abuse', 2-4.

²¹ C. Grant Loomis, 'Hagiological healing', *Bulletin of the History of Medicine*, 8 (1940), 636-42.

²² Eleanora C. Gordon, 'Child health in the middle ages as seen in the miracles of five English saints, AD 1150 - 1220', *Bulletin for the History of Medicine*, 60 (1986), 502. For a similar attitude, see Eleanora C. Gordon, 'Accidents among medieval children as seen from the miracles of six English saints and martyrs', *Medical History*, 35 (1991), 145-63.

historians working on healing miracles in another medical history journal eleven years apart we can see a further evolution in thought. Valerie Flint's important comparison of medicine, magic and religion in the early middle ages, published in 1989, warned that 'hagiographical material is full of traps for the historian and is hard to use; but it is full, also, of gold if only one can learn to sift it out'.²³ Flint felt obliged to justify her choice of source material quite carefully. In contrast, Clare Pilsworth did not feel she had to justify her subject at all in 2000. There was no sign of self-consciousness about her use of miracles; they sat easily within a special issue on early medieval medicine, demanding no less rigorous sifting than her complex archaeological, legal, chronicle and literary materials.²⁴

More than a decade later, the landscape may be shifting again. Hilary Powell's very recent study of childbirth miracles begins by presenting these accounts as sources equivalent to obstetric and gynaecological texts, many of which as Green has shown have complex and contested authorship and transmission.²⁵ Yet she ends with an echo of Flint's caution from over twenty years earlier in the same journal, by saying 'miracle collections are a challenging source and should be read with caution and an acute sensitivity towards the actors governing their compilation and dissemination'.²⁶ This sensitivity of course applies to all sources, but it is not clear yet whether the renewed caution here towards miracles is widespread. In the specific context of childbirth, it may reflect a backlash against certain types of cultural relativism in gender studies.²⁷

²³ Valerie Flint, 'The early medieval "medicus", the saint and the enchanter', *Social History of Medicine*, 2 (1989), 122.

²⁴ Clare Pilsworth, 'Medicine and hagiography in Italy, c. 800-c. 1000', *Social History of Medicine*, 13 (2000), 253-65.

²⁵ Monica Green, *Women's Healthcare in the Medieval West: Texts and Contexts* (Aldershot, 2000).

²⁶ Hilary Powell, 'The "miracle of childbirth": the portrayal of parturient women in medieval miracle narratives', *Social History of Medicine*, 25 (2012), 795-811, at 811.

²⁷ Iona McCleery, 'Medicine and disease: the female "patient" in medieval Europe', in *A Cultural History of Women in the Middle Ages*, edited by Kim Phillips (London, 2013), 85-104. See also the *Journal of the History of Sexuality*, 21 (2012), which is a special issue on medieval childbirth. The

It is easy to explain why there have been such differences in attitude over the decades. The impact on ecclesiastical history of the post-Second World War civil rights movement, the Annales school and the linguistic and cultural 'turns' is as obvious in hagiographical studies as in other fields. Miracles have long since proved themselves crucial for accessing minority groups such as children and the poor. The topoi of miracles ceased to be sifted through for nuggets of truth, but became embraced as significant sources for beliefs and attitudes in their own right.²⁸ What has been less acknowledged is how medicine itself changed out of all recognition over these same decades. It should not be surprising that there was greater criticism of miracles as historical sources during the technologicalization of healthcare that took place between the 1940s and 1980s. Historians from each part of the world understand the history of medicine and its debates to a very large extent in accordance with the systems of healthcare available in their own lifetime. As described above, medicine in the UK today has its own distinctive legal, political and financial character which affects the way the history of medicine is studied in the UK.²⁹

Although it is easy enough to explain what has changed in the historiography of healing miracles, it is noteworthy how much more easily attitudes changed amongst scholars working on the period before 1000, mainly in Byzantine and Frankish studies.³⁰

editor Margaret Cormack urges caution in the interpretation of all genres of source (201-07).

²⁸ Patrick J. Geary, *Living with the Dead in the Middle Ages* (Ithaca, 1994), 9-29; *The Miracles of Our Lady of Rocamadour*, edited and translated by Marcus Bull (Woodbridge, 1999); Sharon Farmer, *Surviving Poverty in Medieval Paris: Gender, Ideology and the Daily Lives of the Poor* (Ithaca and London, 2002); Michael E. Goodich, *Lives and Miracles of the Saints: Studies in Medieval Latin Hagiography* (Aldershot, 2004); Michael E. Goodich, 'Mirabilis Deus in sanctis suis: social history and medieval miracles', in *Signs, Wonders, Miracles: Representations of Divine Power in the Life of the Church*, edited by Kate Cooper and Jeremy Gregory, *Studies in Church History*, 41 (Woodbridge, 2005), 135-56.

²⁹ For some reflection on how contemporary medicine affects historiography, see Flurin Condrau, 'The patient's view meets the clinical gaze', *Social History of Medicine*, 20 (2007), 525-40.

³⁰ Harry J. Magoulias, 'The lives of the saints as sources of data for the history of Byzantine medicine in the sixth and seventh centuries', *Byzantinische*

Other parts of central and southern Europe have been neglected for all periods. Early medieval medical historians like Clare Pilsworth and Peregrine Horden seem much more comfortable with miracles than late medievalists. The former group can incorporate hagiography more easily into the history of medicine because they have long been recognised as key narrative sources for all aspects of the early middle ages. Early-medievalists are often more interdisciplinary in their approaches, combining excellent skills in philology and manuscript studies with archaeology and theology. Late medievalists and early-modernists still seem to feel awkward about using miracles. These later scholars have a richer range of archival sources, more abundant medical sources, and the need to engage with modernists on issues like professionalization and secularism. For the fourteenth and fifteenth centuries, it therefore still tends to be the case that miracles are left to ecclesiastical historians. There are some notable exceptions: Michael McVaugh, Nancy Siraisi, Joseph Ziegler and Katherine Park all incorporate miracles into their social and cultural histories of late-medieval medicine.³¹ Yet it seems that healing miracles still hold a different status as a source genre for those working on the period after 1000 compared to earlier. The later we go in the period of study, the more likely it is that healing miracles cease to be integral to the study of health and illness and become a completely separate field. This is why Duffin's study of modern miracles is so striking in its scope and approach, consciously taking methodologies developed originally by medievalists into the twentieth century and combining them

Zeitschrift, 57 (1964), 127-50; Peregrine Horden, 'Saints and doctors in the early Byzantine empire: the case of Theodore of Sykeon', in *The Church and Healing*, edited by William J. Sheils, Studies in Church History, 19 (Oxford, 1982), 9; Aline Rousselle, 'Du Sanctuaire au thaumaturge: la guérison en Gaule au IV^e siècle', *Annales*, 31 (1976), 1085-1107; Michel Rouche, 'Miracles, maladies et psychologie de la foi à l'époque Carolingienne en Francie', in *Hagiographie: cultures et sociétés, IV^e-XII^e siècles*, edited by Evelyne Patlagean and Pierre Riché (Paris, 1981), 319-37.

³¹ Michael R. McVaugh, *Medicine Before the Plague: Practitioners and their Patients in the Crown of Aragon, 1285-1345* (Cambridge, 1993), 136-38, 142, 148n; Nancy Siraisi, *Medieval and Early Renaissance Medicine* (Chicago, 1990), 39-42, 153, 166; Katharine Park, 'The criminal and the saintly body: autopsy and dissection in Renaissance Italy', *Renaissance Quarterly*, 47 (1994), 1-33.

with her experience as a clinician and modern historian of medicine.³² It is this more integrated approach that we should be moving towards.

Some Portuguese Case Studies

In the rest of this essay, the aim is to explore some of the aforementioned debates in the context of three late medieval Portuguese cults. Portugal is an intriguing case study because one of the key reasons put forward for why healing miracles proliferated and became more medicalized from the late twelfth century does not seem to apply. It is usually argued that the establishment of papal canonization from the late twelfth century saw an increase in the quantity, sophistication and medicalization of healing miracles as proofs of sanctity.³³ Yet despite the existence of many flourishing miracle cults in Portugal, there were no formal processes (not even failed ones) until the early-modern period.³⁴ Most saints were only 'officially' recognised after the Counter-Reformation: Isabel of Aragon was canonized in 1625; Gil de Santarém was beatified in 1748.

Although some recent studies of saints' cults have downplayed the significance of canonization, on the whole historians still view the pope as the arbiter of sanctity.³⁵ Historians neglect regions and time periods where political and financial problems made it unlikely that there would ever be many, if any, papally recognised

³² Duffin acknowledges the influence of Ziegler and Park: Duffin, *Medical Miracles*, 8.

³³ André Vauchez, *Sainthood in the Later Middle Ages*, translated by Jean Birrell, 2nd edn (Cambridge, 2005), 61-84; Michael E. Goodich, *Miracles and Wonders: The Development of the Concept of Miracle, 1150-1350* (Aldershot, 2007), 68-99. For an alternative argument that healing miracles declined after the twelfth century, see the essay by Irina Metzler in this volume.

³⁴ Vauchez, *Sainthood*, 134, 270. An exception was Anthony of Padua/Lisbon (died 1231, canonized 1232), but Vauchez, *Sainthood*, 262, 271n, justifiably lists him as an Italian saint. Note that this neglect of hagiography extends across much of the Iberian Peninsula. See Anthony Lappin, *The Medieval Cult of Saint Dominic of Silos* (Leeds, 2002), ix.

³⁵ Aviad Kleinberg, 'Canonization without a canon', in *Procès de canonisation au moyen âge: Aspects juridiques et religieux*, edited by Gábor Klaniczay (Rome, 2004), 7-18; Sari Katajala-Peltomaa, 'Recent trends in the study of medieval canonizations', *History Compass*, 8 (2010), 1083-92.

saints. Yet the increasing importance of legal proofs of sanctity and the need therefore for medical prognosis could have developed separately from papal demands. In Portugal, mendicant interests may have produced the same effects. The question of why friars did not bother to send their documents to the pope is not an issue that can be explored here.³⁶ Not only does Portugal appear unusual in its saints' cults, it also seems not to fit classic models of the history of medicine. It had a single weak university and no discernible medical guilds. Hardly any medical manuscripts survive. Around eighty percent of physicians were Jews, theoretically expelled at the end of the fifteenth century. Yet we should beware concluding that late medieval Portugal was medically backward; it may be that it just does not fit the paradigms that historians have established for France, Italy or England.³⁷

If Portugal is problematic in both its medical and its hagiographical profile, how can its healing cults be of use to a medical historian? What does 'medicine' mean in Portuguese miracles? Can we find only opposition between Christ and Galen, as Gil de Santarém allegedly stated, or is there something more to discover by combining different methods and approaches? First, it is important to introduce the three cults that will be used as case studies. What follows is an outline only; suggestions as to why these cults developed as they did come later. The cult of Gil de Santarém has already been referred to in this essay. There has been some debate over when it first developed, as the Latin *vitae* all date from the sixteenth century. The collection of miracles used in this study was completed in manuscript in *c.* 1543 as part of a renaissance dialogue, but not published until 1586 after the death of its author André de Resende, a celebrated Portuguese humanist. Most scholars accept Resende's claim that he used a three hundred-year

³⁶ Maria de Lurdes Rosa, 'A santidade no Portugal medieval: narrativas e trajectos de vida', *Lusitânia Sacra*, second series, 13-14 (2001-2002), 369-450; Maria Clara de Almeida Lucas, *Hagiografia medieval Portuguesa* (Lisbon, 1984); Mário Martins, 'Peregrinações e livros de milagres na nossa idade média', *Revista Portuguesa de História*, 5 (1951), 87-236.

³⁷ I explore this medical world in my monograph in progress: *Medicine and Community in Late Medieval Portugal (c. 1300-c. 1500)*.

old manuscript: the majority of the sixty-six posthumous healing miracles are set shortly after Gil's death in 1265.³⁸

The second cult to be studied is that of Our Lady of the Olive Tree in Guimarães, a small town in northern Portugal. This cult sprang into existence in the mid-fourteenth century after the arrival of a holy cross caused a dry olive tree to revive, leading to cures attributed to the Virgin Mary. The clergy of the local collegiate church recorded the miracles and organised a series of processions around the town. All the forty-four healing miracles were originally recorded in 1342-43 by local notary Afonso Peres 'before the pestilence', but copied anew in 1351.³⁹ Afonso Peres presented his narratives in proper notarial style, supplying all the accounts with witnesses and dates. His miracle collection is the earliest to survive in the Portuguese vernacular, which might indicate that it was meant for a lay rather than a clerical audience, although it would be usual for a Portuguese notary to use the vernacular in this period. It may have already become the norm for miracles to be recorded in this way, although few earlier examples survive. It does not need to imply that Afonso Peres was influenced by papal criteria for canonization.⁴⁰

The third cult is that of Bom Jesús or the Holy Name of Jesus, which inspired a collection of thirty-three miracles compiled in Portuguese in 1432 by André Dias, Benedictine monk, prolific author of theological works and bishop of the Greek diocese of

³⁸ André de Resende, *Aegidius Scallabitanus: um diálogo sobre Fr. Gil de Santarém*, edited by Virgínia Soares Pereira (Lisbon, 2000).

³⁹ Mário Martins, 'O livro de milagres de Nossa Senhora da Oliveira de Afonso Peres', *Revista de Guimarães*, 63 (1953), 5-54 (p. 28). See also Cristina Oliveira Fernandes, 'O livro dos milagres de Nossa Senhora de Oliveira de Guimarães', *Lusitania Sacra*, second series, 13-14 (2001-2002), 597-607; Cristina Oliveira Fernandes, *O Livro dos milagres de Nossa Senhora da Oliveira da Real Colegiada de Guimarães* (Guimarães, 2006).

⁴⁰ Earlier examples include an original notarial document in Portuguese recording two miracles presented as evidence at a Franciscan inquiry into the cult of Isabel of Aragon held shortly after her death in 1336. There is no evidence at all that these miracles were recorded for a formal canonization process and ultimately only one of them made it into her *vita*. See Pedro de Azevedo, 'Inquirição de 1336 sobre os milagres da Rainha D. Isabel', *Boletim da segunda classe da Academia das Ciências de Lisboa*, 3 (1910), 294-303; Iona McCleery, 'Isabel of Aragon (d. 1336): model queen or model saint?', *Journal of Ecclesiastical History*, 57 (2006), 668-92.

Megara. He attended the Councils of Constance (1414-18) and Basle-Ferrara (1431-37), dying in either 1437 or 1450-51, aged perhaps over a hundred. The Holy Name of Jesus was one of a number of Christocentric devotions that became fashionable in fifteenth-century Europe. At exactly the same time as Dias compiled his collection of miracles, the fiery preacher Bernardino of Siena was popularising the cult in Italy through his sermons, defending it against accusations of idolatrous heresy in 1426, 1431 and 1438. Dias less controversially responded to a plague epidemic in Lisbon in November 1432 by founding an altar and confraternity dedicated to Bom Jesús in the Dominican priory, preaching there to large audiences who subsequently experienced a series of cures using water blessed in the Holy Name. Promoting this cult in a Dominican priory might be explained by Dias's youthful entry into that order before becoming a Benedictine monk, but it is a little strange, especially as the Dominicans were strongly opposed to the cult in Italy.⁴¹

The Socio-Statistical Approach

It is possible to analyse healing miracles according to two key methodological approaches: the socio-statistical and the cultural. To start with the socio-statistical approach: there is something inherently countable about miracles. Even when a historian only has a dozen of them the temptation arises to calculate percentages of men, women and children, numbers of childbirths or cases of blindness. Since the time of Sigal and Finucane the socio-statistical approach has formed the bread-and-butter of hagiography and is still prominent as a starting point in most modern studies of medieval cults.⁴² It is easy to apply to our Portuguese cases.

⁴¹ Mário Martins, *Laudes e cantigas espirituais de Mestre André Dias (d. c. 1437)* (Negrelos, 1951), 283-98; António Domingues da Costa, *Mestre André Dias de Escobar: figura ecuménica do século XV* (Rome, 1967); Franco Mormando, *The Preacher's Demons: Bernardino of Siena and the Social Underworld of Early Renaissance Italy* (Chicago, 1999), 87-89, 103-05; Ephrem Longpré, 'Bernardin de Sienne et le nom de Jésus', *Archivum Franciscanum Historicum*, 28 (1935), 443-76; 29 (1936), 142-68.

⁴² See most recently Anne E. Bailey, 'Wives, mothers and widows on pilgrimage: categories of "woman" recorded at English healing shrines in the high middle ages', *Journal of Medieval History*, 39 (2013), 197-219. This

The miracles of Our Lady of the Olive Tree in Guimarães record the cures of seventeen males (39%) and twenty-seven females (61%); a very high number, twenty-four (54%), were youths or children.⁴³ Just over half of the individuals (52%) had problems with vision (evenly distributed between the sexes) but there were eleven cases of possession (25%), all but two involving females. The range of ailments is quite narrowly biblical, but the number of females (including fourteen of the children and young people) is surprising since in many cults they often number little more than a third of cases.⁴⁴ The status of the recipients seems relatively lowly, although in many cases no information is provided; there are several people of artisanal status – a cobbler, a miller and a potter – as well as a monk, a notary and a squire. Higher status clergy and nobility were involved only in the processions. Most people came from the northern dioceses of Portugal (Braga and Porto). In the miracles of Bom Jesús in Lisbon, we encounter the more common ratio of twenty males (61%) to thirteen females (39%); seven (21%) were youths or children. They all appear to be local to Lisbon and a mixture of artisans (a carpenter, a cobbler, a tailor, a sailor, a rope-maker, a butcher and a scabbard-maker) and minor royal officials such as tax collectors and a porter. Apart from two clerics and a squire, there were no prominent participants. The range of ailments is more varied than in Guimarães – fevers, headaches, problems with feet, eyes, teeth, gout and sciatica – but the most striking cases are five that focus on pestilential symptoms. Plague miracles are very unusual in miracle collections.⁴⁵

article begins with a statistical approach but then turns to a nuanced study of language and the lifecycle.

⁴³ My figures differ slightly from those in Fernandes, *Livro dos milagres*, 50-54, 61-62. In both the vernacular collections, a youth is consistently referred to as a *mancebo* / *manceba* and a child as *moço* / *moça*.

⁴⁴ In the cults analysed by Sigal, *L'Homme et le miracle*, 242, 259-61, 300-301 and Finucane, *Miracles and Pilgrims*, 143, 149, the proportion of female recipients is 20% to 40%. Explanations include the reduced likelihood of female injury or limited female access to monastic shrines.

⁴⁵ Nicole Archambaut, 'Healing options during the plague: survivor stories from a fourteenth-century canonization inquest', *Bulletin of the History of Medicine*, 85 (2011), 531-59.

In the miracles of Gil de Santarém there were forty-five males (68%) and twenty-one females (32%); of these twenty-two (33%) were youths or children.⁴⁶ Although only a third of the recipients of cures were female, women had easy access to Gil's tomb and relics, promoting the cult in 45% of cases. There was a wide range of injuries and ailments for both sexes, including eleven cases (16%) of traumatic injury, seven cases (11%) of fertility or childbirth-related problems and four (6%) cases of possession.⁴⁷ In thirty-three cases (50%) there were explicit references to medical practitioners, medical or surgical treatments and specialist diagnoses such as fistula, quinsy and hernia. The status of those cured varied widely from a prince with a fish bone in his throat through to royal courtiers, merchants, artisans and poor labourers such as a charcoal burner. They came from all over Portugal, but the majority were from within thirty to sixty miles of Santarém, a town about sixty miles up the River Tagus from Lisbon.

The socio-statistical approach is an essential start to any major study of saints' cults. Without a thorough knowledge of the people involved and the cures they received, no further analysis is possible. Yet there are problems with this approach which become apparent as soon as one tries to compare cults studied by different people. Each cult is studied according to a different agenda. For example, Sigal did not look for saintly specialisms in healing or break down his cures into fine enough sub-categories. Another problem is the tendency towards reductionism: reducing illness down to simplistic categories, as Finucane and Sigal have both been accused of doing, obscures the many cases when recipients of miracle cures had multiple and recurring health problems.⁴⁸ Retrospective diagnosis –

⁴⁶ The Latin terms for these life stages are consistently *puer* / *puella* for 'child' and *adulescentulus* / *adulescens* for a male 'youth'. There is one case of *adulescens mulier*.

⁴⁷ Fifty-nine percent of the women did not have gynaecological or obstetric problems.

⁴⁸ See the critique of Finucane in Yarrow, *Saints and their Communities*, 10-11; and the implicit critique of both Sigal and Finucane in Irina Metzler, *Disability in Medieval Europe: Thinking about Physical Impairment in the High Middle Ages, c. 1100-c. 1400* (London, 2006), 216-85. These critiques also include Benedicta Ward, *Miracles and the Medieval Mind: Theory, Record and Event, 1000-1215*, rev. edn (Philadelphia, 1987).

using modern diagnoses to compile statistics or explaining away cures by referring to nutrition, psychosomatic illness or the placebo effect – has also come under fire in recent years.⁴⁹ It does not help us understand medieval experiences of illness and it completely side-steps the issue of religious belief.⁵⁰ For each of the Portuguese cults described above, we have to take into account the different time periods, places and scribal traditions, and we have to learn how to interpret nuances of language and gesture without assuming that they will be comparable to French or English experiences. Sensitivity towards the language of the body helps us to see that Gil de Santarém had an ears, nose and throat specialism.⁵¹ Similarly, a close reading of the exorcism rituals reveals that the possession cases in Guimarães involved the ghosts of the deceased, a rare phenomenon in other parts of Europe.⁵² The socio-statistical approach can provide us with a lot of useful data but it cannot help us interpret it on its own.

The Cultural Approach

Attention to language and ideas about the body brings us onto another major approach to hagiography. Careful cultural study of

⁴⁹ Andrew Cunningham, 'Identifying disease in the past: cutting the Gordian Knot', *Asclepio*, 54 (2002), 13-34; Jon Arrizabalaga, 'Problematizing retrospective diagnosis in the history of disease', *Asclepio*, 54 (2002), 51-70; Piers Mitchell, 'Retrospective diagnosis and the use of historical texts for investigating disease in the past', *Journal of International Palaeopathology*, 1 (2011), 81-88.

⁵⁰ For a much more nuanced study of medieval belief in 'magical' or 'miraculous' cures, see Matthew Milner, 'The physics of holy oats: vernacular knowledge, qualities, and remedy in fifteenth-century England', *Journal of Medieval and Early Modern Studies*, 43 (2013), 219-45.

⁵¹ Twenty-four of Gil's cures (36%) were linked to the area between the gullet/neck and the ears, including fish bones in the throat, facial fistula, quinsy, scrofula and ear inflammation.

⁵² These Portuguese cases are very different to the Castilian exorcisms analysed in Lappin, *Medieval Cult*, 131-69, who nevertheless provides some interesting analysis. On ghost possessions, see Éva Pócs, 'Possession phenomena, possession-systems: some east-central European examples', in *Communicating with the Spirits*, edited by Gábor Klaniczay and Éva Pócs (Budapest, 2005), 84-139; Nancy Caciola, 'Spirits seeking bodies: death, possession and communal memory in the middle ages', in *The Place of the Dead: Death and Remembrance in Late Medieval and Early Modern Europe*, edited by Bruce Gordon and Peter Marshall (Cambridge, 2000), 66-86.

symbols, constructions, rhetoric and discourse, gesture and emotion in miracles can help us move beyond typology and enable deeper understanding. There have been some excellent studies of saints' cults from this perspective but so far few medical historians have ventured down this path; striking examples are Peregrine Horden's interpretation of saints combating dragons as a response to disease and Irina Metzler's use of miracles in her study of disability and impairment.⁵³ Cultural historians of medicine have preferred to study the history of the body or childbirth rather than saintly cures.⁵⁴ Cultural historians of religion seem to prefer gender to illness.⁵⁵ There has been very little micro-historical work on healing cures to match Jean-Claude Schmitt's study of the cult of St Guinefort, the 'holy greyhound', over thirty years ago. His combination of theological, archival, literary, heraldic and archaeological evidence has yet to be matched.⁵⁶ Yet micro-historical study of individual cults (focusing on healing rather than other aspects of canonization processes or miracle collecting) seems to be the way forward; it was carried out by Lappin for the eleventh-century Castilian saint Dominic de Silos in 2002, urged by Goodich in 2005 and became the next step for Duffin whose innovative overview of modern miracles lacked specificity.⁵⁷ Nicole Archambeau's recent study of emotional responses to pestilence in the canonization process of Delphine de Puimichel in 1363 takes care not to diagnose retrospectively and provides plenty of

⁵³ Peregrine Horden, 'Disease, dragons and saints: the management of epidemics in the dark ages', in *Epidemics and Ideas: Essays on the Historical Perception of Pestilence*, edited by Terence Ranger and Paul Slack (Cambridge, 1992), 45-76; Metzler, *Disability*.

⁵⁴ For example, Katharine Park, *Secrets of Women: Gender, Generation and the Origins of Human Dissection* (New York, 2006).

⁵⁵ As can be seen in *Gender and Holiness*, edited by Riches and Salih; *Gendered Voices: Medieval Saints and their Interpreters*, edited by Catherine M. Mooney (Philadelphia, 1999). It is striking that there is a chapter on gender and sexuality in *A Companion to Middle English Hagiography*, edited by Sarah Salih (Cambridge, 2006), but not one on illness.

⁵⁶ Jean-Claude Schmitt, *The Holy Greyhound: Guinefort, Healer of Children since the Thirteenth Century*, translated by Martin Thom (Cambridge, 1983).

⁵⁷ Lappin, *Medieval Cult*; Goodich, 'Mirabilis Deus in sanctis suis', 155-56; Jacalyn Duffin, *Medical Saints: Cosmas and Damian in a Post-Modern World* (Oxford, 2013).

contextual detail including the political background.⁵⁸ Laura Ackerman Smoller's work on the cult of St Vincent Ferrer and Marcia Kupfer's study of iconography at the pilgrimage centre of Saint-Aignan-sur-Cher, are also promising examples of what could be done. However, the latter is marred by the author's insistence on explaining all symptoms as ergotism.⁵⁹ At times cultural historians need to pay more careful attention to context and chronology; the approach can provide useful interpretations but sometimes not enough data to back them up.

To turn back to our Portuguese cults, some of the richness and the difficulties of the cultural approach can be seen in the three miracles selected for the appendix. They were deliberately chosen as representing the kind of motor problems that Sigal, Finucane and José Mattoso, author of the only study of health in Portuguese miracles, identified as typical in medieval miracles.⁶⁰ A contracted hand or limb, as in the miracle from Guimarães concerning the boy João, is a fairly common condition in miracles, too easily explained away as some kind of psycho-somatic illness. This is something that could be argued in the Guimarães cases where emotional conflicts may have led to illness in some cases: a girl objecting to her mother's choice of husband for her, an illness occurring shortly after marriage. Yet to boil these cures down to modern psychology is too limited. In Santarém, on the other hand, the child Benedict (see appendix) was expertly treated by surgeons who were not blamed for their failure to restore the function of the arm. The quantity of medical detail in this miracle obscures the emotional response of the mother. Like many other women in this collection, she went to Gil's tomb 'heartbroken' as a last resort when all else had failed. Even the most medicalized of cults cannot ignore emotions.

⁵⁸ Archambeau, 'Healing options'.

⁵⁹ Laura Ackerman Smoller, *The Saint and the Chopped-Up Baby: The Cult of Vincent Ferrer in Late Medieval and Early Modern Europe* (Ithaca, 2014); Marcia Kupfer, *The Art of Healing: Painting for the Sick and the Sinner in a Medieval Town* (Pennsylvania, 2003).

⁶⁰ José Mattoso, 'Saúde corporal e saúde mental na idade média Portuguesa', in his *Fragments de uma Composição Medieval*, 2nd edn (Lisbon, 1993), 233-52; Sigal, *L'Homme et le miracle*, 256-57; Finucane, *Miracles and Pilgrims*, 144-48.

Broken bones represent far greater problems of interpretation than do contracted limbs: either historians have to believe that the bones were actually broken and healed, or they have to cast aspersions over the diagnostic skills of the people involved.⁶¹ A broken leg and hip as in the Bom Jesús miracle (see appendix) is not something easily explained away by the healing power of nature, since for normal physical function to return, the bones would have to have been set. This fracture constitutes what Mary Fissell has identified as a ‘hard’ illness as opposed to a ‘soft’ condition like possession; not meaning to denigrate this condition but rather to refer to its ease of cultural analysis. Not surprisingly there are not a lot of histories of broken bones.⁶² Yet all these miracles are interesting for what they reveal about bodily function, expectations of normal movement and response to recovery. They tell us as much about healthiness as they do about illness. In line with Irina Metzler’s essay in this volume, the emphasis at the end of the Bom Jesús miracle on getting back to work suggests what expectations might have been while labour was at a premium during successive plague epidemics and a period of intense expansion into North Africa and the Atlantic islands.⁶³

Christ versus Galen in Portuguese Context

The last section of this essay will go back to the question raised in the first section: what was medicine in these three Portuguese cults? The cult of Gil de Santarém seems on the face of it to have an understanding of medicine similar to our narrow concept of professional practice and specialist treatments. In a case similar to the boy Benedict, with his paralysed arm, we hear of a boy called Pedro ‘hit

⁶¹ For similar problems to do with childbirth, see Margaret Cormack, ‘Better off dead: approaches to medieval miracles’, in *Sanctity in the North: Saints, Lives and Cults in Medieval Scandinavia*, edited by Thomas A. Dubois (Toronto, 2008), 334-52.

⁶² Mary Fissell, ‘Making meaning from the margins: the new cultural history of medicine’, in *Locating Medical History: The Stories and their Meanings*, edited by Frank Huisman and John Harley Warner (Baltimore, 2004), 364-89. For a superb cultural analysis of a ‘hard’ condition (atherosclerosis), see Annemarie Mol, *The Body Multiple: Ontology in Medical Practice* (Durham, 2002).

⁶³ Metzler, ‘Indiscriminate healing’.

on the head with such a great blow that the surgeon extracted eighteen bones and skull fragments, and cut various places of the skin in order to uncover and inspect the seams of the skull’.⁶⁴ The treatment would have been successful had the child not irritated the wound with his restlessness. In other cases we find operations for scrofula, the lancing of a suppurating abscess with a scalpel, cautery for a fistula, the application of bandages, fomentation of an abscess and fumigation of the ears. In most cases these procedures were carried out by people described as *medici* and usually given the title ‘master’, although the last example is something that Gil himself advised in a dream. He also repaired a hernia and drained an abscess in dreams.⁶⁵

Despite these seemingly straightforward examples of what constituted medical practice, we also find less ‘professional’ activities. In one case a river boatman suffering from dropsy:

had the skin around the pubic area and above the ankles cut nine times, and with his stomach ulcerated in many places, the work of Pedro Martins and Maria Martins and a certain Jew, who at that time was deemed very skilled in this kind of thing, it all availed to nothing.⁶⁶

In this case also, the practitioners, even though female or Jewish, were not explicitly blamed for their failure to cure. Unusually, Gil scolded the boatman (in a vision) for spending money on physicians and surgeons, perhaps because his poverty did not justify such expenditure, but it implies that even those not deserving of the title ‘master’ were still practising medicine and surgery. Only once was a practitioner explicitly blamed for worsening a condition.⁶⁷ Instead it was usually assumed that the sick person would previously or even concurrently have sought medical help. This medical help often came from the Dominican friar-physicians themselves; people came to Santarém to seek medical aid from

⁶⁴ André de Resende, *Aegidius Scallabitanus*, 485.

⁶⁵ André de Resende, *Aegidius Scallabitanus*, 521, 586, 595. Dream-surgery can be found in many cults: see Finucane, *Miracles and Pilgrims*, 67-68.

⁶⁶ André de Resende, *Aegidius Scallabitanus*, 557.

⁶⁷ Master Martinho, ‘then a well-known (*nobilis*) surgeon’, examined a pustule ‘with a very fine scalpel’ but ‘only succeeded in stirring it up and making it worse’: André de Resende, *Aegidius Scallabitanus*, 494.

them, only visiting Gil's tomb as an after-thought. For example, the mother of a boy with a nosebleed took him to the priory 'to seek the advice of the friar-physicians (*fratres medici*) Andre and Bernardo'. They first prescribed some medication and then suggested she went to Gil's tomb.⁶⁸ Despite the pious words put in Gil's mouth by the compilers of the *Lives of the Brethren*, it is clear that even if Christ was more powerful than Galen, as he had to be within the context of a miracle collection, the friars in charge of the cult were not going to denigrate either themselves or other local practitioners. Since they were practising amongst the laity in defiance of contemporary Dominican bans on their doing so, their positive attitude towards medicine and surgery in these miracles must reflect an appreciation amongst the friars for the importance of medicine to their primary preaching mission.⁶⁹ In keeping with Duffin's findings for modern canonization processes, it was probably their expert medical prognosis that ensured these cures were viewed as miraculous.⁷⁰ The social range of people receiving cures reflects Dominican activity in an important fluvial port and frequent residence of the royal court in a country that was fairly recently still conquering land from the Muslims in the south. There were still significant Jewish and Muslim communities in the area and opportunities to engage with Islam in Spain and North Africa.⁷¹ In order to understand the role of medicine in Gil's cult we should not therefore dwell too much on the medicalized terminology, some of which could actually date from the sixteenth century, and focus instead on the religious significance of medicine, a significance shared by all three cults.⁷²

⁶⁸ André de Resende, *Aegidius Scallabitanus*, 505.

⁶⁹ Angela Montford, 'Dangers and disorders: the decline of the Dominican Frater Medicus', *Social History of Medicine*, 16 (2003), 169-91.

⁷⁰ Jacalyn Duffin, 'The doctor was surprised; or, how to diagnose a miracle', *Bulletin of the History of Medicine*, 81 (2007), 699-729.

⁷¹ *S. Frei Gil de Santarém e a sua época*, edited by Jorge Custódio (Santarém, 1997).

⁷² Remember that these miracles come from Resende's renaissance dialogue. A reference to the classical medical author Celsus, whose work was not rediscovered until the fifteenth century, was certainly a later addition: André de Resende, *Aegidius Scallabitanus*, 492.

Neither of the other cults would initially have attracted a medical historian. There are no references at all to any form of alternative healing in the Guimarães miracles, whether the illness was recent or 'from birth'. In Lisbon there is one reference to the failure of 'medicines' (*meezinhas*) and one mention of bloodletting.⁷³ Medical practitioners did not appear in either cult. The Guimarães miracles seem so old-fashioned by fourteenth-century standards – the number of biblical topoi and the ghostly possessions amongst other things – that one forgets to wonder why there were no references to medicine. Although no documented physicians have been found so far for fourteenth-century Guimarães, the eminent participants in the processions that were used to promote the miracles, such as the Archbishop of Braga and Count Pedro de Barcelos (the illegitimate son of a king), most certainly would have been familiar with physicians at court. Physicians appeared in other Portuguese miracle collections from the fourteenth century.⁷⁴ The decision to rely on communal testimony as proof that a miracle took place, rather than referring to medical evidence, must surely have been deliberate. These peculiar miracles should be set against a tense political background. The arrival of the cross that sparked off the cult may have been linked to memorialisation of the Battle of Salado in 1340, the last big set-piece battle between Christians and Muslims in the Iberian Reconquista.⁷⁵ There may also have been links to long-term conflict between the collegiate church in Guimarães and the Archbishop of Braga.⁷⁶ If we add to these political tensions the large numbers of women and children and interpret them as indications of inter-generational and familial conflict, it is possible to see the

⁷³ Martins, *Laudes e cantigas*, 289, 292.

⁷⁴ See McCleery, 'Curing', 195-96, and my monograph in progress, *Medicine and Community*.

⁷⁵ The existing fourteenth-century cross in the main square of Guimarães next to the collegiate church does indeed commemorate this battle. For discussion of how this battle was memorialized, see Bernardo Vasconcelos e Sousa, 'O sangue, a cruz e a coroa: memória do Salado em Portugal', *Penélope*, 2 (1989), 28-48; Solange Corbin, 'Fêtes Portugaises: commémoration de la victoire chrétienne de 1340 (Rio-Salado)', *Bulletin hispanique*, 49 (1947), 205-18.

⁷⁶ Fernandes, *Livro dos Milagres*, 29-38.

processions that resulted from the miracles as the primary healing events; the cures themselves were less significant than the communal processing around the town at regular intervals over several months. In addition, one wonders whether the decision to get Andre Peres's successor (did Peres die of plague?) to recopy the miracles several years later after the Black Death was another attempt at communal healing after further upheavals.⁷⁷ There is so little contemporary evidence for the effects of the Black Death in fourteenth-century Portugal, that tantalising glimpses like this are worth their weight in gold.

If we turn to Andre Dias's miracles in Lisbon, compiled also within a plague context, we again get a sense of communal healing processes, this time through Dias's own preaching. It is very significant that throughout his collection Dias repeatedly chose to describe the holy water blessed in Jesus' name as a *meezinha*, the same word he once used to describe earthly medication. In fact at times his miracles almost read like a series of medical case histories, all cured by the same patent remedy. Although there is no reference to turmoil as a result of plague, Dias does seem to have been concerned by the political context. His prologue refers to the political achievements of King João I (1385-1433) as miracles in themselves. João had successfully usurped the throne (although of course Dias did not refer to it as a usurpation), had fought and won wars against Castile, negotiated peace and then invaded North Africa in 1415. The healings are presented as further signs of divine favour. Yet there must have been some anxiety of what was going to happen to the new dynasty now that the king 'was in his old age and reaching the end of his life'.⁷⁸ It may be no accident that so many of the people mentioned in this collection were the artisans and lesser royal officials of Lisbon, the kind of people who had supported João I in his bid for the throne in 1383-85. If this were the target audience, it may even explain why Dias chose to promote

⁷⁷ The major study of Guimarães in the late middle ages does not analyse the miracle collection, but it does comment on the deaths of numerous notaries in this period, to the extent that notarial activity ground to a halt by the end of 1348; however, there appears to be no independent record of Peres. See Maria da Conceição Falcão Ferreira, *Guimarães: 'duas vilas, um só povo': estudo de história urbana (1250-1389)* (Braga, 2010), 440-41.

⁷⁸ Martins, *Laudes e Cantigas*, 283-84.

the cult of the Holy Name in a Dominican church; an altar in a church of his own Benedictine order would have limited the participation of people whom Dias hoped would remain supportive of João I’s dynasty in the future.⁷⁹ Rather than merely restoring physical health, the purpose of this cult may have been to maintain political health.

Finally, to come back to Gil de Santarém’s cures: for all their attention to medical detail, they were still profoundly religious and used similar healing metaphors to the other cults. In the case of Maria Gonçalves who had a horrible fistula on her face, applications of the earth from Gil’s tomb ‘worked more favourably and effectively than all the plasters, ointments and potions of physicians’, including those of three friars who could only suggest removing her teeth.⁸⁰ In another case, Domingas Pires used earth and prayer to be healed of an abscess, pleading:

with tears to the blessed man that, since in life he had been a physician not only of souls but also of bodies and had cured many through the art of medicine and through word and prayer, and now that he was powerful with God, he would deign to cure this his supplicant.⁸¹

What the Dominicans seem to be doing here in their miracle collection is using earthly medicine, both actual and metaphorical, to reinforce their religious message. Gil, both physician and healing saint, was an extraordinarily useful tool to disseminate the faith around Santarém and its environs. At one point, when asked during his lifetime why he anointed the eyes of a blind man rather than treating him medically, Gil answered that faith was stronger than art, comparing himself to Christ who also anointed the eyes of the blind ‘against medical precepts’ (*contra medicorum regulas*).⁸² Although there is no mention of Galen, who might be said to

⁷⁹ Humberto Baquero Moreno, ‘Reflexos da peste negra na Crise de 1383-85’, *Bracara Augusta*, 37 (1983), 373-86; Joel Serrão, *O carácter social da revolução de 1383*, 6th edn (Lisbon, 1985); Valentino Viegas, ‘Uma revolução pela independência nacional nos finais do século XIV’, unpublished doctoral thesis (University of Lisbon, 1996).

⁸⁰ André de Resende, *Aegidius Scallabitanus*, 582.

⁸¹ André de Resende, *Aegidius Scallabitanus*, 499.

⁸² André de Resende, *Aegidius Scallabitanus*, 414-16. If Gil said this, he could have been referring to John 9: 1-12 or perhaps to Mark 8: 22-26.

represent 'medical precepts', this is a very close formulation to that in the *Lives of the Brethren*, a work that Resende did use in his compilation. Yet rather than opposition, this alternative version implies co-existing beliefs and values. By the early fourteenth century, learned surgeons such as Henri de Mondeville would be using the same biblical motif of anointing the eyes of the blind to identify Christ as a surgeon and themselves as divinely-inspired, quasi-priestly practitioners.⁸³

To conclude: Jacalyn Duffin referred to modern medicine and religion as two intertwined belief systems. For medieval cults, it is useless to disentangle the two systems. The whole point of miracles is that they are about faith. If we try to disentangle healing miracles from the medical practices that they certainly do reveal, as so many scholars did in the past looking for competition between Christ and Galen, we are missing the point. Medicine in these miracles is a form of religion, hence the reason why friars continued to use it to make contact with their congregations. Religion can be a form of medicine in that it heals communities in unexpected ways. We need to be sensitive to our own attitudes towards both medicine and religion before we try to study medieval cults. There is much still to be done through careful combinations of social-statistical analysis and cultural methods as long as we pay attention to the contexts of both past and present.

⁸³ McCleery, 'Curing'; Simone C. Macdougall, 'The surgeon and the saints: Henri de Mondeville on divine healing', *Journal of Medieval History*, 26 (2000), 253-67; Ziegler, *Medicine and Religion*, 176-267.

Acknowledgements

The research in this essay was funded by the Wellcome Trust (grant number 076812). I would like to thank Louise Wilson and Matthew Mesley for inviting me to present a version of this paper at the ‘Contextualizing Miracles’ conference in Cambridge in April 2011.

Appendix

Gil de Santarém

The boy Benedict, son of Dona Mor de Guimarães who lived in Santarém outside the city walls near the church of the Holy Trinity, was watching a horse race when a horse, urged on too sharply and running wild, turned to the other side of the track, knocked him over, trampled him, and crushing his arm on the ground, broke it to pieces. Well, the labour of certain surgeons joined and consolidated the broken bones, but due to the severity of the damage to the nerves the hand was paralysed so that he could neither close his fist, nor bend his fingers, nor pick up anything in any way whatsoever. His mother was heartbroken because of this and went to the tomb of the holy man in supplication and, taking a little earth from there, bound it to her son’s arm. From that moment he regained perfect health and was able to move his hand as he wanted; now closing it in a fist, then beginning to move his fingers, either contracting or extending them. He had completely recovered the use at will of his arm and his hand.⁸⁴

Our Lady of the Olive Tree, Guimarães

On the same day [Sunday 2 February 1343], there was a miracle done on a little boy called João, said to live in the parish of São Martinho de Lagares, whose left hand and fingers were contracted. Having mercy on him, Holy Mary set him to rights and he opened his hand and fingers and closed the hand. He, and those who knew him from home, said there had never been a time when the hand had opened. That day, there were in town Count Pedro [of Barcelos, natural son of King Dinis], Archbishop Dom Gonçalo Pereira [of Braga] and many others in their company. The cantor,

⁸⁴ André de Resende, *Aegidius Scallabitanus*, 532.

clerics and choir canons, seeing these miracles [there were five that day] organised a procession. I, Afonso Peres, notary of Guimarães wrote this miracle. Witnesses: Gil Lourenço, Gil Peres, Martim Anes, notary; Vasco Domingues, almozarife [tax inspector]; Bartolomeu Peres and others.⁸⁵

Holy Name of Jesus (Bom Jesús)

This same Vasco Lourenço [a carpenter living near the church of St Nicholas] said that while his lad was riding a horse along the road, the horse stumbled and the boy had such a great fall that he immediately broke his right leg and his hip in such a way that he could not move from the place and had to be brought home. That night before he went to sleep, having great faith in and devotion to Bom Jesús, he drank the holy water in His Holy Name and washed the leg and hip with it and threw himself down to sleep. When he woke up he found his leg whole and the hip as well, as if it had never been broken or sickly. He got up straightaway the next morning and went to work as he had done before, thanks to Bom Jesús.⁸⁶

⁸⁵ Martins, 'Livro de milagres de Nossa Senhora da Oliveira', 37.

⁸⁶ Martins, *Laudes e Cantigas*, 291.