

Miracles, Health and Healing in Norman Italy, c. 1080 – c. 1200

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List of Abbreviations

- Adelferius, Vita Nicolai Peregrini* Adelferius, 'Vita Obitusque Sanctissimi Nicolai Peregrini Confessoris Christi', in *Santi monaci e santi eremiti: Alla ricerca di un modello di perfezione nella letteratura agiografica dell'Apulia normanna*, ed. by Oronzo Limone (Galatina: Congedo Editore, 1988), pp. 151-158.
- Amandus, Translatio Nicolai Peregrini* Amandus, 'In Translatione Sancti Nicolai Peregrini Confessoris Legenda', in *Santi monaci e santi eremiti: Alla ricerca di un modello di perfezione nella letteratura agiografica dell'Apulia normanna*, ed. by Oronzo Limone (Galatina: Congedo Editore, 1988), pp. 159-168.
- Chron. Cas* *Chronica Monasterii Casinensis*, ed. H. Hoffmann, Monumenta Germaniae Historica Scriptores, xxxiv (Hanover: 1980).
- Historia di S. Cataldi* Berlengarius, *Historia Inventionis et Translationis S. Cataldi*, Acta Sanctorum May, II (Paris, 1866), 569-74.
- Historia di SS. Mauri, Pantaleonis et Sergii* Amandus, *Inventio, Translationes, et Miracula SS. Mauri, Pantaleonis, et Sergii*, Acta Sanctorum July, VI (Paris, 1868), 359-71.
- Miracula S. Mennatis* H. Hoffmann, 'Die Translationes et Miracula Sancti Mennatis des Leo Marsicanus', *Deutsches Archiv für Erforschung des Mittelalters* 60 (2004), 441-81.
- Translatio Eleutherii, Pontiani et Anastasii* Poncelet, A., 'La Translation des SS. Éleuthère, Pontien et Anastase', *Analecta Bollandiana* 29 (1910), 409-26.
- Vita S. Guilielmi* 'Vita et Obitus Sancti Guilielmi' in *Scrittura agiografica nel Mezzogiorno Normanno: La vita di San Guglielmo da Vercelli*, ed. by Francesco Panarelli (Lecce: Congedo Editore, 2004), pp. 3-52.

- Vita S. Joannis* *Vita S. Joannis a Mathera Abbatis Pulsanensis
Congregationis Fundatoris. Ex Perantiquo MS. Codice
Matherano Cavensis Monachi Cura et Studio Edita*, ed.
by A.F. Pecci (Putineani: Typis A. De Robertis et Filior,
1938).
- VQPA* *Vita Quatuor Priorum Abbatum Cavensium*, ed.
L. Matteri-Cerasoli, *Rerum Italicarum Scriptores* 6 (v)
(Bologna, 1941).

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Map 1



Map I: Southern Italy: Major shrines and Abbeys

Introduction

A priest called Leo, having been blind for almost ten years, was accustomed to the day being as if night. Feeling his way, he had no sight at all. Empty through fasting, he approached the relics. Seeing the figures of men, discerning the colours of things and distinguishing the actions of movement, he retreated praying and praising the Lord.¹

Thus Amandus, Bishop of Bisceglie, described one of the first miraculous healings attributed to the saints Maurus, Pantaleone and Serigus in his miracle collection, written in celebration of them, in 1167. The *Inventio, translationes et miracula SS. Mauri, Pantaleonis et Sergii* is one of an extensive body of hagiographical works composed in southern Italy during the eleventh- and twelfth-centuries. Such texts were written in celebration of the religiosity of a saint and to record for posterity the miracles and wonders they had worked during their lifetime and after in order to demonstrate their sanctity. Stories of healing, such as the cure of Leo above, which recounted the successful cure of supplicants by the saint, proliferated in the accounts of miracles recorded at saints' shrines, and in the acts of the processes of canonization, during the Middle Ages.² The miracles of Norman Italy (that is, the mainland provinces of the twelfth-century kingdom of Sicily) are no exception.³

¹ 'Sacerdos quidam, nomine Leo, fere per decennium caecus exstiterat, in die, sicut fieri solet in tenebris, palpans, nihil omnino visu percipiens; accessit orans, jejunio vacans; videns et formas hominum, et colores rerum discernens, actiones motusque distinguens, ovans et Dominum laudans, recessit', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 363.

² Please see the classic studies: Pierre-André Sigal, *L'Homme et le Miracle dans la France Médiévale* (Paris: Cerf, 1985); R.C. Finucane, *Miracles and Pilgrims: Popular Beliefs in Medieval England* (New York: St. Martin's Press, 1995); André Vauchez, *Sainthood in the Later Middle Ages* (Cambridge: Cambridge University Press, 2005).

³ The label 'Norman Italy' will be used throughout this study to refer to the southern-mainland section of modern-day Italy, which encompasses today the Abruzzi, Molise, Campania, Apulia, Basilicata and Calabria.

Over the last fifty years, scholars have demonstrated how it is possible to use these narratives to further our understanding of various aspects of health and illness in medieval society. They have considered, amongst other things, the role of the shrine and the saint as a therapeutic option; the ailments and conditions presented by the miracle beneficiaries; the understanding and experience of illness in the Middle Ages, including specific conditions such as blindness; and they have used the details within the accounts to learn more about the role and duties of physicians and surgeons.⁴ The vast majority of this work has been focused on northern Europe, using in particular the miracle accounts and canonization processes pertaining to saints from England and northern France. Therefore, this study, examining the *miracula* of southern Italy, aims to offer fresh insights into our understanding of medieval medical history and to determine if there was anything particularly distinctive about the lived experience of health and illness in Norman Italy.

During the twelfth century, the region of southern Italy was quite distinct from its northern European counterparts, particularly Anglo-Norman England.

⁴ Peregrine Horden, 'Saints and Doctors in the Early Byzantine Empire: The Case of Theodore of Sykeon', *Studies in Church History*, 19 (1982), 1-13; Sigal, *L'Homme et le Miracle*; Eleanora C. Gordon, 'Child Health in the Middle Ages as Seen in the Miracles of Five English Saints, a.d. 1150-1220', *Bulletin of the History of Medicine*, 60 (1986), 502-522; Valerie Flint, 'The Early Medieval "Medicus", the Saint and the Enchanter', *Social History of Medicine*, 2 (1989), 129-145; Finucane, *Miracles and Pilgrims*; Didier Lett, *L'Enfant des Miracles: Enfance et Société au Moyen Âge (XII^e-XIII^e siècle)* (Paris: Aubier, 1997); Sari Katajala-Peltomaa, *Gender, Miracles, and Daily Life: The Evidence of Fourteenth-century Canonization Processes* (Turnhout: Brepols, 2009); Joy Hawkins, 'Seeing the Light? Blindness and Sanctity in Later Medieval England', *Studies in Church History*, 47 (2011), 148-158; Irina Metzler, *A Social History of Disability in the Middle Ages: Cultural Considerations of Physical Impairment* (New York: Routledge, 2013); Joy Hawkins, 'Did Drunkenness Dim the Sight? Medieval Understanding and Responses to Blindness in Medical and Religious Discourse', in *Medicine, Religion and Gender in Medieval Culture*, ed. by Naoë Kukita Yoshikawa (Woodbridge: Boydell and Brewer, 2015), pp. 203-220; Jenni Kuuliala, *Childhood Disability and Social Integration in the Middle Ages: Constructions of Impairments in Thirteenth- and Fourteenth-century Canonization Processes* (Turnhout: Brepols, 2016).

The coronation of Count Roger II of Sicily in Palermo on Christmas Day 1130 witnessed the creation of the kingdom of Sicily. This event was the culmination of a period of political conquest by several Norman kin-groups, who, as both pilgrims and mercenaries, first arrived in southern Italy around 1000. The region they encountered at the beginning of the eleventh century was politically fragmented: most of Apulia and Calabria were under the distant rule of the Byzantine emperors. The northern region however was split into small principalities governed by the Lombards and there were a handful of small independent duchies along the Tyrrhenian coast at Amalfi, Gaeta and Naples. By 1100 the Normans, having gained control over the region bit by bit, including the island of Sicily, had transformed the political composition of the area and, under the leadership of the Hautevilles, established their authority.⁵ Although they successfully inserted themselves as the ruling class, the indigenous southern nobility were never completely displaced as they were in Norman England. In some areas, many of the native aristocratic families remained part of the ruling class, and, in others, intermarriage ensured the continuity of local nobility.⁶

The population, first encountered by the Normans in 1000 and subsequently subject to their rule, was equally as diverse as the political situation with communities of Latin Christians, Greek Christians and Muslims living, to a degree, tolerantly side by side in some places.⁷ However, the diversity of the

⁵ An overview of the political complexities of the region encountered by the Normans, the period of conquest and the subsequent establishment of Norman power, including the government and society of the region can be found in G.A. Loud, *The Age of Robert Guiscard: Southern Italy and the Norman Conquest* (Harlow: Longman, 2000).

⁶ G.A. Loud, 'Continuity and Change in Norman Italy: The Campania during the Eleventh and Twelfth centuries', *Journal of Medieval History*, 22 (1996), 325–332.

⁷ The Muslims were largely confined to the island of Sicily, but in many places lived alongside Greek- and Arabic-speaking Christians. The island of Sicily is not within the scope of this study

population was not restricted to religion, but also encompassed linguistic variation, with Arabic, Greek and Latin being the common languages, and cultural differences too.⁸ The religion of the mainland was predominantly Greek- and Latin-rite Christianity, a result of the original Byzantine hold over the area and the following Lombard incursions and settlement into the region.

The period of Norman rule saw the transformation of the Latin Church. Not only did it lead to the expansion of the Latin secular Church and monasticism, but it also brought profound changes to the structure and nature of the Church.⁹ The existing disorganised structure of metropolitan provinces, restricted to the Lombard regions, had by the end of the twelfth century emerged as an organised system of ecclesiastical provinces, composed of many smaller dioceses, stretched across the kingdom. This development was largely due to the Gregorian reform concept of the sinfulness of lay ownership of churches, and the strengthening and consolidation of episcopal authority over churches within the diocese. Influenced by the reforming ideas, laymen increasingly surrendered proprietary churches and their clergy into the hands of the bishop, increasing the number of churches and clergy under the disciplinary and spiritual control of the prelate. Although this was a gradual and slow process, by the end of the twelfth century private ownership of churches has largely disappeared.¹⁰

but for more information please see: Alex Metcalfe, *Muslims and Christians in Norman Sicily: Arabic-speakers and the End of Islam* (London: Routledge, 2003); Alex Metcalfe, *The Muslims of Medieval Italy* (Edinburgh: Edinburgh University Press, 2009).

⁸ David Abulafia, 'The End of Muslim Sicily', in *Muslims under Latin Rule 1100-1300*, ed. by J.M. Powell (Princeton: Princeton University Press, 1990), pp. 103-133; Hubert Houben, 'Religious Toleration in the Southern Italian Peninsula During the Norman and Staufien Periods', in *The Society of Norman Italy*, ed. by G.A. Loud and Alex Metcalfe (Boston: Brill, 2002), pp. 319-339; Jeremy Johns, *Arabic Administration in Norman Sicily: the Royal Dīwān* (Cambridge: Cambridge University Press, 2002).

⁹ G.A. Loud, *The Latin Church in Norman Italy* (Cambridge: Cambridge University Press, 2007), see especially chapters 1, 2 and 9.

¹⁰ Loud, *The Latin Church*, see especially chapter 7.

The proliferation of bishoprics and the resulting small size of many of them was unique to southern Italy. By the end of the twelfth century, southern Italy had 145 bishoprics in comparison to the 21 in Anglo-Norman England and Wales.¹¹ In contrast with the prelates of northern Europe, particularly England, the bishops of southern Italy were, for the most part, present in their sees. Very few of the bishops in southern Italy held political roles or spent time at the royal court, and papal councils were infrequent, therefore it is likely that they spent most of their time in their diocese, and were actively engaged with the administration of the spiritual welfare of their congregation. A further distinction between the episcopate of northern Europe and southern Italy can be drawn; unlike their northern Europe counterparts, the bishops of southern Italy were rarely men of high social status or monks; they were more frequently drawn from the secular clergy and often had a local background.¹² In fact, many of the clergy had close and sometimes familial links with the local community. Despite the Gregorian reform ideals striving for the clergy to live a quasi-monastic life, the behaviour of the clergy in southern Italy appears to have been largely unchanged. Charter evidence attests to the clergy continuing to have their own residences, property, income and family (including children) in the local community.¹³

Although this period did see the installation of Latin bishops in formerly Greek sees, it is doubtful that this was part of a plan to 'Latinise' the Church. There were some instances of a Latin prelate being installed for strategic reasons, such as at Otranto or Bari, where it was crucial to prevent any restoration of links

¹¹ N. Kamp, 'The Bishops of Southern Italy in the Norman and Staufien Periods', in *The Society of Norman Italy*, ed. by G.A. Loud and Alex Metcalfe (Boston: Brill, 2002), pp. 185-209 (p. 186); Loud, *The Latin Church*, p. 270.

¹² Loud, *The Latin Church*, see especially chapter 7.

¹³ Loud, *The Latin Church*, see especially chapter 7.

with the Byzantine empire. However, in most cases, the installation of Latin bishops was a gradual process, and often only in cases where the see had become vacant after the death of a Greek prelate. The installation of a Latin bishop did not mean the diocese followed the Latin rite, as in most cases the ordinary clergy continued to follow the Greek rite. This was not a source of tension during the twelfth century as providing the Greek bishop recognised the authority of the Pope, or the Greek clergy that of the Latin bishop, the Greek rite, as part of the same Church, was seen as acceptable. It was only in the mid-thirteenth century that attitudes toward Greek rite began to change.¹⁴

The region also attracted a number of foreign pilgrims, who travelled through the kingdom along the Via Appia, one of the main routes connecting Rome with Brindisi, as they journeyed between Rome and Jerusalem. Simultaneously, the region, boasting some of the most important shrines in the wider Christian topography of pilgrimage, attracted its own supplicants and witnessed the flourishing of local saints' cults, many of which often benefited from the passing pilgrim traffic.¹⁵

Although the region saw a resurgence in Latin saints' cults, at the same time veneration of Greek saints, contemporary natives or early Christian imports, continued. A number of the early Greek Christian saints, such as the military saints Mercurius, Demetrius and George continued to thrive into the twelfth century – mosaic images of Demetrius can be found in the twelfth century

¹⁴ Peter Herde, 'The Papacy and the Greek Church in Southern Italy between the Eleventh and Thirteenth century', in *The Society of Norman Italy*, ed. by G.A. Loud and Alex Metcalfe (Boston: Brill, 2002), pp. 213-251; Houben, 'Religious Toleration in the Southern Italian Peninsula', p. 331.

¹⁵ T. Head, 'Discontinuity and Discovery in the Cult of Saints: Apulia from late Antiquity to the High Middle Ages', *Hagiographica*, 6 (1999), 171-211; Paul Oldfield, *Sanctity and Pilgrimage in Medieval Southern Italy, 1000-1200* (Cambridge: Cambridge University Press, 2014).

Cappella Palatina in Palermo and the cathedral of Monreale. Several important early Greek saints were also imported to the region through relic theft by southern Italians.¹⁶ The most renowned is the theft of the relics of St Nicholas, the fourth-century bishop, from Myra in 1087 by a group of sailors from Bari. The cult of Nicholas of Bari, as he became known, bloomed during the eleventh and twelfth centuries, receiving papal recognition and assuming an important position on the itineraries of crusaders and pilgrims.¹⁷ There is also evidence of a number of contemporary Greek-Italian hermits and monks being revered as saints. During the earlier period individuals such as Nilus of Rossano appear to have travelled seamlessly between southern Italy and Byzantium. However, this fluidity declined during the twelfth century, due to political and military struggles between the two kingdoms, and Bartholomew of Simeri (d. 1130) appears to have been the last Greek-Italian hermit recorded as wandering between the two.¹⁸

In addition, the kingdom was home to Salerno, a great centre of intellectual study and a place that was held in high regard for its medical practice throughout the medieval West. The translation work of Greek and Arabic texts, concentrated in Montecassino and Salerno, flourished during the abbacy of Desiderius (1058-87).¹⁹ The work was directed by Constantine the African, a monk of Montecassino (d. before 1098-99), who had fled from his home in north Africa to Salerno. Under the guidance of Constantine, a group of scribes and

¹⁶ Oldfield, *Sanctity and Pilgrimage*, see especially chapter 3.

¹⁷ Please see below section 1.1.1 Adelferius – Nicholas of Trani.

¹⁸ Oldfield, *Sanctity and Pilgrimage*, p. 111.

¹⁹ Francis Newton, 'The Desiderian Scriptorium at Monte Cassino: The "Chronicle" and Some Surviving Manuscripts', *Dumbarton Oaks Papers*, 30 (1976), 35-54; Francis Newton, *The Scriptorium and Library at Monte Cassino, 1058-1105* (Cambridge: Cambridge University Press, 1999). For a good overview of Salerno during this period please see: *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine*, ed. and trans. by Monica Green (Philadelphia; University of Pennsylvania Press, 2002), esp. pp. 3-14.

scholars worked to translate and produce Latin texts. These texts, which reintroduced elements of medical theory and practice into Latin Europe, quickly spread throughout Europe and were soon established as the essential texts in medical learning.²⁰ In addition to Salerno being the centre of theoretical medical study, it was also renowned for its practical medicine. A number of texts, such as the *Passionarius* and the *Trotula* ensemble (the *Book on the Conditions of Women*, *Treatments for Women*, and *Women's Cosmetics*) designed for practical therapeutic use were also created in this region.²¹

Evidence attests to a flourishing medical community throughout southern Italy during the eleventh and twelfth centuries. Roger II's assizes, which required anyone wishing to be a physician to be examined by royal judges and officials, are thought to have been among the earliest of such initiatives and to have been

²⁰ Monica Green, 'Rethinking the Manuscript Basis of Salvatore De Renzi's *Collectio Salernitana*: The Corpus of Medical Writings in the "Long" Twelfth Century', in *La 'Collectio Salernitana' di Salvatore De Renzi*, ed. by Danielle Jacquart and Agostino Paravicini Bagliani (Florence: SISMEL/Edizioni del Galluzzo, 2008), pp. 15-60; Monica Green, 'Salerno on the Thames: The Genesis of Anglo-Norman Medical Literature', in *Language and Culture in Medieval Britain: The French of England, c. 1100-c. 1500*, ed. by Jocelyn Wogan-Browne, Carolyn Collette, Maryanne Kowaleski, Linne Mooney, Ad Putter, and David Trotter (Woodbridge: York Medieval Press, 2009), pp. 220–231; Monica Green, 'Medical Books', in *The European Book in the Long Twelfth Century*, ed. by Erik Kwakkel and Rodney Thomson (Cambridge: Cambridge University Press, 2018), pp. 277-292; Erik Kwakkel, Francis L. Newton, *Medicine at Monte Cassino: Constantine the African and the Oldest Manuscript of his 'Pantegni'* (Turnhout; Brepols, 2019). The translation work of Constantine was documented by Peter the Deacon of Monte Cassino in his *Liber de Viris Illustribus*. The passage concerning Constantine was later included in the *Chronica monasterii Casinensis*. Please see also Herbert Bloch, *Monte Cassino in the Middle Ages*, 3 vols (Rome: Edizioni di storia e letteratura, 1986).

²¹ *The Trotula*; Florence Eliza Glaze, 'Galen Refashioned: Gariopontus in the Later Middle Ages and Renaissance', in *Textual Healing: Essays on Medieval and Early Modern Medicine*, ed. by Elizabeth Lane Furdell (Leiden: Brill, 2005), pp. 53-75; Florence Eliza Glaze, 'Prolegomena: Scholastic openings to Gariopontus of Salerno's *Passionarius*', in *Between Text and Patient: The Medical Enterprise in Medieval and Early Modern Europe*, ed. by Florence Eliza Glaze and Brian K. Nance (Florence: SISMEL/Edizioni del Galluzzo, 2011), pp.57-86; Florence Eliza Glaze, 'Speaking in Tongues: Medical Wisdom and Glossing Practices in and around Salerno c. 1040-1200', in *Herbs and Healers from the Ancient Mediterranean through the Medieval West: Essays in Honor of John M. Riddle*, ed. by Anne Van Arsdall and Timothy Graham (Aldershot: Ashgate, 2012), pp. 63-106. A recent Wellcome funded project, *I sign therefore I am*, under the direction of Claire Pilsworth, examined the provision of *medici* in Italy between the eight and eleventh centuries and culminated in the publication of Claire Pilsworth, *Healthcare in Early Medieval Northern Italy: More to Life Than Leeches?* (Turnhout: Brepols, 2014).

promulgated in the 1140s.²² Although such legislation does not indicate the prevalence of medical practitioners in society; it does suggest their availability. However, numerous references of *medicus* in charters and chronicles suggests the frequent presence of medical practitioners within urban communities outside Salerno and throughout Norman Italy. The eleventh-century chronicler William of Apulia recorded how Bohemond, son of Duke Robert Guiscard, wished to return to southern Italy, where ‘doctors and medicine were to be found in abundance’, after falling ill while campaigning in Corfu in early 1085.²³ Similarly, the chronicler Geoffrey Malaterra described the attendance of doctors on Count Roger when he was severely suffering from a fever in 1093 in Melfi.²⁴ Charter evidence also attests to the presence of medical practitioners throughout Apulia and Campania. A charter from Troia in 1138 records a familial relationship between the son of a shoemaker and a doctor’s wife; while in 1196, Suriana, the widow of Peter *medicus*, donated a small house in Corato to the church of St Maria in the

²² *Roger II and the Creation of the Kingdom of Sicily*, p. 327.

²³ ‘ilius aegrotans poscit Boamundus ut ipsum / Italiae remeare pater permittat ad oras, / Quae medicis multis medicaminibusque redundat; / Ille licet nolens consensit abire volenti, / Tam clarae sobolis cupiens reparare salute’, *Guillaume de Pouille. Le Geste de Robert Guiscard*, ed. by Marguerite Mathieu (Palermo: Istituto siciliano di studi bizantini e neoellenici, 1961), Bk. V, lines 223-7, p. 248.

²⁴ ‘Morbo itaque ingravescente, jam paene vitalibus interclusis, cum ipsis in partibus peritissimi medici attestantur, sic natura contra usum attonita oberrabat, ut ab ipsis medicis nec pulsu, nec urina, sed neque aliis prognosticorum indicis infirmitatis determination posset comprehendi. Qua de re cum de ipso etiam ab ipsis medicis desperari videretur, fama, quasi jam obiisset, totam Apuliam sed et Calabriam turbavit’, *De Rebus Gestis Rogerii Calabriae et Siciliae Comitis, Auctore Gaufrido Malaterra* ed. by Ernesto Pontieri (Bologna: Rerum Italicarum Scriptores, 1927-8), iv.20, p. 99. For English translation see K.B. Wolf, *The Deeds of Count Roger of Calabria and Sicily and of his Brother Robert Guiscard* (Ann Arbor: University of Michigan Press, 2005).

same town.²⁵ In addition at Aversa in 1205 we encounter the Aversan knight Humphrey, son of Rao the doctor.²⁶

There are also scattered references to other healthcare practitioners demonstrating doctors and saints were not the only avenues of care individuals could turn to. The Apulian hagiography identifies several such healers within the urban communities. The texts suggest that, although there were individuals who were turned to for health concerns, they do not appear to have been licensed medical professionals.²⁷ There is also mention of an apothecary called Justus, who was called to testify in court, in *The History of the Tyrants of Sicily*, by the twelfth-century chronicler pseudo-Hugo Falcandus.²⁸ Therefore, the thriving and multi-faceted healthcare community of Norman Italy, which lay at a crucial intersection of the Arabic, Latin and Byzantine worlds, is a unique context in which to examine the experience of ill-health in the past.

Despite the fascinating opportunities offered by the period and region for the study of the history of medicine, very little attention has been paid to the social and cultural side of this topic. As has been demonstrated above, a number of scholars have focused on examining the theoretical, academic and empirical medical knowledge in southern Italy; however, there has been much less focus on

²⁵ *Les Chartes de Troia. Edition et étude critique des plus anciens documents conservés a l'Archivio Capitolare, I (1024-1266)*, ed. by J-M. Martin (Bari: Società di storia patria per la Puglia, 1976), no. 61; Martin, *Pouille*, p. 421 note 143; *Documenti storici di Corato (1046-1327)*, ed. by G. Beltrani (Bari: [n.p.], 1923), no. 75.

²⁶ *Codice Diplomatico Svevo di Aversa [parte prima]*, ed. by C. Salvati (Naples, 1980), pp. 94-6 no. 46

²⁷ See section 5.5 Other Avenues of Care, for a more detailed discussion of unlicensed practitioners.

²⁸ *La Historia o Liber de regno Sicilie e la Epistola ad Petrum Panormitane Ecclesie Thesaurium di Ugo Falcando*, ed. by G.B. Siragusa, *Fonti per la storia d'Italia XXII* (Rome: Dall'instituto storico italiano per il medio evo, 1897), p. 124. For the English translation please see: *The History of the Tyrants of Sicily by 'Hugo Falcandus', 1154-69*, trans. by G.A. Loud and T. Wiedemann, Manchester: Manchester University Press, 1998), pp. 174.

the general application and understanding of health in southern Italy. There is one monograph focused on the subject: Patricia Skinner's *Health and Medicine in Early Medieval Southern Italy*.²⁹ The period on which that work concentrates, from the ninth century to the creation of the kingdom of Sicily in 1130, slightly overlaps with the focus of this study; however, Skinner's work focusses overwhelmingly on the earlier part of this period. Using a wide range of sources, such as charters, chronicles, hagiographical texts and archaeological evidence, Skinner's study tackles a broad and three-fold aim. It begins by considering the environment in which people lived and the impact this might have had on their ability to preserve health, before turning its attention to the experience of the sick person in society. The study concludes with an examination of the 'medical school of Salerno' and discusses the favourable context, the unique geographical position, which led to its growth. Although this study demonstrates the wealth of information that is available to the historian of medicine in southern Italy, the extensive scope of the study often results in the reader being left with more questions than answers. For instance, the analysis of the incidents in the narrative of St Nilus of Rossano in which he is repeatedly assailed by demons (a number of demons attack his body; a demon sends a tumour, which affects his vocal cords; another demon then hits him on the side of the face causing paralysis) prompts a number of questions about the experience and understanding of illness. When examining these incidents, Skinner rightly discusses the role and function of illness in the narrative – how it marked him out as saintly.³⁰ However, there is

²⁹ Patricia Skinner, *Health and Medicine in Early Medieval Southern Italy* (Leiden: Brill, 1997). See also the related article Patricia Skinner, 'A Cure for a Sinner: Sickness and Healthcare in Medieval Southern Italy', in *The Community, the Family and the Saint: Patterns of Power in Early Medieval Europe*, ed. by Joyce Hill and Mary Swan (Turnhout: Brepols, 1998), pp. 297-309.

³⁰ Skinner, *Health and Medicine*, pp. 75-76.

little consideration of the conditions themselves; for example, how are the demons portrayed as causing the different conditions that afflict Nilus, and did this differ depending on the conditions?

By referring throughout the study to hagiographical texts, Skinner suggests the value of utilising miracle collections in studies of health and wellbeing in past societies. Building on this information, this study will take as its starting point a consideration of how miracle narratives as sources can be used to offer fresh insights into the history of medicine, before briefly outlining the hagiographical texts that will be primarily used in this study.

Miracles and the History of Medicine

The cult of saints became an integral element to religious practice and thought in medieval Christianity and intersected with the daily lives of believers. Although the theology of saints varied over time, by the twelfth century they were primarily understood to be a source of help during periods of difficulty. Saints were people who had merited a place in heaven, the divine court of God, because of the holy life that they had led on earth. Medieval thought at that time held that the bones of the saint were still a part of the saint's person, due to the belief that on the day of the Last Judgement a person's body would be reassembled from the pieces that had once constituted it; therefore it was thought that by praying to relics one was praying to a resident of heaven who would be able to intercede directly with God. It was also thought to be more appropriate to approach the saints than God directly, as God was perceived to be a remote and awesome figure whereas the saints were believed still to be members of the earthly community. This liminal existence of the saints, resident in the afterlife but still able to participate in life on

earth, granted them, it was believed, the ability to facilitate miracles such as curing the sick, defeating enemies or alleviating famine. It was also recognised however, that the power to perform these miracles did not belong to the saint but with God, who performed the miracles through the intercession of his saints.

Due to the belief that saints could intercede with God on behalf of the living, the veneration of relics became an important part of social behaviour during the Middle Ages and a wide range of literature relating to saints was produced. These works, collectively known as hagiography, can cover a variety of different writings such as canonization inquests, sermons and accounts of the discovery and movement of relics. However, the two types of texts which dominate this genre due to their volume are *vitae*, accounts of a saint's life and deeds, and *miracula*, which are collections of the miracles performed posthumously, and sometimes *in vita*, by the saint. These works are not mutually exclusive and can often be found merged together, as for example happens with the *Vitae* of William of Vercelli and John of Matera, both of which recount the life, virtues and deeds of the saint, and conclude with posthumous miracles performed by the holy man. Between the tenth and thirteenth centuries, site-specific *miracula*, which collated the miracles performed by the saint venerated at a specific pilgrimage site, became especially popular.³¹

During the twentieth century there was been a methodological shift in the sources used by scholars to reconstruct and understand the past. There was a move away from using purely narrative sources towards a more pluralist and interdisciplinary approach which has sought to utilise as many different sources as

³¹ See above, p. 2, n. 4.

possible to create a fuller and richer picture of medieval society. As a result, written hagiographical culture started to receive the attention of historians as it facilitated glimpses of how the cult of saints functioned in the lives of medieval men and women. Initiated in the first half of the twentieth century by the work of French scholars such as Hippolyte Delehaye and Baudouin de Gaiffier,³² this was followed later by the work of scholars considering the miracle collections for evidence of religious beliefs and practices, such as Ronald Finucane, André Vauchez and Benedicta Ward.³³ Other historians, influenced by sociologists such as Émile Durkheim, began looking at the ‘functional’ aspect of cult. The functionalist approach is most famously demonstrated by the work of Peter Brown, who suggested that the cults of saints were actively promoted by the higher echelons of society as an alternative patronage network, while Raymond Van Dam examined Gregory of Tours’ account of the miracles of St Martin to show how the saint acted as a defender of his community.³⁴ Work in more recent decades has moved beyond this to use miracle collections to explore cultural perceptions and social realities within the context of a particular time and place.

³² Hippolyte Delehaye, *The Legends of the Saints*, trans. Donald Attwater (New York: Fordham University Press, 1962). First published in French in 1905, this translation is of the fourth French edition. Baudouin de Gaiffier, *Recherches d’Hagiographie Latine* (Brussels: Society of Bollandists, 1971); Baudouin de Gaiffier, *Recueil d’Hagiographie* (Brussels: Society of Bollandists, 1977).

³³ Finucane, *Miracles and Pilgrims*; Vauchez, *Sainthood*; Benedicta Ward, *Miracles and the Medieval Mind: Theory, Record and Event, 1000-1250* (Philadelphia, University of Pennsylvania Press, 1987).

³⁴ Peter Brown, ‘The Rise and Function of the Holy Man in Late Antiquity’, *Journal of Roman Studies*, 61 (1971), 80-101; Peter Brown, *The Cult of the Saints: Its Rise and Function in Latin Christianity* (London: SCM, 1981); Raymond Van Dam, *Saints and their Miracles in Medieval Gaul* (Princeton: Princeton University Press, 1993). A useful overview of the different approaches to studying miracle narratives is Anne Bailey, ‘Peter Brown and Victor Turner Revisited: Anthropological Approaches to Latin Miracle Narratives in the Medieval West’, in *Contextualising Miracles in the Christian West, 1100-1500*, ed. by Matthew Mesley and Louise Wilson (Oxford: The Society for the Study of Medieval Languages and Literature, 2015), pp. 17-39.

Examples of such studies include work by Sharon Farmer, Irina Metzler, Sari Katajala-Peltomaa and Jenni Kuuliala.³⁵

There have, of course, been a number of excellent studies on the hagiography of southern Italy such as the work by Amalia Galdi, Oronzo Limone, Jean-Marie Martin, Paul Oldfield, Francesco Panarelli and Antonio Vuolo.³⁶ Yet, these studies have either been within broader works on religion and belief in the region, or more focused studies confined to individual saints and/or regions. To date, hagiographical sources have not been fully utilised to explore the cultural and social understanding and lived experience of health and healing in southern Italy.

The earliest analysis of a cult from a medical perspective appears to be that of Ernest Wickersheimer, a French historian, who, in 1922, studied the canonization process of Peter of Luxembourg (1387-1390) to understand the social context of medical practice.³⁷ During the second half of the twentieth century, historians also began increasingly to turn to miracle narratives for new insights into healthcare during earlier periods, although a note of caution to using

³⁵ Sharon Farmer, *Surviving Poverty in Medieval Paris: Gender, Ideology and the Daily Lives of the Poor* (London: Cornell University Press, 2002); Sari Katajala-Peltomaa, *Gender, Miracles, and Daily Life*; Metzler, *A Social History of Disability in the Middle Ages*; Kuuliala, *Childhood Disability and Social Integration in the Middle Ages*.

³⁶ Antonio Vuolo, 'Monachesimo riformato e predicazione: la "vita" di San Giovanni da Matera (sec. XII)', *Studi medievali*, 27 (1986), 69-121; Oronzo Limone, *Santi monaci e santi eremeti: alla ricerca di un modello di perfezione nella letteratura agiografica dell'Apulia normanna* (Galatina: Congedo editore, 1988); Jean-Marie Martin, 'Les Modèles Paléochrétiens dans l'Hagiographie Apulienne', *Bulletin de la Société Nationale des Antiquaires de France*, (1990), 67-86; Francesco Panarelli, *Dal Gargano alla Toscana: il monachesimo riformato latino dei pulsanesi (secoli xii-xiv)* (Rome: Istituto storico italiano per il medio evo, 1997); Amalia Galdi, *Santi, territori, potere e uomini nella Campania medievale (secc. XI-XII)* (Salerno, Laveglia editore, 2004); Paul Oldfield, *Sanctity and Pilgrimage*.

³⁷ Iona McCleery, "'Christ More Powerful Than Galen'?: The Relationship between Medicine and Miracles', in *Contextualising Miracles in the Christian West, 1100-1500: New Historical Approaches*, ed. M.M. Mesley and L.E. Wilson (Oxford: The Society for the Study of Medieval Languages and Literature, 2014), pp. 127-154 (p. 133).

such a source base was often appended to the study. In her examination of medicine, magic and religion in the early middle ages, published in 1989, Valerie Flint warned ‘hagiographical material is full of traps for the historian and is hard to use’.³⁸ Finucane, in 1977, and Pierre-André Sigal, in 1985, undertook their great socio-statistical analyses of miracles from a large selection of English and northern-French cults.³⁹ Although their studies were initially celebrated as pioneering due to their examination of an under-used body of sources, they have since been criticised as reductionist. Finucane, in particular, has attracted criticism, as he reduced the occurrence of healing miracles to medieval misunderstanding of medical matters and failed to appreciate the cultural value of the miraculous to the medieval mind.⁴⁰

As noted above, an extensive body of hagiographical works was produced in southern Italy during the long twelfth century and offers a unique opportunity through which to explore the social and cultural history of medicine in southern Italy. This study draws on a body of nine hagiographical texts composed between c. 1080 – c. 1200, all of which were written in the mainland provinces of the twelfth-century kingdom of Sicily. Four of the sources, recording civic saint cults (all of which were from Apulia), were written by a cleric of the church: the texts pertaining to the saints Nicholas of Trani; Maurus, Pantaleone and Sergius of Bisceglie; Eleutherius, Pontianus and Anastasius of Troia.⁴¹ A further text,

³⁸ Valerie Flint, ‘The Early Medieval “Medicus”’, p. 122.

³⁹ Finucane, *Miracles and Pilgrims*; Sigal, *L’Homme et le Miracle*; Sigal ‘Maladie, Pèlerinage et Guérison au XIIe siècle. Les Miracles de Saint Gibrien à Reims’, *Annales, Économies, Sociétés, Civilisations*, 24 (1969), 1522-1539.

⁴⁰ Simon Yarrow, *Saints and their Communities: Miracle Stories in Twelfth Century England* (Oxford: Clarendon Press, 2006), pp. 10-11; McCleery, “‘Christ More Powerful Than Galen’?”, p.130.

⁴¹ For each of the texts, the cultic tradition, the manuscript survival and the context in which it was written will be discussed in more detail in Chapter 1.

pertaining to the cult of Cataldus of Taranto, is also included in the selection of texts relating to civic saints; however, this text was composed by a learned layman, Berlengarius. An additional four sources, each of monastic provenance (mainly from Campania), recording the lives of several religious men: John of Matera; William of Vercelli, Mennas of Caiazzo; and the first four abbots of Cava: Alferius, Leo, Peter and Constable, will also be used. This study has focused on the texts relating to the Latin-rite saints, and excluded from the analysis Greek-rite saints, even those such as Vitalis of Castronuovo, whose *vita* was translated into Latin during the late twelfth century at the request of the bishop of Tricarico.⁴²

The selection of the nine hagiographical sources above as the basis of this study was furthermore made due to their survival from the Middle Ages and availability in edited editions to the modern reader, and also because of the inclusion of healing incidents within the texts. Contrary to popular belief, miracle collections were not requisite accompaniments to cults, and several shrines in southern Italy flourished without, to our knowledge, extensive miracle collections. For instance, despite the fact that the shrine of St Michael on Monte Gargano has been a popular destination for pilgrims since the sixth century, there is no surviving miracle collection for the shrine composed within southern Italy.⁴³ The arrival of the relics of St Nicholas at Bari in 1087 prompted the composition of two accounts of the translation by Nicephorus and John the Archdeacon immediately after the event. Although the account by Nicephorus amassed over a hundred healing miracles in the first week after the translation, less than half

⁴² Oldfield, *Sanctity and Pilgrimage*, p. 5.

⁴³ Oldfield, *Sanctity and Pilgrimage*, p. 227.

record any details.⁴⁴ It has been suggested by Paul Oldfield that the brevity of this account should be seen in light of the established reputation of St Nicholas. Having been the object of *furta sacra* from Myra, Nicholas was already an established and prominent saint and with cultic activity developing very quickly after his translation it was unnecessary to promote the shrine. Instead, the large body of brief miracles perhaps acted as affirmation of the saint's contentment with his home.⁴⁵

In other cults, the limited selection of miracles for hagiographical accounts is even more evident. The Casauria Chronicle, written c. 1175-1180, only contains three curative miracles. John Berard, the author of the chronicle, after outlining three miracles selected from an earlier *vita* of Abbot Guido, claimed he would not go on to describe the others performed daily as the 'readers would become tired of them, and perhaps they would seem incredible'.⁴⁶ While this statement of exclusion may have been true to an extent, it is more likely that the inclusion of curative miracles did not suit the purpose of the author in writing the chronicle. Although a number of miracles would have been needed to demonstrate the power of the saintly abbot, John was more concerned with portraying the abbot as the defender of his house and so selected other wonders that protected the monastery and its material interests.⁴⁷ This need to establish a defender of the monastery and to identify its rightful lands can be understood in light of the experience of the previous generation, when the counts of Manopello continually made inroads into

⁴⁴ P. Corsi, *La traslazione di San Nicola: le fonti* (Bari: Biblioteca di San Nicola, 1988), pp. 39-41.

⁴⁵ Oldfield, *Sanctity and Pilgrimage*, p. 232.

⁴⁶ *Liber Instrumentorum seu Chronicorum Monasterii Casauriensis seu Chronicon Casauriense*, ed. Alessandro Pratesi and Paolo Cherubini, 4 vols. (Rome: FSI, 2017-19), I, p. 1066.

⁴⁷ Loud, *The Latin Church*, p. 468; G.A. Loud, 'Monastic Miracles in Southern Italy, c. 1040-1140', *Studies in Church History*, 41 (2005), 109-122, (p. 120).

abbatial property, and in light of the contemporary context in which the chronicle was written. During the late twelfth century, the then abbot Leonas was concerned with reviving and restoring the possessions of the abbey.⁴⁸

Approaches to the History of Medicine

This study will draw on two approaches utilised in the history of medicine to achieve its aims. The first is the advancing field of patient studies, one largely ignored before the 1980s as many of the works instead concentrated on the role of doctors and documented the perceived teleological ‘rise’ of modern medicine with stories of medical breakthroughs and progress, and the work of individual practitioners at the forefront. Meanwhile the history of the individual sufferer: their understanding and conceptualisation of their conditions; their attempts to preserve, promote and restore health and the narratives of their suffering, has often been neglected or completely ignored. The second approach is the adoption of a broader more holistic view of the composition of the history of medicine, including, amongst other things, wellbeing, diet, environment, religion and gender.

The famous call by Roy Porter in 1985 urged historians to turn the history of medicine on its head and concentrate on the sufferers, changing the way in which the history was written.⁴⁹ In his article ‘The Patient’s View’ he laid out a research agenda which encouraged scholars to examine the ‘patient’s’ experience of health and illness under five different themes. Firstly, he urged historians to look beyond cures and to consider instead the whole therapeutic experience. In

⁴⁸ G.A. Loud, ‘Monastic Chronicles in the Twelfth-Century Abruzzi’, *Anglo-Norman Studies*, 27 (2005), 101-131 (pp. 103-105).

⁴⁹ Roy Porter, ‘The Patient’s View: Doing Medical History from Below’, *Theory and Society*, 14 (1985), 175-98.

recognition of past societies' attentiveness to positive health, he then encouraged more focus on the maintenance and prevention of health, emphasising that particular attention should be paid to the non-naturals. Third, he proposed that illness should not be seen in isolation but studied within the cultural framework of the society under examination. In particular, he drew attention to the intimate links between illness and religion and suggested the responses to health and sickness in the past should be viewed within the context of religious beliefs.⁵⁰ He also highlighted the public nature of illness in the past and drew attention to communal aspects of caring, such as the family members who would have played key roles in caring for the sick, which has often been neglected. Developing this fourth point, he finally advocated that historians should stop concentrating on the doctor as the primary carer and widen their understanding of the identity and role of carers in the past.⁵¹ He concluded by suggesting that a people's history of suffering or health was more appropriate than a history of medicine.⁵²

This call for action from Porter was enthusiastically taken up by a number of historians who, in the last thirty-five years, have responded with studies which have focused on how the sick person understood, experienced and communicated illness and healing.⁵³ Despite the success of early-modernists in this field, medieval historians have been relatively slow in adopting this approach to the

⁵⁰ Porter, 'The Patient's View', p. 193.

⁵¹ Porter, 'The Patient's View', p. 194.

⁵² Porter, 'The Patient's View', p. 194.

⁵³ Barbara Duden, *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth Century Germany*, trans. by Thomas Dunlap (London: Harvard University Press, 1991); Michael Stolberg, *Experiencing Illness and the Sick Body in Early Modern Europe*, trans. by Leonhard Unglaub and Logan Kennedy (Basingstoke: Palgrave Macmillan, 2011); Alun Withey, *Physick and the Family: Health, Medicine and Care in Wales, 1600-1750* (Manchester: Manchester University Press, 2011); Wendy Churchill, *Female Patients in Early Modern Britain* (Surrey: Ashgate, 2012); Olivia Weisser, *Ill Composed: Sickness, Gender and Belief in Early Modern England* (London: Yale University Press, 2015).

history of medicine. Notable exceptions are studies by Michael McVaugh, Iona McCleery and the very recent work of Joanna Phillips. McCleery carefully applied Porter's research agenda, and by using a wide range of sources and adopting an interdisciplinary approach, discovered more about the female sufferer in medieval Europe.⁵⁴ The older study by McVaugh traces the involvement and impact the patients themselves had on medical professionalization in the Crown of Aragon, creating a body of specialized medical practitioners while other avenues of healing were excluded.⁵⁵

Despite Porter's article being initially heralded as a turning point in the history of medicine and the response of the historians noted above, a critique by Flurin Condrau in 2007 suggests that in some areas the history of the sufferer is still to be written, and that conceptually the history of the patient's view is as undeveloped now as it was in the 1980s. Although the patient has received increasingly more attention, Condrau argues that the majority of the studies have still failed to incorporate the change in perspective which Porter advocated.⁵⁶ Two key issues arise when attempting to write a people's history of suffering: the identity of the subject of the study and how to access the individual and unique experience of the sufferer. Before proceeding with this study, these two issues will need careful consideration and discussion with regards to the context of southern

⁵⁴ Joanna Phillips, 'The Experience of Sickness and Health During Crusader Campaigns to the Eastern Mediterranean, 1095-1274' (unpublished doctoral thesis, University of Leeds, 2017) ; Joanna Phillips, 'Who Cared? Locating Caregivers in Chronicles of the Twelfth- and Thirteenth-Century Crusades', *Social History of Medicine*, (<https://doi.org/10.1093/shm/hkz100>) [accessed 28th February 2020]; Iona McCleery. 'Medicine and Disease: The Female "Patient" in Medieval Europe', in *A Cultural History of Women in the Middle Ages*, ed. by Kim M. Phillips (London: Bloomsbury, 2013), pp. 85-104.

⁵⁵ Michael McVaugh, *Medicine before the Plague: Practitioners and their Patients in the Crown of Aragon, 1285-1345* (Cambridge: Cambridge University Press, 1993).

⁵⁶ Flurin Condrau, 'The Patient's View Meets the Clinical Gaze', *Social History of Medicine*, 20 (2007), 525-540 (p. 526).

Italy in the twelfth century and the use of miracle collections as a source base for the study.

The main criticism of Porter's article, and the one that has prevented many scholars from fully engaging with his research agenda, was first voiced by Condrau and is the identity of the subjects of the kind of study Porter advocated. Porter argued against the use of the term 'patient', recognising that it was an anachronism, and one that should not be used when discussing the pre-modern period. He acknowledged Michel Foucault's argument that the 'patient' is a medical construct, a result of, and therefore only existing through, the process of the 'medical gaze', an interaction between a sufferer and a doctor, and not with an independent existence.⁵⁷ The concept of the 'medical gaze' was developed by Foucault to explore the development of empirical methods and techniques practised by doctors in France following the Revolution and demonstrated how doctors prioritised their own judgements and decisions above the experience and perceptions of their patients in diagnosis and choice of treatment. Thus, under the 'medical gaze' the patient was reduced to a subordinate position and their agency removed, creating an unequal power structure which Porter suggested was much less relevant in pre-modern societies.⁵⁸

As McCleery has pointed out, it may be true that these connotations of the modern understanding of 'patient' are anachronistic, particularly as in the past the sufferer played a more active role in managing and treating their sickness.⁵⁹ They had at their disposal more avenues of healing to choose from and selected the

⁵⁷ Porter, 'The Patient's View', p. 182.

⁵⁸ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. by Alan Sheridan (London: Routledge, 2003); Porter, 'The Patient's View', pp. 181-182.

⁵⁹ McCleery. 'The Female "Patient"', p. 87.

healing option dependent on individual circumstances and merit. In addition, the positions of the various options of help were not pre-determined and the individual had the freedom to select their own ‘hierarchy of resort’.⁶⁰ However, to date, very few medievalists have actively engaged with this debate, ensuring that the term ‘patient’ is often avoided.⁶¹ Therefore, this study will engage with this debate and, by closely examining the miracle collections used within this study, determine the identity of the sufferer and whether the term ‘patient’ is suitable when considering individuals seeking a cure in twelfth-century southern Italy.

In addition to the problem of applying the term ‘patient’ to individuals in the pre-modern era, a further limitation of Porter’s agenda is the narrow view he advocates of the history of medicine. Despite encouraging historians to consider healthcare and its subject more holistically in the past, Porter confines his focus to the experience and actions of only those who are suffering from ill-health.⁶² A criticism often levelled at historians of medicine is their tendency to analyse and evaluate the past within the context of their own understanding of health, often in the terms of biomedicine. Increasingly there are calls for health, ill-health and caring strategies to be considered in the context of medieval thought, and for a broader understanding of health.⁶³ Medieval medicine included caring for both the

⁶⁰ Michael McVaugh, ‘Bedside Manners in the Middle Ages’, *Bulletin of the History of Medicine*, 71 (1997), 201-23; Porter, ‘The Patient’s View’, pp. 181-2; Horden, ‘Saints and Doctors’, pp. 12-13.

⁶¹ Exceptions are: McVaugh, *Medicine before the Plague*; John Henderson, *The Renaissance Hospital: Healing the Body and Healing the Soul* (London: Yale University Press, 2006); Phillips, ‘The Experience of Sickness and Health’.

⁶² Porter, ‘The Patient’s View’.

⁶³ Carole Rawcliffe, *Medicine for the Soul: the Life, Death and Resurrection of an English Medieval Hospital, St Giles’s, Norwich, c. 1249-1550* (Stroud: Sutton, 1999); Peregrine Horden, ‘Religion as Medicine: Music in Medieval Hospitals’, in *Religion and Medicine in the Middle Ages*, ed. by Peter Biller and Joseph Ziegler (Woodbridge: York Medieval Press, 2001), pp. 135-153; Sandra Cavallo, *Artisans of the Body in Early Modern Italy: Identities, Family and Masculinities* (Manchester: Manchester University Press, 2007); Peregrine Horden, ‘Disease,

physical and spiritual health of an individual and encompassed both the restoration and maintenance of health. Regimens such as the *Regimen Sanitatis Salernitanum* from thirteenth-century Salerno were supposed to maintain health by regulating the non-naturals and were part of the medical care provided by the physicians.⁶⁴

Therefore, it would perhaps be better to adopt a more holistic approach to such a study, one which also considers the preventative strategies alongside and on par with therapeutic strategies and does not limit the focus to the sick person. Such a holistic and contemporary approach would increase the scope of subjects of the study to include all recipients of medical services, and of all such ‘services’ whether there were healing or health promoting to allow a more nuanced understanding of the history of medicine. This approach includes the movement by historians, such as Sandra Cavallo, David Gentilcore and Margaret Pelling, to consider ‘medical pluralism’, which brings together a variety of practitioners or providers of healthcare but without imposing a hierarchy.⁶⁵ This approach has

Dragons and Saints: The Management of Epidemics in the Dark Ages’, in *Hospitals and Healing from Antiquity to the Later Middle Ages*, ed. by P. Horden (Aldershot: Ashgate, 2008), pp. 45-76; Guy Geltner, ‘Public Health and the Pre-Modern City: A Research Agenda’, *History Compass*, 10 (2012), 231-245; Carole Rawcliffe, *Urban Bodies: Communal Health in Late Medieval English Towns and Cities* (Woodbridge: Boydell Press, 2013).

⁶⁴ The *Regimen Sanitatis Salernitanum* was originally dated to the twelfth century by Nancy Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: The University of Chicago Press, 1990), p.120, but has subsequently been re-dated to the thirteenth century by Marilyn Nicoud, *Les Régimes de Santé au Moyen Âge: Naissance et Diffusion d'une Écriture Médicale, XIIIe-XVe siècle* (Rome: École Française de Rome, 2007)], pp. 31-34.

⁶⁵ Cavallo, *Artisans of the Body*; David Gentilcore, *Medical Charlatanism in Early Modern Italy* (Oxford: Oxford University Press, 2006); Margaret Pelling, *The Common Lot: Sicknes, Medical Occupations and the Urban Poor in Early Modern England* (London: Longman, 1998).

recently increased our knowledge of the healthcare services available and our understanding of what healthcare entailed in past societies.⁶⁶

Taking such an inclusive approach would result in a variety of different subjects: those who were suffering from a condition and seeking out a healing option; but also those who undertook bloodletting or attended to hygiene matters in an attempt to maintain health through the services provided by those known as ‘technicians of the body’ such as laundresses, cooks, bath house keepers, etc.; and those who used self-help.⁶⁷ Due to the *miracula* source base, this study will primarily concentrate on those who were suffering from ill-health and seeking a healing option, but it is important to remember that they comprised only an element of those attending to wellbeing matters within contemporary medieval thought.

Despite Porter’s concerns, in the context of this study, which uses miracle collections as its source base, it may be appropriate to use either the term ‘patient’ or ‘sufferer’. Today the term ‘patient’ can be used interchangeable with ‘sick-person’, but it is more generally understood to describe an individual undergoing medical treatment.⁶⁸ The etymology of the word patient is *patior, pati, passus sum*: the Latin deponent verb meaning ‘to suffer, endure’, but also relating to ‘patience, passion and suffering’ more broadly.⁶⁹ The active participle *patiens* is

⁶⁶ Nicole Archambeau, ‘Miracle Mediators as Healing Practitioners: The Knowledge and Practice of Healing with Relics’, *Social History of Medicine*, 31 (2017), 209-230; Iona McCleery, ‘The Female “Patient”’; 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.

⁶⁷ Cavallo, *Artisans of the Body*; Gentilcore, *Medical Charlatanism*; Pelling, *The Common Lot*; Carole Rawcliffe, ‘A Marginal Occupation? The Medieval Laundress and her Work’, *Gender and History*, 21 (2009), 147-169; Phillips, ‘Who Cared?’.

⁶⁸ *patient*, OED Online [accessed 2 February 2020].

⁶⁹ *pati*, J.F. Niermeyer, *Mediae Latinitatis Lexicon Minus* (Leiden: Brill, 1976), p. 773.

found in the miracle collection of Cataldus five times as a verb to describe the suffering of an individual enduring ill health. A priest from Pomarico [?] [Lucania] is described as suffering for a long time with vertigo of the head, while an inhabitant of the *castello* of Persigro was said to be suffering in the same way as a citizen of Crotone, who had dried up hands and feet.⁷⁰ *Patiens* can also be found several times in the *Practica*, a twelfth-century medical text by Bartholomaeus, known to be circulating in southern Italy.⁷¹

Concerning the suffering of the kidneys, loin and bladder – First the patient/sufferer should have blood let from the middle vein if strength, age and time allow.⁷²

For those who cannot speak – If the patient/sufferer cannot speak, take the powder of aloes and combine with a little water. Place in the mouth and under the tongue and immediately they shall speak.⁷³

In these instances, within the medical text, the term appears to be used as a descriptor for the individual. However, it is not clear if this is because the individual is suffering from ill health or if it is because they are receiving and undergoing medical treatment. The appearance of the term, but only in its verbal form, in only the collection pertaining to Cataldus, which has been noted to be more medicalized than the others, suggests that further investigation into this area would be welcome. However, the use of the term, in both its verbal and noun

⁷⁰ ‘duobus aegris aliis secum navi adhibitibus et delatis, uno eorum incola et concive manibue et pedibus arefacto, altero de castello Persigro itidem patiente’, ‘Presbytero suidam de Pomaria, diuturnam capitis vertiginem patienti’, *Historia di S. Cataldi*, p. 571. ‘et aures tangit utrasque monachae patientis’, *Historia di S. Cataldi*, p. 370; ‘qui patienti minime profuerunt’, *Historia di S. Cataldi*, p. 373.

⁷¹ See below section: 2.3 Possession and Conditions of Madness for a more detailed discussion of the *Practica*.

⁷² ‘De passione renum, lumborum et vesice – Primum fleubotometur patiens de vena mediana, si virtus et etas et tempus permiserint’, Bartholomaeus, ‘Practica Magistri Bartholomari Salernitani’, in *Collectio Salernitana*, ed. by Salvatore De Renzi V vols (Naples: Tipografia del Filiale-Serezio, 1852-1859), IV (1856), pp. 321-406 (p. 396).

⁷³ ‘Ad illos qui non locuntur – Si patiens non loquatur, accipe pulverem aloes patici et distempera cum parum aque et mitte in hore et sub lingua, et statim loquetur’, Bartholomeaus, p. 347. For additional uses of *patiens*, please see Bartholomaeus, pp. 384, 340, 369, 364.

form, in one of the miracle collections under examination and a contemporary medical text suggests that both ‘sufferer’ and ‘patient’ could be legitimate terms to employ when discussing sick individuals in twelfth-century southern Italy. Suffering is also crucial for a miraculous experience, therefore the application of it when discussing the supplicant or their experience within the context of miracles may also make it appropriate. The contemporary use of the term in southern Italy is in contrast to the findings of Phillips in her examination of medieval chronicles of the crusades, which found that *patients* was not employed by any of the chronicles consulted as a descriptor for a sick person or an individual undergoing medical care.⁷⁴ However, the use of the term is with the caveat that we do not adopt today’s understanding and assume the individual’s place within the professional medical hierarchy.

The second issue with the adoption of a sufferer-centred approach is whether it is methodologically possible to access the individual and subjective experiences of the sufferers in the past. David Armstrong, Condrau and N. D. Jewson have all argued for the disappearance of the voice of the sick person and suggested that it became increasingly difficult to access the experience of the individual in their own words because of the medicalization of the sources.⁷⁵ Although a number of studies have shifted their focus, and started to place sufferers at the centre of their work, many of these are still written from the doctor’s perspective and not from the sufferer’s viewpoint, particularly in modern studies.⁷⁶ Many of these modern studies used clinical notes for the basis of their

⁷⁴ Phillips, ‘The Experience of Sickness and Health’, p. 43.

⁷⁵ David Armstrong, ‘The Patient’s View’, *Social Science & Medicine*, 18 (1984), 737-44; Condrau, ‘The Patient’s View Meets the Clinical Gaze’; N. Jewson, ‘The Disappearance of the Sick-Man from Medical Cosmology, 1770-1870’, *Sociology*, 10 (1976), 225-44.

⁷⁶ Condrau, ‘The Patient’s View Meets the Clinical Gaze’, p. 529.

study which mediate the sufferer's perceptions, categories and language of medicine through medical personnel, thus losing the ideas, understanding and experience of the sufferer in their own words. Therefore, although the ideal focus of the history of medicine has shifted from doctors to the sufferer, the individual and unique experience of the sufferer is still obscure in many studies.

Porter suggested the use of first-hand accounts, such as diaries, letters, journals and recipes among others, to avoid this issue and used the seventeenth-century diaries of Samuel Pepys and Ralph Josselin to demonstrate how we can understand and learn about the personal experience of illness.⁷⁷ However, first-hand accounts, such as those identified by Porter, are rare in the Middle Ages and those that do exist are from the literate higher levels of society. The *miracula* examined in this study contains one first-hand miracle account, found in the miracle collection attributed to Cataldus of Taranto. The account was by the author of the *Historia inventionis et translationis St Cataldi*, a learned layman called Berlengarius, and recalled his recovery of health, after experiencing intense pain, through the assistance of the saint.⁷⁸

With so few first-hand accounts, other medieval sources such as charters, chronicles and religious texts, which include references to illness, pain and health promotion techniques, appear a promising avenue of investigation. Miracle collections, filled with stories of illness and healing, in particular, have often been turned to in investigations of medicine in past societies. However, when attempting to access the sufferer's voice and the sufferer's perspective, these

⁷⁷ Porter, 'The Patient's View'.

⁷⁸ See below section 3.1. A Bodily and Emotional Experience, for a more detailed discussion of Berlengarius' first-hand account, and section 1.1 Civic Saints, for a discussion of the identity of Berlengarius.

sources pose a series of methodological challenges and must be examined with an awareness and sensitivity to their limitations, as one should with the analysis of any source.

The first challenge when engaging with these sources is the similarities that can be found between different miracles collections. The explanation that has been frequently put forward to explain these similarities is that all hagiographical accounts were written in emulation of early Christian writings and early medieval miracle collections as the author blended fact and fiction to elevate his subject(s). Hagiography was essentially didactic, and often imitative, and frequently drew on the *topoi* or types of stories from late-antique/early Christian models. By the eleventh century, it was no longer only the biblical accounts that were used, but also the accounts written by early Christian writers such as Gregory of Tours (d. 594), Gregory the Great (d. 604) and Bede (d. 735).⁷⁹ Gregory the Great was a particularly significant influence in southern Italy during the eleventh and twelfth centuries, especially on Cassinese sources, the *vitae* of the Cava abbots and on the *vita* of John of Matera. One of the miracles recorded in book II of Gregory's *Dialogues* (which is an account of the miracles of St Benedict of Nursia) is the healing, by Benedict, of a young monk, seriously injured by the collapse of a wall.⁸⁰ A variant on this can be found in the *vita* of John of Matera in which a young monk was crushed by a falling stone while building a wall. In just the same way as Benedict, John ordered the young monk to be brought to him and after

⁷⁹ Ward, *Miracles and the Medieval Mind*, pp. 3-32.

⁸⁰ Gregory the Great, *The Dialogues of Gregory the Great. Book II: Saint Benedict*, trans. by Myra L. Uhlfelder (Indianapolis: Bobbs-Merrill Education Publishing, 1967), pp. 19-20.

dismissing all the other monks, shut the door and quietly prayed. Soon, the young monk had recovered his health and was continuing with his work.⁸¹

In curative miracles, for example, many of the conditions presented to the saint are those found in the accounts of the Gospels such as blindness, possession and paralysis, although the *miracula* from southern Italy do include a number of conditions not found in the Gospels.⁸² Such typological conventions, which moulded the compilation of the collection, demonstrate that the conditions presented cannot be seen as a comprehensive list nor as a representative ratio of the afflictions which troubled medieval man.⁸³ However, much of the incidental detail contained in these accounts, which are not part of the hagiographical conventions to demonstrate sanctity, can be used to gain valuable insights on daily life.⁸⁴ The influence of earlier writings demonstrates that the author was influenced as much by the tradition of writing in which he was establishing himself as by the contemporary events he was describing. With such caution in mind, rather than treating the record as a historical incident, it is more rewarding to examine the construction and presentation of the condition described to allow us to understand more about how the author understood the illness. In doing so we can examine amongst many things the language used and descriptions employed to learn more about the contemporary understandings of health and illness. A comparison of this representation with contemporary medical texts known to be

⁸¹ *Vita S. Joannis*, pp. 20-21.

⁸² These are largely medical conditions such as vertigo, leprosy, scrofula, epilepsy, serpingo. These are all, with the exception of serpingo, found in the miracles pertaining to Cataldus, which has been noted to be more medicalized than the other texts. See below, section 1.1 Civic saints, for a more detailed discussion.

⁸³ Bull, *Our Lady of Rocamadour*, p. 14.

⁸⁴ Bull, *Our Lady of Rocamadour*, p. 11.

circulating at the time can then allow a picture to be formed about the dissemination of medical ideas.

In addition to the hagiographical models which guided the composition of work, a further challenge is the bias and omissions of the sources. These accounts were often written to demonstrate and emphasize a particular side or characteristic of the subject(s) in order to fulfil a perceived need at a precise chronological and geographical point. Therefore, the author or scribe, located at the shrine, was often responsible for selecting and deselecting miracles and details relevant to their purpose in producing the text.⁸⁵ Consequently we have no indication of the supplicants that failed to receive the help of the saint and the accounts vary in detail: some are very detailed, while others simply relate that the supplicant had a problem and recovered their health through the assistance of the saint. In addition, these works, by the very nature of their composition, are liable to exaggeration as the author attempted to enhance the holiness of the saint or, as such accounts are rarely first-hand, by the re-telling of such cases.

The third challenge of miracle accounts is that the majority of them also have undergone several constructions: orally recounted, most frequently in the vernacular, by the miracle beneficiary to the scribe as they found words to express their experience; potentially re-told orally to others; and being committed in writing by the author as they translated the testimony into Latin. Gabriella Signori describes this process, in which the ‘raw’ oral accounts of the pilgrims are mediated and transformed by the authors to fit their typological conventions and

⁸⁵ See below Chapter 2 for a more detailed discussion.

didactic goals, as a ‘cooking’ process.⁸⁶ The influence and filtering of the pilgrim accounts by the scribes is not dissimilar to the criticism of using medical notes compiled by modern medical personnel. This therefore poses the question as to whose voice or language can be viewed in these sources, and if it is possible to access individual subjectivity through the miracle accounts.

Rachel Koopmans has argued recently that the language used in the miracle collections was that of the scribes. Considering the miracles of Thomas Becket by William of Canterbury, she suggested that the medical language used was the choice of William and not a reflection of the language used by the supplicants when retelling their miraculous healing. She went on to argue that as William was medically educated, he would listen to the descriptions of the ailments by the sufferers and deduce their cause of suffering by using his medical knowledge, and it was this interpretation that was recorded in the collection.⁸⁷

The mediation of the text by the scribes to enhance and suit the author’s aim and the author’s involvement in the description and word-choice prevents the miracle accounts from offering the individual and subjective first-hand accounts required by Porter to construct the patient’s voice. However, Porter’s underlying goal, of a deeper more nuanced understanding of the experience of the sufferer, is laudable and one that would move the history of medicine forward into new areas that would enrich our understanding of the social and cultural environment. To dismiss miracle accounts, filled as they are with descriptions of ill-health, suffering and attempts to seek cures, would be to lose a wealth of information that

⁸⁶ Gabriela Signori, ‘The Miracle Kitchen and Its Ingredients: A Methodical and Critical Approach to Marian Shrine Wonders (10th to 13th century)’, *Hagiographica*, 3 (1996), 277-303 (p. 291).

⁸⁷ Rachel Koopmans, *Wonderful to Relate: Miracle Stories and Miracle Collecting in High Medieval England*, (Philadelphia: University of Pennsylvania Press, 2011), pp. 181-200.

can significantly further our knowledge and understanding of the experience of ill-health in past societies. Therefore, it is the intention of this study to propose and demonstrate how such miracle narratives can be utilised by historians to listen to the patient's voice and understand more about their understandings and experiences.

Methodology

Miracles are narratives, and as noted above were constructed by the scribes for specific contextual purposes. Previously historians have tended to sift through them to identify individual incidents or specific details, which could be used to construct their own narrative of the past.⁸⁸ Miracles can often offer glimpses of aspects of society and daily life which are rarely found elsewhere, such as the description of the disability aid in the miracle of Stephen attributed to the Troia saints. He is described as supporting his knee with a stick fixed in place by a thong after suffering since birth with a dried up foot and leg.⁸⁹ Another example is the work of Pierre Bonnassie which has explored the form and function of castles in eleventh century Conques using the miracles of St Faith.⁹⁰ Despite these useful insights, miracle collections are not transparent windows to the past, but carefully constructed accounts just as chronicles, letters and other sources are. With an awareness of this, historians are increasingly starting to consider sources holistically rather than simply 'mine' them for details. They are recognizing these

⁸⁸ A classic example is Ronald Finucane, *The Rescue of Innocents: Endangered Children in Medieval Miracles* (New York: St Martin's Press, 1997).

⁸⁹ *Translatio Eleutherii, Pontiani et Anastasii*, p. 424.

⁹⁰ Pierre Bonnassie, 'Descriptions of Fortresses in the Book of Miracles of Sainte-Foy of Conques', in *From Slavery to Feudalism in South-Western Europe*, trans. by J. Birrell (Cambridge: Cambridge University Press), pp. 132-148.

sources as narratives in their own right and starting to see how they reflect social and cultural perceptions.⁹¹

Medical historians, such as Horden, McCleery and Pilsworth, adopting this narrative approach, have also been influenced by the work of medical professionals in the field of narrative medicine.⁹² This branch of clinical medicine has become increasingly popular since the 1980s and encourages medical professionals to listen to the illness narrative of their patients and bring their experience, description of symptoms and signs, and understanding of their illness back into the consulting room.⁹³ As a result the medical professional gains a more complete picture of the condition to allow not only a more accurate diagnosis, but to also ensure the proposal of a treatment programme that is more acceptable to the patient.⁹⁴

Influenced by this work medical historians have started to pay attention to the illness narratives of the past recognising that the descriptions and explanations of conditions are not isolated from an individual's cultural and social perception of an illness. Therefore, by starting to pay attention to the language and imagery of health and illness in such narrative sources, one can gain insights into contemporary understandings of health. Adopting such techniques can allow us to

⁹¹ Aleksandra Pfau, 'Madness in the Realm: Narratives of Mental Illness in Late Medieval France' (Unpublished doctoral thesis, University of Michigan, 2008), pp. 167-184.

⁹² Iona McCleery, 'Medical "Emplotment" and Plotting Medicine: Health and Disease in Late Medieval Portuguese Chronicles', *Social History of Medicine*, 24 (2011), 125-141; Horden, 'Disease, Dragons and Saints'; Claire Pilsworth, 'Medicine and Hagiography in Italy c. 800-c. 1000', *Social History of Medicine*, 13 (2000), 253-226.

⁹³ The appearance and growing influence of narrative medicine occurred during the 1980s, which coincided with Porter's 'The Patient's View' article in 1985.

⁹⁴ Arthur Kleinman, *The Illness Narratives: Suffering, Healing and the Human Condition* (n.p.: Basic Books, 1988); Rita Charon, 'Narrative Medicine: A Model for Empathy, Reflection, Profession and Trust', *JAMA*, 286 (October 17, 2001), 1897-1902; Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (Oxford: Oxford University Press, 2006); Arthur Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: University of Chicago Press, 2013).

start to identify how and why individuals believed they became ill; to recognise the anxieties that individuals held around their health; and to understand how illnesses affected their daily lives. This thus builds, in many ways, the sufferer's history of health that Porter called for.

The nine miracle collections, which form the source base for this study, would have been mediated to enhance and suit the author's aim, and are most probably the author's description and word choice. However, for the texts to be successful in their aims and the messages they carried to be understood, the content of them still had to be relevant and understood by their audience. Therefore, the ideas and perceptions carried in the details of these narratives had to resonate with the audience, and thus had to be based in a shared conceptual framework. Furthermore, the lives of the clerical authors were not as separate from those of the laity as often thought, and the cultural precepts of illness would have been shared by both.⁹⁵ Therefore by examining the construction of health and illness through the prism of miracle accounts it is possible to gain insights into the social and cultural understandings and experiences of health.

In recent decades historians of health have increasingly started to utilise such methods when approaching miracles to learn more about how individuals in the Middle Ages understood health, how they applied their knowledge to improve, maintain or restore health and how they expressed their experience of incidents of ill-health.⁹⁶ One such scholar, Nicole Archambeau, has used the miracles within

⁹⁵ Loud, *Latin Church*, p. 399; Paul Oldfield, 'St Nicholas the Pilgrim and the City of Trani between the Greeks and Normans, c. 1090-c. 1140', *Anglo-Norman Studies*, 30 (2008), 168-81, (p. 171).

⁹⁶ Hawkins, 'Seeing the Light?'; Hawkins, 'Did Drunkenness Dim the Sight?'; Metzler, *A Social History of Disability in the Middle Ages*; Katajala-Peltomaa, *Gender, Miracles, and Daily Life*;

the fourteenth-century canonization inquest for Lady Delphine de Pui Michel to explore the expectations of sufferers for care during severe epidemics. She has documented their active engagement and negotiation with a holy woman reluctant to heal and shown how individuals expressed themselves within the cultural frameworks available to them when relating their experience. Her recent work has also demonstrated how, within the contemporary understanding of health, miracle mediators were perceived as healing practitioners.⁹⁷ However, the majority of this work, using canonization proceedings, has focused on the later Middle Ages and early-modern period, and been geographically centred on northern regions of Europe.

Some scholars, such as Peregrine Horden and Claire Pilsworth, have focused on the early medieval period and have demonstrated how narrative sources can be used to understand contemporary health concerns and health care practice. Studying early medieval chronicles Horden has demonstrated how their narratives reveal concerns about disease and the community.⁹⁸ Pilsworth used the ninth-century *vita* of Barbatus, a Beneventan bishop, to show that spiritual health was believed to be indivisible from physical health.⁹⁹ Using a wider variety of sources in further work Pilsworth has also established that rulers, using law codes,

Kuuliala, *Childhood Disability and Social Integration in the Middle Ages*; Bianca Frohne and Jenni Kuuliala, 'The Trauma of Pain in Later Medieval Miracle Accounts', in *Trauma in Medieval Society*, ed. by Wendy J. Turner and Christina Lee (Leiden: Brill, 2018), pp. 215-236.

⁹⁷ Nicole Archambeau, 'Healing Options during the Plague: Survivor Stories from a Fourteenth-Century Canonization Inquest', *Bulletin of the History of Medicine*, 95 (2011), 531-559; Nicole Archambeau, "'God Helps Those Who Help Themselves": Negotiating a Miracle in the Fourteenth-Century Canonization of Delphine de Puimichel', *Anuario de Estudios Medievales*, 43 (2013), 7-25; Nicole Archambeau, 'Tempted to Kill: Miraculous Consolation for a Mother after the Death of Her Infant Daughter', in *Emotions and Health, 1200-1700*, ed. by Elena Carrera (Leiden: Brill, 2013), pp. 47-66; Nicole Archambeau, 'Miracle Mediators as Healing Practitioners: Knowledge and Practice of Health and Healing with Relics', *Social History of Medicine*, 31 (2018), 209-230.

⁹⁸ Horden, 'Disease, Dragons and Saints'.

⁹⁹ Pilsworth, 'Medicine and Hagiography'.

tried to include, rather than exclude, the sick in society, and how, at least in high status cases, this became reality.¹⁰⁰

Increasingly, in the last five years, attention has turned to eleventh- and twelfth-century England as the work of Anne Bailey, Hilary Powell, Claire Trenergy and Louise Wilson have applied these approaches to miracle collections from England.¹⁰¹ Yet, to accept the findings of these existing studies as relevant to southern Italy would not take into account the geographical diversity, cultural difference and chronological change outlined earlier. Therefore, the *miracula* of southern Italy provide a unique opportunity to study holistically health, illness and healing in southern Italy and to contribute to the growing understanding of similarities and differences across Europe.

¹⁰⁰ Claire Pilsworth, 'Beyond the Medical Text: Health and Illness in Early Medieval Italian Sources', *Social History of Medicine*, 24 (2011), 26-40.

¹⁰¹ Anne Bailey, 'Miracles and Madness: Dispelling Demons in Twelfth-Century Hagiography', in *Demons and Illness: Theory and Practice from Antiquity to the Early Modern Period*, ed. by Siam Bhayro and Catherine Rider (Leiden: Brill, 2017), pp. 235-55; Hilary Powell, 'Pilgrimage, Performance and Miracle Cures in the Twelfth-Century *Miracula* of St Æbbe', in *Medicine, Healing and Performance*, ed. by Effie Gemi-Iordanou, Stephen Gordon, Robert Matthew, Ellen McInnes and Rhiannon Pettitt (Oxford: Oxbow, 2014), pp. 71-85; Hilary Powell, 'The "Miracle of Childbirth": The Portrayal of Parturient Women in Medieval Miracle Narratives', *Social History of Medicine*, 25 (2012), 795-811; Ruth Salter, 'Experiencing *Miracula*: Cure-Seekers, Cure-Seeking and Cure-Giving in Twelfth-Century English Hagiographies' (unpublished doctoral thesis, University of Reading, 2015); Véronique Thouroude, 'Sickness, Disability, and Miracle Cures: Hagiography in England, c. 700-c. 1200' (unpublished doctoral thesis, University of Oxford, 2015); Claire Trenergy, *Madness and Miracle in Twelfth-Century England* (London: Routledge, 2019); Claire Trenergy, 'Madness, Medicine and Miracle in Twelfth-Century England', *History of Psychiatry*, 30 (2019), 480-488; Louise Wilson, 'Medieval Miracle Accounts: Medical Treatment and Physical Therapy', in *Dis/ability History der Vormoderne, Ein Handbuch / Premodern Dis/ability History. A Companion*, ed. by Cordula Nolte, Bianca Frohne, Uta Halle and Sonja Kerth (Affalterbach: Didymos, 2017), pp. 336-37; Louise Wilson, 'Conceptions of the Miraculous: Natural Philosophy and Medical Knowledge in the Thirteenth-Century *Miracula* of St Edmund of Abingdon', in *Contextualizing Miracles in the Christian West, 1100-1600*, ed. by Matthew Mesley and Louise Elizabeth Wilson (Oxford: Medium Aevum, 2014), pp. 99-125; Louise Wilson, 'Miracle and Medicine: Conceptions of Medical Knowledge and Practice in Thirteenth-Century Miracle Accounts', in *Wounds in the Middle Ages*, ed. by Cordelia Warr and Anne Kirkham (Farnham: Ashgate, 2014), pp. 63-86; Louise Wilson, 'Hagiographical Interpretations of Disability in the Twelfth-Century *Miracula* of St Frideswide of Oxford', in *The Treatment of Disabled Persons in Medieval Europe: Examining Disability in the Historical, Legal, Literary, Medical, and Religious Discourses*, ed. by Wendy J. Turner and Tory Vandeventer Pearman (Lewiston: Edwin Mellen, 2011), pp. 135-165.

Having outlined the approach and methodology employed by this study, the introduction will now conclude by summarising the objectives of this study. This study is concerned with uncovering the cultural and social conception of health and illness in southern Italy. By using the miracles from nine key hagiographical texts, this study places the understandings of the cure-seekers, the scribes and their audience at the forefront and attempts to place the sufferers back at the centre of the history of medicine. Rather than looking at the understanding of health and illness through the prism of academic medicine, it aims to do so through the eyes of the sufferers. Through a close analysis of the miracle narratives and by listening to the illness narratives within them, this study engages directly with Roy Porter's thought-provoking research agenda to discover the understandings of health and illness from a sufferer's perspective and their experiences in southern Italy during the Norman period.

Chapter 1 will examine the hagiographical sources that form the foundation of this study. It will begin by establishing who the authors of each text were, and who the intended audience of each text was. It will then move on to explore the motives and aims of the author in creating the text, the historical context in which the narratives were written and seek to understand how healing and illness were employed within the texts by the authors in support of their objectives. Using demons as a case study, chapter 2 aims to address several points in Porter's research agenda. It starts by examining how and why demons were believed to be an ontological cause of ill-health during the twelfth century. This is followed with a close analysis of the language and the descriptions employed in the miracle narratives, which allows a consideration of how such an affliction was characterised and classified. It concludes by exploring the reasons for the choice

of saint as an appropriate and successful avenue of care for such afflictions.¹⁰² Chapter 3 considers how individuals experienced and expressed pain when they fell ill.¹⁰³ By closely examining the language of pain (how people talk about and describe pain) within the miracles, the chapter considers how pain was understood to be holistic: both physical and psychological, and to what extent the articulation of such experiences has remained consistent across time. It concludes by examining how different emotional communities emphasised different aspects of pain in their descriptions of their experiences. Chapter 4 directly tackles the final point in Porter's proposed research agenda by looking beyond medical professionals as the primary care-givers.¹⁰⁴ By adopting a more holistic and contemporary understanding of health and healing, the chapter considers how family, friends and neighbours played a prominent role in identifying, seeking out and securing the assistance of the saint in the restoration of an individual's health. It examines the different roles of each care-giver and suggests how they can be seen as health-care providers. The study concludes with an English translation of a selection of the miracle narratives that formed the basis of this study.

¹⁰² Porter, p. 186-7.

¹⁰³ Porter, p. 186-7.

¹⁰⁴ Porter, p. 188, 193.

Chapter 1: Authors and their Collections

For the glory of the greatest and ineffable King, and for the salvation of believers, we propose to commit to memory by pen the revelation of the holy martyrs Pantaleon, Sergius, and Maurus, the strength of their amazing miracles, and the solemn reverence of the translation of their relics, hoping for effective intervention by the blessed Martyrs for perpetual life.¹

This is how Amandus, Bishop of Bisceglie, explained his authorship of the *Inventio, translationes et miracula SS. Mauri, Pantaleonis et Sergii* in the late 1160s. However, it would be misleading to accept this explanation at face value as this all-encompassing statement of authorial purpose draws on hagiographical *topoi* of justification for writing *miracula*. Beyond the clear purpose of reminding the Christian faithful of the Lord's power to enhance their belief, few authors expounded their reasons for compiling miracle collections as it was thought unnecessary; the miracles in themselves were justification for commemoration.² However miracle narratives were occasional pieces, a product of both the commissioner and the author who attempted to fulfil a perceived need at a precise chronological and geographical point using the miraculous as the tool to achieve their purpose.³ The selection of the miracles included was largely dependent on authorial intent.

By establishing the historical context in which a collection was written and by identifying the spiritual and material motivations of the author, it is possible to consider how these factors influenced and were reflected in the selection and use

¹ 'Ad gloriam igitur Regis summi et ineffabilis, et ad salute credentium, proposuimus stylo memoriaeque mandare et revelationem sanctorum Martyrum Pantaleonis, Sergii atque Mauri, et virtutum eorum stupenda miracula, et translationis reliquiarum ipsorum solemnem reverentiam, ad vitam perpetuam a beatis Martyribus interventum efficacem', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 360.

² Bull, *Our Lady of Rocamadour*, p. 41.

³ Yarrow, *Saints and their Communities*, p. 14; Bull, *Our Lady of Rocamadour*, p. 42.

of the material available to the author.⁴ Benedicta Ward, one of the first historians to do this, differentiated between healing and non-healing miracles and showed how the predominance of healing miracles in the newly formed cults of the twelfth century served to strengthen the saint's reputation of holiness and draw in more pilgrims.⁵ More recently Sally Crumplin has demonstrated how the increased number of healing miracles attributed to St. Cuthbert in the twelfth-century collection by the monk Reginald, when compared with an earlier collection, was a product of the political stability of the period and competition with the shrine of Thomas Becket.⁶

Although Rachel Koopmans has recently urged us away from seeing these texts as institutional propaganda and instead encourages them to be understood as a reflection of an individual's own interests and literary ambitions, earlier studies by Crumplin and Simon Yarrow successfully demonstrated how the miracles selected by an author can reveal and enlighten us as to the local circumstances which prompted the production of the collection.⁷ Furthermore the author's individual interests and ambitions are often both personal and contextual and so can equally be linked to the local context. In his most recent article, Yarrow has shown how the miracles of St Mildburg of Wenlock reflect the changing fortunes of the priory at the point at which the collection was written. He points to the miracle of a local unidentified noble who wished to 'honour the place with worthy

⁴ Yarrow, *Saints and their Communities*, p. 15.

⁵ Ward, *Miracles and the Medieval Mind*.

⁶ Sally Crumplin, 'Modernizing St Cuthbert: Reginald of Durham's Miracle Collection', *Studies in Church History*, 41 (2005), 179-91, (p. 190); William M. Aird, 'The Making of a Medieval Miracle Collection: the *Liber de Translationibus et Miraculis Sancti Cuthberti*', *Northern History*, 28 (1992), 1-24, (p. 23).

⁷ Crumplin, 'Modernizing St Cuthbert'; Rachel Koopmans, *Wonderful to Relate*, pp. 50, 62; Yarrow, *Saints and their Communities*.

gifts', which he interprets as an attempt made by the monastery to attract a new patron. The collection was written in the first decade of the twelfth century at the same time as the son of the priory's founding patron was driven out of England and deprived of his lands by the king. By including evidence of elite social support of the cult without identifying the nobleman concerned, it is possible that the monastery was appealing for a new patron.⁸

Claire Pilsworth has demonstrated adeptly that illness and healing can be employed differently in distinct hagiographical texts due to their differing purposes and audiences. She has emphasised the need to study hagiographical texts in their entirety, in detail and with an understanding of the context in which they were produced, in order to fully exploit the richness of these sources in an examination of health and illness.⁹ Therefore before embarking on an analysis of the miracles to create an understanding of the lived experience of health and illness, this study will start with a thorough examination of the sources on which it is based.

As outlined in the previous chapter, the sources used for this study can be divided into two groups; the first (all from Apulia) record civic saints' cults. The second group comprises sources of monastic origin, from both Campania and (in the case of the life of John of Matera) from Apulia. In relation to these sources, this chapter tries to explore and answer the following questions: Who was the author of the text, and what was their purpose in creating it? Who was the intended audience of the narratives? What was the significance of health and

⁸ Simon Yarrow, 'The Invention of St Mildburg of Wenlock: Community and Cult in an Anglo-Norman Shropshire town', *Midland History*, 38 (2013), 1-15, (pp. 11-12).

⁹ Pilsworth, 'Medicine and Hagiography'.

illness more broadly in these texts? What do the incidents of illness tell us about contemporary understandings of health? Recent work by Amalia Galdi, Harmut Hoffmann and Paul Oldfield has examined the contemporary contexts in which the hagiographical texts relating to the saints Eleutherius, Secundinus and Anastasius of Troia and saint Mennas of Caiazzo were produced.¹⁰ Therefore this chapter will focus instead on the underexamined texts of: Cataldus of Taranto; John of Matera; Maurus, Pantaleone and Sergius of Bisceglie; Nicholas of Trani; William of Vercelli; and the First Four Abbots of Cava.

The study concentrates on six miracle collections and three *vitae* composed in southern Italy in the long twelfth century (c. 1080-1200), which collectively provide one hundred and forty-two miraculous healing incidents`.

¹⁰ Galdi, *Santi, territori, potere e uomini*, pp. 229-247; *Miracula S. Mennatis*; Paul Oldfield, 'Rural Settlement and Economic Development in Southern Italy: Troia and its *contado*, c.1020-c.1230', *Journal of Medieval History*, 31 (2005), 327-345.

	Healing Incidents
<i>Adelferius, Vita Nicolai Peregrini</i>	13
<i>Amandus, Translatio Nicolai Peregrini</i>	9
<i>Historia di S. Cataldi</i>	34
<i>Historia di SS. Mauri, Pantaleonis et Sergii</i>	41
<i>Miracula S. Mennatis</i>	10
<i>Translatio Eleutherii, Pontiani et Anastasii</i>	12
<i>Vita S. Guilielmi</i>	7
<i>Vita S. Joannis</i>	5
<i>VQPA</i>	11
Total	142

Table 1: Number of healing incidents within the nine key hagiographical texts

The term ‘miraculous healing incidents’ has been used because some of the healing events are found within miracles which would not necessarily be classified as a curative miracle. However, these narratives also contain a curative element, including a description of the supplicant’s condition and their experience of it and therefore have been included in the discussion. For example, Daufferius, a deacon of Cava, was punished for falling asleep on the tomb of Abbot Constable with an affliction to his arm, which meant he was unable to bend it any way nor stretch it. After repenting for his action, praying and beseeching the help of Constable, he was soon healed.¹¹ Similarly the Bisceglie collection contains two

¹¹ *VQPA*, p. 34

miracles which describe the affliction of an illness due to the unbelief of an individual and the subsequent healing of the conditions when the individual recognized their faithlessness.¹² Although these are not traditional healing miracles; as the healing is not the focus of the narrative but merely a by-product, it still contains an incident of miraculous healing and details of the condition that offer glimpses of the experience of ill-health.

1.1 Civic Saints

Five of the sources that form the base of this study are the hagiographical texts relating to the civic saints of Bisceglie, Taranto, Trani and Troia. Three of the texts relate to saints whose cults were revived during this period, while the other two texts were in celebration of a saint newly established in southern Italy between 1080 and 1200. Maurus, Pantaleone and Sergius were early-Christian martyrs who had been sentenced to death by the Emperor Trajan (AD 98-117). Their relics were discovered in 1166 after *Adeodonatus*, a simple and religious youth, received a vision in which he was instructed where to find the relics. Upon hearing of the discovery Amandus, Bishop of Bisceglie, oversaw the translation of the relics to the newly built cathedral of Bisceglie in 1167 in an event attended by a number of local ecclesiastical dignitaries.¹³ Similarly the rediscovery of the body of Cataldus in 1151 during the rebuilding of the cathedral at Taranto, revealed the saint to be an early-Christian Irish bishop, who during his return journey as a pilgrim to the Holy Land was persuaded by the population of Taranto to remain as their bishop.¹⁴ The rediscovery of the relics of the saints Eleutherius,

¹² *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 366 (A21, A23).

¹³ *Historia di SS. Mauri, Pantaleonis et Sergii*, pp. 362-362.

¹⁴ Thomas Head, 'Discontinuity and Discovery', p. 197.

Pontianus and Anastasius in 1104 also recalled links to an earlier Christian heritage.

In contrast, the establishment of the cult of Nicholas of Trani in the late eleventh century was in celebration of the Greek youth who died in Trani on 2nd June 1094. After being thrown out by his mother for continuously chanting the *Kyries*, Nicholas began wandering around the province of Boeotia. After a brief spell at the local monastery, where the monks tried to exorcise the demon they thought possessed him, Nicholas continued his wandering. It was at this point that he received a vision of Jesus Christ, the Virgin Mary and John the Baptist instructing him to go to Trani in southern Italy. Nicholas set out immediately and after travelling through Apulia from Otranto he reached Trani, where he wandered the streets chanting. He died two weeks after he arrived.

The earliest text is the *Vita Obitusque Sanctissimi Nicolai Peregrini Confessoris Christi* written by Adelferius, who identified himself as the servant of Bisantius II, Archbishop of Trani (attested 1094-1120), and who was commissioned by the archbishop to write an account of the life of Nicholas of Trani and his posthumous miracle-working.¹⁵ This, the first of three accounts recording the life, deeds and miracles of Nicholas, was probably written fairly soon after his death in the late 1090s.

The second account written in celebration of Nicholas of Trani, *In Translatione Sancti Nicolai Peregrini Confessoris Legenda*, was produced by Amandus, then a deacon of Trani cathedral, in around 1142. It was written at the

¹⁵ Adelferius, *Vita Nicolai Peregrini*, p. 151.

request of Bisantius III, a later archbishop of Trani (attested 1142-1150), to celebrate the translation of the saint to the newly refurbished cathedral.¹⁶

The two texts, by Adelferius and Amandus, survive today in one manuscript (H2), dating from the sixteenth century, and preserved at the Biblioteca Vallicelliana in Rome. The two accounts are bound together in a single manuscript alongside other hagiographical works, and have been copied from probably a twelfth- or thirteenth-century parchment codex, which was preserved in the archives of the church of Trani where its presence attested by Archbishop Caracciolo in 1596.¹⁷ The sixteenth-century manuscript was donated to the Biblioteca Vallicelliana as part of the library of Antonio Gallonio (d. 1605), a prominent writer and compiler of hagiographies.

After his elevation to be Bishop of Bisceglie, the same Amandus continued his hagiographical authorship with the composition of the *Inventio, translationes et miracula SS. Mauri, Pantaleonis et Sergii*, in 1167, which recounted the discovery, translation and posthumous miracles of the saints. Although in his 1996 article, Limone has identified this Amandus as a different person to Amandus, deacon of Trani, it appears as though he is the same person since Amandus claims in the 'Prologus' of the *Inventio* to have previously written

¹⁶ The third version of Nicholas' life was based on the reflections of Nicholas' followers, particularly Bartholomew, a Greek monk who had accompanied Nicholas from Greece to Apulia, and was compiled at an unknown date. This account is not being considered within this study as it is part of the Greek hagiographical tradition. For a further discussion on this *vita* please see: S. Efthymiades, 'D'orient en occident mais étranger aux deux mondes. Messages et renseignements tirés de la vie de Saint Nicolas le Pèlerin (BHL 6223)', in *Puer Apuliae*, ed. by E. Cuozzo, 2 vols (Paris, 2008), I. pp. 207-23.

¹⁷ Albertus Poncelet, *Catalogus Codicum Hagiographicorum Latinorum Bibliothecarum Romanarum praeter quam Vaticanarum* (Brussels: Apud Editores, 1909), p. 401; Limone, *Sancti monaci e sancti eremeti*, p. 131. The third version of Nicholas' life can also be found in this codex.

about the translation of Nicolas of Trani.¹⁸ The text of the *Inventio* survives now in two sixteenth-century copies, both of which were copied from the codex at the church of Bisceglie, and are bound together in the manuscript H9 and preserved at the Biblioteca Vallicelliana.¹⁹ There is also a fragment of this text, bound together with the works *Catilina* and *Jugurtha* by Sallust, preserved in MS Arundel 234 at the British Library. Dating from the second half of the twelfth century, this manuscript is written in Beneventan script and is thought to originate from southern Italy.²⁰

The transfer of the relics of the saints Eleutherius, Secundinus and Anastasius from Tivera to Troia in 1104 was recorded in *In Translatione sanctorum martirum Eleutherii, Pontiani et confessoris Anastasii*. This account, which also recorded the eleven posthumous miracles that followed the translation, was written by Roffredus, *precentor* of the city's bishopric and was composed during the twelfth century.²¹ This text survives now in only one twelfth-century manuscript (VI. AA.4), which is preserved at the Biblioteca Nazionale di Napoli. The account can be found on folios 260-267^v.²²

¹⁸ 'sicut jam dudum apud nobilissimam urbem Transensium nos scripsisse beati Nicolai Peregrini confessoris Christi translationem recolimus', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 360; Limone, O., 'Italia meridionale (950-1220)', in *Hagiographies*, IV vols (Turnhout: Brepols, 1996), II, pp. 11-60 (p. 37).

¹⁹ Poncelet, *Catalogus Codicum Hagiographicorum*, p. 428.

²⁰ E.A. Lowe, *The Beneventan Script: A History of the Southern Italy Miniscule*, ed. by V. Brown, 2nd edn (Rome: Edizioni di storia e letteratura, 1980), pp. 52-53; British Library, <<http://www.bl.uk/catalogues/illuminatedmanuscripts/record.asp?MSID=7275&CollID=20&NStart=234>> [accessed 2nd March 2020].

²¹ *Translatio Eleutherii, Pontiani et Anastasii*, pp. 424-6.

²² *Translatio Eleutherii, Pontiani et Anastasii*, pp. 414-5.

The *Historia inventionis et translationis St Cataldi* is one of two differing accounts relating the rediscovery of Cataldus during the eleventh century.²³ This account was written sometime after the third translation of the saint's body in 1151 and unlike the other miracle collections examined in this study, which were written by clerics, this piece of hagiography was written by a learned layman, Berlengarius. This text survives in one fourteenth-century manuscript (Lat. 810), which can be found in the Bibliothèque Nationale in Paris, on folios 125^r-128^v and 141^v-144^r.²⁴

Throughout this narrative there is an obvious use of medical terminology, which is in contrast to the other civic collections written by ecclesiastics. Not only are a number of the conditions, which Cataldus is described as healing, identified by their medical term (please see table 2), but *patiens*, the term used to denote the suffering of the individual in a twelfth-century medical text, is also found throughout the narrative.

²³ The second account the *Sermo de Inventione Sancti Kataldi*, is entirely different to the first. It is an anonymous work thought to have been written between 1094, the date of the discovery of the relics, according to the *Sermo*, and 1174, the date of the only known manuscript. Please see: A. Hofmeister, 'Sermo de Inventione Sancti Kataldi', *Münchener Museum für Philologie des Mittelalters und der Renaissance* 4 (1924), 101–14. This account is not considered within this study.

²⁴ Limone, 'Italia meridionale', p. 47; <<https://www.mirabileweb.it/manuscript/paris-biblioth%C3%A8que-nationale-de-france-lat-810-manuscript/142567>> [accessed 28th February 2020].

	<i>Adelferius, Vita Nicolai Peregrini</i>	<i>Amandus, Translatio Nicolai Peregrini</i>	<i>Historia di S. Cataldi</i>	<i>Historia di SS. Mauri, Pantaleonis et Sergii</i>	<i>Translatio Eleutherii, Pontiani et Anastasii</i>	Total
Blindness	2	3	6	6	0	17
Deafness	0	0	2	2	0	4
Epilepsy	0	0	1	0	0	1
Fever	0	0	1	1	0	2
Flowing blood	0	0	0	1	0	1
Frenzy	0	0	1	0	0	1
<i>Gutta Fistula</i>	0	0	1	0	0	1
Leprosy	0	0	1	0	0	1
Pain	0	0	2	2	0	4
Paralysis/Impairment	8	5	12	20	6	51
Possession	3	1	1	1	0	6
Revival	0	0	1	4	0	5
Scrofula	0	0	2	0	0	2
Unknown condition	0	0	2	4	3	9
Vertigo	0	0	1	0	0	1
Total	13	9	34	41	9	106

Table 2: Conditions encountered in the *miracula* of the civic saints

The author describes himself within the text as ‘Quidam miles egregius de Tarento, Dominus Bedengerius [sic]; qui, ut eloquentissimus jurisque peritus’ and the content, such as the inclusion of medical terminology, supports the suggestion that the author was learned, literate and of noble standing.²⁵ The exact identity of Berlangarius is yet to be firmly established, although a number of references within the text makes it plausible to suggest that the author was Berlangarius de Giso.²⁶ The only knight recorded in the *Catalogus Baronum*, compiled in c. 1150, with the name Berlangarius was Berlangarius de Giso, who is recorded as holding Sarconi and Pertecara, in the Principality of Salerno, in return for the service of four knights. A second entry, which was added to the *Catalogus* when it was revised in 1168, also records him holding Viggiano in the Principality of Taranto, a fief which he had probably purchased after the death of its previous holder William de Théville c. 1165.²⁷ Further information in the *Catalogus* identifies Berlangarius as *comestabulus* and additional evidence shows that he was a *magister comestabulus* in Sicily in 1162. He is seen in a document from April 1162 acting, with his colleague Richard of Mandra, in his position as *magister comestabulus*, as he presented *Johannes Male Convencionis*, who wanted to sell his estate of Calatراسi as he could no longer afford the service of eleven soldiers, to the King at Messina.²⁸ Furthermore the so-called Hugh Falcandus records in *The History of the Tyrants of Sicily* how Berlangarius in the autumn of 1167, after

²⁵ *Historia di S. Cataldi*, p. 572.

²⁶ Vera von Falkenhausen, ‘Taranto’ in *Itinerari e centri urbani nel Mezzogiorno normanno-svevo (Atti del decimo giornata normanno-svevo Bari, 21-24 ottobre 1991)*, ed. by Giosuè Musca (Bari: Dedalus, 1992), pp. 451-475 (p. 472).

²⁷ *Catalogus Baronum* ed. E.M. Jamison, *Fonti per la storia d’Italia CI* (Rome: Dall’instituto storico italiano per il medio evo, 1972), 108, p. 20; 483, p. 91.

²⁸ G.B. Siragusa, *Il regno di Guglielmo I in Sicilia*, 2nd edn (Palermo: Sandron, 1929), pp. 425–8; C.A. Garufi, *Catalogo illustrato del tabulario di S. Maria Nuova in Monreale, Documenti per servire alla storia di Sicilia: Diplomatica*, xix (Palermo: Era nova, 1902), pp. 161–3.

losing the favour of the royal court on account of his friendship with the Chancellor Stephen of Perche, left his office of high constable and retired to the fief of Sarconi and Pertecara, and immediately bought the fief of Viggiano.²⁹

This demonstrates that Berlingarius de Giso was present in Sicily in 1162 as *magister comestabulus*, and that he appears to have remained there until the late autumn of 1167. Although it is impossible to outline the exact responsibilities of the *magister comestabulus* of Sicily, it appears that he was the commander of the royal military household and exercised judicial and administrative powers.³⁰ As the document from 1162 shows, this position would have required the holder to be experienced (*peritus*) with justice, which is how the author of the *Historia di S. Cataldi* is described. Furthermore, the *Historia di S. Cataldi* records, in the account of the author's miraculous cure by the saint, how the author was summoned to Palermo by the command of the King.³¹

It was also not unusual, in the Kingdom of Sicily, for members of the secular court to produce religious texts. Around the same time, between 1154 and 1160, Maio of Bari, the chief minister of King William I, produced a commentary on the Lord's prayer, while at the request of the bishop of Tricarico in 1194

²⁹ *La Historia o Liber de regno Sicilie e la Epistola ad Petrum Panormitane Ecclesie Thesaurium di Ugo Falcando* ed. by G.B. Siragusa, *Fonti per la storia d'Italia XXII* (Rome: Dall'istituto storico italiano per il medio evo, 1897), p. 120. For the English translation please see: *The History of the Tyrants of Sicily by 'Hugo Falcandus', 1154-69*, trans. by G.A. Loud and T. Wiedemann, Manchester: Manchester University Press, 1998), pp. 170-71.

³⁰ E.M. Jamison, *Admiral Eugenius of Sicily: His Life and Work, and the Authorship of the Epistola ad Petrum and the Historia Hugonis Falcandi Siculi* (London: Oxford University Press, 1957), p. 292.

³¹ 'Quidam miles egregius de Tarento, Dominus Bedengerius [sic] nominatus; qui, ut eloquentissimus jurisque peritus, Confessoris gesta edidit veneranda, ad transferendum quoddam de Graeco in Latinum volumen, contulit se Panormum, de mandato Regio evocatus', *Historia di S. Cataldi*, p. 572.

another layman translated the life of Greek-Italian saint Vitalis of Castronuovo into Latin.³²

In contrast to the internal monastic communities that were the intended audiences of the *vitae* of the holy abbots, the authors of the civic collections were writing for the benefit of the cathedral chapter and the laity. The intended dissemination of the texts can be inferred from the liturgical context, particularly of the Bisceglie *miracula*. This miracle collection was written in seventy-two readings, which were divided into eight groups of three sets of three readings (a nocturne), for the celebration of matins. The liturgy was written to celebrate the feast day of the saints on 27 July, and on the following seven days, and would have been performed before sunrise by the entire cathedral body. Each nocturne would have been accompanied by three to four psalms which would have complemented the message of the nocturne.³³ Although it is possible that the laity may have been present at this service, we cannot be certain that they were, and additionally although the readings would have been the most audible part of the service they would have been sung in Latin, so it is uncertain to what extent it would have been understood by the townspeople who were present. Therefore, it is clear that cathedral clergy, who would have performed the liturgy, were part of the intended audience of the author.

It is a misconception to think that the cathedral clerics were separated from their local urban community; in reality they were often part of the wider

³² *Vita S. Vitalis Abbatis*, AS March, ii (Paris, 1865), 26-35; D. J. A. Matthew, 'Maio of Bari's Commentary on the Lord's Prayer', in *Intellectual Life in the Middle Ages. Essays Presented to Margaret Gibson*, ed. by L. Smith and B. Ward (London: Hambledon, 1992), pp. 19-44.

³³ The identity of the accompanying psalms and antiphons has not been preserved in the *Acta Sanctorum*. It is possible that they are identified in the manuscript, but this has not been consulted.

community and shared its ideals and values.³⁴ Despite the attempts of the reform papacy to stamp out such practices, many cathedral clerics owned their own property and lived in their own houses; some even had families.³⁵ Further co-operation between the clerics and laity would have been needed during the construction of the cathedral. During the construction of the new oratory for the saints at Bisceglie all the inhabitants of the community, ‘from the least to the greatest’, worked day and night to help with the construction, while an inscription at the cathedral at Trani records how it was constructed by ‘the faithful people of Trani’.³⁶ The location of the cathedral at Bisceglie situated in the middle of the historical centre also demonstrates the integration of the clergy with the community. Within the integrated environment described above, it is possible to understand how the ideals and messages encouraged in the miracle collection would have been absorbed and practised by the clergy before being passed down to the laity through sermons and good example.

It was within the context of the growing independence of the cities, an emergent sense of civic identity amongst the inhabitants of these cities and a developing sense of rivalry between neighbouring cities that the foundation of the civic shrines must be understood. The large number of posthumous healing miracles (please see table 2) in the narratives that accompanied the translation of the saints served to demonstrate the efficacy of petitioning the aid of the civic saint and to attract supplicants to the shrine. With the establishment of a successful cult, the city and its citizens were not only provided with a patron saint

³⁴ Loud, *Latin Church*, p. 399.

³⁵ Loud, *Latin Church*, p. 401.

³⁶ ‘totus Vigiliensis populus a minimo usque ad maximum’, *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 367; Émile Bertaux, *L’art dans l’Italie Méridionale de la Fin de l’Empire Romain à la Conquête de Charles d’Anjou*, 3 vols (Paris: De Boccard, 1903; repr. 1968), I, p. 372.

who, it was believed, favoured the city, protected it and interceded with God on its behalf, but who also enhanced the image and prestige of the city by drawing in pilgrim traffic. By attracting pilgrims passing through Apulia, the cult would have brought economical advantage to the community, helped bolster the community's reputation and allowed it to become more culturally influential.

The twelfth century witnessed an emergent sense of civic consciousness amongst the urban communities of Apulia. This was a product of both urban expansion and the unstable political situation in Apulia in the second half of the eleventh century. Following the death of Duke Robert Guiscard in 1085, who had united the disparate regions of southern Italy under his rule, ducal authority weakened and many of the towns in southern Italy developed more independent rule which nurtured the feelings of civic identity and pride. These developments were accentuated in the early twelfth century amidst political fragmentation and civil war (1127-1139) as the urban communities were forced to become more involved in civic self-government and then became increasingly autonomous. Having shaken off ducal authority, from the late eleventh century, Trani, for example, enjoyed de facto independence. This self-rule can be seen in its charters, which the local notaries ceased to date according to ducal rule, using instead the regnal dates of the Byzantine emperor, who was too far away to impose any authority on the city.³⁷ Bari similarly enjoyed a high level of independence with governance of the city shared between the urban noble families headed by Prince Grimoald.³⁸ The autonomy of these cities was challenged in 1127 when following

³⁷ Paul Oldfield, *City and Community in Norman Italy* (Cambridge: Cambridge University Press, 2009), p. 38.

³⁸ Oldfield, *City and Community*, p. 48.

the death of Duke William of Apulia, without a direct heir, Count Roger of Sicily claimed the duchy. He was immediately faced with opposition from a coalition formed by Pope Honorius II, the southern Italian nobles and the self-governing cities. It was only after twelve years of violence and opposition that Roger successfully united the whole of southern Italy. The incorporation of Trani and Bari into the kingdom under the rule of Roger was the result of a compromise in which they were granted charters of privileges from the King. These were granted to Bari in 1132 and Trani in 1139, although in the latter case the charter was a copy of a document already drafted in 1133.³⁹ These charters of concession recognised the city's civic customs and relieved them of military service and certain taxes. Furthermore, the external threats experienced during this period would have strengthened the feelings of communal togetherness within the city walls.⁴⁰ As the inhabitants of these urban communities began to experience a growing sense of identity inextricably linked to their community, rivalries between communities in geographical proximity to each other also grew.

A late twelfth-century poem by the royal notary Roger of Otranto suggests that there was a sharp rivalry between the cities of Taranto and Otranto, both archbishoprics and coastal cities found in the Salento peninsula of southern Apulia. The poem presents the two cities as arguing with each other: Otranto

³⁹ Bari privilege: *Codice Diplomatico Barese*, 19 vols (Bari: [n. pub.], 1897-1950) V: *Le pergamene di S. Nicolas di Bari. Periodo normanno (1075-1266)* ed. by F. Nitti di Vito (Bari: [n. pub.], 1902), pp. 137-39, no. 80; Trani privilege: *Rogarii II. Regis diplomata Latina* ed. C. Brühl (Cologne: Böhlau, 1987), pp. 237-8, appendix no. 1; *King Roger II and the Creation of the Kingdom of Sicily* trans. by G.A. Loud (Manchester: Manchester University Press, 2012), pp. 29-30; Oldfield, *City and Community*, p. 59.

⁴⁰ Paul Oldfield, 'Citizenship and Community in Southern Italy c. 1100-c. 1220', *Papers of the British School at Rome*, 74 (2006), 323-393 (p.324).

made disparaging remarks about Taranto which then defended itself.⁴¹ It is feasible to suggest that this rivalry was rooted in the important coastal position of these two cities. Situated on the western coast of the Salento peninsula, Taranto became a hub of maritime activity with coastal navigation of the Ionian coast being the main focus of the port. The life of John of Matera recounts how the young saint eager for greater solitude left a monastery in Taranto and boarded a ship to Calabria, where he began his eremitical life.⁴² Otranto, situated on the eastern coast of the Salento peninsula, is similarly well attested as a transit port; however its focus was the Holy Land and Byzantium: Nicholas of Trani landed at Otranto after travelling from Greece, while Philip Augustus travelling from the Holy Land returned to Otranto in 1191.⁴³ With both cities situated on the Via Appia, one of the major routes through southern Italy, it is probable that they competed for the maritime traffic. This competitive relationship between urban communities in close proximity to each other was not unique to Taranto and Otranto and can be seen between other communities in the twelfth century. Trani and Bari appear to have vied for ecclesiastical primacy in Apulia while a similar competitiveness existed between the communities of Troia and Foggia in northern Apulia.⁴⁴

Furthermore the discovery of the saint who became a symbol of the city and the occurrence of miracles at the shrine would have served to strengthen and

⁴¹ Von Falkenhausen, 'Taranto', p. 457: Otranto accuses Taranto of being tumultuous, surrounded by the salty sea and built on a barren rock, Taranto responds that in the sea there are the shells from which the colour crimson is extracted and pearl oysters and that in the rock sweet smelling roses will blossom among the thorns.

⁴² *Vita S. Joannis*, c. 4, pp. 4-5.

⁴³ *Gesta Regis Henrici Secundi Benedicti Abbatis*, ed. by W. Stubbs, 2 vols, Rolls Series 49 (London, 1867), II, p. 227.

⁴⁴ Paul Oldfield, 'Rural Settlement', pp. 327-345. See below section 1.1.1 Adelferius – Nicholas of Trani for the rivalry between Trani and Bari.

define the urban community.⁴⁵ On the death of Nicholas of Trani ‘all the people of the city came together as one’ and on the discovery of Cataldus ‘the clergy ran and the people were hurrying’ to the relics.⁴⁶ The festivals and processions that accompanied the translation and feast days of the saints would also have consolidated this civic consciousness. Peter Brown has demonstrated how the ceremonies that accompanied the translation of the saint and the celebrations on the feast day of the saint each successive year were modelled on the late-Roman emperor’s *adventus*, and were times in which the entire community came together and united to celebrate the arrival of their saint and welcome him to his new resting place.⁴⁷ This participation of the whole urban community can be seen in the contemporary sources. In the *Inventio, translationes et miracula SS. Mauri, Pantaleonis et Sergii* written in 1167 by Amandus, he described a carnival-like atmosphere that accompanied the translation of the Bisceglie saints to the new cathedral, as the clergy escorted the relics to their resting place with singing, fragrant odours and lamps ‘that almost equalled the stars’.⁴⁸ Falco of Benevento also noted how the power of the saints united the different factions of the city as the community celebrated the discovery and translation of the saints together; ‘the city of Benevento moved only by honour and love for the saints’.⁴⁹ Therefore the cults created in twelfth-century Apulian cities were not only an expression and

⁴⁵ Edward Muir, *Ritual in Early Modern Europe* (Cambridge: Cambridge University Press, 1997), p. 233.

⁴⁶ ‘Verum omnis civitas in unum collecta’, Adelferius, *Vita Nicolai Peregrini*, p. 155; ‘Clerus currit: populus properat’, *Historia di S. Cataldi*, p. 569.

⁴⁷ Peter Brown, *The Cult of the Saints*, pp. 98-99.

⁴⁸ ‘luminaibus fere stellas aquantibus’, *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 368.

⁴⁹ Falco of Benevento, *Chronicon Beneventanum* (Florence: SISMEL Edizioni del Galluzzo, 1998), p. 49. For an English translation please see *King Roger II and the Creation of the Kingdom of Sicily*, p. 155.

product of civic pride, but simultaneously a way of consolidating the urban community and an attempt by the city looking outwards to bolster its reputation.

In addition to nurturing the civic identity through the establishment of these civic cults, the authors also strove to encourage the health of the community through the healing miracles they recorded and the details within these accounts. The high occurrence of impairment and paralysis conditions healed within the civic collections, fifty-one out of a hundred and six, or 48% (see table 2), demonstrates the perceived threat posed by impairment and paralysis to the health of both the individual and the community. The large number of impairment and paralysis conditions is in contrast to the small proportion of blindness (seventeen or 16%) and possession (6 or 6%) conditions, the second and fourth most common ailment, healed by the civic saints.

Irina Metzler has recently shown that the ability to work was of considerable importance in the Middle Ages. The inability to work could endanger both the physical and spiritual well-being of an individual: the ability to work to earn money was necessary to sustain oneself physically, while the ability to perform religious rituals was also important to maintain one's spiritual health.⁵⁰ A condition which prevented an individual from performing his social role was also an impediment to the functioning of society and a threat to the well-being of the community. Not only were impaired individuals often unable to actively and independently participate in society, but some of the miracles also draw attention

⁵⁰ Irina Metzler, *A Social History of Disability*, p. 43; Irina Metzler, 'Indiscriminate Healing Miracles in Decline: How Social Realities Affect Religious Perception' in *Contextualizing Miracles in the Christian West, 1100-1500: New Historical Approaches* ed. by Matthew M. Mesley and Louise E. Wilson (Oxford: The Society for the Study of Medieval Languages and Literature, 2014), pp. 155-176.

to the lack of mutual respect amongst the members of society as they judged their contribution to society. Combined, these all endangered the cohesion, identity and welfare of the community.

There are several examples of such miracles. A skilled craftsman, named Leo, sought the help of the Bisceglie saints as he was thought ‘useless and inane’ in his craft because of his injured arm.⁵¹ A man called Walter was forced to beg because his throbbing head, which was preventing him from seeing, made him unable to earn his living through sewing, while a wagon builder called Argentius was unable to sustain himself due to his injured arm.⁵² Other miracles illustrate the disparaging attitude other members of the community had towards those who were suffering. Hugh, contracted by painful arthritis, is described as having a ‘useless trunk’, while Nicolas from Trani, having lost the strength from one side of his body, was thought a ‘useless weight’ who had become ‘a tire to himself and others’.⁵³ The inability of some people to participate independently in society because of their condition is also visible in the miracles. A woman from Andria and another called Gemma had been bed-bound for eight and four years respectively, while another called Mary was reliant on the compassion of others to take her out.⁵⁴

The miracles also draw attention to the liminal position in society held by the individuals suffering from an impairment or paralysis condition. The concept of impaired people occupying a liminal position in society was first identified by

⁵¹ ‘aestimabat inutilem et inanem’, *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 363 (Please see appendix A6).

⁵² *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 365 (A17); *Historia di S. Cataldi*, p. 571 (B16).

⁵³ ‘truncus inutilis’; ‘pondus ignavum’; ‘taedium fit ipse sibi et aliis’, *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 364 (A12, A14).

⁵⁴ *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 364 (A15, A27); Adelferius, *Vita Nicolai Peregrini*, p. 157 (D13).

anthropologists and ethnographers as they are ‘neither out of society nor wholly in it’. This notion of occupying a boundary state is also applicable to their conditions as they are classed as neither ‘healthy’ nor ‘sick’.⁵⁵ Although liminality can relate to the boundary of physical areas, it is the notion of occupying different metaphysical spaces, such as being between the two states of dead and alive, that is encountered in these miracles. William, a priest, who had lost the use of all of his side and feet, was described as ‘alive, he was considered dead’. A little boy, who was suffering from contracted nerves of his whole body, although ‘living was believed dead’.⁵⁶ These attitudes towards the individuals’ suffering, combined with their inability to actively contribute to the community either socially or through work, endangered the health of the community as it led to a disordered and divided community.

The idea of the inability of an individual to fulfil their role in society and being an impediment to the functioning and well-being of the social body is echoed in the terms used in the narrative to describe the condition of an individual. By using the individual as a microcosm of the community throughout the narrative, Amandus demonstrates that each member of the body has to be able to fulfil their role in order for the body to be healthy. When describing the condition of the supplicant seeking health from the saints, he discusses how the member of the natural body is unable to carry out its *officio*. A woman, named Petraccha, was healed by the saints after a long illness that had not allowed her to ‘stand on her feet or raise up her hands’ (literally ‘neither to establish her feet nor

⁵⁵ Robert Francis Murphy, *The Body Silent* (London: Norton, 1990), pp. 131-32; Metzler, *A Social History of Disability*, pp. 31-2, 155-57.

⁵⁶ ‘et vivens aestimaretur exanimis’, *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 363-64 (A1, A10).

lift up palms’).⁵⁷ Another supplicant named Mary had a ‘great weakness of the limbs’ which had prevented ‘her from moving her hands to touch, to raise her arms or to stretch out her legs to walk’, while a deaf-mute youth of Bisceglie is described as being unable to draw noise into his ears.⁵⁸

This idea of an individual’s ill-health affecting the health of the community must be understood in terms of the contemporary ideals of health and of the interdependent relationship between the health of the individual and that of the community. From the time of ancient Greece the analogy of the body has been used to understand the structure and nature of society. The Stoic thinkers of ancient Rome, such as Cicero and Seneca, developed the work of Plato and Aristotle, which established the idea of the individual as a microcosm of the social body. These authors discussed how each member of the body, natural and social, needed to be in harmony with one another in order to be advantageous to the whole.⁵⁹ The Apostle Paul also used the organological metaphor in his writings. In 1 Corinthians, Romans, Colossians, and Ephesians he developed the theme of the ‘body’ of Christ, in which the Church was understood as the body of Christ. In 1 Corinthians 12:12-31 Paul describes the Christian community in terms of the body comprised of many parts and goes on to explain the utility of the different members of the congregation to the body as a whole. In these organic terms, an ideal community was likened to a healthy body, where each member worked with

⁵⁷ ‘ut nec gressus figere, nec palmas elevare’, *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 369 (A31).

⁵⁸ ‘manus ad tactum movere, brachia tollere, pedes ad gressum protendere vis languoris prohibebat’, ‘sic aurium meatus obstructus sonum haurire prohibebat’, *Historia di SS. Mauri, Pantaleonis et Sergii*, pp. 365, 369 (A15, A29).

⁵⁹ D. Hale, *The Body Politic: A Political Metaphor in Renaissance English Literature* (Paris: Mouton, 1971), pp. 22-5; Cary Nederman, ‘The Living Body Politic: The Diversification of Organic Metaphors in Nicole Oresme and Christine de Pizan’, in *Healing the Body Politic: The Political Thought of Christine de Pizan* ed. by Karen Green and Constant J. Mews (Turnhout: Brepols, 2005), pp.19-33.

the others to bring prosperity to the body. Cicero, in *De Officiis*, which was read and copied throughout Latin Christendom during the twelfth century, reasoned that if a member was to work for the benefit of itself and to the detriment of other members, the whole body would be weakened and would perish.⁶⁰ Cicero's works, including *De Officiis*, were among those transcribed at Montecassino during the twelfth century.⁶¹

Well then, for a man to take something from his neighbour and to profit by his neighbour's loss is more contrary to Nature than is death or poverty or pain or anything else that can affect either our person or our property. For, in the first place, injustice is fatal to social life and fellowship between man and man. For, if we are so disposed that each, to gain some personal profit, will defraud or injure his neighbour, then those bonds of human society, which are most in accord with Nature's laws, must of necessity be broken. Suppose, by way of comparison, that each one of our bodily members should conceive this idea and imagine that it could be strong and well if it should draw off to itself the health and strength of its neighbouring member, the whole body would necessarily be enfeebled and die; so, if each one of us should seize upon the property of his neighbours and take from each whatever he could appropriate to his own use, the bonds of human society must inevitably be annihilated.⁶²

In terms of the social body, the sinful and immoral behaviour of individuals could endanger the health of the whole community as it would break the bonds of society and lead to an ungodly society lacking in Christian virtues. The loss of communal spiritual health was thought to provoke the wrath of God in the form of epidemic, war or famine, all of which would impact on the physical health of the community. Alexander of Telese, writing in southern Italy during the 1130s,

⁶⁰ M. James, 'Ritual, Drama and Social Body in the Late Medieval English Town', *Past and Present*, 98 (1983), pp. 3-29 (p.7); M. Lapidge, 'The Stoic Inheritance', in *A History of Twelfth-Century Western Philosophy* ed. by P. Dronke (Cambridge: Cambridge University Press), pp. 81-113 (p.93).

⁶¹ Francis Newton, *The Scriptorium and Library at Monte Cassino*, p. 284; Michael Winterbottom, 'Transmission of Cicero's *De Officiis*', *The Classical Quarterly*, 43 (1993), 215-242 (p. 218).

⁶² Cicero, *De Officiis*, Book 3 5.21-22, http://www.constitution.org/rom/de_officiis.htm#book3 [accessed 2nd March 2020].

describes how the violent campaign against the mainland by Roger II was God's retribution for the sins of the people of the mainland.

For what sin was not exercised among these people? Having thrown away all fear [of God] they did not hesitate to slaughter men, steal, commit sacrilege, adultery, perjury, even the oppression of churches and monasteries, contempt for men of God and many things similar to these. Some pilgrims travelling on God's behalf were robbed, others indeed, instead of having their property stolen were assassinated in distant places. God, greatly offended by these crimes, drew Roger from the sheath of the province of Sicily, so that holding him in His hand as though a sharp sword He might repress those who had committed these crimes.⁶³

In the same vein, the *vita* of John of Matera recorded how 'through the notable sin of a certain canon, all the citizens of Gargano are suffering the misfortune of drought'.⁶⁴

Although demonstrating how an individual's poor health was a threat to the well-being of the community, the authors, throughout the miracle collections, also encouraged unity, accord and identity amongst the community through their descriptions of the cure and the subsequent celebrations and thanks. The description of the celebration of the cure encouraged a sense of community. Many of the miracles demonstrate the communal aspect of the celebration of the cure, as the community actively participated in the miracle. Often in the miracles the community can be seen to give collective thanks for the cure of the individual.

When Gemma, who had been bed-bound for four years, was cured by Nicholas of Trani at home, 'she advanced, with the quickest steps, to the tomb of the saint and

⁶³ Alexander of Telesse, *Alexandri Telesini Abbatis Ystoria Rogerii Regis Siciliae, Calabriae atque Apulie* ed. by Ludovica de Nava with commentary by D.R. Clementi (Rome: Istituto Storico Italiano, 1991), prologue. For an English translation please see *Roger II and the Creation of the Kingdom of Sicily*, p.64.

⁶⁴ 'Quia pro cuiusdam canonici notabilis peccato, tota Garganica civitas istud siccitatis malum patitur', *Vita S. Johannis*, c. 13, p. 16.

was accompanied by a great crowd'.⁶⁵ In a similar way, when a little boy who had been trampled by a horse in the street arose uninjured, after his mother invoked the help of the Bisceglie saints, everyone present began praising the saviour, and when Mary was cured of paralysis 'everyone watching was amazed and praised the Lord'.⁶⁶ The people of Taranto entreated the help of Cataldus for a man from Germany, who had travelled to petition the aid of the saint, and celebrated together with hymns and praise when he was cured.⁶⁷

In other miracles, the community acted as a witness to the cure, bringing people together and creating a shared identity. After the same Mary was cured 'she speaks, she walks, she bends her arms and with palms raised offers herself joyfully and strong to us'.⁶⁸ After Hugh's cure, he 'showed himself to us [being] unharmed'.⁶⁹ The use of the first person plural within some miracles (that is, the use of 'us' or 'our' to refer to the witnesses), as is the case of Hugh, also relays a sense of solidarity and identity. This literary device is used throughout the narrative; for example, a blind pilgrim 'came to us seeing' and Nicholas after his cure 'in our presence was cheerful and freed from all danger', to include the audience and make them participants in the miracle and in doing so to nurture a communal identity.⁷⁰

⁶⁵ 'et ad sancti tumulum, magna comitante caterva, velocissimis incessit gressibus', Adelferius, *Vita Nicolai Peregrini*, p. 158 (D13).

⁶⁶ 'mirantur omnes et collaudant Dominum', *Historia di SS. Mauri, Pantaleonis et Sergii*, pp. 365, 369 (A15, A28).

⁶⁷ *Historia di S. Cataldi*, p. 573-74 (B33).

⁶⁸ 'loquitur, graditur, brachia flectit et palmis se laetam et validam nobis offert', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 365 (A15).

⁶⁹ 'Se nobis repraesentat per se incolumen', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 364 (A12).

⁷⁰ 'coram nobis assistit hilaris et ab omni morbi periculo absolutus', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 364, 369 (A14, A30).

The creation of these texts, which accompanied the growth of the civic saints' shrines, for the cathedral clergy and the local community served to draw attention to the cult and attract pilgrims by emphasising the thaumaturgic power of the saint. The development of a successful cult strengthened the identity of the urban community within the context of the growing sense of civic identity and independence amongst the cities and the emergent rivalries between neighbouring cities. However, the authors also utilised the selection of the conditions healed by the civic saints to promote the health of the community. The high number of healing miracles related to impairment and paralysis conditions demonstrated how the health of an individual could affect the well-being of the community. Despite this overarching aim of the five civic texts, the authors also had unique aims in writing their collections, which related to their local and personal context, and influenced the selection of healing miracles presented by the authors and the details included in them.

1.1.1 Adelferius – Nicholas of Trani

Writing at the end of the eleventh century and about an unknown saint, Adelferius used his account of the life and miracles of Nicholas of Trani to demonstrate his sanctity and secure his canonisation by Pope Urban II. All of the healing miracles attributed to Nicholas of Trani by Adelferius (please see table 3) are of conditions healed by Jesus in the gospels of the New Testament. The parallel between Jesus and Nicholas is strongly emphasised in the curative miracle of the demoniac Anastasia from Mottola. Tormented with possession by an evil spirit, Anastasia entreated help from Nicholas by visiting and sleeping beside his tomb. After awaking to find herself cured of the possession, she recounted how she had heard

a voice saying: ‘Rise, woman, for you have been healed’.⁷¹ The phrase heard by Anastasia was similar to words used by Jesus or his disciples after they had healed someone.⁷² Therefore in attributing the same words to Nicholas after Anastasia’s cure, Adelferius was linking him, in the mind of the audience, to Jesus and in doing so accentuating his sanctity.

Main Illness	Total
Blindness	2
Impairment	6
Paralysis	2
Possession	3
Total Healing	13

Table 3: Conditions cured by Nicholas of Trani in Adelferius’ *Vita Nicolai Peregrini*

Drawing on this common trope of sanctity Adelferius was demonstrating the holiness of Nicholas of Trani to the audience and demonstrating he was worthy of veneration. Such efforts were necessary as he appears to have been an obscure individual. Nicholas had died two weeks after his arrival in Trani and having only been nineteen when he died, had not been acknowledged as having performed deeds demonstrating sanctity during his life; in fact, Adelferius even admitted that the majority of the adult population in Trani thought him to be insane.⁷³

The reason the account by Adelferius demonstrated the sanctity of Nicholas of Trani so forcefully was because it is thought to have been the document presented

⁷¹ ‘respondebat vocem dicentem sibi audivisse: Surge, mulier, quia sana facta es’, Adelferius, *Vita Nicolai Peregrini*, p. 157 (D10).

⁷² Acts 9:34 (After John heals Aeneas, he says ‘Arise and make thy bed’); Acts 3:6 (After the healing of a lame man, Peter says ‘Rise up and walk’).

⁷³ Oldfield, ‘St Nicholas the Pilgrim and the City of Trani’, p. 172.

to Pope Urban II between 1097 and 1099 in an attempt to secure his canonization.⁷⁴ The case of Nicholas falls in the key period during which the papacy had no formalized procedure for canonization but while the popes were attempting to supervise locally initiated canonizations. It is thought that the account presented to Pope Urban II was the account by Adelferius due to the dates of the composition of the other two *vitae*; 1142 for the account by Amandus, and an unknown date for the account based on the oral testimony of Bartholomew.⁷⁵ It was crucial that the new patron saint of Trani was recognised by the papacy because of the local rivalry between the two Apulian ports of Trani and Bari. Situated only 50 km apart, both cities vied for ecclesiastical primacy in Apulia. This rivalry stemmed from their conflicting claims for archiepiscopal rank, both of which were based on each city's temporary union with the See of Canosa which was the original seat of the Apulian archbishopric. On account of these tenth-century links with Canosa, by the eleventh century both Trani and Bari claimed archiepiscopal rank and their prelates identified themselves as archbishops. Their reluctance to accept the other's claim is demonstrated by a number of forged documents from the late-eleventh century in which each city claimed jurisdiction over suffragan sees of the other. Many of the papal documents issued to Bari and Trani during the eleventh century are thought to have been tampered with by the cathedral clergy to improve the claims of their see.⁷⁶ A bull issued by Urban II in 1089 was fairly soon afterwards interpolated to

⁷⁴ *Initien und Empfängerverzeichnis zu Italia pontificia*, ed. by R. Hiestand, 10 vols (Munich: Monumenta Germaniae Historica, 1983), IX, p. 291.

⁷⁵ Oldfield, 'St Nicholas the Pilgrim and the City of Trani', p. 170. The nineteenth-century editors of the text based on the oral testimony of Bartholomew suggested 1138-1157 for the date of composition.

⁷⁶ Alessandro Pratesi, 'Alcune diocesi di Puglia nell'età di Roberto il Guiscardo: Trani, Bari e Canosa tra Greci e Normanni', in *Roberto il Guiscardo e il suo tempo: atti delle prime giornate normanno-sveve* (Bari: Dedalo, 1973), pp. 241-62.

give Trani jurisdiction over the suffragan sees of Bari.⁷⁷ It was within this competitive environment that Bari acquired the sacred relics of the more famous St Nicholas from Myra in 1087, transforming Bari into a major pilgrimage centre. The consecration in 1089 by Urban II of the crypt holding the newly acquired relics of St Nicholas at Bari gave papal confirmation to the cult, which was a relatively rare occurrence at this point.⁷⁸ This all combined to make it essential that the cult of Nicholas of Trani, which developed five years later, also receive such authority and recognition from the papacy, to allow Trani to achieve an equality of status with Bari.

1.1.2 Amandus – Nicholas of Trani

Amandus, the author of a later account of the life and miracles of Nicholas of Trani, wrote his collection in an entirely different context to the one in which Adelferius wrote and consequently had a different intent, which can be seen in the choice of posthumous miracles by the author (please see table 4).

⁷⁷ *Le carte che si conservano nell' archivio dello capitolo metropolitano di Trani*, ed. by A. Prologo (Barletta: V. Vecchi e soci, 1877), pp. 65-7, no. XXII.

⁷⁸ *Codice Diplomatico Barese*, 19 vols (Bari: [n. pub.], 1897-1950), I: *Le pergamene del duomo di Bari (952-1264)*, ed. by G.B. Nitto de Rossi and F. Nitti di Vitto (Trani: Vecchi, 1964), pp. 61-63, no. 33. For the development of a formalised canonization procedure, please see the excellent studies by E.W. Kemp, *Canonization and Authority in the Western Church* (London: Oxford University Press, 1948) and Vauchez, *Sainthood in the later Middle Ages*.

Amandus	Healing	Blindness	3
		Paralysis	5
		Possession	1
	Healing Total		9
	Non-healing	Shipwreck	3
		Prisoners	1
Non-healing Total		4	
Miracle Total			13

Table 4: Miracles performed by Nicholas of Trani in Amandus' *Translatio Nicolai Peregrini*

By the middle of the twelfth century, the shrine of Nicholas was clearly a well-established cult centre. According to Amandus, the sanctity of Nicholas had been recognised by Urban II in a letter and the new cathedral built in honour of the young saint had been completed and was celebrated with the translation of his body in 1142. Having spent much of his pontificate trying to ease the schism between the Greek and Latin Churches, it is possible that Urban hoped the confirmation of Nicholas' sanctity would be seen as a symbol of rapprochement.⁷⁹ In contrast to Adelferius, who was writing to affirm the sanctity of Nicholas and to establish a cult of the saint, Amandus wrote to augment the pilgrim base. The difference in the aims of the miracle collections by Amandus and Adelferius is demonstrated in the miracles attributed to the saint: writing with diverse aims the collections have no miracles in common.

⁷⁹ Oldfield, *Sanctity and Pilgrimage*, p. 134.

Although, as tables 3 and 4 demonstrate, the healing miracles were more numerous in the 1142 account, the four non-healing miracles are much more detailed, and so perhaps more pertinent to Amandus' aim. This suggestion is reinforced by the individual accounts of the healing miracles themselves. Of the nine miracles, few are comprehensive accounts, most are brief and offer limited details about the ailment and experience. In four miracles, Amandus even refers back to previous miracles to save space and time: 'one man was troubled by a similar infirmity', and in the final healing miracle: 'A similar outcome from a similar danger for a boy from Bisceglie'.⁸⁰

Instead the focus of the miracles appears to be on the non-healing miracles, and in particular those which concern the protection of pilgrims from shipwreck.

When a ship, loaded with those desiring the holy tomb of the man, was mastering the open sea, a storm moved the rough seas, [and] it threw the troubled companion ships as far as the cliffs of the Dalmatian shore and besides the wrecks of ships, a great part of those shipwrecked perished. But the ship, which was called the Lion because of the sign of the Lion [placed upon it], which had of its own free will dared to risk the tempest, ran on to a rock in the middle of the sea, whereupon it was attacked by the storms. Soon it was invaded [by the sea] and the rising water threatening the danger of death. The helmsmen and sailors had come to the end of their strength and skill, and safety was already nearly exhausted, when all of the sailors and also the pilgrims entreated urgently the help of Nicholas the Pilgrim, the knight of Christ. Then the Pilgrim Nicholas himself appeared to give help to entreating pilgrims, remarkable and favourable help was granted, arriving just in time. Oh what a miraculous thing!! Under this appearance which was advanced through the town, the soldier standing at the helm of the ship was seen, he freed the ship from the rock and danger, and carried it to port through the middle of the storm and the dense darkness of night with an unwilling gale. With much being recounted about this he merited faith and lest anyone with evil intent blames God since he works through his

⁸⁰ 'Itemque quidam vir Potentianus, qui simili laborabat periculo', 'Similis eventus de simili periculo, in quodam Vigiliensi puero', Amandus, *Translatio Nicolai Peregrini*, p. 167 (E6, E9).

saints until the end of time, in memory of the accomplished deed a waxen ship, prepared by all, was hung in the same church and the confessor of Christ, Nicholas, stood out at the helm of the same ship as he had appeared.⁸¹

In another of these miracles he recounts how a ship full of pilgrims returning from Syria was caught in a storm. Just before it was about to sink, a sailor entreated the help of Nicholas the Pilgrim; the pilgrims followed suit and the wind blew the ship safely to the shores of Calabria.⁸² The third shipwreck miracle also concerns the protection of pilgrims. A ship carrying pilgrims back from Syria was caught in a terrible storm but with the help of Nicholas was carried safely to the port of Syracuse in Sicily.⁸³ As can be seen from these miracles, Amandus meticulously detailed how in danger of their lives the pilgrims entreated Nicholas and following their petition help was given. This focus on the efficacy of petitions to Nicholas by pilgrims suggests that as Nicholas was already an established miracle-worker in the local community, Amandus was trying to expand the pilgrim base and attract to the shrine more of the pilgrim traffic known to have travelled through southern Italy on the Via Appia between other important shrines. One miracle, and one of the few detailed healing accounts, also appears to relate to the healing by Nicholas at the shrine of a man who had been fighting for the faith in the Holy Land:

A rich and noble man of the Gauls, while attacking Syria, by accident completely lost the sight of his eyes, so that he was unable to distinguish either the colours of things, or the difference between light and dark. Returning [home] he heard the fame of the blessed man, he joined the crowd [and] under the guidance of the attendants he came to the church. He extended two lamps in his hands for the altar before the priests, he beseeched the blessed Nicholas with flowing tears and continual prayers, [and] with his

⁸¹ Amandus, *Translatio Nicolai Peregrini*, p. 163.

⁸² Amandus, *Translatio Nicolai Peregrini*, p. 163.

⁸³ Amandus, *Translatio Nicolai Peregrini*, p. 167.

soul and mouth he proclaimed to God. When finally, by divine clemency, he saw the faces of men, for a long time forgotten, he gave owed thanks to God, he raised up to heaven the blessed man with prayers. Finally turning to the crowd, marvelling and praising God in great virtue, he made known the vow of his heart by a speech, saying ‘I devoutly promise to God and blessed Nicholas, that when I have returned [home] I will establish a church in honour of blessed Nicholas the Pilgrim and endow it with estates and revenues, which will be sufficient to keep three priests’.⁸⁴

The effort by Amandus to attract passing pilgrims and crusaders to the shrine of Nicholas of Trani must be considered in the context of the contemporary religious landscape of southern Italy. During the twelfth century Apulia was a thriving and bustling avenue of pilgrims and crusaders alike and hosted a number of important Christian shrines. Since the sixth century, Monte Gargano in the north had been the destination of many pilgrims; in 999 the Emperor Otto III visited the shrine of St Michael the Archangel as penance.⁸⁵ The continued popularity of this shrine through the twelfth century is attested to by the foundation of the Augustinian house of St Leonard’s at Siponto where the canons ran a hospice for pilgrims, many of whom would have been travelling to the shrine of St Michael. However, Hubert Houben has suggested that many of the pilgrims could have toured the shrines of Apulia before leaving for the Holy Land: after visiting the shrine of St Michael they could have continued on to visit the shrine of St Nicholas in Bari before embarking from there to the Holy Land.⁸⁶ The international shrine of St Nicholas of Bari is known to have attracted pilgrims and crusaders before they

⁸⁴ Amandus, *Translatio Nicolai Peregrini*, p. 166.

⁸⁵ John Charles Arnold, ‘Arcadia becomes Jerusalem: Angelic Caverns and Shrine Conversion at Monte Gargano’, *Speculum*, 75 (2000), 567-88, (p. 567); Sarah Hamilton, ‘Otto III’s Penance: A Case Study of Unity and Diversity in the Eleventh-century Church’, *Studies in Church History*, 32 (1996), 83-94, (p. 83).

⁸⁶ Hubert Houben, ‘“Iuxta stratam peregrinorum”: la canonica di S. Leonardo di Siponto (1127-1260)’, *Rivista di storia della Chiesa in Italia*, 56 (2002), 323-48, (p. 331).

embarked on their voyage to the Holy Land from the eleventh century. Fulcher of Chartres records praying at the shrine of St Nicholas in 1096 before departing for the Holy Land with the First Crusade, while the English pilgrim Saewulf, travelling through southern Italy on his way to the Christian-held Jerusalem in 1102, named Bari as one of the main pilgrim ports.⁸⁷

By the mid-twelfth century, Trani, like Bari, had established itself as an international port from which many of the pilgrims, crusaders and goods left for the Holy Land. During his journey around southern Italy in the 1160s, Benjamin of Tudela remarked that at Trani ‘all the pilgrims gather to go to Jerusalem’.⁸⁸ Therefore, the inclusion and dominance of shipwreck miracles indicate an attempt to draw in more of this passing pilgrim traffic to the shrine of Nicholas of Trani, and establish it as another significant shrine in Apulia. Paul Oldfield has also suggested that the location of the spectacular new cathedral, completed in 1142, on the port side, would have served as a beacon to attract passing pilgrims.⁸⁹ The production of the miracle collection alongside the construction of the new cathedral can be seen as a change of direction in the management of the cult. No longer in need of establishing a cult, Amandus dispensed with numerous detailed healing miracles to include comprehensive accounts of miracles that protected pilgrims in order to widen the base of supplicants attracted to the shrine of

⁸⁷ Fulcheri Carnotensis, *Historia Hierosolymitana (1095-1127): mit Erläuterungen und einem Anhang* ed. by H. Hagenmeyer (Heidelberg: Carl Winters, 1913), I.7, p. 166-167; *Jerusalem Pilgrimage, 1099-1185* ed. by J. Wilkinson with J. Hill and W.F. Ryan (London: Hakluyt Society, 1988), p.94.

⁸⁸ *The Itinerary of Benjamin of Tudela*, trans by M.N. Adler (London: H. Frowde, 1907), p. 9; Oldfield, ‘St Nicholas the Pilgrim and the City of Trani’, p. 175.

⁸⁹ Oldfield, ‘St Nicholas the Pilgrim and the City of Trani’, p. 176.

Nicholas of Trani. This focus of Nicholas' posthumous miracles on aiding pilgrims is aptly demonstrated by his epithet Nicholas the Pilgrim.⁹⁰

1.1.3 Amandus – Maurus, Pantaleone and Sergius of Bisceglie

In addition to using *miracula* to further the reputation of the cult, they were also used by the authors to educate the faithful in Christian practices and to promote devout behaviour for the health of the soul.⁹¹ A close examination of the healing miracles within the Bisceglie collection reveals a strong didactic purpose woven into the lengthy descriptions of the majority of the narratives. This suggests that Amandus, also the author of the *Translatio Nicolai Peregrini*, who became bishop of Bisceglie before c. 1154, used healing and illness within this text as a strategy to provide pastoral care and encourage the spirituality of his diocese. The text's suggested instructional purpose is further supported by its liturgical setting, since it would have allowed the dissemination of the message to the intended audience through the performance of divine office.

The intention to promote pious behaviour amongst the community through the *miracula* of the civic saints is evidenced throughout the collections from Apulia as they all provide *exempla* for the audience that demonstrate piety and methods of strengthening spirituality. The miracle collection for Cataldus of Taranto demonstrates the need for prayer before receiving a cure from the saint as many of the miracles recount the supplicants praying. A certain frenetic woman poured out prayers before being restored to health, while 'scarcely had the prayer been finished' than a man named Stephen suffering from scrofulous tumours was

⁹⁰ Oldfield, *Sanctity and Pilgrimage*, p. 129.

⁹¹ Michael Goodich, *Miracles and Wonders: The Development of the Concept of Miracle, 1150-1350* (Aldershot: Ashgate, 2007), pp. 1-5; Yarrow, *Saints and their Communities*, p. 214.

healed.⁹² Similarly a religious woman brought her sister, paralysed for eighteen years, to the shrine and both prostrated themselves and began to pray; immediately the sister was restored to health.⁹³ The miracles of Nicholas of Trani by Adelferius offer limited detail as to the pious actions needed to entreat the saint but they do show another form of devotion: incubation. While it is unclear as to how long the supplicant had to remain at the shrine, a number of miracles describe the pilgrim stretching out beside the tomb. For example, Mary from Terlizzi, with her whole body immobilized ‘lay down before the tomb of the saint’, and Nicholas from Flanders, possessed and suffering from an impairment of the arm, lay down beside the altar.⁹⁴ Incubation also features in some of the miracles relating to St Cataldus. An unidentified man from *Bullita* had brought his twelve-year-old daughter, who was suffering from withered feet and legs, to the shrine and they had spent four days there before the daughter received her health. Ursus from Pollicoro, unable to move half of his body, on the first night received his cure through a dream while asleep near the relics.⁹⁵

However, the didactic purpose of the *Historia di SS. Mauri, Pantaleonis et Sergii* is more evident as Amandus continually encouraged the devotion of the individual through emphasising that spiritual purity was necessary to merit the intercession of the saints for a physical cure. This intention to encourage the spiritual health of the community and provide pastoral care for his community can

⁹² ‘vix oratione finita quam inceperat’, *Historia di S. Cataldi*, p. 570 (B7).

⁹³ *Historia di S. Cataldi*, p. 570 (B8).

⁹⁴ ‘Cumque coram sancti procumberet tumulum, incredibile memoratu est quam facile pristinam receperit sanitatem’, Adelferius, *Vita Nicolai Peregrini*, p. 157 (D8, D9).

⁹⁵ *Historia di S. Cataldi*, p. 570 (B13).

be understood through the active role the prelates of southern Italy took in administrating to their congregation's needs.

Through repeated references throughout the narrative, Amandus illustrated that piety was demonstrable in three ways. Firstly, the demeanour in which the supplicant approached the relics and entreated the intercession of saints, had to be suitably reverent. Throughout the collection a humble and devout manner, demonstrating the faith of the individual, is shown as necessary to secure the intercession of the saints. For example, a man named Leo, hoping to entreat a cure from the saints for his arm, venerated the saints and entreated the help of the Lord with 'worthy devotion and sincere humility'.⁹⁶ A certain Mary similarly prayed suppliantly and lamented faithfully for the help of the saints, while Walter humbly entreated the saints.⁹⁷ In the same way, a man called John is described as reverently (*reverenter*) approaching the relics and faithfully asking for help in the cure of his arm.⁹⁸ Even a youth, deaf and mute, from Bisceglie is said to have understood the devotion amongst the crowd of people at the shrine, and so approached the relics with prayers and committed himself to the service of the church with strength and affection.⁹⁹

Amandus's second method of demonstrating due piety in the Bisceglie miracles was to use the presence of tears to symbolise the devotion of the supplicant. Tears are found in a number of miracles before and during a successful invocation. Tears were perceived as a display of devotion as they were not only a

⁹⁶ 'qui devotione digna et humilitate sincera a Domino petiit in veneratione Sanctorum', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 363 (A6).

⁹⁷ *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 365 (A15, A17).

⁹⁸ *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 364 (A8).

⁹⁹ *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 369 (A29).

sign of repentance but also a symbol of rebirth; the tears washing away the sin were thought to purify one's soul.¹⁰⁰ In the case of a certain Hugh, constricted by arthritic pain, he entreated the help of the saint by saying the words with tears (*fletibus*).¹⁰¹ Angelo of Terlizzi, who was deaf, also entreated the holy martyrs while shedding tears (*fusus lacrymis*), as did a Walter who humbly entreated the saints with tears (*lacrymis*).¹⁰² Although Sari Katajala-Peltomaa has suggested a distinction between expressions of devotion and emotion in the Latin used to describe the tears, *cum lacrimis* to show devotion while *plangere* and *flere* were used for emotion, no such distinction appears in the Bisceglie collection.¹⁰³

The final way in which piety was demonstrable was through specific devout deeds or behaviours. William, a priest, produced smoke in a censer while approaching the altar barefoot after fasting.¹⁰⁴ Another priest called Leo, empty after fasting, approached the saints praying.¹⁰⁵ Similarly, a girl from Canosa, hoping for a cure for her deformed foot, prostrated herself in front of the altar of St Pantaleone.¹⁰⁶ Such acts of humility symbolised the submissive position of the petitioner and displayed the devotion of the individual.¹⁰⁷ These actions are strongly emphasised by Amandus in the Bisceglie collection where they reoccur frequently, whilst in the other Apulian collections they feature rarely. Although the prostration of the supplicant is mentioned in the other three collections, the

¹⁰⁰ Sari Katajala-Peltomaa, *Gender, Miracles, and Daily Life: The Evidence of Fourteenth-century Canonization Processes* (Turnhout: Brepols, 2009), p. 88; Katherine Ludwig Jansen, *The Making of the Magdalen: Preaching and Popular Devotion in the later Middle Ages* (Princeton: Princeton University Press, 2001), p. 209.

¹⁰¹ *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 364 (A12).

¹⁰² *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 364-65 (A13, A17).

¹⁰³ Katajala-Peltomaa, *Gender, Miracles and Daily Life*, p. 87-8.

¹⁰⁴ *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 363 (A1).

¹⁰⁵ *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 363 (A2).

¹⁰⁶ *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 370 (A40).

¹⁰⁷ Katajala-Peltomaa, *Gender, Miracles and Daily Life*, p. 89.

other pious acts of fasting, approaching barefoot and burning incense in a censer are not mentioned in any of the other collections.

Another Bisceglie miracle recounted how a man said to have recently returned from fighting for the faith in the Holy Land during which he had been injured, prayed to the martyrs and recovered health. Interestingly in this account there is no mention of additional displays of devotion; obviously having been on the kind of pilgrimage now seen as a crusade was perceived as sufficient for the man to merit help from the saints.¹⁰⁸ These acts of faith before the miracle took place demonstrated the spiritual health needed to merit the help of God and the saints to restore physical health. The inclusion and emphasis of them by Amandus throughout the miracle narrative was a strategy to educate his congregation in how to achieve spiritual health.

The attempt by Amandus to promote and preserve the spiritual health of his congregation must be understood in the context of his role as Bishop of Bisceglie. Amandus was promoted to be the bishop of Bisceglie, the subordinate diocese of Trani, after having served as a deacon at the cathedral, where he wrote the *vita* of St Nicolas of Trani. Although the exact date of Amandus' elevation is unknown he is firmly attested, through documents, as having been bishop between 1154 and 1182.¹⁰⁹ Within this episcopal role, Amandus had a responsibility to provide pastoral care and to encourage the spirituality of his diocese.

¹⁰⁸ 'Gallicorum quidam post Dominici sepulchri visitationem, cum aliis contra perfidiam et perfidiam Saracenorum gentem profectus', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 370 (A36).

¹⁰⁹ N. Kamp, *Kirche und Monarchie im staufischen Königreich Sizilien*, 4 vols (Munich: W. Fink, 1973-82), II, p. 656.

Unlike their Anglo-Norman counterparts, the prelates of southern Italy played an active and significant role in administering to the needs of their congregation. The large number of dioceses on the mainland and their resultant small size, combined with the lack of political role and their consequent absence from the royal court, in addition to the infrequency of papal councils, meant the majority of the bishops were rarely away from their dioceses. Their constant presence combined with the high level of local recruitment to the episcopal rank nurtured a close relationship between the prelate and his flock. While we must be cautious, as the local background can only be firmly established for a small number of cases, there is limited evidence of foreign bishops being imposed upon dioceses. Furthermore, many of the dioceses were poorly endowed and would therefore have been unattractive to members of the higher aristocracy.¹¹⁰ The most notable example of a local, albeit noble, prelate is Romuald II, Archbishop of Salerno (1153-1181), who was born into a noble Lombard family of Salerno. Other bishops have been identified as having previously been members of the same cathedral chapter such as Bistantius III of Trani 1142-50 and Peter, Bishop of Troia, 1201-06.¹¹¹ With the majority of the cathedral clergy having a local background, it is plausible to suggest that Amandus was a local man who had risen through the ranks from deacon of the cathedral of Trani to become Bishop of Bisceglie.¹¹² The stability and probable local identity of many of the bishops meant that they could identify with the local community, and therefore, they often

¹¹⁰ Loud, *Latin Church*, pp. 363-67.

¹¹¹ Kamp, *Kirche und Monarchie*, II, p. 515.

¹¹² Loud, *Latin Church*, p. 364.

became the natural leaders of the community with an important element of their role being in the pastoral care of their diocese.

Many of the bishops played an active role in the secular affairs of their dioceses: Archbishop Nicholas of Salerno led the defence of the city against Henry VI in 1191, while the bishops of Teano and Suessa Aurunca acted as spokesmen during a dispute about water rights between the two towns in 1171.¹¹³ In 1133 William III Bishop of Troia (1106–1141) took on a similar role as he headed a procession carrying the bodies of Troia's patron saints to approach King Roger outside the city and honour him during the civil war.¹¹⁴ However, the bishops' predominant role was to provide for the spiritual welfare of their community and to encourage the morality of the laity. Although this aspect of the bishop's role is poorly documented, charter evidence allows us to glimpse them acting within this role. Bishop Robert II was called to the deathbed of Wimund de Munzagros, an Aversan baron, in 1126 to administer the last rites.¹¹⁵ And in 1138 Philip, Archbishop of Taranto, witnessed the will of Enrico and Azzoline, daughter of Franco, a knight, while in 1125 William, Bishop of Troia witnessed the donation of a hospice by Angelo, an inhabitant of Foggia, to the local church of the apostle St Thomas 'pro redemptione anime mee et parentum meorum'.¹¹⁶ Similarly a charter from Trani demonstrates the interest of the prelate in providing for the spiritual needs of his congregation. In 1184 a charter of Archbishop

¹¹³ Loud, *Latin Church*, p. 370.

¹¹⁴ Falco, *Chronicon Beneventanum*, p. 154. For an English translation please see *King Roger II and the Creation of the Kingdom of Sicily*, p. 206

¹¹⁵ *Codice diplomatico normanno di Aversa*, ed. by A. Gallo (Naples: Luigi Lubrano editore, 1926), pp. 38-40 no. 25; G.A. Loud, *Church and Society in the Norman Principality of Capua, 1058-1197* (Oxford: Clarendon Press, 1985), p. 207.

¹¹⁶ *Le pergamene dell'archivio arcivescovile di Taranto*, ed. by F. Magistrare and P. Cordasco, 2 vols (Galatina: Congedo editore, 1996-1999), I, no. 6; *Le pergamene di Conversano*, ed. by G. Coniglio (Bari: Società di storia patria per la Puglia, 1975), no. 48.

Bernard of Trani recorded his dedication of the church of Holy Trinity in Trani and the offer of an indulgence to those visiting the church on the anniversary of its consecration.¹¹⁷

If we return to Amandus, we can see from other sources that he was concerned with providing pastoral care to his congregation. In a charter from 1182 Amandus exchanged part-shares in three olive groves with a monastery at Trani, in return for church utensils, including a silver censer, a book of the Gospels, a tablet of silver and 6 *unciae* in *tari*.¹¹⁸ Additionally, a letter survives in the margins of a manuscript of Gratian's *Decretum* in which Amandus asked the permission of Pope Hadrian IV to restore to sacerdotal functions a priest who had accidentally killed a boy through a punitive beating. According to the letter, the priest had beaten a boy, whom he was raising as a son, as a reprimand but afterwards the boy had died. As a result, Amandus had suspended the priest from office and imposed penance on him, although there are no details as to what type of penance the priest was required to perform. With the priest having completed the penance with devotion, Amandus now asked that the priest be restored to his office.¹¹⁹ This demonstrates not only Amandus' concern for the priest's spiritual health: he quickly imposed penitential labour on the priest to absolve him of his crime, but also that he wanted the priest restored to his priestly role to help minister to the pastoral needs of the diocese.

¹¹⁷ Cava, Arm. Mag. L.7, edited in G.A. Loud, *Pergamene scelte della badia di Cava, 1097-1200* (Ariano Irpino: Centro di studi normanni, 2020), p. 311, n. 106. My thanks to Graham Loud for sharing this charter with me before publication.

¹¹⁸ L. Mattei-Cerasoli, 'Di alcuni vescovi poco noti', *Archivio storico per le provincie napoletane*, 43 (1918), pp. 363-82, (p. 372).

¹¹⁹ W. Holtzmann, 'Kanonistische Ergänzungen zur *Italia Pontifica*', *Quellen und Forschungen aus italienischen Archiven und Bibliotheken*, 38 (1958), 67-175 (pp. 148-49, no. 196).

The attempt by Amandus to protect the spiritual health of the individual can also be recognised as protecting the physical well-being of the individual due to the contemporary understanding of health. Scholars are increasingly considering strategies for maintaining health within the context of the historical conception of health and ill-health and have encouraged a broader understanding of health.¹²⁰ This approach has been successfully applied to studies of plague prevention strategies for outbreaks during and after the Middle Ages. Looking at responses to outbreaks in sixteenth-century Italy, Richard Palmer demonstrated how the outbreaks of plague were believed to have been a punishment from God for the ungodly and immoral behaviour of society. Therefore, in an attempt to appease and placate God and have the retribution withdrawn, the Church urged acts of penance and piety such as attending mass and taking part in processions.¹²¹

During the twelfth century the medieval understanding of physical health was based on the holistic theory of the four humours, in which spiritual health played an important part in maintaining physical well-being. This theory envisaged the body as being made up of four humours: blood, yellow bile, black bile and phlegm. It was believed that each individual had a unique balance of these four humours, and it was an imbalance of the humours that caused illness. The equilibrium of the humours within the body could be influenced by factors external, or not natural, to the body. These ‘non-naturals’, as they became termed, usually numbered six and consisted of: air and the environment; food and drink;

¹²⁰ Peregrine Horden, ‘A Non-Natural Environment: Medicine Without Doctors and the Medieval European Hospital’, in *Hospitals and Healing from Antiquity to the Later Middle Ages*, ed. by P. Horden (Aldershot: Ashgate, 2008), Essay V, pp. 133-145; Carole Rawcliffe, *Medicine for the Soul*; Guy Geltner, ‘Public Health and the Pre-Modern City’, pp. 231-232.

¹²¹ R. Palmer, ‘The Church, Leprosy and Plague in Medieval and Early Modern Europe’, *Studies in Church History*, 19 (1982), 79-99 (p. 95).

sleep and wakefulness; motion and rest; evacuation and repletion; and accidents of the soul. The origin of the theory of the influence of these six factors on the humours can be observed in the later writings of Galen, however it was systematized and elaborated on by writers in Arabic.¹²² One such writer Hunayn ibn Ishâq (809-887), also known by his latinised name Joannitius, in the *Masâ'il fîl-ṭibb*, known by its translated name the *Isagoge*, explained:

Incidental states (accidentia) of the soul. Some incidental states of the soul have an effect on the body, such as those which bring the natural heat from the interior of the body to the surface of the skin. Sometimes this happens suddenly as with anger; sometimes gradually and agreeably as with sensations of delight. Some affections, again, contract and suppress the natural heat, others suddenly, as with fear and terror, or gradually, as with anguish. There are some which disturb natural energy both in the interior and on the exterior, for instance, sorrow.¹²³

The identification, in the *Isagoge*, of the influence of rational thought and moral behaviour on an individual's health became known in the West through the translation work of Constantine the African and his companions, Atto and Johannes, at Montecassino towards the end of the eleventh century.¹²⁴

Francis Newton has identified MS Montecassino 225, which contains a copy of the *Isagoge* alongside other medical texts, as having been translated either at Montecassino or within the immediate vicinity, and as having been transferred to the abbey before the end of the eleventh century.¹²⁵ This suggests that

¹²² L. García-Ballester, 'On the Origin of the "Six Non-natural Things" in Galen and Galenism', in *Theory and Medical Practice from Antiquity to the European Renaissance* ed. by J. Arrizabalaga and others (Aldershot: Ashgate, 2002), Essay IV, pp. 105-115 (p. 108); Horden, 'A Non-Natural Environment', p. 134.

¹²³ Joannitius (Hunain ibn Ishaq), 'Medical Theory and the Formation of the *Articella* (1): The *Isagoge* of Joannitius', trans. by F. Wallis, in *Medieval Medicine: A Reader*, ed. by F. Wallis, (Toronto: University of Toronto, 2010), pp. 139-156 (p. 146).

¹²⁴ Francis Newton, 'Constantine the African and Monte Cassino: Elements and the Text of the *Isagoge*', in *Constantine the African and 'Ali ibn al-Abbas al-Magusi: The Pantegni and Related Texts*, ed. by C. Burnett and D. Jacquart (Leiden: Brill, 1994), p. 26.

¹²⁵ Newton, 'Constantine the African', p. 28.

knowledge of the contents of the text was known in Norman Italy, at least within monastic circles, before the twelfth century. However, the knowledge that the effect of the non-naturals on determining health, for good or ill, appears to have circulated beyond the monastic precinct as the pseudo-Hugo Falcandus, author of *The History of the Tyrants of Sicily* refers to them on several occasions. The exact identity of the author of the *History of the Tyrants* is unknown, however it seems clear that he was active in the royal court.¹²⁶ Describing Roger II on his deathbed, pseudo-Hugo states that the king was ‘more devoted to sexual activity than the body’s good health requires’.¹²⁷ The effect of emotions on determining health is also present in the *History of the Tyrants*: upon falling ill Archbishop Hugh of Palermo refused the administrations of Maio of Bari and explained his infirmity thus:

But the archbishop swore that he was in such a state of depression, and suffering such weakness of the limbs, that a body as weak as his would not be able to suffer an evacuation of the bowels without considerable danger.¹²⁸

These medical ideas were eagerly embraced and advanced by clerics who, although they did not completely reject the natural causes of disease, advocated that the cause of all disease was due to God and the morality of the individual. Clerics, such as Amandus, would have known of Proverbs 17:22: ‘a cheerful heart is a good medicine, but a downcast spirit dries up the bones’ and of the influential commentary of St Jerome (d. 420) on the Gospel of Matthew where he stressed the moral causes of physical conditions. Referring to Matthew 9:1-5 and the cure

¹²⁶ *History of the Tyrants*, p. 29.

¹²⁷ *History of the Tyrants*, p. 59. Although the list of non-naturals usually equals 6, Johannitus actually enlarges them to include sex and bathing; Horden, ‘A Non-Natural Environment’, p. 134.

¹²⁸ *History of the Tyrants*, p. 94

of a paralyzed man, Jerome commented: ‘It is also given to us to understand that most bodily weaknesses happen on account of sins.’¹²⁹

It is within this contemporary understanding of the doctrine of the non-naturals and their effect on the health of an individual that contents of the *Bisceglie miracula* can be further understood. As espoused by the *Isagoge* and known to be circulating in Norman Italy during the twelfth century, medieval thought identified emotions or accidents of the soul as one of the determinants of health. Therefore anything that promoted the spiritual health of the individual can also be understood as preserving their bodily health as it was altering the accidents of the soul and helping to maintain the balance of the humours within the body.¹³⁰ As discussed earlier, the principal aim of Amandus in composing this collection was to provide pastoral care and instruct his congregation of how to achieve spiritual health, which in medieval thought also ensured bodily health.

1.1.4 Berlengarius – Cataldus of Taranto

The final two chapters of the *Historia Inventionis et Translationis Sancti Cataldi*, which detail the translation of the saint to a more elaborate and public reliquary in 1151 by Archbishop Gerald, and the miracles that followed, served to first establish a cult and then increase the pilgrim base.¹³¹ The record of the healing miracles performed by Cataldus made manifest the power of the saint and drew in supplicants who might then entreat the intercession of the saint. This intention of Berlengarius, in founding a cult and thereby stimulating pilgrimage to Taranto, is demonstrated by the location of where the healing occurred in the miracles which

¹²⁹ St Jerome, *Commentary on Matthew*, trans. by T.P. Scheck (Washington: Catholic University of America Press, 2008), p. 106.

¹³⁰ Horden, ‘A Non-Natural Environment’, p. 142.

¹³¹ *Historia di S. Cataldi*, p. 570.

the author selected to include in his account. The miracles are divided by the author into two chapters: seventeen, sixteen of which are curative, in the second chapter which occur during and immediately after the translation, and fourteen, twelve of which are curative, in the third chapter which are noted as having taken place later.

	2nd Chapter	3rd Chapter
At the shrine	13	2
During pilgrimage	1	5
Elsewhere	2	5
Total	16	12

Table 5: Location of curative miracles performed in *Historia di S. Cataldi*

As can be seen from table 5 the majority of the curative miracles in the second chapter, thirteen out of sixteen (81%), were performed at the shrine with only three (19%) being performed at a distance from the shrine: one was bestowed upon a blind nun as she boarded a ship for Taranto, another was received by a priest, suffering from vertigo, while praying to Cataldus in another church and in the final one a girl was cured of blindness at home after her parents had decided to embark on a pilgrimage to Taranto.¹³² However in the third chapter the miracles performed at a distance significantly outnumber those at the shrine, with only two being performed compared to the ten at a distance.

¹³² *Historia di S. Cataldi*, pp. 570-71 (B10, B14, B18).

The replacement of miracles at the shrine in favour of miracles at a distance has been noted by André Vauchez and Christian Krötzl. However, their work has examined the shift over time, as they have shown that it was in the middle of the thirteenth century that miracles at a distance started to be recorded in canonization proceedings over miracles at the shrine, rather than a shift within a single collection.¹³³

¹³³ Vauchez, *Sainthood*, pp. 444-48; Christian Krötzl, 'Miracles au Tombeau - Miracles à Distance Approches Typologiques', in *Miracle et Karāma: Hagiographies Médiévales Comparées*, ed. by D. Aigle (Turnhout: Brepols, 2000), pp. 561-66.

Geographical Origin	Total
Alessano (Salento peninsula)	1
Brindisi (Salento peninsula)	1
Gallipoli (Salento peninsula)	1
Lizzano (outside Taranto)	1
Massafra (outside Taranto)	1
Monopoli (to the north)	1
Mottola (outside Taranto)	1
Policoro (Lucania)	1
Pomarico (Lucania)[?]	1
Roseto Val Fortore [Foggia]	1
San Basilio (outside Taranto)	1
Taranto	2
Unknown	3
Total	16

Table 6: Geographical origins of the supplicants in chapter 2 of *Historia di S. Cataldi*

Following the traditional Christian belief that the power of God's servant was most strongly present wherever their mortal remains were, the initial predominance of miracles at the shrine suggests that the author was concerned with localizing and centring the *potentia* of the saint at that place.¹³⁴ This meant that the help of the saint could only be entreated by those in the immediate vicinity of Taranto or by undertaking a pilgrimage to that place. The attempt to create a local cult is also demonstrated by the geographical origins of the pilgrims in the second chapter. From the sixteen curative miracles, the origin of fourteen of

¹³⁴ Vauchez, *Sainthood*, p. 432; Brown, *The Cult of the Saints*, pp. 86-87.

the pilgrims can be identified, and of these, six are from Taranto or the settlements in its immediate vicinity (table 6). Although the remaining eight came from further afield, many were still from within the Salento peninsula. Thus, by localising the *potentia* of the saint to his physical remains Berlengarius was attempting firmly to establish the cult and create a shrine which would serve the needs of the local people, for whom, given the shrines of which we know, Taranto was the nearest and most accessible.

Having established Cataldus as an effective intercessor and built a successful cult around his body, Berlengarius used the third chapter to demonstrate the universal power of Cataldus which could be called upon from anywhere to further the growth of the cult. While some authors chose to emphasise the power of the saint at the shrine, others chose to celebrate the universality of a saint's power, which could be invoked at any location.¹³⁵ Although some miraculous interventions could not occur at the shrine, such as shipwreck and resuscitation miracles, with the exception of the two resuscitation miracles, the other eight curative miracles performed by Cataldus at a distance in the third chapter are those that did not necessitate immediate assistance and would often have been cured at the shrine. In fact, eight conditions cured at a distance in chapter 3 had been cured at the shrine in the preceding chapter.

The increase in the number of miracles at a distance at the expense of the miracles at the shrine advertised to the audience that Cataldus' power was now not localised to his mortal remains but could be entreated from anywhere. However, the repeated inclusion of the pilgrimage to Taranto to give thanks

¹³⁵ Robert Bartlett, *Why Can the Dead Do Such Great Things: Saints and Worshippers from the Martyrs to the Reformation* (Princeton: Princeton University Press, 2013), pp. 105-06.

ensured that the cathedral and the city was still the focal point of the cult. In one miracle a woman, who was healed from a swelling of her stomach after falling from her mule while travelling from Conversano to Polignano to visit her sister, immediately travelled to the cathedral at Taranto to give thanks, and in another when a little boy was resuscitated after crawling into the fire while his mother was chatting with other women, his mother and grandmother immediately travelled to the cathedral to give thanks.¹³⁶

This attempt at further increasing the popularity of the shrine can also be seen in the geographical origins of the pilgrims. Whereas in the second chapter the majority of the pilgrims came from either the outskirts of Taranto or the Salento peninsula, the third chapter shows pilgrims from other areas such as Bari, Trani and Conversano, for whom the established and popular shrines of Nicholas of Bari and Nicholas of Trani would have been nearer and more accessible. Yet, there is still a notable presence of Tarantini supplicants which suggests that the shrine was popular on both a local and national level, perhaps even international as the final miracle recounts the healing of a man ‘with an unheard of and very painful suffering’ from across the Alps.¹³⁷

By using the miracle collection to establish a cult in his name, Berlingarius was bolstering the claims and image of the archdiocese as a metropolitan see. Taranto had been one of the many Apulian sees promoted to archiepiscopal rank in 978 by the Byzantine Emperor Basil II. With no suffragan sees in a former Byzantine province, Taranto struggled to establish its

¹³⁶ *Historia di S. Cataldi*, p. 572 (B23, B28).

¹³⁷ ‘Quidan de partibus Transalpinis, qui se Theutoni, fatebatur cum inaudita et gravissima passione laborans’, *Historia di S. Cataldi*, pp. 573-4 (B33).

archiepiscopal authority.¹³⁸ Therefore the elevation of Taranto to metropolitan status and bestowal of the two suffragan sees Mottola and Castellaneta by the Normans at the end of the eleventh century can be seen not only as a response to the economic expansion of the area, but also an attempt to buttress its metropolitan claims. Mottola is first mentioned as a diocese in 1081 when the bishop, John, is mentioned in a charter, while the first evidence of Castellaneta is in 1099 when the archbishop of Taranto, Albert (1083-1100), installed Amuri in the bishopric.¹³⁹

The image and prestige of Taranto was further jeopardized in 1138 when, following the death of Anacletus II, many of the prelates ordained by him were deposed from office by Innocent II in a decree of the Second Lateran Council.¹⁴⁰ Following the papal schism that occurred after the death of Honorius II in 1130 many of the southern Italian prelates had followed Roger II in supporting Anacletus. Some such as Philip the archbishop of Taranto were not only confirmed by Anacletus but owed their see directly to his influence. Philip had been transferred by the pope from his position as archbishop of Tours to Taranto, therefore following the decree of the Second Lateran Council Philip lost his episcopal title. There was a later attempt, in 1148, to restore to him his right to practise priestly functions which failed and so Philip retired to Clairvaux to become a monk. These events as late as the 1140s, which would have threatened the position and authority of Taranto as an archbishopric, made it essential for the

¹³⁸ Loud, *Latin Church*, p. 34

¹³⁹ Cosimo Damiano Fonseca, 'L'organizzazione ecclesiastica dell'Italia meridionale tra l'XI e il XII secolo: I nuovi assetti istituzionali', in *Le istituzioni ecclesiastiche della "Societas Christiana" dei secoli XI e XII: diocesi, pievi e parrocchie: atti della sesta Settimana internazionale di studio, Milano, 1-7 settembre 1974* (Milan: Vita e pensiero, 1977), pp. 327-52 (p. 337).

¹⁴⁰ Loud, *Latin Church*, pp. 156-57, 228-29.

bishopric to evidence its sacrality. The ‘revival’ of the cult of Cataldus recalled holy roots for the bishopric back to the seventh century, which together with the miraculous events demonstrated the ancestry of the see and enhanced the reputation and status of Taranto as an archbishopric.

A flourishing cult situated on the Via Appia would not only strengthen the image of the see but it would also bring economic advantage to the cathedral and help improve the financial position of the diocese. Despite holding a significant territorial lordship - Taranto had been granted four *casalia* in a privilege during the time of ducal rule and they had been confirmed to Rossemannus, Archbishop of Taranto, in 1133 by Roger II - Taranto appears to have been one of the poorer metropolitan sees. In the 1308-10 returns the archbishopric was one of the poorest having only generated 108 *unciae* compared with the richer archdioceses of Bari and Naples which generated 600 and 1000 *unciae* respectively.¹⁴¹ Although these returns are from over a century and a half later, it is plausible to suggest that they are a good indication of the relative wealth of each diocese, as few acquired any substantial property after 1200.¹⁴² The rebuilding and restoration of the cathedral, which was begun under Archbishop Drogo in the 1070s, continued until the end of the twelfth century. The mosaic pavement was installed during the 1160s and work is recorded as having been undertaken on the roof in 1175, all of which would have required extensive financing. An examination by Garton of the nave built during the late eleventh century revealed the re-use of earlier capitals, even if

¹⁴¹ Léon Robert Ménager, *Recueil des Actes des Ducs Normands d'Italie, 1046-1127* (Bari: Grafica Bigiemme, 1980), p. 161; Loud, *Latin Church*, pp. 391, 527-29; Jean-Marie Martin, *La Pouille du VIe au XIIe siècle* (Rome: École Française de Rome, 1993), p. 600.

¹⁴² Loud, *Latin Church*, pp. 392-93.

damaged. Although this could suggest a lack of readily available marble, as he proposes, it could also indicate a limited income to finance such renovations.¹⁴³

1.2 Holy Abbots: John of Matera, William of Vercelli and the First Four Abbots of Cava

Three of the other sources that have been utilised in this study are of monastic provenance and were written in celebration of the eremitical founders of three monastic communities: John of Matera; William of Vercelli and the first four abbots of Cava.

The earliest of the eremitical founders was the Salernitan courtier of Prince Guaimar III, Alferius (d. 1050), who retired to a cave in order to live a life of solitude and prayer in c. 1020. A privilege, granted in 1025, by the prince refers to him as ‘Abbot Alferius’ suggesting that he had already been joined by others in his quest for a religious life and had formed the small monastic community which would develop to become known as the Abbey of Holy Trinity, Cava. Alferius initially limited the eremitical community to only twelve monks; however, after a vision towards the end his life he began to allow the expansion of the abbey. Under Leo, the second abbot of Cava between 1050 and 1079, the community appears to have adopted the Benedictine Rule and founded subordinate monasteries.¹⁴⁴ However, the real growth of the monastery occurred during the abbacy of Peter (1079-1123) who oversaw the re-organisation of the religious community and a rapid increase in the monastery’s lands and holdings. The fourth

¹⁴³ Garton, *Early Romanesque Sculpture in Apulia* (London: Garland, 1984), pp. 364-5; *Le pergamene dell’archivio arcivescovile di Taranto*, I, no. 9.

¹⁴⁴ Valerie Ramseyer, *The Transformation of a Religious Landscape: Medieval Southern Italy 850-1150* (London: Cornell University Press, 2006), pp. 162-167.

abbot, Constable, who entered the monastery as a child oblate under Abbot Leo, became co-abbot in 1119, four years before Peter died, and then continued alone until his own death in 1124.¹⁴⁵

The date of composition for the *Vitae Quatuor Primorum Abbatum Cavensium*, which describes lives of the first four abbots of Cava, has been suggested as between 1141-1156; however, most scholars agree that a date nearer the beginning of the 1140s is more probable. The author of the text was almost certainly Peter II, Abbot of Venosa. Previously a member of the monastic community at Cava, he had been sent with a group of monks to reform and revive the abbey at Venosa.¹⁴⁶ The text of the *Vitae* survives now in only one manuscript (Cava MS 24), which is preserved at the Biblioteca Statale del Monumento Nazionale Badia di Cava, and dates from the end of the thirteenth century. It should be noted that this is not a collection of four individual *vitae*, but a single composition outlining the lives of the four abbots.¹⁴⁷ The *Vitae* has been edited twice, first by Muratori in the late eighteenth century, and then again in 1941 by Leone Mattei Cerasoli.¹⁴⁸

The desire for a religious life of solitude, which had prompted the start of the Cava community in the early eleventh century, still remained present in southern Italy at the beginning of the twelfth century and two figures, John of

¹⁴⁵ G.A. Loud, 'The Posthumous Reputation of Abbot Peter of Cava', in *Medioevo mediterraneo: incontri, scambi e confronti. Studi in onore di Salvatore Fodale*, ed. by Patrizia Sardina, Daniela Santoro, Maria Antonetta Russo and Marcello Pacifico (forthcoming). My thanks to G.A. Loud for sharing this article before publication.

¹⁴⁶ Hubert Houben, 'L'autore delle "Vitae quatuor priorum abbatum Cavensium"', *Studi Medievali*, Ser. III, 26 (1985), 871-9

¹⁴⁷ Jean-Marie Sansterre, 'Figures Abbatiales et Distribution des Rôles dans les *Vitae Quatuor Priorum Abbatum Cavensium* (milieu du XII^e siècle)', *Mélanges de l'École Française de Rome, Moyen Âge*, 111 (1999), 61-104, (pp. 62, 103).

¹⁴⁸ Stansterre, 'Figures Abbatiales', p. 62.

Matera and William of Vercelli, were prominent in this movement. After abandoning their secular lives in search of a more ascetical lifestyle, they both founded small eremitical monastic communities, which would eventually adopt the Benedictine Rule.¹⁴⁹ Born to wealthy parents in Matera, John retreated to a Greek monastery in Taranto, where his desire for extreme asceticism attracted dislike and ill-treatment from the other monks. In search of a more eremitical life, he left the monastery and travelled first to Calabria and then Sicily, before returning to Apulia. He then spent a number of years travelling around Apulia preaching, before being encouraged in a vision by the Virgin to found a church at Pulsano. Although John was initially joined by no more than six companions, this quickly grew to more than fifty and John assumed leadership of the monastery. As Abbot of Pulsano, John continued to found and reform several daughter houses until he died on 20 June in 1139 at the dependent house S. Giacomo in Foggia.¹⁵⁰

The *Vita* of John is thought to have been written shortly after the saint's death, most probably between 1145-1154, and by a monk of the Pulsanese community.¹⁵¹ The text of the *Vita* now survives only through several modern editions. The modern editions were based on three manuscripts, which Anselmo Pecci suggests may have been copied from a single archetype, and have now been lost.¹⁵² This is possibly due to the early suppression of the Pulsanesi and the loss of the archives in an earthquake in 1646.¹⁵³ The first manuscript is thought to have

¹⁴⁹ Loud, *The Latin Church*, p. 470.

¹⁵⁰ *Vita S. Joannis*, c. 7, pp.59-70.

¹⁵¹ Francesco Panarelli, *Dal Gargano alla Toscana: il monachesimo riformato latino dei pulsanesi (secoli xii-xiv)* (Rome: Istituto storico italiano per il medio evo, 1997), p. 281; A. Vuolo, 'Monachesimo riformato e predicazione', p. 77.

¹⁵² *Vita S. Joannis*, p. IV.

¹⁵³ Frances Andrews, review of Francesco Panarelli, *Dal Gargano alla Toscana. Il monachesimo riformato latino dei Pulsanesi (secoli XII-XIV)* (1997), *The English Historical Review*, 114 (1999), pp. 693-94 (p. 693).

been from the church of St Michael the Archangel in the Gargano region. It was copied first by Bartolomeo Chioccarelli in 1642, before also being used by the abbot of Montevergine Gian Giacomo Giordano in 1643 to enrich the life of William of Vercelli. The origins of the second manuscript are uncertain, but it was conserved in the monastery of SS. Severino and Sossio in Naples. It was this copy that was edited by the Bollandist Papebroch for the *Acta Sanctorum*; however this manuscript abruptly stopped at chapter 23 so the early text edited by Giordano in 1643 was used to complete the work. The final manuscript, which is also now lost, was conserved in the cathedral of Matera and is only known through a seventeenth-century copy by the canon Giovanni Francesco de Blasiis. De Blasiis' copy is now preserved in the Bibliotheca Alesandrina in Rome and was used in 1937 along with the other editions by Anselmo Pecci, archbishop of Matera, to produce the life of the saint.¹⁵⁴

Like John, William, born in Vercelli in northern Italy, desired from an early age to dedicate his life to God and lived an eremitical lifestyle before founding monasteries at Montevergine and Goletto. At the age of fourteen he completed a pilgrimage to Compostela and deciding to continue his pilgrimage he travelled on to Jerusalem via Apulia, where he encountered John of Matera. While in Apulia, he was persuaded to remain in southern Italy and spend several years travelling around the region with a companion before settling in the mountains of Montevergine to live as a hermit. William's austere lifestyle soon began to attract admiration and a number of followers, men and women, began to settle with him on the mountain. Reluctant to lead a monastic community and desiring to continue

¹⁵⁴ Vuolo, 'Monachesimo riformato e predicazione', p. 72.

his eremitical life, he left the community and begin to live alone again among the woods. He soon found another site, about 30km east of Montevergine, where he founded his second monastery at Goletto. It was here on 23rd June 1142 that William died and was subsequently buried.¹⁵⁵

William's life and his miracle working are described in the hagiographical text *Vita et Obitus Sancti Guilielmi*, which appears to be composed of three parts: a *Prologus*; the *Legenda*; and a final section recounting the miracles performed by William. There is some debate over the authorship of certain parts of the text, although it is generally agreed that the *Prologus* and the first sixteen chapters of the life were written by John, a monk of Goletto, in the years immediately following William's death in 1142. Chapters XVII to XXIII (describing the death of William and some of his miracles) are identified, by Panarelli, as being written between 1170 and 1180 by an anonymous monk of Goletto. Panarelli goes on to suggest that the final three chapters (XXIV, XXV, XXVI) were written slightly later: XXIV in 1185 by another anonymous monk of Goletto; and XXV and XXVI by a fourth monk of Goletto writing after 1258.¹⁵⁶

The text of the *Vita* survives in two manuscripts. The first is written in Beneventan script and dates from between 1185 (the date of the last miracle it recounts) and 1250. The second, written in Gothic hand, is from the slightly later date of the second half of the thirteenth century and contains two additional miracles dated to 1257-58.¹⁵⁷ Panarelli suggests that the two manuscripts were based on a single archetype now lost: the Beneventan manuscript is thought to be

¹⁵⁵ *Vita S. Guilielmi*, pp. 1-52.

¹⁵⁶ *Vita S. Guilielmi*, pp. xlv-li. The final two miracles written in 1258, outside the period of focus, have been excluded from this study.

¹⁵⁷ *Vita S. Guilielmi*, pp. IX-XIV.

directly related while the Gothic text was one copy removed.¹⁵⁸ The two manuscripts survive in a single volume, which is preserved at the Biblioteca Statale di Montevergine. The codex is first attested at Montevergine in the sixteenth century when it appears the two manuscripts were bound together by the Abbot, Gian Giacomo Giordano, due to the appearance of his emblem on the back of the volume.¹⁵⁹ These two texts have been the subject of a number of modern editions: firstly by Giordano in 1867; then by Giovanni Mongelli in the 1960s; and most recently by Francesco Panarelli in 2004.¹⁶⁰

Each of the *vitae* contain a number of healing miracles (please see table 7); however, as Pilsworth has pointed out, not all hagiography, including those that do contain incidents of illness and healing, were composed with the intention of promoting the thaumaturgic power of the saint and establishing a healing cult.¹⁶¹ Raymond Van Dam has demonstrated how Gregory of Tours used images of illness and healing to symbolise the power relations and degree of integration into the community of sixth-century Tours.¹⁶² Patricia Skinner, looking at tenth- and eleventh-century southern Italian hagiographies, has shown how illness was often used to signify a turning point in the saint's life.¹⁶³

¹⁵⁸ *Vita S. Guilielmi*, pp. XIV-XVIII.

¹⁵⁹ Panarelli, *Scrittura agiografica*, p. ix.

¹⁶⁰ Panarelli, *Scrittura agiografica*, pp. xlvi-l. *Legenda s. Guilielmi*, ed. by G. Mongelli (Montevergine: n.p., 1962).

¹⁶¹ Pilsworth, 'Medicine and Hagiography', pp. 258-260.

¹⁶² Van Dam, *Saints and their Miracles*.

¹⁶³ Skinner, *Health and Medicine*, pp. 75, 94.

	Healing incidents	
<i>Vita S. Guilielmi</i>		7
<i>Vita S. Joannis</i>		5
<i>VQPA</i>	Alferius	4
	Leo	0
	Peter	1
	Constable	6
		11

Table 7: Healing incidents in the *Vita S. Guilielmi*, *Vita S. Joannis* and *VQPA*

The context in which the three monastic *vitae* were composed: eremitical monastic foundations, in addition to the small number of surviving manuscripts, suggests that each of the texts was composed for an internal audience. Rather than trying to establish a healing cult around the saint's healing powers, the texts aimed both to preserve the institutional memory of the founder(s) and to serve a didactic function. They were commissioned by successors of the abbots shortly after their deaths: the *vitae* of John and William by Abbot Joel (1145-1177) and Abbot James (1142-1150) respectively, and were written by members of the monastic communities, which had been founded and established by the holy men. Each of the authors appears to have known their subjects personally, with the exception of Peter II, Abbot of Venosa. Although he appears to have known Peter and Constable, the third and fourth abbots of Cava, he cannot have known the first two, Alferius (d. 1050) and Leo (d. 1079). However, it is believed that he based his account of the first two abbots on oral traditions circulating within the monastic community. In addition, each of the *vitae* are accompanied by liturgical texts demonstrating the intention for these texts to be aurally consumed by the

monastic community to both remember and commemorate the lives of their founders, and to strive to emulate their examples.¹⁶⁴

The specific events and typology of miracles, along with the specific details included in the *vitae* reveal the intent of the author to promote their subjects' holiness and their personal qualities to extol them as the leaders of their monastic communities. Each of the authors drew upon earlier Christian writings to demonstrate parallels between their subjects and the early Christian saints such as St Anthony, St Martin and St Benedict to elevate their subjects. Each of the works, in particular the *vitae* of John and the abbots of Cava, draw strong parallels with the work of Gregory the Great, although other early authors were also emulated. Examples of such incidents are when Alferius revived a Salernitan called Burrellus, which recalls the miracle of St Benedict which recounted the revival of the son of a peasant, and the account of John's fast in Sicily, which is reminiscent of the account of St Anthony's fast by Athanasius.¹⁶⁵

Vita S. Joannis

Life of Anthony

Here he began to double his fasting: so that every two days he was only restoring his body once, and then every three and then four [days] he restored his body only once¹⁶⁶

He ate once daily, after sunset, but there were times when he received food every second and frequently even every fourth day.¹⁶⁷

¹⁶⁴ Stansterre, 'Figures Abbatiales', p. 62; *Vita S. Guilielmi*, pp. 55-66.

¹⁶⁵ *VQPA*, p. 7; Gregory the Great, *The Dialogues of Gregory the Great. Book II*, pp. 41-42.

¹⁶⁶ *Vita S. Joannis*, c. 4, p. 4.

¹⁶⁷ Athanasius, *The Life of Antony and the Letter to Marcellinus*, trans. by R. Gregg (Paulist Press: New Jersey, 1980), p. 36.

By including these events, which showed the saints as being blessed with the ability to perform miracles authenticated by scriptural tradition and emphasised their asceticism, the author affirmed their holiness to their monastic communities and demonstrated their piety, which the audience could aspire to achieve.¹⁶⁸

In addition to emphasising the sanctity of their subjects, the texts pertaining to the abbots of Cava and John of Matera also promote them as the leaders of their communities through the selection and presentation of the miracles in the narrative. John's *vita* contains twenty-six miracles (five of which were healing), nineteen of which were performed in favour of the monastery and were recorded for the spiritual and material improvement of the monastic community.¹⁶⁹ One such miracle recounts John's protection of the monks of his community as he chased away the devils who were troubling brothers cutting wood in the forests.¹⁷⁰ The miracles from the Cava *vitae* also depict the protection of the monastic community by their abbots. In one incident, the sacrist, Peter de Arce, was protected by Constable from a fall from a ladder when attending to a lantern that burned before the Cross, while in another he is depicted as saving the abbey's ship and crew when they encountered difficulties at sea.¹⁷¹

Other miracles demonstrated the physical punishments inflicted on monks who defied the judgements of their abbots or disregarded their instructions to highlight the holy abbots as the leaders of their order. Such punishments were inflicted either directly by God or indirectly through the miraculous ability of the

¹⁶⁸ Ward, *Miracles and the Medieval Mind*, pp. 167-88.

¹⁶⁹ Vuolo, 'Monachesimo riformato e predicazione', p. 101.

¹⁷⁰ *Vita S. Joannis*, c. 35-36, pp. 38-40.

¹⁷¹ Healing miracle of Peter de Arce, *VQPA*, p. 33; Quietening a storm at sea to help the abbey's ship and crew, *VQPA*, pp. 31-32

abbot. Peter, in particular, appears to have gained a reputation for personally inflicting bodily punishment on monks whose behaviour was not satisfactory.¹⁷² Ursinus, after publicly criticising the memory of Peter, was flogged by the abbot before the high altar in a dream. The physicality of the punishment was so intense that Ursinus cried out in pain and when he awoke his shoulders were covered in bruises.¹⁷³ Regardless of the source of the punishment, the individual was often healed through the abilities of the abbots after a notable act of piety and recantation. Sergius, a monk who spat on the tomb of Peter, was punished with a swollen face and twisted mouth. However, he was eventually cured after enduring a long vigil at Peter's tomb and imploring his pardon.¹⁷⁴ Similarly, a monk, who disobeyed John's instruction to not harm a viper, was suddenly seized with severe and intolerable pain and was only cured after appealing to the abbot.¹⁷⁵ These miracles emphasize the role of the abbots in the spiritual correction of their monastic communities, which within the historical understanding of health would have also attended to their physical wellbeing. Using the healing ability of the abbot to draw attention to their role in the spiritual improvement of the monks, the authors promote the individuals as the leaders of the orders, who ensured and maintained the piety of the monks. They thus created and preserved a memory of the founding abbot.

The focus of the abbot on the care of his community is further demonstrated by the curative miracles performed by the Cava saints. Nine of the eleven healing incidents are for the benefit of monks of the Cava community; only

¹⁷² Loud, 'The Posthumous Reputation of Abbot Peter'.

¹⁷³ *VQPA*, p. 27.

¹⁷⁴ *VQPA*, p. 26-27. However, when the same Sergius once again disregarded the rebuke of his abbot for wandering around the monastery, he fell, injured his hip and was not healed.

¹⁷⁵ *Vita S. Joannis*, c. 38, pp. 41-42.

two concern the laity. These miracles, demonstrating the abbots' care and concern for the welfare, spiritual and bodily, of the community, use the healing ability of the abbot to eulogize them as the leader of the monastery.

Such authorial intent can be better understood if we examine the immediate context of the two narratives' production. During the abbacy of the third abbot Joel (1145-1177), who commissioned the *vita* of John, the abbey of Pulsano enjoyed a period of growth in influence and prestige. The monastic community continued to extend as a number of monasteries were founded and others were reformed as dependencies to Pulsano. The monasteries included some situated far from Norman Italy, such as the church of S. Maria outside Florence and that of S. Michele outside Pisa. In addition to expanding the number of dependencies, Joel also rebuilt and increased the monastic buildings at Pulsano. He also tried to have the authority of Pulsano over its dependencies recognised by petitioning Eugenius III and Frederick Barbarossa.¹⁷⁶ The Abbey of Cava experienced a similar growth in the monastic congregation, dependencies and property during the early twelfth century.¹⁷⁷

It is within this context of a period of growth in image and reputation that the authorship of the *vitae* must be understood. By creating and committing to memory charismatic and holy leaders, the authors were creating an identity for the community to unite them. Therefore, in the context of these texts, illness and healing were not employed to create shrines for the holy abbots and attract

¹⁷⁶ Unfortunately, the petition to Eugenius no longer survives but it is reaffirmed in a later bull by Innocent II in 1177.

¹⁷⁷ Ramseyer, *The Transformation of a Religious Landscape*, pp. 159-192.

pilgrims searching for a cure, but to emphasise the leadership of the founding abbots.

The details within the five curative miracles performed by John and the seven performed by William also demonstrate that a healing cult was not the aim of the authors in writing these *vitae*, despite the laity being the main beneficiaries of their miracles (please see table 8).

	Monastic Community	Laity
<i>Vita S. Guilielmi</i>	0	7
<i>Vita S. Joannis</i>	2	3
Total	2	10

Table 8: Beneficiaries of the curative miracles in *Vita S. Guilielmi* and *Vita S. Joannis*

In contrast to *miracula* collected at shrines, none of the miracles performed by the two saints occurred in the same place nor is there a focus in the narrative on a specific place to give thanks. This ensured that, despite performing healing miracles, there was no special place associated with the saints, which could become the focus of a cult. When John cured a girl, who had had ‘her voice cut off with hoarseness and was instilling terror in others with the rolling of her eyes’, although the narrative recounts that he visited the girl, no location is provided.¹⁷⁸ Similarly when he healed the monk seized with pain after disregarding his instruction to not harm the viper, the place of the miracle was not even

¹⁷⁸ ‘Quae cum vocis viam, intercedente raucore, interclusam haberet ac, revolutis oculorum orbibus, timorem aliis incuteret’, *Vita S. Joannis*, c. 23, p. 28.

mentioned.¹⁷⁹ In the same way, when William is recorded as healing lay supplicants the location is only loosely referred to. Although Benevento and Melfi are mentioned when he heals a blind little girl and man respectively, no further details are provided in the narrative; thus the exact place is impossible to locate.¹⁸⁰ A women, mute for seven years, was taken by her relatives to William for a cure; however, despite travelling to him, the destination is not noted.¹⁸¹

Furthermore, despite the recipients of the cure being recorded as giving thanks to the saint, there is no mention or emphasis of a specific place in which to give thanks. Instead the thanks are usually performed immediately after the miracle at the site. After John healed a young monk named Ursus when he was hit on the head with a stone, his relatives praised God and gave thanks where they were.¹⁸² When he travelled to Siponto to heal a boy, near to death, at his home, his parents gave thanks and promised their possessions to John immediately after the healing at their home.¹⁸³ Similarly, a father took monastic vows and entered a monastery in thanks to William after he cured his lunatic daughter, however there is no specific monastery named.¹⁸⁴ When the little blind girl was cured by William near Benevento, the miracle was celebrated throughout the city and the narrative describes the people rushing to greet the holy man, however the site is not identified.¹⁸⁵ This lack of stress on an individual place, both for the performance of the miracle and to give thanks, suggests that the author was not trying to create a cult localised to a place that would attract pilgrims.

¹⁷⁹ *Vita S. Joannis*, c. 37-38, pp. 40-42.

¹⁸⁰ *Vita S. Guilielmi*, pp. 8, 24-25.

¹⁸¹ *Vita S. Guilielmi*, p. 16.

¹⁸² *Vita S. Joannis*, c. 17-18, pp. 20-21.

¹⁸³ *Vita S. Joannis*, c. 26, pp. 31-32.

¹⁸⁴ *Vita S. Guilielmi*, p. 24

¹⁸⁵ *Vita S. Guilielmi*, pp. 24-25.

The high occurrence of *in vita* miracles also supports the hypothesis that the author was not trying to stimulate pilgrimage. With one exception, all of John's miracles and all of William's miracles were performed during their lifetimes, which is in sharp contrast to the performance of miracles by the civic saints' which were all performed posthumously. Instead the healing abilities of these holy abbots acted to emphasize their personal qualities and holiness as they had been granted the ability to perform healing miracles.

The focus on not creating a healing cult for John and William can be understood in the context of the eremitical communities they founded. The thriving and bustling urban communities that surrounded the shrines of civic saints are in stark contrast to the quiet monastic communities of Pulsano, Montevergine and Goleto. These monasteries would have adhered to a strict daily routine and pilgrims would potentially have disrupted their monastic life. Therefore, these texts, written for the monastic communities, aimed to create and preserve the memory of their holy abbots to encourage the unity of the order and to provide a model for individual monks to emulate.

1.3 Other Sources

The account of the miracles of St Mennas, the final hagiographical text that forms the base of this study, is also of monastic origin. It formed part of a dossier compiled by Leo of Ostia, a monk of Montecassino, to celebrate the translation of the saint's relics to a new church at S. Agata dei Goti between 1102 and 1107. The hagiographical dossier, which also included an expanded *vita* and two translation accounts, was commissioned by Robert of Caiazzo together with the

translation to revive the cult of St Mennas, a sixth-century hermit.¹⁸⁶ The dossier, written between 1094 and 1115, has been preserved in Montecassino MS. 431.¹⁸⁷

Leo Marsicanus is also the confirmed author of the early part of the Montecassino chronicle, another source that this study will draw on throughout. He is known to have written the chronicle as far as Book 3, Chapter 22, which goes as far as 1075, but the authorship of the later sections is more problematic. Although Peter the Deacon claims to have continued the chronicle from the point at which Leo ended, it is more probable that the succeeding chapters were written by a monk called Guido, Peter's teacher. However Cowdrey suggests that Guido was using earlier sources for the construction of the later part of book iii.¹⁸⁸ Peter's own contribution appears to have been limited to a small section at the end of the chronicle; however it also seems that he amended, interpolated and revised the sections that Guido had written, although to what extent remains uncertain.¹⁸⁹

1.4 Conclusions

Although each one of the nine hagiographical texts strove to highlight and promote the sanctity of their subjects, the authors also had individual and unique reasons for creating the texts. These motives were a result of the immediate, local and personal contexts in which they were writing, and inextricably linked to the audiences for whom the accounts were intended. Although each of the texts

¹⁸⁶ B. de Gaiffier, 'Translations et Miracles de S. Mennas par Léon d'Ostie et Pierre du Mont Cassin', *Analecta Bollandiana*, 62 (1944), 5-32; H.E.J. Cowdrey, *The Age of Abbot Desiderius. Montecassino, the Papacy, and the Normans in the Eleventh and Early-Twelfth Centuries* (Oxford: Clarendon Press, 1983), pp. 39-40; Galdi, *Santi, territori, potere e uomini*, pp. 229-247; *Miracula S. Mennatis*.

¹⁸⁷ Corinna Bottiglieri, 'Literary Themes and Genres in Southern Italy during the Norman Age: The Return of the Saints' in *Norman Tradition and Transcultural Heritage: Exchange of Cultures in the 'Norman' Peripheries of Medieval Europe*, ed. by Stefan Burkhardt and Thomas Foerster (Farnham: Ashgate, 2013), pp. 97-123 (pp. 111-112).

¹⁸⁸ Cowdrey, *The Age of Abbot Desiderius*, pp. 239-44.

¹⁸⁹ Cowdrey, *The Age of Abbot Desiderius*, p. xxii.

included incidents of healing and illness, each author employed the use of the incidents differently and only emphasized specific details within the narratives in support of their objective in producing the account.

The monastic authors writing for their internal eremitical communities were not seeking to establish a healing cult, which may have attracted pilgrims and disrupted their monastic routine, and thus chose not to include a large number of posthumous healing miracles. Instead those that were included tended to be for the benefit of the monastic community, with the laity rarely depicted as beneficiaries, as they used the healing abilities of the holy abbots to promote their leadership of the order through demonstrating their care and concern for the spiritual and physical wellbeing of the monastic community. Other miracles that were included also emphasised the protective role of the founding abbots for their monasteries. The focus of these texts is also on the personal qualities of the abbots. Drawing on early Christian writings, particularly those of Gregory the Great and Athanasius, the authors presented their subjects within the tradition of earlier saints to demonstrate their sanctity and piety. By drawing parallels between the abbot and the early Christian saints, the text served a didactic function to the internal audience and created a model for them to emulate.

The authors of the civic texts wrote for a much a larger and more varied audience. Not only were the texts intended for the cathedral chapter, but also, passed indirectly via the cathedral clergy to the local lay community. One of the driving motives for the production of the civic texts was the resurgence of saints' cults in twelfth-century southern Italy, which was a direct result of the growing civic consciousness of the southern cities. The inclusion of large numbers of posthumous healing miracles in these collections not only demonstrated the

efficacy of the patron saint of the city and attracted pilgrims, but also served to strengthen communal identity. A closer examination of the conditions cured by the civic saints also reveals how the authors strove to use the texts to promote the health of the community. By using the impaired supplicant as a microcosm for the community, the author demonstrated and educated the audience on how the spiritual and physical health of an individual could affect the wellbeing of society.

In addition to the overarching aim of each of the authors of the civic texts, there were additional local and personal motives for writing the narrative.

Adelferius, faced with a growing rivalry with Bari, wrote the *Vita Nicolai Peregrini* in an attempt to secure the canonisation of the young saint and contend with the more established cult of Nicholas of Bari. The inclusion of the curative miracles authenticated by scriptural tradition was intended to link Nicholas with Jesus in the mind of Pope Urban II and emphasise his sanctity. The second text relating to Nicholas of Trani, *Translatio Nicolai Peregrini*, written about forty years later to accompany the translation of the saint to the new cathedral, included a selection of healing and shipwreck miracles. Taking advantage of the strategic geographical position of Trani, Amandus dispensed with the detailed healing miracles and focused instead on demonstrating the efficacy of Nicholas to the passing pilgrims, who were the main beneficiaries of the shipwreck miracles. In doing so he hoped to attract more of the passing pilgrims and crusaders to the tomb of Nicholas, bringing economic wealth to the city and boosting its international reputation.

Having been promoted to Bishop of Bisceglie, Amandus used his second miracle collection, *Historia di SS. Mauri, Pantaleonis et Sergii*, to fulfil his episcopal duty of promoting devotion and spiritual and bodily health. Within the

integrated environment in which the miracles were read, the inclusion of detailed descriptions of acts of piety by the supplicants before they merited the intercession of the saints ensured that these ideals and practices would have been absorbed and practised by the clergy and then passed down to the laity, thus providing a strategy through which Amandus was able to provide pastoral care and encourage the spirituality of his diocese, and thus care for the bodily health of his congregation. Berlangarius used the large number of posthumous healing miracles to demonstrate the power of Cataldus and attract supplicants to the city. The revival of an older cult served to demonstrate the Christian heritage and sacrality of the bishopric during a period in which its archbishop had been deposed. In addition, the continued focus in each of the *miracula* on the cathedral, either as the site of the miracle or as the site of thanksgiving, secured the cathedral as a focal point for supplicants and helped attract income for the city.

Chapter 2: Demons and Illness

And so in that time, while a servant of someone called Peter, was being taken to a small fishing boat, a demon took hold of [invaded] him and drove out prior reason, forcing him to submit with all his heart to it. Then, he revealed his madness with foam, and the shaking and clenching of his teeth revealed his possession by a terrible passenger. Having been bound, he was led home, and unable to harm anyone with his hands or teeth, he attacked them with words. Trembling overtook those watching, as divine retribution prevented his recognising them all, and incited the onset of his behaviour. After salubrious advice, he, whom the demon was possessing, was led to the tomb of the confessor of Christ, with his hands and neck tied. Those whom he was unable to harm because of the bonds that held him, he tried to frighten by roaring. When, after some time, the troubler saw his plot proceeding in vain and was unable to foresee an opportunity to escape, seeing himself pushed from his home by the merits of the man of God, after the vigil of the night he left behind the vessel he had entered. The place where he, whom the demon had invaded, was to be found, was being made renowned by a crowd of citizens of both sexes: prayers were pouring out to the Lord with a joint vow, the groan of those standing by was informing him; and all with one voice were entreating the man of God. When suddenly, around the crow of the cockerel, the man of God, aided by prayers, threw out the unclean spirit and revealed the creature of God to be free from the invader by the vomiting of blood. O how great was the joy of men, how great and numerous were the celebrated praises to God! In this way God wanted to glorify this saint and for him to be praised highly. Then this man, whom the saint had freed, also freed from the law of servitude, devoted himself to the service of St. Nicholas for a long time. In truth, afterwards he took the habit of holy orders, and many of us saw him leading a religious life in the monastery of s. Benedetto, which is in Salerno.¹

¹ 'Quodam itaque tempore, dum servus cuiusdam, Petrus nomine, navicula duceretur, piscantionis exercitio deditus, eum daemon invasit mentemque priorem expulit, atque hominem toto sibi cedere iussit pectore. Tunc rabiem spuma prodidit, et a diro vectore possideri morsus et concussio dentium patefecit. Domum ducitur coarctatus, qui quos non potest manibus morsibusve laedere, verbis lacessit. Tremor videntes occupat, omnes divina ultio ad sui cognitionem reducit et ad morum correptionem hortatur. Tandem salubri consilio quem daemon possidebat, ut erat manus collumque innexus, ante tumulum Christi confessoris adducitur. Quod ubi hostis callidus dirisque invasor persensit, velut iam nunc aeternis cruciatibus arctaretur damnandus, eum reniti summo conanime videres; et eos, quibus constrictis nexibus nocere nequibat, voce horribili, oris fremitus volebat terrere. Ubi tandem suas insidias vexator incassum videt procedere neque prospicit aditum evadendi, praedicat se hominis Dei meritis a domo sua urgendum, et infra noctis vigiliis vas quod invaserat relicturum. Locum, in quo erat ille quem daemon infestabat, frequentia civium utriusque sexus celebrem fecerat: orationes ad Dominum fundi communi voto, gemitus adstantium edocebat;

Exorcism miracles, such as the one of Peter above, found among the miracles ascribed to Nicholas of Trani by Amandus, frequently number among the healing miracles collected at saints' shrines. However, they are not the most commonly occurring miracle within these collections, nor are they found in all collections.² Of the nine hagiographical texts examined by this study, seven contain nine miracles relating to the healing of an individual possessed by an evil spirit. Only the miracles attributed to the saints of Troia and Mennas of Sant'Agata de' Goti make no reference to demonic possession.

Michael Goodich, examining the miracles of a number of thirteenth- and fourteenth-century saints, has argued that exorcism miracles, such as this, often played a decisive role in the formation of a new cult. Such a public miraculous liberation, which often become the premier miracle, but not necessarily the first posthumous miracle, acted out the longstanding battle between God and the Devil and inflamed enthusiasm for the cult, enabling further healing miracles to occur.³ However, looking beyond their role in establishing a new cult, this study wants to examine possession miracles within the context of healing, the role of demons within a holistic understanding of illness and the role of the saint in such cases.

omnes una voce virum Dei flagitabant. Cum subito, circa galli cantum, vir Dei orantibus affuit, immundum spiritum eiecit et Dei creaturam ab invasore liberam fuisse sanguinis vomitu patefecit. O quanta tunc fuit hominum exultatio, quanta et quot Dei sunt celebrata praeconia! Qui sic sanctum hunc glorificare voluit, sic in illius Gloria collaudari. Tunc vir ille, quem sanctus Dei liberaverat, a servitutis quoque iure solutus, longo tempore sub s. Nicolai servitio se devovit. Postea vero sacrae religionis habitum sumpsit, eumque religiosam agere vitam in S. Benedicti monasterio, quo Salerni est, plerique nostrorum videre', Amandus, *Translatio Nicolai Peregrini*, p. 162. The monastery identified is the monastery of St Benedict of Salerno, which was subject to Montecassino and dates back to the mid-tenth century: *Italia Pontificia*, VIII, pp. 364-5.

² Vauchez, *Sainthood*, p. 468; Pierre-André Sigal, 'Maladie, Pèlerinage et Guérison au XIIe siècle', p. 1527.

³ Michael Goodich, 'Liturgy and the Foundation of Cults in the Thirteenth and Fourteenth Centuries', in *De Sion exhibit lex et verbum domini de Hierusalem': Essays on Medieval Law, Liturgy, and Literature in Honour of Amnon Linder*, ed. by Yitzhak Hen (Turnhout: Brepols, 2001), pp. 145-57.

During the Middle Ages demons and their actions were frequently invoked as explanations for various problems, including illnesses and issues related to health and well-being. The intercession of saints is frequently recorded as having been sought by individuals, like Peter, for a cure from demonic possession. Such accounts immediately prompt a series of questions about the relationship between demons and ill-health in the Middle Ages. In which cases were malevolent spirits used as an explanation or identified as the cause of the illness? How were such cases conceptualised and how did the demon physiologically upset the well-being of the individual? What was the relationship between the demoniac, the demon that possessed them and the saints that cured them in such cases? What do incidents of demonic possession or interference by demonic spirits tell us about health and illness, and contemporary understandings in this period? This chapter tries to explore and answer these questions, and through comparison with other areas of Europe determine whether there is anything particularly distinctive about the understanding of possession within Norman Italy.

Historians working on cases of possession in collections of miracles have repeatedly attributed these accounts to incidents of mental illness. Both Finucane and Sigal categorised the freeing of demoniacs as miraculous cures of mental affliction.⁴ Early scholarly discussion on medieval madness often suggested that contemporary belief in the origin and cause of such conditions was dominated by demonological ideas.⁵ However, such generalizations can prevent us from learning more about the nuances of incidents of possession in the medieval period:

⁴ R.C. Finucane, *Miracles and Pilgrims*, pp. 107-9; Sigal, *L'homme et le Miracle*, p. 236.

⁵ Gregory Zilboorg, *A History of Medical Psychology* (New York: Norton, 1941), p. 130-33.

how and why such states were seen as health issues which could be healed by a saint.

Few studies have holistically examined incidents of possession together with states of unreason within the context of health, despite there being overlap between the two. The physical symptoms of possession were similar, and in some cases the same, as the symptoms of incidents classified as conditions of madness; that is illnesses of the imaginative and rational faculties that affected the cognitive functions of the brain. Using Byzantine saints' lives, Horden has shown that in some cases where these symptoms are described, possession could be identified. In others, they could be identified as medical conditions of madness.⁶ Such conditions were occasionally given the generic term of 'madness' (*amentia/insania*), however for medieval observers this was predominantly recognised as a behavioural pattern associated with other conditions such as frenzy (*frenesis*), mania (*mania*) and melancholy (*melancholia*).⁷ Although early-modern thinkers often used 'madness' to refer more exclusively to a medical problem, making it an illness rather than a symptom, people suffering from such a condition continued to be taken to shrines in some areas of Europe for relief even after the Reformation.⁸ In the seventeenth century George Fox (1624-1691), regarded by most as the founder of the Quaker movement, is recorded as having

⁶ Peregrine Horden, 'Responses to Possession and Insanity in the Early Byzantine World', *Social History of Medicine*, 6 (1993), 177-194 (pp. 185-86).

⁷ Claire Treney and Peregrine Horden, 'Madness in the Middle Ages', in *The Routledge History of Madness and Mental Health*, ed. by G. Eghigian (London: Taylor and Francis, 2017), pp. 62-80 (p. 66).

⁸ Leigh Ann Craig, 'The History of Madness and Mental Illness in the Middle Ages: Directions and Questions', *History Compass*, 12 (2014), 729-744 (p. 732); Elizabeth Mellyn, 'Healers and Healing in the Early Modern Health Care Market', in *The Routledge History of Madness and Mental Health*, ed. by G. Eghigian (London: Taylor and Francis, 2017), pp. 83-100 (pp. 84, 93); David Lederer, *Madness, Religion and the State in Early Modern Europe: A Bavarian Beacon* (Cambridge: Cambridge University Press, 2006), p. 119.

miraculously healed a number of people suffering from mental illness, one of whom was thought to have been possessed.⁹ Recent analysis of canonization processes by Sari Katajala-Peltomaa and work by Laura Ackerman Smoller on the canonization process of Vincent Ferrer has also argued that the signs for these two types of illnesses were so similar it was often difficult to distinguish between the two in the later Middle Ages.¹⁰ Other recent scholarship, such as the work of Katajala-Peltomaa, Anne Bailey and Claire Trenery, has started to consider these links and examine the relationship between conditions of madness and incidents of possession, and has suggested that while incidents of madness and possession did overlap they were not synonymous categories.¹¹

Before considering the relationship between the conditions of spirit possession and those of madness in the twelfth century, it is worth pausing to consider the pitfalls our modern notion of ‘mental illness’ may bring to an analysis of medieval texts. First, the twenty-first century understanding of ‘mental illness’ has strong scientific and medical connotations which often causes cases of possession only to be included after a retrospective medical diagnosis of their

⁹ Amanda Lawrence, ‘Quakerism and Approaches to Mental Affliction: A Comparative Study of George Fox and William Tuke’ (unpublished doctoral thesis, University of Birmingham 2009), pp. 54-56.

¹⁰ Sari Katajala-Peltomaa, ‘Demonic Possession as Physical and Mental Disturbance in the Later Medieval Canonization Processes’, in *Mental Dis(Order) in Later Medieval Europe*, ed. by Sari Katajala-Peltomaa and Susanna Niiranen (Leiden: Brill, 2014), pp. 108-127 (pp. 108-9); Laura Ackerman Smoller, ‘A Case of Demonic Possession in Fifteenth-Century Brittany: Perrin Hervé and the Nascent Cult of Vincent Ferrer’, in *Voices from the Bench: the Narratives of Lesser Folk in Medieval Trials*, ed. by M. Goodich (New York: Palgrave, 2006), pp. 149-176 (pp. 162-6).

¹¹ Sari Katajala-Peltomaa, ‘“A Good Wife?” Demonic Possession and Discourse of Gender in Late Medieval Culture’, in *Gender in Late Medieval and Early Modern Europe*, ed. by M. Muravyeva and R.M. Tovio (New York: Routledge, 2013), pp. 73-88 (p. 74.); Anne Bailey, ‘Miracles and Madness: Dispelling Demons in Twelfth-Century Hagiography’, in *Demons and Illness from Antiquity to the Early Modern Period*, ed. by S. Bhayro and C. Rider (Leiden: Brill, 2017), pp. 235-255; Claire Trenery, ‘Demons, Saints, and the Mad in the Twelfth-Century Miracles of Thomas Becket’, in *Demons and Illness from Antiquity to the Early-Modern Period*, ed. by S. Bhayro and C. Rider (Leiden: Brill, 2017), pp. 339-356.

symptoms, which in itself has inherent problems.¹² They are rarely engaged with on their own terms, as incidents of unreason but outside the medical model. This narrowness of scope, due to the modern definition of the term, also includes the exclusion of illnesses that fall under the modern classifications of neurological illness, neurological disability and intellectual disability. Although medieval observers often noted that these conditions could leave individuals ‘out of their senses’, they are rarely studied alongside incidents of madness.¹³ Therefore it is important that we move away from examining premodern texts from a modern vantage point, and start to consider them within the context of the medieval belief system - what did the medieval sufferer and the author believe about their state of unreason, and how did this fit within the cultural framework? A final note of caution, about the instability of the term ‘mental illness’, should also be noted. The idea of mental illness originated in the twentieth century and distinguished it from diseases of the body. However, recent research is calling for such conditions to be understood in terms of the body and brain, rather than in terms of the mind, which is an abstract entity.¹⁴ The idea of the mind comes from the Latin *mens*, for intention or will, and is not a thing but an activity or an abstract noun. Therefore, it cannot refer to a tangible object and thus as it is not a physical entity cannot

¹² Craig, ‘The History of Madness’, p. 733. For criticism of retrospective diagnosis as a methodology please see: Jon Arrizabalaga, ‘Problematizing Retrospective Diagnosis in the History of Disease’, *Asclepio*, 54 (2002), 51-70; Andrew Cunningham, ‘Identifying Disease in the Past: Cutting the Gordian Knot’, *Asclepio*, 54 (2002), 13-34.

¹³ Craig, ‘The History of Madness’, p. 734. One recent monograph that does take a holistic approach is: Wendy Turner, *Care and Custody of the Mentally Ill, Incompetent, and Disabled in Medieval England* (Turnhout: Brepols, 2013).

¹⁴ Craig, ‘The History of Madness’, p. 734; R.E. Kendell, ‘The Distinctions between Mental and Physical Illness’, *British Journal of Psychiatry*, 178 (2001), 490-493.

become ill.¹⁵ Not only is the term anachronistic, but it is also constantly changing, which makes the use of the term even more difficult.

2.1 Ideas about Demons

The belief in demons endured from the pre-Christian world into the Middle Ages, and their existence became an established and accepted feature of Christianity from its earliest beginnings. Many of the early Christian writers contemplated the origin, activities and powers of the Devil and demons. By far the most comprehensive treatment came in the works of Augustine. His demonological writings, which greatly influenced twelfth-century thought, outlined the powers of demons and described the various forms demons could take.¹⁶ According to Augustine, demons were aerial in body, dwelling in the air, the area between heaven and earth, and possessed many powers such as the ability to foresee the future and travel great distances.¹⁷ Other early writers also emphasized the many disguises that such spirits could assume. Athanasius in the *vita* of Antony describes how as a young man he was tested by the devil, first in the form of a woman, then in the image of a black boy and finally in the form of beasts and reptiles.¹⁸ Gregory the Great also tells of demons in the guise of humans misleading and possessing innocent Christians, and disguising themselves as animals. These examples demonstrate that alongside their aerial form, it was

¹⁵ Jean-Etienne Joullié and Robert Spillane, *The Philosophical Foundations of Management Thought* (Maryland: Lexington Books, 2015), p. 230.

¹⁶ B.P. McGuire, 'God, Man and the Devil in Medieval Theology and Culture', *Cahiers de l'Institut du Moyen-Age Grec et Latin*, 18 (1976), 18-82 (pp. 30-36); C.S. Watkins, *History and the Supernatural in Medieval England* (Cambridge: Cambridge University Press, 2007), p. 55.

¹⁷ Augustine, *The City of God against the Pagans*, III, trans. by D. Wiesen (London: William Heinemann, 1968), pp. 63-297.

¹⁸ Athanasius, *The Life of Antony*, pp. 34-38.

commonly accepted that demons could assume tangible existence in the guise of humans or animals.

The influence of these demonologies can clearly be seen on later southern Italian thinking.¹⁹ The Montecassino chronicle recounts the exorcism of a demoniac by Pope Alexander (1061-1073) at the monastery, and echoes Augustine's thinking on the abode of demons. Recognising the man to be possessed, after praying, Alexander addressed the demon and ordered it to 'go to that place where neither the bird flies nor the voice of man sounds'.²⁰ The author of the *vita* of John of Matera, in a passage reminiscent of the trials of St Antony, described how John was relentlessly vexed by demons in animal forms at night while tied to a tree.²¹ Torment by demons in the guise of animals was a common motif in twelfth-century hagiography, particularly in the *vitae* of holy men, as it drew parallels both with the temptation of Jesus in the desert and the trials of early Christian saints. Reginald of Durham recounted how Godric of Finchale (c.1070-1170) was also beset by demons disguised as animals.²² However, although a *topos*, the imagery of demons in animal form demonstrates the continuing belief in the Middle Ages in the varied forms malevolent spirits could take.

¹⁹ Watkins, p. 55.

²⁰ 'vadas in illum locum, ubi nec avis volat nec vox hominum resonat', *Chron. Cas.* iii. 36. p. 412.

²¹ 'In praedicta nimirum aquarum pernoctatione, multimodas et varias daemonum illusiones, ac etiam passiones tam diu aequanimiter sustulit, donec ipsi se victos et invalidos clamitarent. Illum congressum beati Antonii in famulum Dei, Joannem, daemones innovabant. Formis diversarum bestiarum assumptis dabant in eum fremitus leonum, serpentium sibilos, taurorum rugitus, latratus canum, et quidquid arte nocendi contra ipsum instaurare poterant, saepe devicti, satagebant', *Vita S. Joannis*, c. 4, p. 5.

²² 'At antiquus hostis omnia versutiae suae machinamenta adversus eum induit, et omnia fraudis suae venena composuit; et post dira libidinum stigmata, quae cordi ejus inflixerat, saepe visibiliter sub specie terribili se ei minaci audacia ingerebat. Sicque multoties in leonis effigie terribiliter rugientis, modo in lupi specie cachinnantis, quandoque vulpeculam praeferibat; aliquando vero taurum cornibus acutis, vel bufonem mortiferis cum venenis induebat.', Reginald of Durham, *Libellus de Vita et Miraculis S. Godrici, Heremitaiae de Finchale Auctore Reginaldo Monacho Dunelmensis*, ed. by J. Stevenson (Surtees Society, 1847), p. 77.

The mosaics of Norman Italy also attest to the visualisation of demons in a myriad of forms. The Cappella Palatina in Palermo features a scene, the *Fall of Simon Magus*, in the north aisle depicting two demons. On 28th April 1140, Roger II (1130-54) granted the chapel a charter of endowment; however beyond this very little documentation has survived to date the building and decoration. Differences in style between the mosaics in the sanctuary and those in the rest of the chapel suggest they were completed at different times and possibly by different craftsmen. It is likely the aisle mosaics are slightly later than those in the sanctuary, and may well date from the reign of William I (1154-66).²³ In the scene the demons are a hideous mix of human and animal, with the tail of a dragon, the wings of a bird and the naked head and torso of a man. However, the face is a distorted human face, perhaps hinting at the human connection but also emphasizing the malevolent.²⁴ Although this scene has been extensively restored, the composition is authentic.²⁵

²³ Eve Borsook, *Messages in Mosaic: The Royal Programmes of Norman Sicily (1130-1187)* (Oxford: Clarendon Press, 1990), pp. 39-40; William Tronzo, *The Cultures of His Kingdom: Roger II and the Cappella Palatina in Palermo* (Princeton: Princeton University Press, 1997), pp. 62-68.

²⁴ Watkins, p. 55.

²⁵ Otto Demus, *The Mosaics of Norman Sicily* (London: Routledge and Kegan Paul, 1949), pp. 46-7.



Picture 1. Cappella Palatine, Palermo: view of northern aisle featuring *Fall of Simon Magus*. Picture taken by Richard Stracke on site and shared under Attribution-NonCommercial-ShareAlike license [<https://creativecommons.org/licenses/by-nc-sa/3.0/>].

The *Fall of Simon Magus* also featured in the mosaic cycles of the royal cathedral of Monreale. Founded by William II (1153-1189) in 1176, there is no concrete evidence as to when the cathedral was completed. However, an account of the building by Lucius III (1181-1185) in February 1183 and the date 1186 on the inscription on the bronze doors of the cathedral suggests that the building and decoration were largely completed by 1189.²⁶ The iconographic composition of the scene in the two buildings, Monreale and the Cappella Palatina, is very similar; however the style of the image in Monreale has been modernised and

²⁶ Loud, *The Latin Church*, pp. 329-339.

there are very few similarities with the style of that in the Cappella Palatina.²⁷ This difference can be observed in the portrayal of the demons in the Monreale scene, now predominantly human in form with wings like a bird but also naked and coloured black. The story concerning the fall and death of Simon Magus originates from the apocryphal gospels: the Acts of Peter and the Acts of Peter and Paul, and frequently features in art history; similar scenes can be found throughout medieval Christendom spread throughout time and area.²⁸ The apocryphal account does not itself refer to any demonic activity. However, both the Sicilian mosaics and other high medieval representations, such as a twelfth-century manuscript from Hildesheim, often depict Simon flying through the support of demons.²⁹ This inclusion of demonic aid in the story represents later Christian beliefs that such magic, the art of flying, could have only been possible through demonic power.³⁰

²⁷ Demus, *The Mosaics*, pp. 136-37.

²⁸ Acts of Peter 9:32; H.E.J. Cowdrey, 'Simon Magus in South Italy', *Anglo-Norman Studies*, 15 (1992), 77-90.

²⁹ <https://lectionaryart.org/2017/05/27/simon-magus/> [accessed 15th May 2018].

³⁰ Michael D. Bailey, *Magic and Superstition in Europe: A Concise History from Antiquity to the Present* (Plymouth: Rowman & Littlefield Publishers, Inc., 2007), p. 48; Richard Kieckhefer, *Magic in the Middle Ages* (Cambridge: Cambridge University Press, 2014), pp. 8-14, 38-40.



Picture 2: The J. Paul Getty Museum. Initial D: The Fall of Simon Magus (Ms. 64, fol. 138v). Digital image courtesy of the Getty's Open Content Program.

Two other scenes in Monreale, the *Temptation of Christ* and the *Miracles of St Castrensis*, also feature demons and are consistent with the depiction of the malign spirits in the scene of the *Fall of Simon Magus*.³¹ The demons differ from the image of angels, such as those found in *Jacob's Flight and Dream* and *Jacob Wrestling with the Angel*, which are portrayed in human form with the wings of a bird but fully clothed and illuminated by a halo.³² However, while ideas of the various forms demons might take were varied, and quite possibly very localised, there is little doubt about belief in the existence of demons during the twelfth century.³³

³¹ Demus, *The Mosaics*, image 66B, 83 and 110B. See below section 2.2 Possession as a Physical Affliction for a more detailed discussion of St Castrensis.

³² Demus, *The Mosaics*, image 108 and 109A.

³³ Watkins, p. 56.

The variety of ways in which demons were conceived demonstrates that Latin Christianity was not monolithic, and that until the twelfth century there were no consistent or uniform ideas about the devil. Instead, there was a complex web of beliefs mixing Christian teaching with pre-Christian traditions and incorporating regional nuances. Although the demons encountered in theological writings held power in this world on account of human sinfulness and could act only with divine permission, other genres such as chronicles and miracle accounts suggest that their presence and actions could also be understood, encountered and interpreted differently. Rather than being understood as part of a structured and divinely ordered course of events, they were often associated with sudden, inexplicable and wondrous/terrifying events, and were thought to be only one of many supernatural beings that enchanted the land.³⁴ An earthquake in the vicinity of Montecassino in 1120 was interpreted by the chronicler as a punishment from God for the sins and faults of men. However, its aftershock was explained through the deception of the devil. The continuator described how the devil, disguised as a lame man, persuaded the people not to pray or to entreat God to forgive their sins and faults following the catastrophe. After recognising ‘this was a delusion of the devil’, they decided to fulfil their supplications the next day, ‘but during the first watch of the night there was a great earthquake, much worse than usual’.³⁵

³⁴ Watkins, p. 58; Valerie Flint, *The Rise of Magic in Early Medieval Europe* (Princeton: Princeton University Press, 1991), p. 153. For further reading on the beliefs in demons in the Middle Ages please see: Robert Muchembled, *A History of the Devil: From the Middle Ages to the Present*, trans. by J. Birrell (Cambridge: Polity Press, 2003), pp. 9-34; Jeremy Harte, ‘Hell on Earth: Encountering Devils in the Medieval Landscape’, in the *Monstrous Middle Ages*, ed. by B. Bildhauer and R. Mills (Cardiff: University of Wales Press, 2003), pp. 177-195; McGuire, ‘Man and the Devil’, pp. 18-82; Jeffrey Burton Russell, *Lucifer: The Devil in the Middle Ages* (London: Cornell University Press, 1984).

³⁵ ‘Quo dum venissent, videntes illusionem diabolicam alio die letaniam, quam stulte dimiserant, discaletis pedibus implere studuerunt’, *Chron. Cas.* iv. 65, p. 527.

Demons were also used to rescue man from excessive blame and punishment, represented as taking the blame, panic and penalties on themselves and away from the individual.³⁶ The continuator of the Montecassino chronicle attributed the stealing of money from the sacristy of the monastery by a group of knights to their being ‘intoxicated by the encouragement of the Devil’, while when Pandulf de Sexto and Odoaldus harried the lands of Montecassino which were near them, it was because they were ‘drunk by the wickedness of the ancient serpent’.³⁷ In neither of these incidents did the chronicler record any punishment or blame being visited upon these wrongdoers, despite the seriousness of the offence. Incited by the devil, the individuals appear to have been removed from any responsibility for their action. Although there is no suggestion that these individuals were physically possessed, merely swayed in their actions, by demons, the vocabulary used to indicate the presence of the devil evokes the imagery of the consumption of the spirit.³⁸

A further case of an invocation of a demon to remove a monk from culpability may tentatively be identified in the Montecassino chronicle. On Christmas Day Maio, an elderly brother, in need of relieving himself went in search of the privy. The devil in human form offered to guide the elderly monk after commenting ‘since you are now aged and decrepit you cannot find it in the darkness’.³⁹ However instead of assisting the brother to the toilet, the devil led

³⁶ Flint, *The Rise of Magic*, pp. 153-4.

³⁷ ‘Milites vero hec audientes et diabolico stimulo debriati’, *Chron. Cas.* iii. 46, p. 424; ‘antiqui serpentis nequitia debriatus’, *Chron. Cas.* iv. 75, p. 540.

³⁸ See below section 2.2 Possession as a Physical Affliction for a discussion about the physiology of possession.

³⁹ ‘Cui diabolus in humana effigie apparens dixit as eum: “Scio, quo pergis, sed quis decrepito iam senior fessus absque amminiculo tendere illuc inter noctis tenebras minime vales, sequere me; ego ero dux itineris tui”.’ *Chron. Cas.* iv. 4, p. 469.

him to the great window, in the middle of the building, and pushed him to his death. This narrative could be the continuator's account of a simple accident: an elderly monk suffered a fatal fall on the way to the toilet in middle of the night. The role of the devil in this account merely being an interpretation of the literary motif of the latrines, particularly at night, being a site of supernatural and spiritual danger for monks.⁴⁰ However, it is interesting to note that with no witnesses such an incident may have been perceived as a suicide. In such a context, the presence and role of the devil, in the guise of a brother, in the accident would have relieved the individual of any guilt. In the Middle Ages, suicide could be seen as a mortal sin, depending on the intent, and often led to the suicide being denied a Christian burial: neither the funeral rite was celebrated, nor the grave consecrated.⁴¹ In addition to the spiritual punishment, the property of the individual was often confiscated and absorbed by the crown. Therefore, the implication of the devil in the brother's death removed the guilt from the individual, allowing his burial on consecrated ground by a priest and ensuring his salvation in the next world. An additional benefit of such an understanding was the monastery was no longer liable to relinquish any claim on the monk's property.

In addition to these actions, internal possession remained a central feature of demonic activity throughout the medieval period. Many incidents of possession and exorcism miracles can be found in the Bible, such as Christ casting out the

⁴⁰ Martha Bayless, *Sin and Filth in Medieval Culture: The Devil in the Latrine* (London: Routledge, 2012), p. 49; Belle S. Tuten, 'The *Necessitas Naturae* and Monastic Hygiene', in *Bodily and Spiritual Hygiene in Medieval and Early Modern Literature: Explorations of Textual Representations of Filth and Water*, ed. by Albrecht Classen (Berlin: Walter de Gruyter, 2017), pp. 129-147 (pp. 140-45).

⁴¹ Alexander Murray, *Suicide in the Middle Ages*, 2 vols (Oxford: Oxford University Press, 2000), II, pp. 41-43.

unclean spirit from a man in the synagogue at Capernaum.⁴² However although exorcism miracles appear in seven cases in the New Testament accounts of Matthew, Mark and Luke, there is only one account of an involuntary spirit possession to be found in the Old Testament, that of King Saul.⁴³ Following these Biblical precedents, during the Middle Ages it was believed the saints, as intercessors and like the apostles, had the same exorcising ability as Jesus. The custom of bringing possessed people to the shrine of the saints was established during Late Antiquity, as their relics were understood to have the power to expel the malevolent spirit and continued into the medieval period.⁴⁴

Demons had always been acknowledged as present and active in the Christian world, and in the early and central Middle Ages there was no concern about organised action by the Devil and demons against Christianity. It was understood that they were a necessary opposing supernatural force within the world following their fall from heaven, but one that was not especially powerful. This perception of the Devil and demons slowly changed in the thirteenth century. They began to cause worry, concern and anxiety over their activities as the notion arose that they could form pacts with humans and form groups of sworn enemies of Christian unity, linking them closely with the rise of heretical groups from the eleventh century.⁴⁵ By contrast the demoniacs of earlier periods were often

⁴² Mark 1:23-27; Luke 4:33-35. Other well-known cases of possession within the Gospel accounts are Christ casting seven demons out of Mary Magdalen (Luke 8:2) and the Gerasene demoniac (Matthew 8:29-34; Mark 5:1-9; Luke 8:26-39).

⁴³ Nancy Caciola, *Discerning Spirits: Divine and Demonic Possession in the Middle Ages* (London: Cornell University Press, 2003), p. 36.

⁴⁴ Peter Brown, *The Cult of the Saints*, pp. 106-13.

⁴⁵ Alain Boureau, 'Demons and the Christian Community', in *The Cambridge History of Christianity: Christianity in Western Europe c. 1100-c. 1500*, ed. by Miri Rubin and Walter Simons (Cambridge: Cambridge University Press, 2009), pp. 420-432; Barbara Newman, 'Possessed by the Spirit: Devout Women, Demoniacs and the Apostolic Life in the Thirteenth Century', *Speculum*, 73 (1998), 733-770.

considered innocent victims and not held personally responsible for their possession. Demons were believed to have the natural ability to possess an innocent victim's body and it was commonly understood that demons could enter the body through holes, in particular the mouth. In his *Dialogues*, Gregory the Great recounts the story of a nun who was possessed by the Devil after eating some lettuce but forgetting to bless it.⁴⁶ The belief in demons entering the body through the mouth remained constant into the central Middle Ages. The Montecassino chronicler told the story of how a farmer in Apulia was possessed by a devil after drinking to quench his thirst, and the Monreale scene depicting the exorcism performed by St Castrensian shows the demon leaving the victim from his mouth.⁴⁷ However, once in the body the malevolent spirit remained in the viscera, and was unable to enter and thus blemish the soul: the soul remained intact even though the body was possessed. With the soul unaffected by the possessing demon, such a possession was not believed to be sinful, therefore the victim was innocent.⁴⁸

2.2 Possession as a Physical Affliction

Not long afterwards in the same country in which blessed Castrensian was living, a spiteful enemy [*hostis*] seized a man. As the demon left the man's body, compelled by the man of God's command, it immediately exclaimed: 'I cannot oppose your orders, but tell me where I should go'. And the Saint replied:

⁴⁶ Gregory the Great, *Dialogues*, p. 18.

⁴⁷ 'Eodem preterea tempore quidam rusticus in partibus degens Apulie dum siti estuaret, ad Bibendum perrexit. In quem mox diabolus ingrediens eum vexare crudelissime cepit', *Chron. Cas.* iii. 38, p. 414; Demus, *The Mosaics*, image 110B.

⁴⁸ Nancy Caciola, 'Mystics, Demoniacs, and the Physiology of Spirit Possession in Medieval Europe', *Comparative Studies in Society and History*, 42 (2000), 268-306 (pp. 279-85).

‘You will not be able to go anywhere except into the abyss of the sea’. Then the trembling demon was compelled to leave.⁴⁹

The twelfth-century mosaic of the *Miracles of St Castrensis* at Monreale is a pictorial representation of the above miracle ascribed to the saint in an earlier *vita*. St Castrensis became bishop of Capua after being exiled from Africa by the Arian Vandals in the fifth century. Although the dating and authorship of the *vita* is problematic and many doubts remain, Domenico Mallardo has argued that it is highly probable that it was composed by a Benedictine monk from Capua in the eleventh or twelfth century.⁵⁰ The miracle is the only one attributed to the saint and recounts the healing of a demoniac.

These kinds of stories, and especially their descriptions of the affliction, reveal much about the nature and experience of demonic possession as understood in the twelfth century. As discussed earlier, demons were believed to have actually entered the body and would often settle in the viscera; however, they could lodge themselves wherever there was room inside the body and could sometimes even be identified as a lump just under the surface of the skin. Such a possession was understood as physical and identifiable within the body.⁵¹ The account of the miracle performed by Castrensis refers to the saint forcing the

⁴⁹ ‘Non multo post ex eisdem finibus, in quibus b. Castrensis habitabat, quemdam malignus hostis arripuit hominem, qui dum ex praecepto viri Dei compelleretur, ut exiret, protinus exclamavit: Praeceptis tuis contraire nequeo: sed jube, quo eam. Et Sanctus: Non sit tibi aditus, nisi in profundum abyssi. Tunc temebundus daemon compulsus exiit.’, *Vita S. Castrensis Episcopi*, Acta Sanctorum February, II (Paris), pp. 523-529 (p. 528).

⁵⁰ E.A. Gitto, ‘Santi africani venuti dal mare nell’agiografia campana alto medievale: la *passio S. Prisci* e la *vita S. Castrensis* tra storia e tradizione letteraria’ (unpublished doctoral thesis, Università di Bologna 2013); Domenico Mallardo, *San Castrese: vescovo e martire nella storia e nell’arte* (Naples: Giannini, 1957), pp. 31-32. The *vita* is found in three sixteenth century manuscripts: Corsiniana 883 ((fol. 153-162, 162^v-163^v); Codice H6 (fol. 173-183); Codice H7 (fol. 260-269^v). The latter two are found in the Biblioteca Vallicelliana and the former in the Biblioteca dell’Accademia Nazionale dei Lincei e Corsiniana.

⁵¹ Nancy Caciola, ‘Mystics, Demoniacs, and the Physiology of Spirit Possession’, pp. 282-83; Caciola, *Discerning Spirits*, p. 41.

demon out, and describes how ‘it left the man’s body’, indicating that the demon possessing the man was thought to be dwelling within him.⁵² Only on the expulsion of the demon was the man healed. Likewise, the cure of the servant, recounted at the beginning of the chapter, was described as when the demon ‘left behind the vessel it had entered’, reflecting the invasive and bodily experience of possession.⁵³

Such ideas about the nature of demonic possession can also be found in the case of Andrew who was troubled by a demon. After travelling from Flanders to Trani in search of a cure, he slept beside the altar of Nicholas and was freed from the invading spirit. With the intervention of the saint, the demon vexing him withdrew, and suddenly Andrew became ‘whole again’.⁵⁴ Within the context of possession involving the literal entry into the body, the idea of becoming whole again upon being restored to health could refer to the demon physically exiting the body, and the body becoming complete again, unfractured by the demonic spirit.

Other miracle narratives also attest to the understanding of possession being a bodily affliction. Although not all the accounts have as explicit descriptions as the cases of Peter, Andrew and the anonymous man healed by Castrensis, the language used to recount the supplicant’s experience of being troubled by a malign spirit often has associations with the invasion or entry of the body. In most cases the terms employed are derivatives of the verbs *invadere* or *possidere*, both of which have associations with entering and seizing.⁵⁵ An

⁵² ‘qui dum ex praecepto viri Dei compelleretur, ut exiret,’ *Vita S. Castrensis*, p. 528.

⁵³ ‘et infra noctis vigiliis vas quod invaserat relicturum’, Amandus, *Translatio Nicolai Peregrini*, p. 162 (E9).

⁵⁴ ‘subito effectus integer’, Adelferius, *Vita Nicolai Peregrini*, p. 157 (D9).

⁵⁵ *invadere*, Niermeyer, *Mediae Latinitatis*, p. 554; *possidere*, Niermeyer, *Mediae Latinitatis*, p. 817.

unidentified religious woman, invaded by a spiteful spirit, was brought to the church of Cataldus; a woman cured during the translation of the Bisceglie saints was said to have been possessed for a long time by three hostile spirits; and five women cured by the same saints were said to have been taken possession of by filthy spirits.⁵⁶ Another verb used to describe the demon physically entering its victim is *tenere*, as in the case of Rossula, which has associations with holding, possessing and occupying.⁵⁷ Neither of these verbs is used in the miracle of Anastasia from Mottola who, after travelling to the tomb of Nicholas of Trani and sleeping beside it, received a vision in which she heard a voice instructing her to rise for she had been freed from the demon who had been troubling her.⁵⁸ However, the spirit bothering her is described as *superirruens*.⁵⁹ This participle adjective originates from *super* (with extra force) + *irruere* (to rush, force one's way into, invade, make an attack upon) suggesting that the demon was believed to have forced itself into Anastasia with force.⁶⁰ Nancy Caciola, while examining the understanding and manifestation of divine and demonic possession in the human body, has suggested that the interpretation of the physical and literal invasion of the body by the malign spirit is demonstrated by the metaphor of the body as a fortification under siege which was often employed in discourses on demonic

⁵⁶ 'malignus enim eam invaserat spiritus', *Historia di S. Cataldi*, p. 570 (B9); 'mulier quaedam daemoniaca liberata est: nam tres iniqui spiritus, qui eam diu possederant', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 368 (A26); 'mulieri quinque spiritibus immundis obsessae', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 367.

⁵⁷ 'cuiusdam nostri concivis uxor, vernaculo nomine Rossula, daemonio tenta', Adelferius, *Vita Nicolai Peregrini*, p. 157 (D11).

⁵⁸ 'daemonio est liberata', Adelferius, *Vita Nicolai Peregrini*, p. 157 (D10).

⁵⁹ 'quam nequissimus superirruens spiritus crudeliter vexabat', Adelferius, *Vita Nicolai Peregrini*, p. 157 (D10).

⁶⁰ *Inrruo*, Charlton Lewis and Charles Short, *A Latin Dictionary founded on Andrews' edition of Freund's Latin Dictionary* (Oxford: Clarendon Press, 1966), p. 1003.

possession, particularly since the term was used to refer both to demonic possession and to military sieges.⁶¹

The older word *energumenus* is used in the *Lives of the First Four Abbots of Cava* to denote the internal invasion of a local man by a demon.⁶² The term was composed of two Greek terms, ἐνεργεῖν ('to be active') and ἐνεργεῖα ('activity', 'operation'), used by early Greek Christians to refer to demons. Its elliptic form ἐνεργουμένος or *energumenus* ('possessed by the devil') passed into early Christian Latin and continued to be used in medieval texts.⁶³ The term appears in the early Council canons, such as the Fourth Council of Carthage, in hagiographical writings, and was used interchangeably by early ecclesiastical writers with *demoniacus* for individuals whose bodies had been seized or possessed.⁶⁴ Although *energumenus* was a common word in early-Christian vocabulary, it was rarely used by the twelfth century. Therefore, the use of the term by Peter II, Abbot of Venosa, the most probable author of the *Lives*, is perhaps a deliberate emulation of these earlier models to demonstrate his knowledge.

	Collection	Internal possession	Symptoms	Cure
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⁶¹ Caciola, *Discerning Spirits*, p. 42.

⁶² 'Quidam nanque de vincinioribus locis quemdam as eum energumenum vinctum ferro duxerunt', VQPA, p. 7.

⁶³ Gerard Bartelink, 'The "Active" Demons', in *Media Latinitas: A Collection of Essays to Mark the Occasion of the Retirement of LJ Engels*, ed. by R.I.A. Nip, H. van Dijk, E.M.C. van Houts, C.H.J.M. Kneepkens and G.A.A. Kortekaas (Turnhout: Brepols, 1996), pp. 177-80 (pp. 177-78).

⁶⁴ *Demoniacus*, <http://ducange.enc.sorbonne.fr/DAEMONIACUS>, [accessed 19th February 2019]; *Energumeni*, <http://ducange.enc.sorbonne.fr/ENERGUMENI>, [accessed 19th February 2019]; Joseph Bingham, *The Antiquities of the Christian Church*, 2 vols (London: H.G. Bohn, 1845), p. 112.

1	<i>Historia di S. Cataldi</i>	A spiteful spirit invaded her <i>Malignus enim eam invaserat spiritus</i>	A religious woman bitterly troubled by a demon was unable to rest and blaspheming	Finally inwardly freed through the merits of the saint <i>Demum Sancti meritis penitus liberata</i>
2	VQPA	Possessed by a demon <i>Energumenum</i>	A local man possessed by a demon was restrained in iron	Brought to the tomb of the holy father the unclean spirit was cast out <i>Immundum spiritum eiecit</i>
3	<i>Historia di SS. Mauri, Pantaleonis et Sergii</i>	Had been possessed from infancy by a demon <i>Ab infantia possessus a daemone fuerat</i>	A youth from Corato had been possessed from infancy by a demon, who during the day was accustomed to throwing the youth to the ground and instilling fear in all observing with his stupidity	Freed from the destructive spirit by the intercession of the saints <i>Liberatus enim pestifero spiritu</i>

			(<i>stupor</i>). For striking out he was rolling the strong youth around, beating the senses, depriving him of his strength of reason and inserting bestial wildness. ⁶⁵	
4	<i>Historia di SS. Mauri, Pantaleonis et Sergii</i>	A demonic was freed of the three (malign) spirits that had troubled her for a long time <i>Mulier quaedam daemoniaca liberata est: nam tres iniqui spiritus, qui eam diu possederant</i>	During the translation of the Bisceglie saints a demonic was freed of the three malign spirits that had troubled her for a long time, with blood and phlegm flowing abundantly through her ears. Afterwards she was freed from the shaking of the others	During the translation of the Bisceglie saints a demonic was freed of the three malign spirits that had troubled her for a long time <i>Mulier quaedam daemoniaca liberata est</i>
5	<i>Historia di SS. Mauri,</i>	five women were taken	they tormented, harassed,	

⁶⁵ This may be a possible case of intellectual disability, interpreted by the community as demonic possession. The tentative identification of this condition with intellectual disability is due in part to the inference that the youth had suffered from this condition since infancy, and also the description of him alarming onlookers with his stupidity, *stupor*. Although Metzler suggests there is (almost) a complete absence of miracle healings of intellectual disability, this possible case suggests that further work on the subject of this condition within the hagiographical genre would be welcomed. Please see Irina Metzler, *Fools and Idiots? Intellectual Disability in the Middle Ages* (Manchester: Manchester University Press, 2016) for further reading.

	<i>Pantaleonis et Sergii</i>	possession of by filthy spirits <i>mulieri quinque spiritibus immundis obsessae</i>	mutilated and exhausted the poor women	
6	Adelferius, <i>Vita Nicolai Peregrini</i>	Whom an unclean spirit had infested in a distressing manner. <i>Ubi spiritus immundus molestius infestarat</i>	Andrew of Flanders convulsed on the ground while semi-conscious, beat his head against the marble pavements and foamed at the mouth	Coming to the church at Trani, joyfully with the intervention of b. Nicholas the demon withdrew <i>Daemonem abscessisse</i>
7	Adelferius, <i>Vita Nicolai Peregrini</i>	Whom a most wicked spirit was relentlessly harassing <i>Quam nequissimus superirruens spiritus crudeliter</i>	Anastasia of Mottola had bloodied hair and a tormented face and was continuously shaking	Falling asleep beside the burial of she was freed from the demon <i>Daemonio est liberata</i>
8	Adelferius, <i>Vita Nicolai Peregrini</i>	the wife of one of our fellow citizens, named Rosie in the vernacular, possessed by a demon	Rosie of Trani was continuously blaspheming	Taken to the tomb of the saint, the demon withdrew from her

		<i>Cuiusdam nostri concivis uxor, vernaculo nomine Rossula, daemonio tenta.</i>		<i>Daemon ab ea discessit</i>
9	<i>Amandus, Translatio Nicolai Peregrini</i>	A demon invaded him <i>Eum daemon invasit</i>	A demon invaded him and drove out prior reason. Peter was foaming at the mouth, clenching his teeth and shaking. Unable to harm anyone as he was bound he frightened onlookers by shouting.	Taken to the tomb of the saint, the man of God, aided by prayers, threw out the unclean spirit <i>Immundum spiritum eiecit</i>

Table 9: The internal possession miracles, the symptoms ascribed to the victim and the description of the cure

None of these miracles, which clearly identify the supplicant as having been entered by the demon, has any description of the invading supernatural agent. This lack of physical descriptions of the malign spirit is not unique to southern Italian hagiography. Trenery has demonstrated that the absence of portrayals of demons and their methods of entering their victims is also found in English hagiography

composed in the long twelfth century (1075-1225).⁶⁶ Such an absence is also notable in the miracles of Sainte Foy written in Conques in the late-eleventh century. The miracles recounting the healing of a man possessed by an unclean spirit at the church of Campagnac and of a possessed peasant healed at Conques contain no account of the supernatural entity.⁶⁷ The neglect of a depiction of the invading agent by the author may not be unintentional, as it would ensure the focus of the miracle and the audience is on the saint and their power. Therefore, although demons could assume a myriad of forms, perhaps in their natural form they were not ‘seen’ as anything but merely understood as an existing but abstract supernatural entity.

Physical possession by a malign spirit was often accompanied by clearly-visible symptoms such as convulsions, violently striking out or verbally assaulting those standing by, blaspheming God and the saints, twisted facial expressions, abnormal powers, abhorrence of sacred objects and the inability to rest.⁶⁸ These behaviours were often also interpreted as symptomatic of medical conditions such as frenzy, mania and melancholia – such understandings will be discussed in greater detail below. However not all demoniacs would suffer from each of these symptoms all of the time, as different demons could cause different symptoms. Table 9 identifies the symptoms of victims recorded by the authors. In her survey of multiple miracle collections from England, Trenerly has demonstrated that fury and violence were common symptoms of demoniacs, and that this was often

⁶⁶ Trenerly, ‘Demons, Saints, and the Mad’, p. 347.

⁶⁷ *The Book of Sainte Foy*, translated with an introduction and notes by Pamela Sheingorn (Philadelphia: University of Pennsylvania Press, 1995), pp. 27, 224, 227.

⁶⁸ Katajala-Peltomaa, ‘Demonic Possession as Physical and Mental Disturbance’, p. 109; Bartlett, *Why Can the Dead*, pp. 383-89; Trenerly and Peregrine Horden, ‘Madness in the Middle Ages’, p. 68.

represented textually and pictorially through the demoniac being bound or restrained. Therefore, the description of the local man cured by Alferius, Abbot of Cava (c. 1020-1050), as 'restrained by iron' would have indicated to the audience that he had probably been violently striking out, possibly injuring himself or others (no. 2 above).⁶⁹ The description of the actions of Peter, healed by Nicolas of Trani, clearly indicates that the demon was driving him to try to harm others, which had led to him being restrained and bound, reducing him to shouting abuse and insults (no. 9).⁷⁰ The other symptoms of the demoniacs recorded by the authors are blasphemy, physical convulsions and the inability to rest. Although the invading spirits were unable to tarnish the soul which controlled the actions, it was believed they were still able to influence the victim's behaviour. Once inside the body, although outside the soul, the demon was able to disrupt the human spirit's (*spiritus*) control over the senses and its role in passing messages between the body and soul, thus seemingly giving the demon control of the victim.⁷¹

The description of the symptoms suffered by the victims also attests to the demon within being directly responsible for, and controlling, the actions of the demoniac. In many of the accounts the demon is directly identified as the subject of the active verbs and the victim as the object. For example, the demon would throw the youth from Corato to the ground and roll him around (no. 3), while the woman freed from the demons during the translation of the Bisceglie saints was also released from their shaking (no. 4). Likewise, the demons are said to have

⁶⁹ *VQPA*, p. 7.

⁷⁰ Amandus, *Translatio Nicolai Peregrini*, p. 162.

⁷¹ Caciola, 'Spirit Possession', p. 284.

harassed, tormented and exhausted the five women also cured by the Bisceglie saints (no. 5).⁷²

In addition to the pathological symptoms that the authors record the supplicants as experiencing, they also emphasise their suffering as the demons unceasingly tormented them. Many twelfth-century hagiographical accounts recount the victim inflicting harm on others, a parallel with the behaviour of the Gerasene demoniac in the Bible, and reflecting the antisocial nature of the affliction.⁷³ For example, Matilda of Cologne, cured by Thomas Becket, is described by Benedict of Peterborough as violently killing her own baby and attempting to suffocate a small child in the cathedral when she was filled with a demon; and a young man who lived with bands of Gascons ‘railed at those trying to restrain him’ before he was cured by the Virgin after vising her shrine at Rocamadour.⁷⁴ However, in the southern Italian miracles, with the exception of Peter, none of the other victims are specifically identified as injuring or attempting to injure others. The emphasis is instead on the harm and hurt they inflict on themselves. The descriptions are very powerful, such as that of Andrew who convulsed on the ground while semi-conscious, beat his head against the marble pavements and foamed at the mouth (no. 6 above). The youth from Corato is described as being continuously thrown to the ground and rolled around by the demon, which terrified the onlookers (no. 3). Anastasia of Mottola was continuously shaking and had bloodied her hair (no. 7).

⁷² ‘statim daemonia aestuant; mulierem miseram torquent, vexant, laniant et prosternunt’, *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 367.

⁷³ Matthew 8:29-34; Mark 5:1-9; Luke 8:26-39; Caciola, *Discerning Spirits*, pp. 37-48.

⁷⁴ Benedict of Peterborough, ‘Miracula Sancti Thomae Cantuariensis’, in *Materials for the History of Thomas Becket, Archbishop of Canterbury*, ed. by James Craigie Robertson, 7 vols (London: Longman, 1875-85), II (1876), pp. 23-298 (pp. 208-9); *Our Lady of Rocamadour*, I.5 (p. 104).

The accounts of the cures of these demoniacs also attest to the understanding of the physical nature of possession in the Middle Ages. Table 9 demonstrates that in each case the healing of the individual is described as the demon ‘leaving’ or ‘withdrawing’ from the possessed individual. On coming to the tomb of Nicholas of Trani, Andrew of Flanders was cured when the demon tormenting him withdrew, while the demoniac brought to Cava was healed when the unclean spirit was cast out (no. 2 and 6).⁷⁵

Two miracles from the south Italian hagiography contain signs of delivery from possession through the physical expulsion of material. The three spirits that had possessed the woman, cured during the translation of the Bisceglie saints, left her with flowing blood and phlegm from her ears. Similarly, at the shrine of Nicholas of Trani, Peter was shown to have been freed from the unclean spirit by vomiting blood. During the Middle Ages a successful exorcism could be indicated by an object being vomited from the victim’s mouth. By the later centuries the victim was often described as vomiting forth black blood or other black material, and this ejection of material was considered concrete proof of demonic possession and subsequent delivery by the saint.⁷⁶ However earlier accounts do not restrict the object ejected to being blood or black material, but include a variety of objects such as a toad, a hairy worm or a red rock together with a leaf.⁷⁷

It is uncertain whether in these cases the objects represented the demons being ejected or whether they simply indicated the restoration of health to the individual. However, in the case of the southern Italian miracles it appears clear

⁷⁵ ‘daemonem abscessisse’, Adelferius, *Vita Nicolai Peregrini*, p. 157; ‘immundum spiritum eiecit’, *VQPA*, p. 7.

⁷⁶ Katajala-Peltomaa, ‘Demonic Possession as Physical and Mental Disturbance’, pp. 123-25.

⁷⁷ Caciola, *Discerning Spirits*, p. 41.

that the emission of blood and phlegm was a sign to witnesses that the individual had been cured and restored to health. The healing of the possessed woman during the translation of the Bisceglie saints is described as follows: ‘a certain demonic woman was freed. For the three hostile spirits, which had possessed her for a long time, left behind certain proof with abundantly flowing blood and phlegm coming out through her ears.’ The healing of Peter is described thus: ‘around the cry of the cockerel, the man of God, aided by prayers, threw out the unclean spirit and revealed the creature of God to be free from the invader by the vomiting of blood’.⁷⁸ There was, therefore, physical proof of the restoration of health and the successful healing by the saint.

Possession by a demon was therefore seen as a very physical experience in twelfth-century southern Italy. The spirit was *actually* believed to have entered the victim’s body and remain there until it was thrown out. From its residence within the body, the demon could affect the behaviour and mental abilities of its victim. The cure of this affliction and the healing of the individual occurred only with the physical removal of the supernatural being.

2.3 Possession and Conditions of Madness

Catherine Rider has recently argued that the boundary between the two conditions possession and madness was often blurred, and there was often no consensus amongst physicians as to the cause of such a condition during the late Middle Ages. Although contemporary medical texts tended to focus on humoral imbalance as the cause of mental disturbance, some texts did discuss and consider

⁷⁸ ‘Cum subito, circa galli cantum, vir Dei orantibus affuit, immundum spiritum eiecit et Dei creaturam ab invasore liberam fuisse sanguinis vomitu patefecit.’, Amandus, *Translatio Nicolai Peregrini*, p. 162.

the possibility that demons could be directly responsible, while others suggested that demons were indirectly responsible as they could upset the balance of the humours.⁷⁹ Rider has primarily drawn her information from the section on epilepsy in the *Pantegni Practica V*, which identifies several possible causes of epilepsy including demons. The *Pantegni* (or *Complete Art of Medicine*) was written by the Persian physician Alī ibn al-ʿAbbās al-Majūsī (d. 994), also known by his latinised name Haly Abbas, and adapted and translated by Constantine the African during the eleventh century. By the thirteenth century, the *Pantegni* comprised ten books of *Theoretica* and ten books of *Practica*. Recent work by Monica Green and her colleagues have shown that the ten-book version of the *Pantegni Practica* cannot be found in any twelfth-century complete copies: there is only textual evidence of the complete *Pantegni Theoretica*, and Books I, II and IX of the *Practica* circulating in twelfth-century Europe.⁸⁰ It may be possible to suggest that the knowledge and material from the other books of the *Practica* could have been circulating independently, however there is no evidence for this: therefore it is speculation. Therefore, we must look to other medical texts to further understand the medical ideas concerning possession and conditions of madness that were circulating in twelfth-century southern Italy.

Bartholomaeus, a teacher at the medical school in Salerno during the mid-twelfth century, wrote the *Practica*, or *The Practice of Medicine*, probably during the second half of the twelfth century. The treatise was divided into two: the first

⁷⁹ Catherine Rider, 'Demons and Mental Disorder in Late Medieval Medicine', in *Mental Dis(Order) in Later Medieval Europe*, ed. by Sari Katajala-Peltomaa and Susanna Niiranen (Leiden: Brill, 2014), pp. 47-69.

⁸⁰ Monica Green, 'The Re-creation of *Pantegni, Practica*, Book VIII', in *Constantine the African and 'Alī ibn Al-'Abbās Al-Mağūsī: The Pantegni and Related Texts*, ed. by Charles Burnett and Danielle Jacquart (Leiden: Brill, 1994), pp. 121-60 (p. 144). Green has now documented no less than 51 copies to have been circulating in the twelfth century.

half concentrated on the knowledge needed to preserve health and the second concerned the curing of sickness and included an examination of diseases from head to toe.⁸¹ In addition to the *Pantegni*, Constantine the African also translated the *Viaticum* in the late-eleventh century from Ibn al-Jazzār's *Zād al-mūsafīr*. This was a short medical compendium, aimed at travellers or as a quick reference tool for city-dwellers, which mixed practical and theoretical knowledge of conditions from head to toe.⁸² These two books are known to have been circulating in southern Italy during the twelfth century. Green has evidence of fourteen surviving copies of the former and thirty-seven of the latter; she has also documented witnesses to the texts in contemporary catalogues or booklists which cannot be connected to the extant MSS, giving her four further mentions of the *Practica* and eight of the *Viaticum*.⁸³ A third book Gariopontus' *Passionarius Galeni*, is also known to have been in use and appears to have been very popular during the twelfth century as there are fifty-two extant copies, and ten witnesses to it.⁸⁴ None of these books associate demonic possession with conditions of madness such as frenzy, mania, melancholy and epilepsy. The only mention of demonic interference is in the *Passionarius* which states that the common people call epileptics demoniacs; however the rest of the discussion by the author on the condition, representing current medical thought, does not include demonic possession as a cause for the illness.⁸⁵ This suggestion of what the common people believed to be the cause, must be treated with caution as such an

⁸¹ 'Practica dividitur in duo, in scientiam conservatuam sanitatis et curativam egritudinis', Bartholomaeus, p. 321.

⁸² Green, 'The Re-creation of the Pantegni', p. 131.

⁸³ Monica Green, 'Medical Books', in *The European Book in the Twelfth Century*, ed. by Erik Kwakkel and Rodney Thomson (Cambridge: Cambridge University Press, 2018), pp. 277-92 (table 1).

⁸⁴ *Ibid.*

⁸⁵ 'quos vulgus demoniacos dicit', *Passionarius*, fol. III^v.

expression was often used by writers to differentiate their own intellectual milieu from those of people they consider to be lower status.

Frenzy was believed to have been caused by an abscess in the brain or in the membrane of the brain in the frontal area of the head, which upset the natural coolness of the brain, and was accompanied by acute fever.⁸⁶ The location of the humoral or anatomical abnormalities determined the nature of the illness.⁸⁷ In the Middle Ages, the Galenic brain was divided into three sections: the frontal, which processed information from the senses; the central, which formed the images received from the frontal lobe into concepts and judgements; and the back of the brain, which stored memories. There was also an Aristotelian theory of the brain which theorized that it acted together with the heart to control the body. In this argument the brain's natural coolness tempered the natural heat of the heart and played an essential role in the 'heart-brain' system as the centre for sensation and movement.⁸⁸ Although this model, found in Aristotle's *De Partibus Animalium*, re-emerged during the wave of translations of Arabic texts during the twelfth century it is unclear how well known the work was in southern Italy in the twelfth century, whereas the work of Galen is well attested in southern Italy, notably through the translation activity at Montecassino. Other symptoms of frenzy identified by Bartholomaeus are: a quickened pulse, strength in the limbs, quickened movement in the face and eyes, and it was noted that it often caused sufferers to act insanely, requiring restraint.⁸⁹ To alleviate the condition, the

⁸⁶ 'Est autem frenesis apostema in cerebro vel in meningis cerebri anterioris partis capitis cum acuta febre', Bartholomaeus, p. 371.

⁸⁷ Horden and Trenery, 'Madness in the Middle Ages', p. 66.

⁸⁸ Charles G. Gross, 'Aristotle on the Brain', *History of Neuroscience*, 1 (1995), 245-250 (pp. 247-9).

⁸⁹ 'Pulsus velox et spissus, fortitude membrorum, velox conversion vultus et occulorum.'; 'Magis insani ligentur fortiter', Bartholomaeus, pp. 374-5.

Practica advised a number of techniques such as the application of leeches to the nose in order to draw blood, if the individual's health allowed, and also encouraged a cold diet, such as breadcrumbs soaked in water.⁹⁰ Both treatments aimed to lower the temperature of the head, and restore coolness to the brain thus returning health to the individual.

Mania was an infection of the rational section of the brain (the central lobe of the brain) and could be caused from too much red choler (yellow bile) or blood. Bartholomaeus notes that although many of the symptoms of mania are similar to those of frenzy, such as a quickened pulse, and was often accompanied by loss of reason, there is one vital difference. Those afflicted with mania, did not suffer from the fever while those with frenzy were never without.⁹¹ For those with mania cold and wet foods should be consumed such as lettuce or lamb.⁹² Again these instructions were aimed at restoring the balance of the humours. As always, the signs and symptoms, and prescriptions for curing these conditions of madness vary slightly according to the author. However, those found in Bartholomaeus' *Practica* are among the most indicative of contemporary knowledge in southern Italy because, as demonstrated above, they are known to have been circulating during the twelfth century. This demonstrates that contemporary medical knowledge ascribed madness, as a symptom, to specific conditions, which were distinct from cases of demonic possession.

⁹⁰ 'Adponantur etiam sanguisuge in summitate nasi cum calamo ne petatur cerebrum', 'Dieta eorum sit frigida, ut mica panis lota in aqua', Bartholomaeus, pp. 374-5.

⁹¹ 'Mania est infectio rationalis cellule cum despientia; que infectio vel est ex colera rudea, vel ex sanguine'; 'Differt autem a frenesi, quia frenetici nunquam sine febre sunt.', Bartholomaeus, p. 375.

⁹² 'Horum autem dieta debet esse frigida, et humida, ut lactuca [.....], agnellina', Bartholomaeus, p. 375.

Close examination of the miracles strengthens the idea that possession by a supernatural entity and conditions of madness were seen, in twelfth-century southern Italy, as different illnesses, but with similar symptoms. None of the nine accounts of miracles relating to internal possession examined in the previous section included medical terminology relating to madness, such as *insania*, *furor*, *melancholia*, *mania*, nor did they refer to mental alienation (*mentis alienatio*); a generic term for mental illness often used in miracle stories.⁹³ Two of the miracles do describe the invading demon as affecting the mental capabilities of the victim; however, neither uses medical terminology, and in both cases the individual's loss of reason is attributed to the physical presence of the demon within their body.⁹⁴

A further three miracles in the collections surveyed by this study do relate to conditions of madness; that is they contain medical terminology identifying a condition associated with madness. These three miracles reflect contemporary medical thought and present the condition as distinct from possession. They are found in three different miracle collections and are by different authors; two of these (those of Cataldus and William of Vercelli) also include cases of internal possession. William of Vercelli is beseeched by the father of a lunatic; Cataldus is recorded as healing a madwoman; and after being entreated by a mother, Mennas heals her demented son following Nicholas of Bari's refusal to heal him.

Eodem quoque tempore, quidam lunaticam filiam habebat. Quam dum frequenter tanto periculo fatigari aspiceret, paterna pietate commotus et ad Deum toto corde conversus, talibus aures sue pietatis interpellavit

Also at the same time, a man had a lunatic daughter. While she was often being seen to be tired by many trials, worried with paternal love and turning to God with his whole heart, he besought God's

⁹³ Anne Bailey, 'Miracles and Madness', p. 238.

⁹⁴ See above table 9 miracles 3 and 9.

sermonibus: “Deus, qui, sanctorum tuorum meritis mirabiliter operans, eos glorificare non cessas, pietatis tue clementiam pronus adoro, ut, per merita Guilielmi heremite, salutem filie mee largiaris. Cuius intercessionibus, si quod postulo me umquam impetrare cognovero, tue maiestati promitto, ut, sacre religionis habitu accepto, sub eius disciplina iugiter in tuo servitio permaneam”. Eius vota Deus ab alto prospectans, ita est beati viri meritis sue filie salutis dona largitus ut ea, multo post tempore in seculo vivens, numquam tale sensisset periculum. Quod ubi pater comperit, sui non immemor voti, ad Guilielmum e vestigio properavit et religionis vestem ab ipso receipt, seriatim prosequens quanta pro eius amore Dominus fuerit operari dignatus. Quod ubi sanctus pater audivit, ammonere studit quatinus non suis meritis, que nulla essent, sed sue puritatis fidei id debere ascribere.⁹⁵

Primum itaque miraculum, quo translationis suae vigilias illustravit, fuit in quadam muliere paupercula, de villa Lellani, longo phrenetica tempore, de sua salute

ears with such words of his fatherly concern: ‘God, who, working marvellously through the merits of your saints, you do not cease to glorify them. I, humbly beg the mercy of your kindness, that you may grant health to my daughter through the merits of William the Hermit. In return for whose intercession, I promise to your majesty, that, receiving the sacred habit of religion, I will remain continually in your service under his instruction.’ God hearing his vow from on high, therefore **granted the gift of health** to the man’s daughter, through the merits of the blessed William, so that she, living for many years on earth, would never feel such trials again. When her father discovered this, not forgetting his vow, he hurried to William and received the habit of religion from him, gravely describing in detail the wonder the Lord had deemed to work through his love. When the holy father heard this, he desired that nobody else be reminded of his deed, so nothing was broadcast though the tale was committed to writing.

And the first miracle, that illuminated the eve of the translation, concerned a poor woman, from the village of Lellani⁹⁷, who had had frenzy for

⁹⁵ Vita S. Guilielmi, p. 24.

⁹⁷ Unfortunately, I have been unable to find the modern name of this place.

*penitus desperata: quae, ut audivit,
Translationem futuram cum aliis
simul venit: et ad tumbam
lacrymales preces fundens, saluti
pristinæ fuit celeriter restituta.*⁹⁶

a long time and was completely without hope of her health. When she heard that [the translation] was about to happen, she came at once with others, and pouring out tearful prayers at the tomb was quickly restored to her former health.

*Mulier quædam ex Lambardię finibus
habeb<at> dementem filium; cuius
cum diutinam passionem materno
affectu ex longo iam tempore
pertulisset, ad beati tandem Nycolai
tumul<um, qui> apud Barum
celeberrimus habetur, illum detulit,
quatinus per tanti merita confessoris
mereretur mentem sanam recipere.
Hac de cau<sa> cum ante altare
eiusdem sancti prostrata intentissime
precaretur et inter orandum iam
fatigata fletibus obdormisset, apparuit
ei <quidam> vir in habitu candido
dicens ad eam: ‘Cur tanto te afficis
tędio, mulier? Procul dubio scias,
quia non hic debetur sanita<s> filio
tuo. Sed surgens recede et vade, ubi
corpus requiescit beati confessoris
Christi Mennatis, et crede, quia illic
donante deo salu<tem> recipiet’.
Credidit mulier optatissime visioni et
protinus cum filio iter arripiens per
indicia tandem pervenit ad montem
illum, u<bi> iamdudum præfatum
Christi confessorem et mansisse et
quievisse perceperat, cepitque de
corpore sancti viri ecclesię ipsius
custodem interrogare. R<e>sponsum
est illi nequaquam ibi illud esse,*

A woman, from the lands of Lombardy, had a son, who had become mad, and had endured his long suffering with maternal affection for a long time. Finally, she took him to the tomb of blessed Nicholas, who was most celebrated in Bari, so through the great merits of the confessor she might earn **the restoration of his mind**. While prostrated before the altar of the same saint and praying intently, now tired, she fell asleep with tearful prayers. A man in a white habit appeared to her saying ‘Why are you making such a fuss, woman? You should know for certain that [good] health will not be granted to your son here: but rise, withdraw and go to where the body of the blessed Confessor of Christ Mennas rests, and believe, because there, given by God, he will receive health’. The woman believed this most desired vision and without delay set out on the journey with her son. After some time, she came to the saint’s mountain, where quietly waiting she immediately perceived the

⁹⁶ *Historia di S. Cataldi*, p. 570.

quoniam nuper fuisset inde a comite Rothberto sublatum et ad civitatem sanctę Agathę translatus honorificenterque reconditum. Anxia de salute filii mulier, licet non minimum fatigata, festina de loco discedit et experiri desiderans, utrum esset verum, quod in somnis audierat, ad predictam civitatem instantissime properabat. Quo cum venisset, antequam ad basilicam sancti viri accederet, subito inter eundem filius eius salvatus est et menti sanissime reditus. Quod cernens mulier et lacrimas habens præ gaudio fundens emptis protinus cereis venit ad tumulum sancti laudans et glorificans deum et sanctum famulum eius et omnibus, quęque sibi contigerant, referens.⁹⁸

aforementioned confessor of Christ, and she began to question the guardians of his church about the body of the holy man. She was told that he was no longer there, because recently the body had been taken from there by Count Robert and honourably translated to the city of St Agatha and reburied. Anxious for the health of her son, the woman, although tired, hastily departed from that place and desiring to confirm that which she had heard in her sleep, she instantly hurried to the aforementioned city. When she arrived at the city, even before she reached the basilica of the holy man, her son was healed and **returned to a most healthy state of mind**. The woman, seeing this and shedding abundant tears of joy, immediately brought wax to the tomb of the holy man [Mennas], praising and glorifying God and his servant, and repeating to all what had happened to them.

These three cases all present the affliction of the individual as being different from possession: there is no mention of demonic interference; there is no description of any physical signs or symptoms, such as disorderly behaviour; and their condition is simply stated using medical terms: *lunatica*, *phrenetica* and *demens*. There is only a brief mention in the miracle ascribed to William of

⁹⁸ *Miracula S. Mennatis*, pp. 476-77; de Gaiffier, 'Translations et Miracles de S. Mennas', pp. 28-29.

Vercelli of the daughter being beset by tiredness. The description of the cure also suggests that these conditions were conceived differently to demonic possession. The cure of the demonically-possessed supplicant is conceptualised as the demon leaving the body and the individual being freed from the invading spirit, whereas the cure of those above, who are described as suffering from a condition of madness, are described as their health being restored (*redditus/restitutus*). This term is also used when referring to those cured of other physical conditions such as blindness and impairment. As these conditions of madness were understood in terms of humoral imbalance, this vocabulary may be in recognition of the equilibrium of the humours of the individual being restored to health.

The separation of demonic and non-demonic discourses in the miracles from southern Italy is in sharp contrast with the miracle accounts from England. Trener's recent work and an article by Bailey have shown the ambiguity in the explanation for disorderly behaviour in the miracle accounts, as demonic interference and/or mental conditions could be used.⁹⁹ Bailey has demonstrated how *insania* and *furor*, and other medical terms for conditions associated with mental disorders started to be increasingly used alongside demonic possession, with hagiographers mixing and matching demonic and non-demonic aetiology.¹⁰⁰ Trener has found similar results to Bailey in the miracles ascribed to Thomas Becket, but also showed that the language used to demonstrate the individual had been cured of their condition, often *redditus* or *restitutus*, was used indiscriminately between cases of demonic madness and other mad supplicants

⁹⁹ Claire Trener, 'Miracles for the Mad: Representations of Madness in English Miracle Collections from the Long Twelfth Century' (unpublished doctoral thesis, University of London 2016); Bailey, 'Miracles and Madness'.

¹⁰⁰ Bailey, 'Miracles and Madness'.

within English hagiography.¹⁰¹ By contrast, in the Italian miracles this term is reserved specifically for those suffering from medical conditions of madness or other conditions such as blindness and impairment.

It is possible to suggest that the differences in how demonic possession and conditions of madness were understood in England and Norman Italy was a result of different levels of transmission and dissemination of contemporary medical theory throughout the societies of the two regions. During the twelfth century, central Apulia, particularly around the cities Bari and Trani, was heavily populated with flourishing urban communities. Between the Murge plateau and the coast was a fertile strip of land, which held a dense network of cities. Many of the cities, such as Trani, were found dotted along the coast, but there was also another chain of settlements, such as Bitonto, which were located about five to eight miles inland.

Charter evidence demonstrates the close and frequent contact between these urban centres, and their vibrant coastal economy.¹⁰² Many of the cities in central Apulia also had strong international links, particularly with the Holy Land during the twelfth century, as they became important ports for the pilgrim and crusader traffic as well the trade of goods. The old Roman roads (the Via Appia, Via Latina, Via Popillia and Via Traiana) which were travelled frequently by pilgrims moving between Rome and the Holy Land, also made travel between central Apulia and Salerno, a centre of both practical and theoretical medicine, easily possible. A number of the miracle narratives identify the presence of *medici*

¹⁰¹ Trener, 'Demons, Saints and the Mad', p. 350.

¹⁰² Martin, *La Pouille*, see especially Chapter 7; Oldfield, *City and Community*; Patricia Skinner, 'Room for Tension: Urban Life in Apulia in the Eleventh and Twelfth Centuries', *Papers of the British School at Rome*, 66 (1998), 159-176.

within towns such as Trani and Bitonto.¹⁰³ Therefore, it seems plausible to suggest that after training at Salerno such practitioners settled within urban centres to practise and in doing so disseminated their knowledge and understanding to the wider community.

In contrast, twelfth-century England was sparsely populated with largely rural communities, often focused on subsistence farming. Although there were a number of urban centres, such as Durham, York and London, they were not as numerous, as populous nor as closely situated as those in southern Italy. The settlements were also widely distributed throughout the country with poor communications between them due to the terrain and poorly maintained state of the disused Roman roads.¹⁰⁴ There were, however, ties with Norman Italy and Monica Green has demonstrated the transmission of Salernitan medical texts to England through the large presence of medical literature in the monastic houses and cathedral libraries.¹⁰⁵ Trener's work has built on this and demonstrated that the acquisition of such medical texts occurred at different paces and an awareness of specific texts cannot be assumed across English monasteries. Using the miracles of Thomas Becket, by the two monks Benedict of Peterborough and William of Canterbury, she has also shown that the level of medical knowledge varied within a monastery.¹⁰⁶ Thus, it appears that medical knowledge and understanding may have had limited transmission and dissemination in Norman

¹⁰³ See below section 4.5 Other Avenues of Care for more detailed discussion about the presence of *medici* in the urban centres of Apulia.

¹⁰⁴ Edward Miller and John Hatcher, *Rural Society and Economic Change 1086-1348* (Abingdon; Longman, 1978), p. 2.

¹⁰⁵ Monica Green, 'Salerno on the Thames', p. 221.

¹⁰⁶ Trener, 'Miracles for the Mad', pp. 307-8.

England, perhaps explaining the ambiguity in aetiology for disorderly behaviour in the miracles of Norman England.

Possession and conditions of madness appear to be two distinct illnesses within southern Italy. Although they were both understood physiologically, they were done so in different ways, and despite having similar symptoms and behavioural patterns, the underlying cause of the illnesses were different. In the former an external supernatural agent invaded the body and from within affected the workings of the body, whereas in the latter the humoral balance was disturbed to cause the symptoms. Due to this understanding the cure and restoration of health were also different for these two ailments. While possession was understood to be cured when the foreign body was physically expelled from the body, the other was understood to cure when health and the balance of humours had been restored. However, in both cases the saint was seen as a possible avenue of healing to enable these cures.

2.4 Demons and *Acedia*

A tale, concerning Nicholas, a monk of the monastery at Cava, is representative of another affliction that demons were considered to originate. The author describes the monk as devout, but continually plagued by demonic attacks: ‘a very religious man, but who had been exposed to the malign attacks of the ancient enemy’.¹⁰⁷ Continually harassed by the evil entity and unable to participate in his religious duties, the monk began to despair as his efforts to rid himself of the malevolent spirit failed. Despite Nicholas’ cure being celebrated when ‘he no longer had to put up with the harassment of that unclean spirit’, the symptoms of the malady are

¹⁰⁷ ‘vir quidem valde religiosus, sed malignis adhuc antiqui hostis bellis expositus’, *VQPA*, p. 10.

not indicative of an internal demonic possession as described above.¹⁰⁸ Instead the author identified the condition of the monk as *tristitia*.¹⁰⁹

This identification and understanding derives from a knowledge and awareness of the ancient sin of *acedia*, a condition attributed to the ‘noonday demon’ in the Bible, and which had a close affinity with *tristitia*.¹¹⁰ An umbrella term, Greek in origin, *acedia* had been used since the fourth century to refer to a myriad of feelings and behaviours which were considered to be indicative of a troublesome and unhealthy state, and for which remedial help was required. In such instances, the evil spirit remained external to the body but still appeared to affect the well-being of the individual. This moral defect, characterised by frustration, chronic boredom, hopelessness, hatred of religious life, negligence in performing duties, sleepiness and feelings of dejection and sadness, was written about extensively by Evagarius Ponticus (346-399) while living among the hermit monks of Egypt. The concept of *acedia* was further developed and transmitted to the West by John Cassian in his work *Institutes of the Coenobia*, a treatise on the spiritual life, written for the monastic communities he founded at Marseilles.¹¹¹ Within the framework of the eight chief vices against which a monk had to fight, covered by Books V-XII of this work, Book X focuses on *acedia*.¹¹²

Our sixth combat is with [*acedia*], which we may term weariness or distress of heart. This is akin to dejection, and is especially trying to solitaries, and a dangerous and frequent foe to dwellers in the desert; and especially disturbing to a monk

¹⁰⁸ ‘Nam ex illo iam die immundi spiritus solita impedimenta non pertulit’, *VQPA*, p. 10.

¹⁰⁹ ‘ut solet merentibus accidere pre tristitia’, *VQPA*, p. 10.

¹¹⁰ Psalms 90:6.

¹¹¹ Siegfried Wenzel, *The Sin of Sloth: Acedia in Medieval Thought and Literature* (Chapel Hill: The University of North Carolina Press, 1967), pp. 3-4, 18-19.

¹¹² John Cassian, ‘The Twelve Books of John Cassian on the Institutes of the Coenobia and the Remedies for the Eight Principle Faults’, in *A Select Library of Nicene and post-Nicene Fathers of the Christian Church*, trans. and ed. by Henry Wace and Philip Schaff, Second Series, 14 vols (Oxford: James Parker and Company, 1984), XI, pp. 201-290.

about the sixth hour, like some fever which seizes him at stated times, bringing the burning heat of its attacks on the sick man at usual and regular hours. Lastly, there are some of the elders who declare that this is ‘the midday demon’ spoken of in the ninetieth Psalm.... it produces dislike of the place, disgust with the cell, and disdain and contempt of the brethren... It also makes the man lazy and sluggish about all manner of work which has to be done within the enclosure of his dormitory.¹¹³

The Cassianic list of the cardinal sins - gluttony, fornication, covetousness, anger, dejection, *acedia*, vainglory and pride – was subsequently altered by Gregory the Great (c. 540-604) in his *Moralia in Job*, a century and a half later. The number of sins were reduced from eight to seven and several amendments were made to the composition of the list, one of which included dropping *acedia* and including *tristitia*. Although *acedia* was excluded from the Gregorian list, his sin of *tristitia* contained many elements closely associated with the former.¹¹⁴ Wenzel has suggested that *acedia* was excluded by Gregory as some of its specific attributes were only pertinent to the desert hermits of Egypt and not relevant to the emerging monastic ideals and communities in the West.¹¹⁵ However, by adopting many of its characteristics alongside additional ones under the term *tristitia*, the concept remained current and appropriate to the monastic communities of the West.

During the following centuries both lists continued to circulate and regardless of whether the sin listed was *acedia* or *tristitia*, the description was often such that it could subsume both. By the twelfth century the terms were synonymous: Peter Lombard’s *Sententiae* (c. 1150) included the phrase ‘*acedia vel tristitia*’, demonstrating that there was a clear identification of *tristitia* with

¹¹³ Cassian, ‘The Twelve Books’, pp. 266-267.

¹¹⁴ Wenzel, *The Sin of Sloth*, p. 25.

¹¹⁵ Wenzel, *The Sin of Sloth*, pp. 23-28.

acedia.¹¹⁶ This theological work is known to have been present in the Cava library as it can be found in two of the few manuscripts that remain – Cava, MSS 12 and 13. Unfortunately, the quotation above, which directly links *acedia* with *tristitia*, is from book II of the work which is only found in Cava, MSS 12. This manuscript is thirteenth century and therefore would have been unavailable to Peter II, Abbot of Venosa, the most probable author of the *vitae*.¹¹⁷ We must look, therefore, elsewhere to demonstrate that the link between *tristitia* and *acedia* would have been apparent to Peter. Gregory's commentary on the Book of Job, which was also available in the library at Cava, in which he listed *tristitia* among the seven cardinal sins, provides an indication of the characteristics of each vice. This work can be found in two manuscripts, Cava, MSS 8 and 10, both of which are written in Beneventan script and date to the first half of the twelfth century. There would also seem to be at least two other volumes that have not survived.¹¹⁸ A comparison of Cassian's *acedia* and Gregory's *tristitia*, as described in his commentary, reveals similarities, suggesting that the monks of Cava would have associated attributes of *acedia* with the term *tristitia*.

A close examination of the details within the tale of Nicholas provides further suggestions that the monk was tormented by the ancient sin of *acedia*, also known as *tristitia*. The 'noonday demon' was often merged by writers with the kind that 'cannot be driven out except by prayer and fasting'.¹¹⁹ Nicholas' initial attempt to free himself from the demon tormenting him was 'with much fasting

¹¹⁶ Siegfried Wenzel, 'Acedia 700-1200', *Traditio*, 22 (1966), 73-102 (p. 96).

¹¹⁷ M. Rotili, *La Minatura nella Badia di Cava*, 2 vols (Cava: Di Mauro Editore, 1976), I, p. 111; Dante Sergio, *La comunicazione visiva dai codici miniati agli incunaboli. Archivio della Badia di Cava* (Cava di Tirreni: Area Blu Edizioni, 2nd ed. 2018), pp. 216-223

¹¹⁸ Rotili, *La Minatura*, I, pp. 102-3; Sergio, *La comunicazione visiva*, pp. 123-35, 177-87.

¹¹⁹ Newman, 'Possessed by the Spirit', p. 749; Mark 9:29.

and many prayers' and also by crying and confessing, indicating that the monk had identified his condition as *acedia* and was following the remedial attention advised by the Bible.¹²⁰ Unfortunately his attempts were futile. The identification of his suffering as a trial, *probatio*, also holds connotations of *acedia* as the condition was closely connected with the temptations and trials the desert hermits faced in their pursuit of spiritual perfection.¹²¹ Elsewhere the ascription of Nicholas' suffering to 'the malign attacks of the ancient enemy' and 'the harassment of that unclean spirit' recalls how *acedia* was viewed by the early ascetics as a temptation to sin, a temptation presented by demons.¹²² As the desert fathers struggled with their feelings and thoughts, which could disturb their state of spiritual perfection, demons were increasingly called upon to explain the unsettling and troubling thoughts, which could tempt the individual to sin. Evagrius affirmed the connection between demons and *acedia* as he wrote of *acedia* as an evil spirit: the demon of *acedia* or 'noonday demon'. In this context *acedia* could refer to both the demon and the evil thought it provoked within the ascetic, thereby becoming one of the chief vices.¹²³

Over the centuries the meaning of *acedia* changed, as different writers and periods placed different emphasis on one or another of Cassian's descriptions. Wenzel has demonstrated how writers of the eleventh century gave more prominence to the physical phenomena of idleness and somnolence, whereas in the following century there was a stronger focus on mental slackness, lack of

¹²⁰ 'Multis quoque ieiuniis et orationibus, fletibus quoque et confessionibus, probationis sue causas abscidere temptabat, et tamen liberari non poterat.', *VQPA*, p. 10.

¹²¹ Stanley W. Jackson, *Melancholia and Depression: From Hippocratic Times to Modern Times* (London: Yale University Press, 1986), p. 65.

¹²² 'sed malignis adhuc antiqui hostis bellis expositus', *VQPA*, p. 10; 'Nam ex illo iam die immundi spiritus solita impedimenta non pertulit', *VQPA*, p. 10.

¹²³ Jackson, *Melancholia and Depression*, p. 67.

fervour and tedium.¹²⁴ Although the account of Nicholas was written in the twelfth century, it does not emphasize *acedia* as an internal state of mind. Both the physical symptoms of the conditions, such as somnolence, and the spirituality of the individual is noted. The author recounts Nicholas' negligence towards religious duties as he struggled to participate in Mass and recognises his sleepiness as part of his ailment: 'as often happens to those who are suffering through sadness, he fell asleep'.¹²⁵ Therefore to this southern Italian writer, although *tristitia* had adopted some of the psychological characteristics, increasingly emphasised by twelfth-century writers, such as inner slackness and lack of religious zeal, it still retained some of the physical traits identified in earlier centuries. The connection of the passions to *acedia* by the Scholastic writers led to the gradual medicalization of the condition as melancholia: it was no longer seen as a moral failing but often viewed as a disease caused by humoral imbalance.¹²⁶

The account of the cure of Nicholas indicates further that his affliction, although a result of the actions of demons, was not visualised or understood as an internal possession, but as a cardinal sin. As discussed above, in incidents of internal possession the cure is always described using language to indicate the demon had physically withdrawn from or left the body of its victim. The healing of Nicholas is rather described in terms reminiscent of baptism and confession, in which the individual achieves absolution for this sin and is (re)integrated into the Christian community. Following the advice of his brethren, Nicholas began to

¹²⁴ Wenzel, 'Acedia 700-1200', pp. 82-89.

¹²⁵ 'ut solet merentibus accidere pre tristitia, obdormivit', *VQPA*, p. 10.

¹²⁶ Jackson, *Melancholia and Depression*, p. 71.

visit the tomb of Alferius (the founder of Cava) regularly to entreat the help of the saint. One day after falling asleep at the tomb, he received a vision in which the holy man appeared to him and questioned him as to the reasons for his sadness. While explaining his torment to the old man, a spring miraculously appeared, into which the saint placed him. After bathing him, the holy man celebrated his cure, exclaiming ‘Go, since you are now cleansed’. The author followed this with an addendum to clarify that he was no longer tormented by the evil spirit.¹²⁷

This description of Nicholas’ healing draws parallels with baptism and confession through imagery and language and testifies to *acedia/tristitia* being viewed as a cardinal sin, that is sloth, which therefore needed an appropriate and corresponding cure. In his vision Nicholas confesses his troubles to the holy man, whereby the saint acts in the place of the priest allowing the penitent to confess their sins to God. Mortal sins, such as *tristitia*, threatened the soul with damnation and needed to be absolved by confession, true contrition and acts of penance where appropriate.¹²⁸ The bathing of the monk in holy water from the spring that miraculously appears is a reminder of the sacrament of baptism. Just as baptism, in a ceremony of water and words, washes away the original sin, inherited from Adam and Eve, and introduces individuals into the Christian community, the blessing of Nicholas with water symbolises the removal of his sins following his confession and his restoration to the Christian and monastic community.¹²⁹

¹²⁷ ‘Vade, quia amodo iam mundus eris’, *VQPA*, p. 10.

¹²⁸ Thomas M. Izbicki, ‘Sin and Pastoral Care’, in *The Routledge History of Medieval Christianity: 1050-1500*, ed. by R.N. Swanson (London: Routledge, 2015), pp. 147-158 (p. 147).

¹²⁹ Daniel Bornstein, ‘Administering the Sacraments’, in *The Routledge History of Medieval Christianity: 1050-1500*, ed. by R.N. Swanson (London: Routledge, 2015), pp. 133-146 (p. 134); Izbicki, ‘Sin and Pastoral Care’, p. 149.

Another difference emerges from this case of *acedia*, which suggests further that the condition was understood as a sin rather than as an unfortunate affliction unlike incidents of internal possession. Nicholas is not a passive supplicant in this miracle: he initially attempts several acts of penance and when they prove futile, he seeks out the tomb of the saint to entreat his help. He is portrayed as actively seeking to remedy his condition. This is different to the depiction of the actions of the supplicants in the internal possession cases. They rarely visit the tomb on their own accord: rather their family, friends or the community usually bring them to the shrine and entreat the saint's help on the supplicant's behalf. A religious woman was brought to the shrine of Cataldus and they 'were entreating God and the Saint on her behalf' and Rossula was 'led to the tomb of the saint [Nicholas]'.¹³⁰ The distinction between the active and passive role of the supplicant is indicative as to how the two different conditions were viewed by the contemporary community. The individuals internally tormented by an invading malign spirit were innocent victims and need the help and support of their community to be cured. On the other hand, those suffering from *acedia*, although tempted by demonic forces, were still guilty of having committed a mortal sin and therefore they were expected to achieve absolution through confession and profound sorrow.

2.5 Conclusions

It has been shown that the demons of eleventh- and twelfth-century southern Italy were believed to be malign influences who could possess and sway individuals,

¹³⁰ 'Qua cum Sororibus aliis veniente, Deum et Sanctum orantibus, pro eadem', *Historia di S. Cataldi*, p. 570 (B9); 'ad sancti ducitur tumulum', Adelferius, *Vita Nicolai Peregrini*, p. 157 (D11).

however they were not particularly a cause for concern or anxiety for the church. Depicted in a number of contemporary art and literary sources, they were accepted as a necessary opposing force in the Christian world and were often associated with inexplicable events and used to remove culpability from individuals.

However, this study has demonstrated that demonic forces were a cause of worry for individuals and their communities as they were able to upset the well-being of an individual. It has been shown that communities of southern Italy visualised and understood two very different conditions in which malevolent spirits were identified as the cause. On the one hand there were the incidents of possession, unfortunate afflictions caused by the unwanted invasion of the body by external supernatural agents, and on the other *tristitia* or *acedia*, a cardinal sin committed through temptation by malign spirits. Although both were caused through demonic involvement, the understandings of the conditions were very different, leading to very distinct methods of obtaining a cure.

The demoniac of southern Italy is portrayed as an innocent victim of internal possession by an evil spirit. Unfortunate in their condition, the individual is depicted as being unceasingly tormented by physical symptoms caused by the demon disrupting the human spirit's (*spiritus*) control from within. In many of the accounts the victim is supported and cared for by their community: the supplicant is taken to the shrine and the saint is invoked on their behalf by the community. The only cure was the physical removal of the evil spirit prompted by the power of the saint. In contrast to this, the sufferer of *tristitia* is depicted as actively seeking to achieve health through atonement and penance. Rather than an innocent victim, the sufferer in this case has committed a mortal sin, through the temptation

of demons, and has to seek atonement to remedy his condition. These different actions to obtain a cure reflect the differences in the understanding of the pathologies of the different conditions and the communal responsibility to each condition.

Further distinctions emerge between the understandings of conditions of madness and incidents of possession. The evidence from contemporary medical texts and hagiographical accounts suggest they were seen as separate conditions, albeit often with very similar symptoms. Both were understood to be physiological conditions which presented similar patterns of behaviour; however they were considered to have very distinct aetiologies. Possession was due to an external supernatural agent invading the body, whereas conditions of madness were due to humoral or anatomical abnormalities in the brain which caused physical symptoms. This distinction of the two conditions in southern Italy is in contrast to the understanding of the two conditions in twelfth-century England, where the two often have overlapping aetiologies.

The communities of southern Italy, both secular and monastic, believed the physical health of the individual could be at risk from interference by demonic spirits. Both conditions emphasise the somatic symptoms of the condition, although in the case of *acedia* the spiritual health was also at risk having committed a mortal sin. For both cases, the help of the saint was believed to be an appropriate and successful avenue of care demonstrating the ability of the saint to heal physical afflictions.

Chapter 3: The Endurance of Pain

Then she feels a hot flush and a burning sensation (lahīb) ascending from the back of her neck towards her head, followed by palpitations, pain in her nerves, and, finally, by an epileptic fit accompanied by contraction of the hands and feet.¹

I felt as if fire was shooting through my veins; the pain was so intense that I buried my chin in my chest.²

The first of these quotations is found in a case history recorded by the physician Abū Bakr Muhammad ibn Zakarīyā' al-Rāzī (d. 925) in his *Kitāb al-Tajārib*, or *Casebook*, recording how a woman described the pain that accompanied the fits she experienced a couple of times every month. The second quotation from c. a thousand years later, is how Nelson Mandela, while writing his autobiography in 1994, recalled the pain he experienced during his circumcision ceremony at the age of sixteen. These quotations, one from tenth-century Baghdad and the other from South Africa in the twentieth century, demonstrate the constant presence of pain in the human experience throughout different epochs and suggest the continuity in pain language (how people talk about and describe pain) across the ages. Miracle narratives from the Middle Ages also attest to this ubiquitous experience: frequently depicting supplicants who sought the aid of the saint to alleviate their pain and often describing the experience in detail. The *miracula* from southern Italy are no exception. The endurance of pain is featured, in varying amounts, in all of the collections examined by this study. However, these occurrences also prompt us to consider to what extent did the understanding and

¹ Cristina Álvarez-Millán, 'Practice versus Theory: Tenth-century Case Histories from the Islamic Middle East', *Social History of Medicine*, 13 (2000), 293-306 (p. 296).

² Nelson Mandela, *The Long Walk to Freedom: The Autobiography of Nelson Mandela* (London: Abacus, 1994), p. 32.

experience of pain, pain behaviour and the articulation, description and narration of pain remain consistent across time. This chapter will explore the understanding and experience of pain in twelfth-century southern Italy within the context of healing miracles by focusing on the following questions. How was pain understood and conceptualised, and how was it believed to affect the individual? What ways were available to the different co-existing communities in southern Italy to express their pain, and to what extent did they differ?

But what is pain? Both modern and medieval individuals have struggled to define what pain actually is. From Galen who noted that pain exists in two types: ‘a sudden change in temperament and a rupture of continuity’, to the International Association for the Study of Pain who define pain today as ‘an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage’: none have provided a definition that has improved our understanding of what pain actually is.³ The sixteenth and seventeenth centuries, with the work of individuals such as Paracelsus, Vesalius and Harvey, witnessed new medical theories about the makeup and inner workings of the body. Although belief in humoralism persisted until after the eighteenth century, these new medical ideas understood the body to be composed of two separate but interconnected entities: the physical body and the mental entity, the individual mind or soul. Building on the understanding of the dualist nature of the body and that the body’s reactions were believed to be automatic responses to sense perception, René Descartes’ *Treatise on Man*, published

³ Esther Cohen, *The Modulated Scream: Pain in Late Medieval Culture* (Chicago: The University of Chicago Press, 2010), p. 2; Scott E. Pincikowski, *Bodies of Pain: Suffering in the Works of Hartmann von Aue* (London: Routledge, 2002), p. 4.

posthumously in 1664, explained that pain was caused by a physical stimulus sending signals through the nerves from the site of an injury to the brain, a purely physiological reaction.⁴ Despite medical theory changing to some extent, it is probable that the individual's expectations and experiences did not. As the quotations at the beginning of the chapter show, there was great continuity in the language of pain between the ninth and twentieth centuries.

This Cartesian model of pain as merely a somatic experience persisted, among medical circles, until the mid-twentieth century. However, upon recognising that people did not always experience similar levels of pain with correspondingly similar amounts of physical damage, Melzack and Wall advanced "The Gate Control Theory". This postulated that pain was a multi-causal experience in which cognitive factors, such as past experiences and emotions, regulate the pain messages to the brain and affect the experience of it.⁵ Although recognising the active input of the brain in regulating pain messages and helping to explain the different pain experiences of individuals, this theory has been criticised as merely 'a nuanced version of the Cartesian model', as it still relies entirely on an external stimulus and views pain as an automatic response to such a stimulus.⁶

Melzack himself recognised the limitations of the Gate Control Theory as he realised, after studying phantom limb pain in amputees, it could not fully account for the experience of physical pain. With no limb there is no sensory

⁴ David Morris, *The Culture of Pain* (Berkeley: University of California Press, 1991), pp. 1-2; Patrick Wall, *Pain: The Science of Suffering* (New York: Columbia University Press, 2000), pp. 17-25; Donna Trembinski, 'Pain in Medieval and Modern Contexts', *Journal of Canadian Historical Association*, 23 (2012), 111-141 (p. 126).

⁵ R. Melzack and P. Wall, 'Pain Mechanisms: A New Theory', *Science*, 150 (19th November 1965), 971-979

⁶ Trembinski, 'Pain in Medieval and Modern Contexts', pp. 127-8.

input to trigger the sensation of pain; therefore, where and how are the feelings produced. This led in the 1990s to a new theory of pain perception, the concept of a neuromatrix, which breaks down the traditional divide between the mental entity and the physical body and ascribes an active role to the brain in generating pain sensation. The theory proposes that pain is produced by neurosignature patterns of nerve impulses which can be triggered by sensory perception, but which can also be triggered independently by the brain.⁷ Recent research has also demonstrated how pain is not only a physiological experience but can also be a psychological one, and that there is a complex relationship between the two. Naomi Eisenberger has recently demonstrated how social (a specific psychological pain) and physical pain share the same neural circuitry and has identified how the interrelationship between the two allows each type of pain to affect the other, such as how those confronted with physical pain can often experience a relief when surrounded by social support, or how those enduring chronic pain can often suffer with mental afflictions such as depression or anxiety.⁸

To compound these difficulties in defining pain, it is nearly impossible to reconstruct the experience of pain, as it is such an individual and subjective event.⁹ Although almost everyone feels pain, it is very private in nature and often contextual, with individuals' feelings and emotions never being completely known. However, the endurance of pain can be, and often is shared publicly using recognised gestures, such as grimaces, and with shared language in an attempt to

⁷ Ronald Melzack, 'Pain: Past, Present and Future', *Canadian Journal of Experimental Psychology*, 47 (1993), 615-629; Ronald Melzack, 'Pain and the Neuromatrix in the Brain', *Journal of Dental Education*, 65 (2001), 1378-1382.

⁸ Naomi Eisenberger, 'The Pain of Social Disconnection: Examining the Shared Neural Underpinnings of Physical and Social pain', *Nature Reviews: Neuroscience*, 13 (June 2012), 421-434.

⁹ Javier Moscoso, *Pain: A Cultural History* (Basingstoke: Palgrave MacMillan, 2012), p. 3.

articulate the sensations. Therefore, it is possible to use medieval sources such as miracle accounts to learn, not about the experience of pain, but about how and why the experience of pain was expressed.

Research has shown that an individual's cultural and social background influences and guides how and why pain is expressed. Back pain is a common complaint with which UK doctors are, currently, frequently assailed; however, studies have shown that in Australian aboriginal and rural Nepalese communities medical attention is rarely sought for back complaints and distress is infrequently displayed. In these cultures, back pain is considered part of the ageing process and not a health issue that requires medical attention.¹⁰

Just as the understandings and behaviour of pain are not consistent across cultures, neither are they within them. Children will often respond to and demonstrate a painful experience very differently to older people, and men and women, in modern and medieval cultures, are taught how to express pain differently. It is often believed to be more acceptable for a woman to cry out and demonstrate pain than for a man. Related studies in the history of emotions have demonstrated that, although emotions do have a biological element, they are malleable and shaped by context.¹¹ Barbara Rosenwein's ground-breaking work on emotional communities has demonstrated how groups, with shared values, interests and goals, have different emotional experiences: how and why they articulate and demonstrate particular emotions.¹² Therefore not only do age and

¹⁰ Sue Peacock and Shilpa Patel, 'Cultural Influences on Pain', *Reviews in Pain*, 1 (March 2008), 6-8 (p.7).

¹¹ Barbara H. Rosenwein, 'Writing Without Fear about Early Medieval Emotions', *Early Medieval Europe*, 10 (2001), 229-234 (p. 231).

¹² Barbara H. Rosenwein, *Emotional Communities in the Early Middle Ages* (London: Cornell University Press, 2006).

gender frequently prescribe how one may articulate a painful experience, but such emotional communities, in which job or vocation and location are also influential, may also inform why pain is ‘performed’.

The expression of pain is further shaped by our own experiences of learned societal behaviour, cultural expectations, and previous incidents and can be dictated by context. Studies evaluating pain during childbirth has shown that, although expected by most women, it is often understood and expressed differently depending on their culture.¹³ Silence is valued by Chinese society; therefore Chinese women will often try to remain quiet during the birthing process, believing that loud expressions of pain will be frowned upon, whereas other cultures value the expression of pain during labour.¹⁴ Accepted and normative behaviour can also change within cultures over time. In the mid-nineteenth century, for example, a number of physicians, possibly still heavily influenced by biblical values, objected when Queen Victoria used chloroform during a childbirth, whereas by the end of the twentieth century it was accepted practice to use pain relief.¹⁵ The articulation of pain in the Middle Ages in certain situations was also guided by cultural awareness. Pain during childbirth was believed to be a punishment for the sin of Eve (eating the forbidden fruit) based on the biblical quotation: ‘In pain you shall bring forth children’, and had to be endured.¹⁶ In contrast, suffering and pain during a penitential pilgrimage was

¹³ Sandy E. Weber, ‘Cultural Aspects of Pain in Childbearing Women’, *Journal of Obstetric, Gynaecologic and Neonatal Nursing*, 25 (1996), 67-72 (p. 69).

¹⁴ Weber, ‘Cultural Aspects of Pain’, p. 69.

¹⁵ H. Connor and T. Connor, ‘Did the Use of Chloroform by Queen Victoria Influence its Acceptance in Obstetric Practice?’, *Anaesthesia*, 51 (1996), 955-957.

¹⁶ Genesis 3:16

central to the experience and redemption of sins, and an obvious expression of this was encouraged to demonstrate devotion to God and contrition for their sins.

Upbringing and experience instil in individuals the ‘correct’ behaviour patterns that are accepted by their community and also inform how non-verbal messages are received by observers. For example, a facial grimace or the movement to cover an injured area is often understood as indicating the experience of pain, while the gritting of teeth can be a sign of an individual enduring and persevering through pain. Therefore, although our emotions, including pain, may share similarities with those in the past, due to the individual experiences of society, cultural and religion, to name a few, how we experience, use and convey them are not the same.¹⁷ It is possible to use medieval texts, such as miracle collections, to learn more about how pain manifested itself in specific communities and understand the cultural and performative aspects of such behaviour in the Middle Ages.

Early studies examining pain in the Middle Ages were heavily influenced by the theory of evolution and the ‘civilizing process’. This concept was put forward by Norbert Elias in a book, published in German in 1939, which only began to receive attention in the 1970s when it was republished in English.¹⁸ Examining etiquette books from the sixteenth to the nineteenth century, Elias posited that over the centuries social standards had changed significantly: attitudes towards the body and violence were transformed. He identified this period of state formation, with the development of a new social hierarchy and the imposition of a

¹⁷ Rosenwein, ‘Writing Without Fear’, p. 231.

¹⁸ Rod Aya, ‘Norbert Elias and “The Civilizing Process”’, *Theory and Society*, 5 (March 1978), 219-228.

new upper class, as the turning point. The development of the 'civilized' society was marked by the changes in manners, stringent behavioural codes and low thresholds of shame and embarrassment with regard to the body, and the limited use of pain for social control.¹⁹

According to Elias, individuals in the Middle Ages were understood to have been desensitised to and unaware of pain due to a lack of civilization, enlightenment and an underdeveloped capacity to feel pain. It was argued that it was only around the sixteenth century, with the development of the courts and later during the Enlightenment in the eighteenth century, that society became 'civilised' and sensitive to pain.²⁰ However, an interdisciplinary approach to understanding the experience of pain has gathered pace in recent decades to examine the role of pain in society and demonstrate the positive place it held in religion during the Middle Ages. A number of studies have drawn attention to the increased desire from the eleventh century to physically imitate the suffering of Christ in demonstration of faith and to atone for their sins in preparation for the afterlife.²¹ Esther Cohen, in particular, has worked extensively on pain in the Middle Ages, examining the consistent vocabulary used to describe different pains, how the context in which pain is experienced can shape the expression of it, and the difference in depiction and understanding of pain that arises from different

¹⁹ Norbert Elias, *The Civilising Process*, rev. edn. (Oxford: Blackwells, 2000), pp. 3-19.

²⁰ Elias, *The Civilising Process*.

²¹ Caroline Walker Bynum, *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women* (Los Angeles: University of California Press, 1988); Miri Rubin, *Corpus Christi: The Eucharist in Late Medieval Culture* (Cambridge, UK: Cambridge University Press, 1991); Margaret Miles, *The Word Made Flesh: A History of Christian Thought* (Oxford: Wiley-Blackwell, 2005).

types of sources.²² There has been limited work on pain in miracles; examples include work done by Jenni Kuuliala, Bianca Frohne and Leigh Ann Craig, which has examined pain behaviour, when pain was recorded and why, and how emotions were described in relation to pain.²³ However, these studies have primarily focused on the Later Middle Ages, using *miracula* from the thirteenth, fourteenth and fifteenth centuries.

3.1 A Bodily and Emotional Experience

A distinguished knight from Taranto, called Lord Berlengarius, who was most eloquent and skilled in law, published the revered deeds of the Confessor in a book translated from Greek to Latin. Summoned by the King, he went to Palermo where such a sudden and unaccustomed pain invaded him in his side that he believed his life was ending. He swore that he had not a single limb that was not in pain. Believing he was nearing the end of his life, he recalled the piety of the Confessor whom he began to tearfully entreat with his heart. And so, the wonderful and kind Saint mercifully heard his tearful prayers and quickly restored him to health. Showing through incontrovertible evidence that what he had said about the Inventio and miracles of the saint happily applied and held [true] of himself.²⁴

²² Cohen, *The Modulated Scream*; Esther Cohen, 'Naming Pains: Physicians Facing Sensations', in *In Laudem Hierosolymitani: Studies in Crusades and Medieval Culture in Honour of Benjamin Z. Kedar*, ed. by I. Shagrir, R. Ellenblum and J. Riley-Smith (Aldershot: Ashgate, 2007), pp. 245-262; Esther Cohen, 'The Expression of Pain in the Later Middle Ages: Deliverance, Acceptance and Infamy', in *Bodily Extremities: Preoccupations with the Human Body in Early Modern European Culture*, ed. by Florike Egmond and Robert Zwijnenberg (Ashgate: Aldershot, 2003), pp. 195-219; Esther Cohen, 'The Animated Pain of the Body', *American Historical Review*, 106 (2000), 36-68.

²³ Bianca Frohne and Jenni Kuuliala, 'The Trauma of Pain in Later Medieval Miracle Accounts', in *Trauma in Medieval Society*, ed. by Wendy J. Turner and Christina Lee (Leiden: Brill, 2018), pp. 215-236; Leigh Ann Craig, *Wandering Women and Holy Matrons: Women as Pilgrims in the Later Middle Ages* (Leiden: Brill, 2009), pp. 99-101; Kate McGrath, 'Pain, Trauma, and the Miraculous in the *Liber miraculorum sancta Fidis*', in *Trauma in Medieval Society*, ed. by Wendy J. Turner and Christina Lee (Leiden: Brill, 2018), pp. 237-256.

²⁴ 'Quidam miles egregius de Tarento, Dominus Bedengerius [sic] nominatus; qui, ut eloquentissimus jurisque peritus, Confessoris gesta edidit veneranda, et transferendum quoddam de Graeco in Latinum volumen, contulit se Panormum, de mandato Regio evocatus. Quem dolor lateris insolitus et subitus sic invasit, ut vitam claudere crederet cum dolore: eo praetextu maxime, ipsemet ut testatur, quod sibi membrum aliquod non remansit, quin dolores maximos pateretur. In extremo vitae posito (ut credebat) occurrit ei pietas Confessoris, quem corde coepit cum lacrymis exorare. Sanctus itaque mirificus et benignus preces cum lacrymis eo clementius exaudivit, quo dicto ipsum celeriter restituit sanitati: ostendens verissimo argumento, quae de Inventionem et Miraculis ejus dixerat, grata gerere et habere', *Historia di S. Cataldi*, p. 572.

The details found within miracles, such as the one above, provide us with a glimpse as to how pain was understood and conceptualised in twelfth-century southern Italy. Examination of the descriptions of the supplicant's condition and their experience, alongside paying close attention to the vocabulary employed by the author, can reveal much about the experience of pain. The miracle above recounts how Lord Berlangarius found alleviation from a pain in his side after entreating the help of Cataldus. The narrative was written by the supplicant himself, providing a rare opportunity to examine a first-hand account of an individual's suffering in the Middle Ages, and demonstrates that pain was understood to be holistic: both a bodily and psychological experience.

Berlangarius describes 'a sudden and unaccustomed pain in the side' invading him, and in identifying the location of the pain—in the side—he indicates the physicality of it.²⁵ Further on in the narrative he swore that he had not a single limb that was not in pain, again emphasising the physical sensation of the pain by identifying the area of the body in which it was felt.²⁶ However the miracle also depicts the negative emotions that accompanied the bodily sensations.

Berlangarius records his desperation when faced with such pain as he believed his life was ending, and towards the end of the account he recounts entreating the help of Cataldus as he believed he was nearing the end of his life.²⁷ These thoughts recalled by Berlangarius when recording his experience demonstrate the

²⁵ 'Quem dolor lateris insolitus et subitus sic invasit', *Historia di S. Cataldi*, p. 572.

²⁶ 'ipsemet ut testatur, quod sibi membrum aliquod non remansit, quin dolores maximos pateretur', *Historia di S. Cataldi*, p. 572.

²⁷ 'ut vitam claudere crederet cum dolore', 'In extremo vitae posito (ut credebat)', *Historia di S. Cataldi*, p. 572.

anxiety for his health that he experienced alongside the somatic sensations and reflect the understanding of the dual nature of pain.

Other miracles also attest to an understanding of the multi-faceted nature of pain in twelfth-century southern Italy. A girl from Brindisi entreated the help of Cataldus after she had been aggravated by pain in her head for a long time, while the monk Cioffus called on the help of Alferius, the hermit founder and first abbot of Cava, as he began to suffer from intolerable pain in his teeth.²⁸ Walter was similarly troubled by convulsions of his head, and unable to see or hear and, enduring continuous pain, was unable to continue working; faced with destitution he was forced to beg.²⁹ Each of these miracles draws attention to both the physical and emotional aspects of pain that the supplicants experienced.

In each of these cases the physical sensations of pain are primarily referred to using *dolor*, an unspecific noun which can refer to both physical and emotional suffering.³⁰ Véronique Thouroude has recently surveyed the terms employed to denote pain in a selection of miracles from pre- and post-Conquest England and has shown that *dolor* was used alongside various words related to the verb *cruciare* to describe the experience of pain. She draws attention to the difference between very physical pain implied with the use of *cruciatus* and the more emotional term *dolor* but demonstrates how they were used alongside each other, sometimes in the same narrative to refer to purely physical pain.³¹ The lack of

²⁸ 'Puella quaedam de Brundusio, dolore capitis diutius aggravata', *Historia di S. Cataldi*, p. 571 (B14); 'intolerabili dolore dentium cepit cruciari', *VQPA*, p. 11.

²⁹ 'Clericus quidam, Gualterius nomine, tanta convulsi capitis passione turbatus est', 'et qui artificio suendi consueverat vitam fovere, cogebatur inopia mendicare', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 365 (A17).

³⁰ *dolor*, *A Dictionary of Medieval Latin from British Sources* ed. by R.E. Latham, D.R. Howlett and Richard Ashdown (London: Oxford University Press, 1975-2013).

³¹ Véronique Thouroude, 'Sickness, Disability, and Miracle Cures: Hagiography in England, c. 700-c. 1200' (unpublished doctoral thesis, University of Oxford, 2015), pp. 168-169.

specificity in the Latin terms to denote the type of bodily pain has also been noted by Esther Cohen in her work on the vocabulary of pain.³² Similar studies by Peregrine Horden on the Greek terms for pain within the Hippocratic corpus has also demonstrated the limited precise vocabulary for describing pain. Many of the Greek terms used in this corpus were synonymous, with only one term, *odis*, indicating a specific type of pain, that of childbirth.³³ However, in the *miracula* from southern Italy the identification of a bodily location (teeth, head, side, limbs and hand) alongside the noun *dolor* attests to its use to refer to the physical aspect of pain.

A small number of miracles use other words to also imply bodily pain, but these are often used alongside *dolor* in the same narrative or include the area of the body affected to indicate the physical nature of the pain described. Adelferius employed the term *cruciatu* to describe the pain and Desigius from Bisceglie was suffering severe pain (*cruciatu*) in his limbs, which prevented him from moving them.³⁴ When Ursus, an old man who was responsible for cleaning the domestic buildings of the monastery of Cava, fell and broke his arm he was suffering terribly from *dolore brachii*.³⁵ As he entreated the help of Constable, the fourth Abbot, he cried ‘Holy Father, lord Constable, help me for the souls of your father and mother, and free me from this torture’, using *cruciatu* to refer to the pain which he had previously used *dolor* to describe.³⁶ *Cruciatu* is suggestive of pain

³² Esther Cohen, ‘Naming Pains: Physicians Facing Sensations’, p. 246.

³³ Peregrine Horden, ‘Pain in Hippocratic Medicine’, in *Religion, Health and Suffering*, ed. by R. Hinnells and R. Porter (London: Keagan Paul International, 1999), pp. 295-315 (p. 302).

³⁴ ‘Vigiliensis quidam, nomine Defigius, cuius membra sedulo cruciatu detenta’, Adelferius, *Vita Nicolai Peregrini*, p. 156 (D6).

³⁵ *VQPA*, p. 11; 34.

³⁶ ‘Patre beate Constabilis et domine, pro anima patris et matris tue adiuva me, et libera me de cruciate isto’, *VQPA*, p. 34.

by torture and has connotations with the pain experienced by Christ on the cross.³⁷ Similarly *passio*, used by Berlingarius to refer to pain in three miracles attributed to Cataldus, is also closely linked with the suffering endured by Christ. Despite the associations with these words, their position in the narratives alongside *dolor* and their use together with a bodily location suggest they were not being used to draw attention to a specific type of physical pain but instead to vary the terms employed to refer to the somatic sensations of pain.

Other miracles do not identify the location of the pain, but employ medical terminology, which often carried with it the association of pain, to indicate or imply the experience of physical pain. Hugh was taken to the church of the Bisceglie saints as he was seized by arthritic pain.³⁸ In this context the use of *dolor* could refer to either or both the physical and psychological experience of pain. However, the miracle clarifies that what he was enduring was somatic pain as he is described as suffering with *artetica*. *Artetica* is a medical term that is described by Bartholomaeus in his *Practica* as ‘pain in the joints of the limbs’.³⁹ A number of other miracles, all found within the collection pertaining to Cataldus, use other medical terms to suggest the experience of physical pain by the supplicant to the audience due to the understanding of the conditions and the associations of pain with it. A priest from Pomaria had suffered from vertigo for a long time.⁴⁰ In the *Practica* there is an entry for a pill to treat pain of the head.

³⁷ *cruciatio*, J.F Niermeyer, *Mediae Latinitatis Lexicon Minus* (Leiden: Brill, 1976), p. 283; Thouroude, ‘Sickness, Disability, and Miracle Cures’, p. 169.

³⁸ ‘adeo fuerat doloris artetici constriction contractus’, *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 364 (A12).

³⁹ ‘De artetica passione – Artetica passio est in juncturis membrorum’, Bartholomaeus, p. 358.

⁴⁰ ‘Presbytero suidam de Pomaria, diuturnam capitis vertiginem patienti’, *Historia di S. Cataldi*, p. 571 (B18).

Alongside the recipe for the pill, the entry also outlines the remedial effects the pill has and includes curing individuals of vertigo.

A pill for pain of the head – A recommended pill for pain of the head, if it has been suffered for many years, it cures them well. At first, all medicine produces either joy or sadness. But this pill produces joy, sharpens the mind, restores vision and memories held back, it cleanses those having *scotomia* and vertigo, *emigranehe maxime conferunt*, it cleanses the teeth, gums, eye and whole body of bad humours, it removes loud sound of the ear and strengthens all complexions (*complexiones*), it agrees with all ages of men and women.⁴¹

Another man, from Lombardy, was suffering from *gutta caduca*, which the *Practica* identifies as the term common people use for epilepsy.⁴² The text continues to explain how the signs of epilepsy begin with great fear or dread and is accompanied by emitting spittle from the mouth and palpitations of the hands and feet.⁴³ This condition appears to be understood as encompassing both physical pain (throbbing in the hands and feet) and psychological pain (the fear/dread).

The physical aspect of pain is not indicated in the miracle narrative by the word choice alone, instead additional details found alongside it qualifies the somatic experience. The physical sensation of pain is often identified and emphasised by the author and/or supplicant by the inclusion of the bodily location of the pain or occasionally by the use of medical terminology for the conditions which have connotations of physical pain.

⁴¹ ‘Pillule ad capitis dolore – Pillule probate ad capitis dolorem, si per plures annos passus fuerit, eos curat optime. Omnis medicina aut generat letitiam aut tristitiam in principio. Set iste pillule letitiam generant, mentem acuunt, visum reddunt et memoriam retinendi, purgant scotomiam et vertiginem habente, emigranehe maxime conferunt, dentes et gingivas et oculos et totum corpus de malis humoribus purgant, et sonitus aurium auferunt et omnes complexiones confirmant, omnibus etatibus viris et mulieribus convenient’, Bartholomaeus, p. 335-36.

⁴² ‘De diffinitione epilepsie – Hec autem morbi species vulgariter caducus vocatur’, Bartholomaeus, p. 355.

⁴³ ‘Est una que hec sunt signa: non presentitur casus ante accessionem, accedit cum magno timore, manium et pedium palpitatione, et spumam emittunt per os’, Bartholomaeus, p. 355.

The miracles also reveal the psychological anguish which could accompany many of the conditions that supplicants sought help for from the saint. The emotions recorded often reveal the supplicant's desperation and anxiety about their health: the physical experience of pain is often depicted as being too much for the supplicant to bear, and he or she began to despair for their health. Eva entreated help from the Bisceglie saints as, after seeking the help of the doctors, she had still been unable to ease her pain, and a woman from Conversano was tired of the pain she had endured for seven years after being thrown from a mule.⁴⁴ A man from Germany travelled to the shrine of Cataldus in search of a cure after searching elsewhere, in vain, for a cure from an unheard of and most painful suffering, and Cioffus, the monk of Cava, who entreated the help of Alferius to cure his toothache, described his pain as 'intolerable'.⁴⁵ There is no consistent terminology used; however, all the miracles describe negative emotions and feelings revealing the emotional turmoil that could accompany the physical aspect of pain. Other miracles, in which there is no mention of somatic pain, also describe and draw attention to the emotional pain that could accompany the supplicant's condition. Mundella, the first miraculée of Nicholas of Trani, had been blind for three years when she 'anxiously' approached the shrine in the hope of a cure, and Angelo, from Terlizzi, tearfully entreated the Bisceglie saints as he was frustrated with the 'remedies of the doctors' being unable to cure his

⁴⁴ 'nullis tamen dolores suos potuit medicorum fovere remediis', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 363 (A3); 'Durissima passione septennio fatigata', *Historia di S. Cataldi*, p. 572 (B23).

⁴⁵ 'Quidam de partibus Transalpinis, qui se Theutoni, fatebatur cum inaudita et gravissima passione laborans; post exquisitum ubique terrarium frustra beneficium sanitatis', *Historia di S. Cataldi*, p. 573 (B33); 'intolerabili dolore dentium cepit cruciari', *VQPA*, p. 11.

deafness.⁴⁶ Another man, who was wounded at his ankle by a spear while fighting in the Holy Land for his faith, sought the help of the Bisceglie saints when he arrived in Brindisi as he was despairing for his health.⁴⁷

A small number of miracles, relating to only male supplicants, reveal the social pain that a condition could cause. Social pain has been defined as the unpleasant experience that is associated with actual or potential damage to one's sense of social connection or social value (owing to social rejections, exclusion, negative social evaluation or loss).⁴⁸ These miracles identify the ailment of the supplicant and describe the impact it had on their social place in the community. The injuries are depicted as preventing the men from working, reducing them to begging and surviving on charity and thus damaging their social value.⁴⁹

The language used in miracle narratives suggests that pain was understood as an external agent that could distress the individual. The verbs used, often in conjunction with *dolor*, to describe the bodily suffering of the supplicant often have associations with it being inflicted upon or attacking the body. In many cases the term employed is a derivative of the verb *cruciare*, which is associated with torturing and crucifying.⁵⁰ However, this is only found in the monastic collection 'The Lives of the First Four Abbots of Cava' and may reflect the theological understanding that pain and suffering were a worthwhile redemptive religious

⁴⁶ 'anxia cum cetera turba convenerat', Adelferius, *Vita Nicolai Peregrini*, p. 155 (D1); 'in medicorum remediis frustra sua profudit', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 364 (A13).

⁴⁷ 'Itaque salute desperata, ubi portum Brundusii attigit', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 370 (A36).

⁴⁸ International Association for the Study of Pain Task Force on Taxonomy, *Classification of Chronic Pain: Descriptions of Chronic Pain Syndromes and Definitions of Pain Terms*, ed. by Harold Merskey and Nikolai Bogduk (Seattle: ISAP Press, 1994), pp. 209-214.

⁴⁹ See below section 3.2 The Expression of Pain for a more detailed discussion about the expression of social pain.

⁵⁰ *cruciare*, Niermeyer, *Mediae Latinitatis Lexicon Minus*, p. 283.

experience. The other varying terms, found in the civic collections, used to describe the experience of pain do not have the same religious connotations, but still reflect the idea of pain as an outside force imposed, unwanted, on an individual.

In many of the accounts the verbs are also found in their passive form, with the supplicant as the subject and the agency given to the pain. For example, a girl from Brindisi was aggravated by pain in her head, while a young man from Ostuni was struck by pain and suffering, and Ugus was seized by the constricting pain of arthritis.⁵¹ In the few cases where the verb is found in an active form, pain, as the subject of the verb, is again given the agency. Lord Berlangarius entreated the help of Cataldus as a sudden and unaccustomed pain in his side so overtook him that he believed his life was ending in pain.⁵² Similarly when the woman from Oria was suffering from pain in her head, the pain brought forth blindness.⁵³

The accounts of the cures of the supplicants suffering from pain also demonstrate the concept of pain being an external agent in the Middle Ages. In many of the accounts the individual is described as being ‘freed’ or ‘released’ from their pain when their healing is recounted. The aforementioned woman from Conversano, who suffered pain after falling from a startled mule, was healed when she was freed from the pain she had endured for seven years, and when John

⁵¹ ‘Puella quaedam de Brundusio, dolore capitis diutius aggravata’, *Historia di S. Cataldi*, p. 571 (B14); ‘Adolescens quidam de Hostunio in manus pollice doloris percutitur passione’, *Historia di S. Cataldi*, p. 573 (B30); ‘adeo fuerat doloris artetici constrictione contractus’, *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 364 (A12).

⁵² ‘Quem dolor lateris insolitus et subitus sic invasit, ut vitam claudere crederet cum dolore’, *Historia di S. Cataldi*, p. 572 (B24).

⁵³ ‘Quaedam mulier Oritana, graviter infirmata, dolore capitis diutino torquebatur: nec magno medio intervallo dolor peperit caecitatem’, *Historia di S. Cataldi*, p. 573 (B29).

Cuyrulinus was cured, the pus and pain withdrew.⁵⁴ The aforementioned Ursus who had broken his arm, was released from his pain and his arm was cured, while the healing of Arborius was described to have happened when he was never touched by the pain again.⁵⁵ This suggests that pain was understood as an external influence that could impose itself upon the body and affect the health of the individual. In many ways the ideas, descriptions and vocabulary employed to express the experience of pain is comparable to the understanding of how demons could affect an individual's wellbeing, as discussed in the preceding chapter.

The miracles reveal that pain in southern Italy during the twelfth century was understood to be a holistic experience: it encompassed both the physical and psychological effects resulting from a condition. While it is clear a number of conditions could cause physical sensations of pain, the miracles also reveal that many supplicants also endured painful emotional experiences as well. Not only did a period of ill health often lead to concern and anxiety around one's health but it could also damage one's sense of social value. The dual nature of pain was also considered to be an external entity that inflicted itself unwanted upon the individual.

3.2 The Expression of Pain

Recent work on the history of emotions, most notably by Rosenwein, has established that context alongside social, cultural and religious values can shape the way feelings are expressed and performed. Looking at late Roman Gaul and early medieval Francia, Rosenwein demonstrated that people who shared common

⁵⁴ 'et a cunctis doloribus liberata', *Historia di S. Cataldi*, p. 572 (B23); 'Qui statim exauditus et gutta simul et dolor recessit', *VQPA*, p. 34.

⁵⁵ 'Qui cum tertio eadem repeteret, non solum a dolore, verum etiam a brachii fractione liberatus est', *VQPA*, p. 34; 'ac si ipsum prefatus dolor nullatenus tetigisset', *VQPA*, p. 33.

interests, values and goals formed, what she has termed, 'emotional communities', each of which had their own evaluation of emotions and norms of emotional expression. She further showed how multiple and different 'emotional communities' exist(ed) at any given time. However, none of these smaller communities were entirely dependent, instead they should be seen as overlapping and part of an overarching emotional community or as she describes it 'a large circle within which are smaller circles, none entirely concentric but rather distributed unevenly within the given space'.⁵⁶ It is possible to adopt this approach in an analysis of the southern Italian miracle accounts and identify several such co-existing communities, each of which had their own appropriate models of behaviour and expression of pain, within a larger community. To seek out and petition a saint for help before recounting a miraculous experience to a registrar at the shrine implies that all belonged to the community of the Christian faithful and suggests that there were shared religious beliefs and aspirations and as such a collective agreement on appropriate behaviour and expression. However subtle differences in the accounts of the supplicant's experience of pain in the *miracula* reveal several subordinate communities within the larger Christian one.

Gender has long been identified as an essential element in determining identity, social role, hierarchy and appropriate behaviour in the Middle Ages and previous work on the experience of pain has explored the gendered distinctions in pain behaviour. Although Jenni Kuuliala, looking at childhood impairment during the thirteenth and fourteenth centuries, identified no obvious gendered experience of the sensation of pain amongst children; she did note that there is the impression

⁵⁶ Rosenwein, *Emotional Communities*.

that the most extreme descriptions of pain are from girls.⁵⁷ Leigh Ann Craig, examining seven collections of miracle stories compiled between 1300 and 1500, has, using cures of blindness as a case-study, noted a similar distinction when enduring pain. Although men and women are evenly portrayed as suffering from blindness in the *miracula*, a closer look at the narrative reveals there are gendered distinctions in their experience. Women generally suffered from blindness longer than men and were twice as likely to describe experiencing pain alongside their condition. Craig suggests that the emphasis of the severity of the pain and the duration of blindness in the cases of women was part of a sympathetic rhetoric as the author used the severity of their suffering to justify the travel and pilgrimage of women.⁵⁸ Cohen's examination of a diverse selection of miracle accounts noted that in some circumstances women were thought to have a greater sensitivity and vulnerability to disease and pain due to their physiological and spiritual inferiority to men. Yet, in others she has demonstrated that, although both men and women could suffer from pain, women were more disposed to overt expressions of pain as their moral weakness did not allow them complete control of their actions.⁵⁹ It is likely that this view was the male clerical author's view and not that of the women.

Although the biological difference between the sexes did significantly determine how men and women operated and expressed themselves in medieval society, it was not the only factor suggesting that a more nuanced examination of the different co-existing communities and their expressions is required. Recently

⁵⁷ Jenni Kuuliala, *Childhood Disability*, p. 271.

⁵⁸ Craig, *Wandering Women and Holy Matrons*, pp. 99-101.

⁵⁹ Cohen, 'The Expression of Pain in the Later Middle Ages', p. 197.

scholars within the study of gender have criticised the male/female binary as too simplistic, as they have increasingly identified groups such as eunuchs, dowagers and saints which through identity, actions and values have fallen outside the traditional constructs.⁶⁰ Instead they have encouraged us to think of gender as only one of many differences that affected hierarchy and identity, and shaped values and behaviour. The idea of a matrix, in which other factors such as class, age, health, morality, religion and occupation determine the role of the individual in society and how they expressed themselves, is an approach more frequently being adopted in medieval studies now.⁶¹ Analysis of the southern Italian miracles demonstrates how different contemporaneous communities in twelfth-century southern Italy, drawn together through shared identity, values and ideals, drew upon the contemporary cultural frameworks available to them to express their pain differently.

The working men of Apulia formed one such subset of the larger Christian community and their experiences of pain, as described in the miracles, are all framed within the context of their productive role in the community and their ability to provide for their family. The ability to provide for one's family was/has been one of the defining features of manhood.⁶² In all the miracles which identify the supplicant as a lay urban man and stipulate their occupation, the pain of the

⁶⁰ Jacqueline Murray, 'One Flesh, Two Sexes, Three Genders?', in *Gender and Christianity in Medieval Europe: New Perspectives*, ed. by Lisa M. Bitel and Felice Lifshitz (Philadelphia: University of Pennsylvania Press, 2008), pp. 34-51.

⁶¹ Sharon Farmer, *Surviving Poverty in Medieval Paris: Gender, Ideology, and the Daily Lives of the Poor* (London: Cornell University Press, 2002), pp. 1-2, 40-44; Sharon Farmer, 'Introduction', in *Gender and Difference in the Middle Ages*, ed. by Sharon Farmer and Carol Braun Pasternack (Minneapolis, University of Minnesota Press, 2003), pp. ix-xxvii; Elisabeth van Houts, 'Introduction: Medieval Memories', in *Medieval Memories: Men, Women and the Past, 700-1300*, ed. by Elisabeth van Houts (Harlow: Longman, 2001), pp. 1-16 (p. 2); Murray 'One Flesh, Two Sexes, Three Genders'.

⁶² David D. Gilmore, *Manhood in the Making: Cultural Concepts of Masculinity* (New Haven: Yale University Press, 1990), pp. 222-223.

condition is expressed in terms of the effect it had on his ability to work. Leo, a craftsman skilled in making vases for wine, sought the aid of the Bisceglie saints as he was thought ‘useless and inane’ in his craft due to his injured arm.⁶³

Material evidence discovered by the University of Lecce suggests the manufacture of commercial transport amphoras within Apulia during the Norman period.

Excavations at Otranto during the 1980s and 1990s, and at the abandoned village of Quattro Macine since 1991, have found amphoras comprised of predominantly clay fabric; however, the presence of additional fabrics, notably limestone, suggests that there were multiple sites of production in medieval Apulia.⁶⁴ The two vessel types found have ribbed bodies tapering towards a slightly flattened base, a short neck with a rim and thick handles which rise above the rim.

Although it is not certain what these amphoras contained, their form and the evidence of a resin lining in some suggests it may have been wine.⁶⁵ The discovery of some of the amphoras at Quattro Macine indicates that some were produced for local distribution, while others found at coastal sites such as the wreck of Canal Pigonati, in the port of Brindisi, dated to 1100-1300 through carbon-14, indicate that others and their contents were intended for commercial trading abroad, possibly Outremer.⁶⁶ The miracle of Leo makes no reference to how his injury was sustained, whether it was through his work or not: the focus in

⁶³ ‘Quidam in formandis vegetibus peritus artifex, Leo nomine, alterius brachii deficiente officio, diu suae artis notitiam, quam volubilitate brachii exercere solebat, aestimabat inutilem et inanem’, *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 363 (A6).

⁶⁴ P. Arthur and R. Auriemma, ‘A Search for Italian Wine: Middle Byzantine and Later Amphoras from Southern Puglia’, *The Institute of Nautical Archaeology Quarterly*, 23 (1996), 14-17 (p.16). Unfortunately, the reports of the archaeological excavations and finds do not contain measurements of the amphora found or scales within the photographs, so it is not possible to gain a sense of the size of these pots.

⁶⁵ Arthur and Auriemma, ‘Search for Italian Wine’, p.16.

⁶⁶ P. Arthur, ‘“Masseria Quattro Maccine” – A Deserted Medieval Village and its Territory in Southern Apulia: An Interim Report on Field Survey, Excavation and Document Analysis’, *Papers of the British School at Rome*, 64 (1996), 181-238 (p. 208); Arthur and Auriemma, ‘Search for Italian Wine’, p. 17.

the account is rather on how it affected his ability to perform his job. This emphasis and mention of Leo's inability to work, due to his injury, was probably how Leo reported his account to the scribe and thus demonstrates his focus on his experience of social pain through his condition and the framework in which he chose to express it.

The limited work that has been done on occupational health in the Middle Ages has focused on the possible damage done to eyes in certain trades and the impact of the daily monastic lifestyle on monks.⁶⁷ However it is plausible to suggest that the construction of ceramic vases and work in other production industries could cause serious accidents and injuries related to trips and falls, the lifting and handling of the products, and being struck by objects. Such injuries were likely to be a possible for anyone working in such a manufacturing role. Argentius, a wagon builder of Taranto 'had lost the necessities of life because his hand and arm had dried up' and Walter, a builder, who entreated the help of William of Vercelli, described how he was unable to work due to his injured arm. He laments how skilful he was at architecture and building, but now 'I am not capable or effective at completing such work'.⁶⁸ Again the focus of the miracle is on both Argentius' and Walter's inability to perform their crafts and their subsequent reliance on others to sustain themselves. Rather than describing the physical pain they might have experienced, they choose to highlight the social

⁶⁷ Joy Hawkins, 'The Blind in Later Medieval England'; Julie Kerr, 'Health and Safety in the Medieval Monasteries of Britain', *History*, 93 (2008), 3-19; Iona McCleery, 'Medieval Miracles and Occupational Health', *Remedia* (23rd June 2015) (DOI: <https://remedianetwork.net/2015/06/23/medieval-miracles-and-occupational-health/>) [accessed 22nd March 2020].

⁶⁸ 'Ego namque in Liguria partibus architectonica arte non ignarus, sed peritissimus estiti et instructus. Nunc autem, peccatis exigentibus, nec ad hoc nec aliud opus peragendum sum efficax vel idoneus', *Vita S. Guilielmi*, p. 30.

pain, their inability to fulfil their productive social role, that their injuries had caused.

The miracles attest to other professions having similar occupational hazards; however, the miracles do not draw attention to how the injury was sustained but the resulting effect it had on the miraculés' ability to work and sustain themselves. Walter is described as being unable to earn his living through sewing as he was unable to see due to his convulsing head. Although identified as a cleric, it is clear from the detail within the miracle that he is also a working artisan in a craft related to sewing; therefore it is possible he was in minor orders.⁶⁹ Charter evidence from a number of Apulian towns attest to an active profession of tailors (*parmenterius*); however, due to the few scattered references little light can be shed on the textile and clothing trade in southern Italy.⁷⁰ Through close examination of southern Italian charters, Oldfield has suggested that informal associations between craftsmen with similar skills often formed, as areas of the city were often named after a trade such as the *ruga parmentariorum* (tailors' street) in Aversa and the *platea parmentariorum* at Salerno.⁷¹ As Joy Hawkins' has demonstrated, this intricate and detailed work could lead to eye complaints due to straining to perform such work over long periods of time or through working in poor conditions.⁷² Although it is possible to suggest that the condition for which they sought help from the saint was sustained at work, in all

⁶⁹ 'Clericus quidam, Gualterius nomine, tanta convulsi capitis passione turbatus est, quod continuis doloribus, quos nulla medicorum ope linire potuit, nec videndi nec audiendi, nec quiescedi posset actionibus indulgere: et qui artificio suendi consueverat vitam fovere, cogebatur inopia mendicare', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 365 (A17).

⁷⁰ *Codice Diplomatico Normanno di Aversa*, p. 46 no. 28, p. 46 no. 30, p. 102 no. 59; Trani charter no. 85; Martin, *La Pouille*, p. 423.

⁷¹ Oldfield, *City and Community*, p. 202.

⁷² Joy Hawkins, 'The Blind in Later Medieval England', p. 76.

three of the miracles where the occupation of the supplicant is stated (those of Leo, Argentius and Walter), they chose not to express their experience in terms of explaining how their ailment occurred or the inevitable pain that accompanied it. Instead they expressed their pain within the cultural framework of the productive social role of men by describing their social pain as they were unable to work and were reliant on others.

The inability to work and sustain themselves would have affected the individual's standing and recognition amongst his peers within the community. It could even lead to social exclusion as the individuals were dependent on charity as a result of their condition. Walter, unable to sew, was forced to beg, while Argentius was living on the support of his men, and a man from Salandra who had lost his sight had been 'compelled to ask for the necessities of life from others by begging shelter'.⁷³ Poverty could strike all levels of society as bad luck, war, climate changes and illness could all cause a man to lose his fortune.⁷⁴

The poor held an ambiguous place in the community. Although they often incurred the disdain of fellow citizens, they also performed a spiritual function, providing the means by which other members of society could achieve salvation. During the Middle Ages, building on the parable of the rich man and Lazarus (Luke 16:19-31), a belief developed in the reciprocal relationship between the poor and non-poor, in which the rich could reduce the time spent purging their sins after death by tending to the needs of the poor, who in return were obligated

⁷³ 'et qui artificio suendi consueverat vitam fovere, cogebatur inopia mendicare', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 365 (A17); 'arte etenim manus vivebat et sui', *Historia di S. Cataldi*, p. 571 (B16); 'victus necessaria petere aliena mendicando suffragia cogere', *Historia di S. Cataldi*, p. 572 (B25).

⁷⁴ Michel Mollat, *The Poor in the Middle Ages: An Essay in Social History*, trans. by A. Goldhammer (New Haven: Yale University Press, 1986), pp. 66, 70.

to pray for their soul.⁷⁵ This defining theory of charity ensured that almsgiving became a permanent feature of medieval society, including in Norman Italy. Numerous charters from southern Italy contain requests for alms to be given in their memory. In 1140 Robert Cicinello, son of John, of Aversa bestowed 10 *tari* to the priests and the poor in his will for the redemption of his soul.⁷⁶ The will of Gaufridus of Casaluce, in 1158, requested that each year on the anniversary of his death the priests and the poor be provided with refreshments to commemorate his death, and in 1181 Andreas, *medicus* of Capua, left part of his fortune 'for the poor'.⁷⁷ A charter from Salerno, in 1164, records the five-year lease of baths by the monastery of Cava to a man who had provided warm water for the poor to wash in.⁷⁸ The twelfth century also saw the appearance of prayer unions and confraternities which involved many lay members and carried out charitable acts.⁷⁹ The *fraternitas* of St Spiritus was founded at Benevento in 1177 by the Abbot Abdenago, and each year half its income was to be split in two with one part given to the poor, the widows and the orphans.⁸⁰

A debate which occupied many canonists during the Middle Ages was the identity of the deserving poor: should relief be determined by need alone or

⁷⁵ Mollat, *The Poor in the Middle Ages*, pp. 70-71; Miri Rubin, *Charity and Community in Medieval Cambridge* (Cambridge: Cambridge University Press, 1987), pp. 54-74; Anne M. Scott, 'Experiences of Poverty', in *Experiences of Poverty in Late Medieval and Early Modern England and France*, ed. by Anne M. Scott (London: Routledge, 2016), pp. 1-15 (pp. 7-8).

⁷⁶ *Codice Diplomatico Normanno di Aversa*, pp. 68-70 no. 40.

⁷⁷ *Codice Diplomatico Normanno di Aversa*, pp. 126-129 no. 73; *Le pergamene normanne della Mater Ecclesia capuana (1001-1197)*, ed. G. by Bova (Naples: Edizioni Scientifiche Italiane, 1996), pp. 167-170, no. 23.

⁷⁸ C.A. Garufi, 'Di uno stabilimento balneare in Salerno nel secolo XII', *Studi Medievali*, I (1904-05), 276-80.

⁷⁹ Oldfield, *City and Community*, pp. 221, 234-5; G. Vitolo, *Istituzioni ecclesiastiche e vita religiosa dei laici nel Mezzogiorno medievale. Il codice della confraternita di S. Maria di Montefusco (Sec. XII)* (Rome: Herder Editrice e Libreria, 1982), pp. 12-19.

⁸⁰ Vitolo, *Istituzioni ecclesiastiche e vita religiosa dei laici nel Mezzogiorno medievale*, pp. 15-16.

should there be a fixed order of preference. Some such as the Bolognese and French schools of canonists argued that the true need of the individual and the resources of the donor be considered when considering the hierarchy of those to help, whereas the Anglo-Norman school in 1186 made the primary distinction between those known to the donor (who should be helped) and those unknown. In the cases of the strangers requesting charity the author stipulated that anyone asking for food should be helped, but those who were capable of working were to be refused alms and told to work.⁸¹ In a recent article Metzler has drawn attention to the increased emphasis on the value of labour in late medieval society and the effect on the rhetoric of the concepts of the deserving and undeserving poor. She argues that begging began to be legitimated through need, and only the truly needy, those unable to work due to a bodily infirmity, became recipients of alms and charity, increasing the value of labour and reducing the importance and position of the poor in society. Looking at miracles from the collections of Louis IX and St Walstan in Norfolk, she suggests the focus of the miracles in these later collections reflect this change in thought. The emphasis is no longer on the healing but on the ability of the supplicant to work to attain spiritual purity, reinforcing the ideas of the importance of work.⁸² During the later Middle Ages another determinant in the provision of support for the poor was the individual's residential status within the community. Although there is a lot of evidence for individuals supporting other residents, family or neighbours, within their own

⁸¹ Brian Tierney, 'The Decretists and the "Deserving Poor"', *Comparative Studies in Society and History*, 1 (1959), 360-373 (pp. 364-367).

⁸² Irina Metzler, 'Indiscriminate Healing Miracles', pp. 165-168. Alongside this, Metzler also argues that in the later centuries healing miracles decline; however a number of other studies offer evidence to dispute this – Vauchez, *Sainthood*.

community during a period of hardship, there appears to have been hesitation in supporting the non-local or transient poor.⁸³

A different picture emerges from the southern Italian miracles, within a different chronological and geographical context. Unlike the later collections, the twelfth-century miracles do not highlight the importance of labour in achieving spiritual purity nor do they focus on the supplicant's eagerness to return to work following the restoration of health. The miracles instead emphasise the ability of the supplicant being able to work following the return of their health. Three of the miracles specifically mention the supplicant returning to work after being healed: those relating the aforementioned Leo, Walter, the builder, and Walter, the cleric. After praying to the Bisceglie saints that his arm would regain its strength to allow him to practise his craft, the miracle recounts that Leo obtained what he sought, while Walter recognised his health had been returned as he was once again able to sew.⁸⁴ The builder Walter, who was struggling to complete his work due to an injured arm, is described by the miracle account as being able to lift stones and continue constructing the building after he was healed.⁸⁵ In each of these miracles the focus is on their regained ability to work to demonstrate the effectiveness of the healing by the saint. This description of the healing within the framework of the productive role of lay urban men reflects the terms in which they expressed their pain.

⁸³ Phillipp Schofield, 'Approaching Poverty in the Medieval Countryside', in *Poverty and Prosperity in the Middle Ages and the Renaissance*, ed. by C. Kosso and A. Scott (Turnhout: Brepols, 2013), pp. 95-112 (pp. 103-107).

⁸⁴ 'Profectus ad sancta corpora, humiliter lacrymis petit suffragia; quod postulabat, obtinet; sanus efficitur; ex assueti laboris studio quod noverat, perficit; gratias refert innumeras Salvatori', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 365 (A17).

⁸⁵ *Vita S. Guilielmi*, p. 30.

Other miracles which relate the healing of men, whose occupations are not stated or drawn attention to, reveal a simultaneous overlapping community which expressed the experience of pain differently. Instead of describing the pain in terms of the affect it had on their ability to work, these emphasised the magnitude of the pain they were experiencing. Desigijs, unable to use his legs due to severe pain, sought the help of Nicholas of Trani and the help of the Bisceglie saints was entreated by a man suffering great pain from a small fever.⁸⁶ Other miracles that also emphasise the severity of pain include the account of Berlengarius's experience (this can be seen above at the beginning of section 3.1); the German who travelled to Taranto to entreat Cataldus as he was suffering from an unheard of and most painful suffering; and Urgo, a Norman by birth, who had been contracted by arthritic pain to such a degree that he was unable to move his hands or walk.⁸⁷ Whilst there is the occasional reference in the miracles to a woman enduring great pain, such as Alva who was overcome with great pain, they are not as numerous nor as frequent as the ones found in the miracles relating to male supplicants.⁸⁸

In contrast to the descriptions of the male supplicant's experience of pain, the accounts of female supplicants emphasise the duration for which it had been suffered. This demonstrates yet another co-existing community that had its own norms and frameworks for expressing pain. Most of the miracles make reference to the length of time the condition had been endured by the supplicant. Some

⁸⁶ 'cuius membra sedulo cruciatu detenta', Adelferius, *Vita Nicolai Peregrini*, p. 156 (D6); 'Quidam ex minori emirideo immensum capitis tolerabat dolorem', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 363 (A4).

⁸⁷ 'Vir quidam, Ugo nomine, Normandus genere, adeo fuerat doloris artetici constrictione contractus, quod longo tempore nec manus ad usum palpandi, nec pedes ad officium ambulandi movere valuerit', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 364 (A12).

⁸⁸ 'doloris nimietate fatigata', Adelferius, *Vita Nicolai Peregrini*, p. 156 (D3).

miracles use adverbs such as *diutius* or adjectives such as *diutinus* to indicate the passage of time. A woman sought the help of the Bisceglie saints after she had been suffering from the continuous flow of blood for a long-time.⁸⁹ However most of the miracles provide clear and specific statements as to how long the supplicant had endured the condition. The woman who fell from her mule, while on her way to Polignano, had suffered for seven years before she petitioned Cataldus, while another woman was only brought by her sister to the tomb of Cataldus after she had been crippled for eighteen years.⁹⁰ Similarly Gemma who sought the help of Nicholas of Trani has been unable to move her limbs for four years, and a woman who sought the help of Mennas had been harassed by a burning fever for four months.⁹¹

A further subset of the Christian community that had its own norms and accepted ways of displaying or performing pain, and is clearly visible in the southern Italian miracles, is the monastic community at Cava. As noted earlier in this chapter, the miracles relating to the healing of monks from Cava are the only ones to employ the verb *cruciare* to describe the infliction of pain upon the supplicant.⁹² Cioffus began to suffer great pain in his teeth, John of Ginosa suffered in great pain and Arborius suffered from a most painful and continuous

⁸⁹ ‘Mulier Vigiliensis exstat, quae diu fluxum sanguinis passa’, *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 369 (A32). Please see Luke 8:43-48 for the biblical *topos* in which the woman was suffering for twelve years.

⁹⁰ ‘Hac siquidem durissima passione septennio fatigata’, *Historia di S. Cataldi*, p. 572 (B23); ‘Sanctimonialis quaedam de Mutula, cujus soror annis decem et octo paralysis aegritudine graviter laborabat’, *Historia di S. Cataldi*, p. 570 (B8).

⁹¹ ‘Hoc itaque gesto, mulier quaedam, cuius vocabulum erat Gemina, infirmitatis magnitudine enervate, quatuor annorum cursu membrorum officio ita erat destituta’, Adelferius, *Vita Nicolai Peregrini*, p. 158 (D13); ‘In eadem civitate erat cuidam militia filia quae iam per quator circiter menses fibre ardentissima vexabatur’, *Miracula S. Mennatis*, p. 29 (C2).

⁹² See above section 4.1 A Bodily and Emotional Experience.

pain in his side.⁹³ The word choice, with its obvious connotations of the suffering of Christ, to describe their experience of pain, reflects their contemporary religious belief of the redemptive power of pain. Although these beliefs would have been widespread through the Christian community, they would, presumably, have been stronger and more dominant within the monastic community. These differences in how the individual sub-sections of the southern Italian community choose to express their pain suggest further work in this would be welcome.

3.3 Conclusions

Pain is a subjective, personal and private experience that is unique to each person. However, it is also one that is often shared publicly with others using shared gestures and expressions. Research has demonstrated that the experience and expression of pain is contextual as background, culture, gender and age, among a number of other factors, can influenced how it is performed.

Details in the miracles analysed above demonstrate that pain was understood to be holistic. It was both a bodily and psychological experience in medieval southern Italy. The physical sensations were often identified using the term *dolor*. Although this can refer to both physical and emotional suffering the inclusion of a bodily location identified the physical nature of the pain. Other miracles used medical terminology, which often carried with it the association of pain, to identify the physical nature of the suffering. However, the somatic sensations were only one aspect of the experience of pain. The miracles also demonstrate the psychological suffering that often accompanied supplicants'

⁹³ Cioffus: 'intolerabili dolore dentium cepit cruciari', *VQPA*, p. 11; John of Ginosola: 'magnis doloribus cruciabatur', *VQPA*, p. 31; Arborius: 'sine intermissione dolore lateris cruciaretur', *VQPA*, p. 33.

conditions. Many of the sufferers are described as despairing for their health or enduring emotional turmoil as they endured their conditions. This demonstrates the understanding of the dualistic nature of pain; however, the physical and psychological aspects could be experienced together or alone.

A close examination of the understanding of pain and how it affected an individual's health reveals similarities with how demons were believed to affect individuals. Understood as an external entity, it was seen to be inflicted, unwanted, upon an individual. Although it could accompany a condition as a symptom, it could also be a condition which needed treatment in its own right.

The expression of pain has been demonstrated to be closely linked to an individual's identity, values and ideals, which were often shared with a close group. Within such an emotional community, individuals expressed and described their experiences within the cultural frameworks that were important in demonstrating the values and ideas of their community. The working men of Apulia, for example, chose to frame their description of the pain they were experiencing through their productive role in society. In the descriptions of their conditions they emphasised their pain by focusing on how they were unable to work and provide the necessities of life due to their conditions. They then continued their account within this framework by clearly stating that the cure had allowed them to return to work. Although this is only one sub-set of the Norman Italian community, it demonstrates how different sub-sets framed and expressed their pain differently depending on the frameworks available.

Chapter 4: Network of Care

This final chapter directly tackles the last two points on Porter's research agenda: first, it looks at the role of family in caring for the sick, and second, it looks beyond the cure-provider as the agent of primary care.¹ *Miracula* abound with narratives detailing the suffering of supplicants and often their futile attempts at healing, before finally entreating the saint and recovering their health. A number of studies have used these sources to examine the healthcare choices available and have started to widen the understanding and acceptance of a pluralistic 'medical marketplace'. However, the research has often been on the late Middle Ages and focus has often been on the cure-providers such as the doctor, the saint or other individuals who were concerned with curing the sick; there has been less focus on the care provided to the supplicants.²

The wider network of care, those who cared for the sick before they engaged with a cure-provider, and who were often family members, has recently attracted attention from some scholars. Sharon Farmer employed the miracle narratives presented to the canonization inquest in 1282-83 of St Louis at St-Denis to examine the support networks surrounding the poor, particularly the poor women, of Paris. She demonstrated the importance of informal and noninstitutional support, often given by immediate and extended family, neighbours and even employers, in caring and sustaining women with long-lasting

¹ Porter, 'The Patient's View', p. 194.

² Archambeau, 'Healing Options during the Plague'; Archambeau, 'Miracle Mediators as Healing Practitioners'; Siraisi, *Medieval and Early Renaissance Medicine*; McVaugh, *Medicine before the Plague*.

disabilities.³ Peregrine Horden has also considered how horizontal relationships between households, kin groups and neighbours functioned as support networks, particularly amongst poorer communities. Like Farmer he emphasised the role of women in these networks and demonstrated the importance of these informal structures. However, he also showed the limits of such support and demonstrated instances of breakdown in informal care. With the providers of such care and support often poor themselves and such networks small and fragile they were often unable to sustain extra burdens long-term.⁴

Other scholars such as Anne Bailey and Leigh Ann Craig have looked the ancillary care provided by companions who accompanied or took ailing individuals to the shrine of a saint. A particular focus of these studies has been on the individuals who accompanied women and children, and the insights this has provided on the care of children and the limitations and possibilities of female travel at this time.⁵ Building on this work, this chapter will focus on the support

³ Sharon Farmer, *Surviving Poverty in Medieval Paris. Gender, Ideology, and the Daily Lives of the Poor* (Ithaca: Cornell University Press, 2002), see especially chapter 5; Sharon Farmer, 'Down and Out and Female in Thirteenth-Century Paris', *American Historical Review*, 103 (1998), 345-72.

⁴ Peregrine Horden, 'Family History and Hospital History in the Middle Ages', in *Living in the City (14th-20th Centuries)*, ed. by E. Sonnino (Rome: Casa Editrice Università La Sapienza, 2004), pp. 255-282.

⁵ Anne 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; Anne Bailey, 'Women Pilgrims and their Travelling Companions in Twelfth-Century England', *Viator*, 46 (2015), 115-134; Craig, *Wandering Women and Holy Matrons*; Sari Katajala-Peltomaa, 'Parental Roles in the Canonisation Process of Saint Nicola of Tolentino and Saint Thomas Cantilupe', in *Hoping for Continuity: Childhood, Education and Death in Antiquity and the Middle Ages*, ed. by Katariina Mustakallio, Jussi Janska, Hanna-Leena Sainio and Ville Vuolanto (Rome: Institutum Romanum Finlandiae, 2005), pp. 145-55; Sari Katajala-Peltomaa, 'Gender, Networks and Collaboration: Pilgrimages in Fourteenth-Century Canonization Processes', in *De Amicitia: Friendship and Social Networks in Antiquity and the Middle Ages*, ed. by Katariina Mustakallio and Christian Krötzl (Rome: Institutum Romanum Finlandiae, 2009), pp. 231-243; Sari Katajala-Peltomaa, *Gender, Miracles and Daily Life: The Evidence of Fourteenth-Century Canonization Processes* (Turnhout: Brepols, 2009); Christian Krötzl, 'Parent-Child Relations in Medieval Scandinavia According to Scandinavian Miracle Collections', *Scandinavian Journal of History*, 14 (1989), 21-37; Kathleen Quirk, 'Men, Women and Miracles in Normandy, 1050-1150', in *Medieval Memories: Men, Women and the Past, 700-1300*, ed. by Elisabeth van Houts (Harlow: Pearson Education, 2001), pp. 53-71.

networks available to individuals in southern Italy to learn more about the numbers and identities of those who provided help to ailing individuals, the role they played and the relationship between the sufferer and the carer.

Early histories of healthcare providers, often influenced by the authors' own experiences of modern medical structures and hierarchies, tended to focus on trained medical practitioners. These studies, mainly focused on the later medieval period, describe the formation of a professional medical organisation as licensing and qualifications started to be introduced throughout Western Europe. The existence of such an organisation implies that an informal hierarchy was imposed on practitioners in which university graduates formed the apex, followed by other skilled medical practitioners, then by surgeons, apothecaries and then finally at the base were the barber-surgeons, bloodletters and other healers, such as herbalists.⁶ The assizes of Roger II, thought to have been promulgated in the 1140s, which required anyone wishing to be a physician to be examined by royal judges and officials, are among the earliest of such initiatives.⁷ The proliferation of the trained 'medical' professionals in societies was frequently tracked through the various identifiers, such as *medicus*, *physicus* and *cirurgicus*, used to describe medical practitioners, and the success of a hospital; that is to say if it could be considered a hospital by modern definitions as opposed to a place of care, was also often measured by the number of trained personnel available, the number of beds, etc.⁸ However, this preoccupation and fixation with trained medical personnel in earlier centuries is only reaffirming the hierarchies of value

⁶ Siraisi, *Medieval and Early Renaissance Medicine*, pp. 17-20.

⁷ *Roger II and the Creation of the Kingdom of Sicily*, p. 327.

⁸ Peregrine Horden, 'A Discipline of Relevance: The Historiography of the Later Medieval Hospital', *Social History of Medicine*, 1 (1988), 359-74 (p. 367).

created by the physicians themselves.⁹ These histories do not adequately describe the full landscape of healthcare in the Middle Ages.

The focus on the higher echelons of care in these earlier studies often led to the exclusion of other healers who were practising in society. Green has pointed out that such healers probably included empirics and any other individuals who were practising on the fringes of learned society such as most female practitioners.¹⁰ However, historians in the 1980s and 1990s started to widen their attention beyond the top of the hierarchy and broadened their definition of a medical practitioner to understand more about the healthcare options available in the early-modern period. Using Pelling and Webster's working definition of 'any individual whose occupation is basically concerned with the sick', several historians have successfully demonstrated the wide variety of healers that were available to be consulted.¹¹ Not only have they illuminated a range of practitioners, many of whom had been overlooked by the focus on 'medical' practitioners, but they have also shown the overall healthcare landscape to be less hierarchical.¹² Horden has demonstrated that in earlier societies the 'hierarchy of resort' was not pre-determined, but chosen by the individual based on their own criteria.¹³

⁹ Mary E. Fissell, 'Introduction: Women, Health, and Healing in Early Modern Europe', *Bulletin of the History of Medicine*, 82 (2008), 1-17 (p. 1).

¹⁰ Monica Green, 'Women's Medical Practice and Health Care in Medieval Europe', *Signs*, 14 (1989), 434-473 (pp. 444-445).

¹¹ Margaret Pelling and Charles Webster, 'Medical Practitioners', in *Health, Medicine and Mortality in the Sixteenth Century*, ed. by Charles Webster (Cambridge: Cambridge University Press, 1979), pp. 165-235, (p. 166).

¹² Cavallo, *Artisans of the Body*; Gentilcore, *Medical Charlatanism in Early Modern*; Pelling, *The Common Lot*.

¹³ Horden, 'Saints and Doctors', pp. 12-13.

Despite the increased understanding of the range of practitioners available in pre-modern Europe from the broadening of the definition, there are two structural problems with the quantitative approach of such prosopographical studies. Firstly, such surveys only take into consideration individuals who held an occupational title linked to healing, and secondly, women tended to be untraceable in the historical documents used to construct such studies. Women seldom held occupational titles and due to the legal and social structures they are rarely present in documents.¹⁴ In addition, the healing activities of women, which were most probably practised along a continuum originating at home for family members and expanding into the community, would have been invisible in such historical records. Therefore, any caring work practised by women who did not hold an occupational title linked to healing, or any healing activity carried out by women at home is invisible through these studies.¹⁵ Although the focus of existing studies has been on uncovering the actions of women, the same holds true for men; any caring or healing activities performed by men employed in non-medical work is not easily traced.

During the last twenty years, in the aim of uncovering more about healthcare providers in the past, with a particular focus on the role of women, historians have proposed abandoning the customary boundaries of our definition of healing.¹⁶ They have advocated for healing to be seen within a larger

¹⁴ Monica Green, 'Documenting Medieval Women's Medical Practice', in *Practical Medicine from Salerno to the Black Death*, ed. by Luis García-Ballester, Roger French, Jon Arrizabalaga and Andrew Cunningham (Cambridge: Cambridge University Press, 1994), pp. 322-352 (pp. 325-342).

¹⁵ 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.

¹⁶ Montserrat Cabré, 'From a Master to a Laywoman: A Feminine Manual of Self-Help', *Dynamis*, 20 (2000), 371-93; Monica Green, 'Bodies, Gender, Health, Disease: Recent Work on Medieval Women's Medicine', *Studies in Medieval and Renaissance History*, 3rd ser., 2 (2005), 1-46; Fissell, 'Introduction: Women, Health, and Healing'.

framework of bodywork in an approach known as the ‘technology of the body’. By extending the traditional categories of healing and medicine to include practices focused on intervening with the working of the body, these historians have revealed a range of practitioners devoted to maintaining and restoring the health of a body. This approach reflects the medieval medical theory of health and recognises the primary place of the non-naturals in such historical understandings and the equal emphasis that was placed on maintaining and restoring wellbeing. Montserrat Cabré, looking at late medieval Iberia, has demonstrated how many of the ordinary actions of women within the domestic sphere can, within the theoretical framework of the ‘six non-natural things’, be included within the scope of healthcare as they aimed to promote health.¹⁷

Such an approach not only allows us to consider healthcare practitioners from a historical understanding of health, but it also allows us to see beyond the cure-provider. The medicalisation of treatment and the increased focus on hospital medicine during the modern period has often eclipsed the care of individuals that took place at home, often by family members. Therefore, by extending our understanding of healthcare to include caring for the sick, it is possible for us to take a step back and see more of the actors involved in an incident of sickness. It allows us to start at the bedside, understand the role of family and friends, and remove the modern care/cure dichotomy.

Today the term ‘cure’ is generally understood to be a verb that describes the process that heals and restores health or as a noun to identify a successful medical treatment.¹⁸ The etymology of the word cure is *curo*, *curare*, *curavi*,

¹⁷ Cabré, ‘Women or Healers?’.

¹⁸ *cure*, OED Online [accessed 15 March 2020].

curatus: the Latin verb meaning broadly to ‘care for’ but also specifically ‘cure of souls; religious guidance’.¹⁹ The cure, or care, of souls is the duty of priests to attend to the spiritual wellbeing of their congregation, demonstrating not only the role of caring in curing but also the religious connotations. Within the medieval holistic understanding of health, in which spiritual health was understood to influence bodily health, the religious care identified by *cura* was intimately linked to both preserving wellbeing and restoring health, both spiritual and physical. Therefore the opposition of care and cure is a modern distinction, one which has often led to the subordination of nursing to doctoring and clouded our view of caring in the past.²⁰ Influenced by our modern experiences it has ensured that caring activities, both physical and spiritual, have been discounted in histories of medicine. However, by broadening our understanding of healthcare to include caring alongside curing we can learn more about the individuals, beyond occupational titles, involved in healthcare and further our understanding of the illness experience in the past.

In addition to loosening our customary definitions of healing, it is also productive to abandon our modern definitions of health and adopt the medieval medical theories to learn more about healthcare providers in the past and the roles they played. The religious connotations of *cura* demonstrates the importance of understanding healthcare strategies and practices in line with a historical understanding of health. Several historians have demonstrated the fruitfulness of this approach. Horden has examined the idea of medicine without doctors to show

¹⁹ *cura*, Niermeyer, *Mediae Latinitati*, p. 287.

²⁰ Horden, ‘A Discipline of Relevance’, 359-74; Linda Treiber and Jackie Jones, ‘The Care/Cure Dichotomy: Nursing’s Struggle with Dualism’, *Health Sociology Review*, 24 (2015), 152-162.

how spiritual medicine could affect emotions, which as one of the non-naturals could influence bodily health.²¹ With this approach, religious officials can be recognised as healthcare providers offering spiritual medicine. Carole Rawcliffe has shown the importance of hospital gardens in producing delight and cheerfulness in individuals and the importance of scent, Nicole Archambeau has pointed out the use of objects, such as relics, in healing and considered how the religious officials who handled such objects would have needed knowledge and skill to secure healing, and it was demonstrated earlier how Amandus, Bishop of Bisceglie, used his narrative didactically to promote devout behaviour amongst his congregation and attend to the health of their soul.²²

Therefore, in adopting an understanding of the symbiotic relationship of bodily and spiritual health, and by approaching the sources from the concept of care, it is possible to learn more about healthcare practitioners in past societies. By removing the focus from the main protagonists (the supplicant and the saint) in the miracle narratives, we can learn more about the ancillary characters who attended to the sick, such as the community members who brought demoniacs to the shrines for the intervention of the saint. It is these individuals that this chapter will focus on, however consideration will also be given to the other healers visible in the *miracula* to fully understand the network of care that was available to individuals in southern Italy.

The nine collections that this study has drawn on collectively provide a sample of 142 healing incidents, in which 67 carers are mentioned. In this study

²¹ Horden, 'A Non-Natural Environment'; Horden, 'Religion as Medicine'.

²² Carole Rawcliffe, "'Delectable Sights and Fragrant Smelles": Gardens and Health in Late Medieval and Early Modern England', *Garden History*, 36 (2008), 3-21; Archambeau, 'Miracle Mediators as Healing Practitioners'.

carers are defined as the individuals and collective groups such as neighbours who provide and support an individual while they are ill, while the sufferer is the individual who required help and support during a period of ill-health.²³

	<i>Adelferius, Vita Nicolai Peregrini</i>	<i>Amandus, Translatio Nicolai Peregrini</i>	<i>Historia di S. Cataldi</i>	<i>Historia di SS. Mauri, Pantaleonis et Sergii</i>	<i>Miracula S. Mennatis</i>	<i>Translatio Eleutherii, Pontiani et Anastasii</i>	<i>Vita S. Guilelmi</i>	<i>Vita S. Joannis</i>	<i>VQPA</i>	Total
No reference to carers	8	5	10	27	7	8	3	1	9	78
Implied carers	5	2	2	1	0	3	0	0	0	13
Parents	0	0	10	7	3	1	2	1	0	24
Spouse	0	0	0	2	0	0	1	0	0	3
Other relatives	0	1	4	1	0	0	1	3	0	10
Friends, neighbours, religious community	0	1	8	6	0	0	0	0	2	17
Total	13	9	34	44	10	12	7	4	11	

Table 10: Individuals depicted as caring for the miracle beneficiary (some miracle beneficiaries were cared for by individuals from more than one group)

Before exploring the care available in the twelfth century, it is worth pausing to consider the inherent limitations of the miracle narratives. As discussed

²³ Please see below for a more detailed discussion about how each category was identified – the terms used, etc.

earlier, how the accounts were recorded and the inclusion of details was dependent on the individual author's will, which was influenced by hagiographical conventions, and contextual needs as well as the cultural and social influences. Some of the authors of the *miracula* recorded the presence of carers more comprehensively than others: some identify the relationship between the sufferer and the carer, while others merely imply the sufferer was helped by someone. For example, Amandus and Berlangarius, in the miracle collections of the Bisceglie saints and Cataldus of Taranto respectively, paid particular attention to carers and as such recorded more information about their identity and role. It is possible to suggest that this interest was due to the individual authors.

Berlangarius is thought to have been a lay man so was perhaps more attuned to such details, while Amandus was an active bishop of a small diocese and deeply involved with and a part of his community. However, a comparison between the interest in carers and records of their actions in the two collections (*Inventio, translationes et miracula SS. Mauri, Pantaleonis et Sergii* and *In translatione Sancti Nicolai Peregrini Confessoris Legenda*) written by Amandus demonstrates the inclusion of such detail was also inextricably linked to the motive for writing the collection. The first collection he wrote, in celebration of Nicholas of Trani, was aimed at attracting passing pilgrim traffic to the local shrine. As such the account contained few healing miracles with only a handful of brief references to carers. In contrast, his second collection, for the Bisceglie saints, which includes a number of descriptions of carers, was aimed at the local community to establish a local healing centre and to educate the community in how spiritual health ensured and promoted physical health.

An awareness of the terminology employed by the author should be noted. The ‘ages of man’ was a concept inherited from antiquity in which an individual’s life, from infancy to old age, was divided into different stages. Commonly used throughout the Middle Ages, it had originated with the work of Aristotle which had divided life into three stages: youth, maturity and old age.²⁴ Other classical works had suggested different versions, such as the seven ages; however, by the twelfth century, the six-age model, standardised by Isidore of Seville during the seventh century was well established and the most referred to. His definitions outlined in his *Etymologiae* XI. ii provided conceptual terms of reference for the next eight hundred years.²⁵ Book eleven of his encyclopaedia identified the following six stages of life: *infantia*, *pueritia*, *adolescentia*, *juventus*, *seniores* and *senectus*, which Anne Bailey has tentatively equated to the modern concepts of infancy, childhood, adolescence, youth, maturity and old age.²⁶ This work was well established in libraries throughout Europe in the twelfth century. The library of the Abbey of Cava had a very early copy of the *Etymologies* (Cava MS. 2), probably dating to the late eighth century. The manuscript contains nearly the whole of the *Etymologies* (I. x – XX. ii) and its text is part of the Italian family, that has the shorter version.²⁷ There is uncertainty over the origin of the manuscript. Although one of the hands of this manuscript, written in Beneventan

²⁴ A. Bamji, ‘The Catholic Life Cycle’, in *The Ashgate Research Companion to the Counter-Reformation*, ed. by A.E. Bamji, M.R. Laven and G.H. Janssen (Farnham: Ashgate, 2013), pp. 183-201 (pp. 185-88); Deborah Youngs, *The Life Cycle in Western Europe, c.1300-c.1500* (Manchester: Manchester University Press, 2006), p. 20.

²⁵ Michael E. Goodich, *From Birth to Old Age: The Human Life Cycle in Medieval Thought, 1250-1350* (London: University Press of America, 1989), p. 60; *Medieval Life Cycles: Continuity and Change*, ed. by Isabelle Cochelin and Karen Elaine Smyth (Turnhout: Brepols, 2005).

²⁶ Isidore of Seville, *Etymologiarum sive Originum*, ed. by W.M. Lindsay, 2 vols (Oxford: Oxford Press, 1911), II, book XI. ii; Bailey, ‘Wives, Mothers and Widows on Pilgrimage’, pp. 201-2.

²⁷ E.A. Lowe, *Scriptura Beneventan: Facsimiles of South Italian and Dalmatian Manuscripts from the Sixth to the Fourteenth Centuries*, 2 vols (Oxford: Clarendon Press, 1929), entry X; Sergio, *La comunicazione visiva*, pp. 44-53.

minuscule, is strikingly similar to a hand in Paris Lat. 7530, known to have been written in Montecassino, there are slight differences in the calendars, found in the two manuscripts (Cava MS. 2 and Paris Lat. 7530). These include the dedication of a church in Benevento, which make it unlikely Montecassino was the place of origin.²⁸ Although it is unknown how and when the manuscript transferred to the ownership of Cava, it cannot have been before the eleventh century, as the foundation of Cava dates to c. 1020. Therefore, Isidore of Seville's *Etymologies*, and the knowledge within, appears to have been circulating within southern Italy during the eleventh century, suggesting it is probable that the authors of the miracles would have been familiar with it.

The ages of six miracle beneficiaries can be firmly established to identify them as children: their ages are recorded as between one and twelve.²⁹ However, twenty-six miracles use the indeterminate age terms *puer*, *filium*, *puella*, *filia* and *adolescens* to identify the miracle beneficiaries. The proportion of children and adolescents healed by the Italian saints, 38 in the total 142 healing incidents, or 27%, is slightly higher than the number of children Eleanora Gordon found were healed by five English saints. Gordon's study found 216 children and adolescents were the miracle beneficiaries in 1067 health-related miracles, or 20%.³⁰ In one of the miracles ascribed to the Bisceglie saints, the infancy of the child can be

²⁸ *Codices Latini Antiquiores: A Palaeographical Guide to Latin Manuscripts Prior to the Ninth Century*, ed. by E.A. Lowe, 11 vols (Oxford: Clarendon Press, 1934-1971), III (1938), entry 284, p. 3.

²⁹ 'Quidam de castello Massafrae, habens filium puerum trienni'; 'Quidam de Bullita, habens filium duodennem'; 'Quidam de Tarento, Dominicus nomine, habens septennem filium'; 'In Barsenti viculo mulier quaedam erat, quae anni unius filium habebat'; 'pulchrum habebant filium et decorum, jam triennium pertingentem', *Historia di S. Cataldi*, p. 570 (B6, B11); 572 (B26, B28); 573 (B32); 'Quidam puer quinquennis apud Juvenatium', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 365 (A18).

³⁰ Eleanora C. Gordon, 'Child Health in the Middle Ages as Seen in the Miracles of Five English Saints, a.d. 1150-1220', *Bulletin of the History of Medicine*, 60 (1986), 502-522 (p. 506).

inferred from additional details within the narrative. A little boy had grown weak as his mother, suffering from an incessant fever, was unable to produce breast milk. After entreating the saints on his behalf, he was restored to health. However, the mother, failing to beseech the help of the saints for her own health, continued to worry about being unable to provide milk for her son and being forced to entrust her son into another's care. The focus on the necessity of milk indicates the boy is still breast-feeding, suggesting an age up to two or three years.³¹ Unfortunately details such as these are rare.

The remaining miracles include no indication of the age of the child. The girls are referred to as *puellae*, while the boys are referred to as *pueri*. It is tempting to surmise that the use of this terminology indicates an identification with Isidore's ages-of-man stage *pueritia* (childhood) with *puella* identifying a girl between the ages seven to twelve and *puer* identifying a boy between the ages of seven and fourteen.³² However, the use of these terms by the authors should be considered with caution as *puella* could be used to denote a dependent woman such as a serving girl or an unmarried woman of any age, while *puer* could similarly refer to an adult male servant and additionally could be used to refer to both a boy or a girl.³³ A number of miracles record boys (*puer*) and girls (*puella*) who travelled to the shrine and entreated the help of the saint alone, suggesting they did not fall into the 'childhood' category. A girl from Canosa, for example, with a deformed foot and struggling to walk, visited the church in Bisceglie (c. 45km).³⁴ A boy, called Urso, asked for the help of Nicolas of Trani as his arms had contracted against his chest

³¹ *Historia di SS. Mauri, Pantaleonis et Sergii*, pp. 366-7 (A23).

³² Goodich, *From Birth to Old Age*, p. 89; Shulamith Shahar, *Childhood in the Middle Ages* (London, Routledge, 1990), pp. 24-25.

³³ Anne Bailey, 'Wives, Mothers and Widows', p. 202.

³⁴ *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 370 (A40).

and when it was granted he hurried to the saint's shrine to give thanks alone.³⁵ In addition, Didier Lett's work on generations and age difference in families has demonstrated the complexity with age, relationships and authority in the Middle Ages, therefore although the relationship between the miracle beneficiary and the carer can often be established, we must be careful to not assume the age of the supplicant e.g. in a parent-child or sibling relationship.³⁶

Juvenis was a term often used by medieval authors to describe young adult men who were no longer children and had passed through the educational processes and the military preparations. It is identified as distinctive to an *adolescens*, which was used to describe boys who were beyond childhood, over the age of fifteen, but were still completing their training and preparations for vocations appropriate to their stations.³⁷ The southern Italian miracles demonstrate this distinction between these two life-stages. The term *adolescens* is used by Berlangarius and Adelferius to describes young men seeking the help of the saint, and in each case the sufferer is depicted as being accompanied by a carer, often their parents. This dependence on their parents, demonstrating they have not yet reached full adulthood, is reinforced by the petition to the saint, which is often done by the parent on their behalf. For instance, a young man suffering from a contraction of his whole body was brought to the tomb of Cataldus by his parents, who visited the tomb annually to entreat the saint for their son's health.³⁸ Similarly another young man, also suffering from a contraction, was placed near

³⁵ Adelferius, *Vita Nicolai Peregrini*, p. 158 (D12).

³⁶ Didier Lett, 'Adult Brothers and Juvenile Uncles: Generations and Age Differences in Families at the End of the Middle Ages', *History of the Family*, 6 (2001), 391-400.

³⁷ Georges Duby, *The Chivalrous Society*, trans. by Cynthia Postan (London: University of California Press), p.112.

³⁸ *Historia di S. Cataldi*, p. 569 (B4).

the body of Nicholas of Trani in hope of a cure.³⁹ This is in contrast to the three *juvenes* describe by Amandus as entreating the help of the Bisceglie saints independently. In each case, even the case of the demoniac, the young adult is depicted as travelling alone to the shrine and petitioning the saint himself.⁴⁰

4.1 Unidentified Carers

Thirteen miracles indicate the presence of a carer in supporting someone suffering ill-health but offer little detail to establish the identity of the individual. The presence and the help provided is often demonstrated through the use of the passive form of a verb suggestive of help with the miracle beneficiary being the subject. Amandus records how a blind girl from Giovinazzo ‘was led and drawn to the holy relics’ of the Bisceglie saints so she could pray for a cure.⁴¹ While Adelferius related how Mary, a woman from Terlizzi, was ‘carried in a basket’, as her condition prevented her from sitting on a donkey, and was ‘brought to the holy tomb’ of Nicholas of Trani.⁴² In each of the thirteen accounts, the carer accompanied the sufferer to the shrine of the saint they wished to petition and, in some cases, they are also recorded as ensuring the sufferer reached the appropriate place in the church to petition the saint. A man from Corato ‘was led between the crowds of people before the altar of the Confessor of Christ’ while a woman named Alva ‘was laid beside the saint’.⁴³ Therefore not only was the role of these unidentified carers to help the sufferer reach the intended destination, the saint’s shrine, but, in some

³⁹ Adelferius, *Vita Nicolai Peregrini*, p. 156 (D5).

⁴⁰ *Historia di SS. Mauri, Pantaleonis et Sergii*, pp. 364, 367, 369 (A13, A25, A29). See Chapter 2 for a more detailed analysis of the miracle concerning the demoniac.

⁴¹ ‘ducitur, trahitur ad sacras reliquias’, *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 364 (A11).

⁴² ‘ad sanctum deducitur tumulum’, ‘in cophino ad instar globi allata est’, Adelferius, *Vita Nicolai Peregrini*, p. 157 (D8).

⁴³ ‘Quidam Cornitanus, inter populi frequentiam ante aram Christi confessoris est ductus’, Amandus, *Translatio Nicolai Peregrini*, p. 166 (E2); ‘Cumque ad ecclesiam ducta super sanctum fuisset effusa’, Adelferius, *Vita Nicolai Peregrini*, p. 156 (D3).

cases, they also ensured the sufferer was appropriately and correctly placed to successfully entreat the saint.

In a number of the miracles, the details recorded makes it highly likely that the miracle beneficiaries were accompanied to the shrine and cared for, despite a carer not being mentioned. One of the miracles attributed to the saints of Troia recounts how a baby boy (*infantulus*) was healed through their help.⁴⁴ Although the infancy of the age strongly suggests that he would have been brought by someone in the hope the saints would help him, there is no reference to them in the account. Similarly, a girl from Ruvo, unable to move anything below her shoulders appears to have travelled alone to Trani to entreat the help of Nicholas; however, the degree of infirmity suggests she could not travel alone.⁴⁵

4.2 Parents as Carers

There are twenty-four instances in which the parents (the mother, father or both of them) are recorded as providing care for their children. Only the collections pertaining to Nicholas of Trani (by both Adelferius and Amandus) and the lives of the four Abbots of Cava do not record the care of children by their parents. It is plausible to suggest that the absence of parental carers identified by the authors of these collections is because of the motive for writing the collection. Peter II, Abbot of Venosa, wrote the Cava text for the internal monastic audience with the intention of commemorating the founders, as such the inclusion of parental carers would be irrelevant to the purpose of the text. Similarly, the description of carers, including the identification of parents, was not pertinent to the aims of the authors of the texts

⁴⁴ 'Eodem itaque tempore ac die quidam infantulus de civitate Troiana idemque Grimaldus appellatus, qui manum adeo contractam habens', *Translatio Eleutherii, Pontiani et Anastasii*, p. 425.

⁴⁵ Amandus, *Translatio Nicolai Peregrini*, p. 167 (E8).

concerning Nicholas of Trani: Adelferius' collection was intended for Pope Urban II to secure the saint's canonisation and Amandus' collection hoped to attract the passing crusaders.⁴⁶

The other *miracula* all record actions undertaken by parents to identify and secure the health of their children. Such actions included: identifying an appropriate avenue of care; undertaking a pilgrimage to entreat the help of the saint; travelling to the shrine to report and give thanks for a miraculous cure; fulfilling a vow made to the saint; and caring for their child at home. Throughout the narratives the shared responsibility of the parents in caring for their children by seeking, securing and giving appropriate thanks for their health is demonstrated. An examination of the emotions the parents are recorded as experiencing, alongside the lengths they are described as taking to maintain and restore their child's health, demonstrates the responsibility and love they both felt towards their children. These findings add further evidence to the well-established argument refuting Philippe Ariès' suggestion that during the Middle Ages childhood was not a distinct life-stage and that parents felt no tenderness toward their children.⁴⁷

There are fifteen miracles in which solely one parent sought a cure for their child (see table 11). In the majority of these cases, the relationship between the sufferer and the carer is established through the recipient being identified as the son or daughter (*filius/filia* respectively) of the carer. For example there was a daughter of the knight who, having suffered from a fever for four months, was brought to the shrine of Mennas by her father, or the man who brought his blind three-year-old

⁴⁶ See Chapter 1 for a more detailed discussion.

⁴⁷ Philippe Ariès, *Centuries of Childhood: A Social History of Family* trans. by Robert Baldick (New York: Vintage Books, 1962); Barbara A. Hanawalt, 'Medievalists and the Study of Childhood', *Speculum*, 77 (2002), 440-460.

son to Taranto on the evening before the translation of Cataldus.⁴⁸ Occasionally ‘mother’ and ‘father’ are used as an identification tag, however, this is rarely the primary means of identification, it is normally only used within the narrative once the relationship has been established previously. There are eight miracles in which the shared engagement of the parents with the saint on the behalf of their child is revealed. In these accounts the parents are always identified as *parentes*, such as when the parents of a girl decided to travel from Brindisi to Taranto to petition the help of Cataldus for their blind daughter.⁴⁹

	Mother	Father	Both	Total
Daughter	1	4	4	9
Son	8	2	4	14
Total	9	6	8	

Table 11: Children accompanied by parents

Over the last thirty-five years scholars have increasingly utilised *miracula* to learn more about medieval childcare and the experience of childhood. The findings have, consistently, demonstrated that a high proportion of boys are recorded as having been taken to curative shrines by their parents in search of a remedy. It has been suggested that this unequal ratio is illustrative of a higher rate of accidents among boys than girl, which is inexplicably the same today, and a possible

⁴⁸ ‘In eadem civitate erat cuidam militia filia que iam per quatuor circiter menses fibre ardentissima vexabatur. Fide igitur maxima fidens detulit febricitantem filiam ad sancti viri basilicam’, *Miracula S. Mennatis*, p. 477 (C2); ‘Quidam de castello Massafrae, habens filium puerum trienni caecitate percussum, ipsum detulit ut interesset solenniis Confessoris’, *Historia di S. Cataldi*, p. 570 (B6).

⁴⁹ ‘Puella quaedam de Brundusio..... Tandem de salute filiae parentes penitus desperati’, *Historia di S. Cataldi*, p. 571 (B14).

parental bias.⁵⁰ Further work by Sari Katajala-Peltomaa, which considered the canonization processes from England and northern Italy in the fourteenth century, has demonstrated differences in parental roles in the practices and rites of invocation in the different regions of Europe. In England the invocation appears to have been a familial role, with both mother and father playing an equal role, and occasionally involving the neighbours. In contrast the invocation of Nicholas of Tolentino was a private act as the mother personally engaged with the saint alone on behalf of her child, an act which can be seen as an extension of her feminine duty to provide and care for her children.⁵¹

The patterns of parental care in the southern Italian miracles (see table 11) appear to support the findings of previous works on medieval childcare: a higher proportion of boys were taken to curative shrines in search of a remedy (14 boys were taken to the shrine in contrast to 9 girls), and mothers were more likely to have been the parent who cared for the child. However, a more nuanced examination of the narratives, paying particular attention to the context and the details within, reveals the more pragmatic approach southern Italian parents took to caring for their offspring and the dual nature of the responsibility.

Nine miracles identify the mother as the sole care-giver, and in three of these the mother is depicted as immediately invoking the help of the saint at home when a sudden accident endangers the life of her child. For example, the *miracula* of Cataldus describes how a group of women had gathered at a house to spin and chat,

⁵⁰ R.C. Finucane, *The Rescue of the Innocents: Endangered Children in Medieval Miracles* (New York: St Martin's Press, 1997), pp. 141-42; Gordon, 'Child Health in the Middle Ages', pp. 506-7; Didier Lett, *L'Enfant des Miracles: Enfance et Société au Moyen Âge (XII^e-XIII^e siècle)* (Paris: Aubier, 1997), p. 167.

⁵¹ Katajala-Peltomaa, 'Parental Roles in Canonisation Processes', pp. 146-49.

when a one-year-old boy, the son of one of the women, crawled towards an open fire and fell face first into it. The mother, suddenly realising what had happened, immediately called upon the help of Cataldus and was joined in her petition by the other women.⁵² The other two miracles, recorded in the Bisceglie collection, describe separately the sudden accidents that befell two little boys who, while playing in the street, were trampled by a charging horse. These miracles are all resuscitation miracles: the mother believing her son to be dead immediately calls on the saint to revive him. In each case the invocation is public, in either a public space, such as the street, or a public area of the house, and although there are other people present it is always the mother who initiates the petition. A little boy called Walter, for example, was struck in the face by the hind legs of a horse. Although everyone present believed him to be dead, it was only when his mother heard about the accident that Pantaleone was called upon by her.⁵³ The primary role of the mother in caring for her child in this context demonstrates her role in providing for the children on a daily basis.

However, help was not just sought for unexpected injury; parents often entreated the intercession of the saints for more long-term conditions. Although the chronic conditions of blindness and paralysis are the most common ailments for which help was petitioned, other illnesses such as fever, scrofula and a *gutta fistula* are also among the conditions presented to the saint. In these instances, in which help for a long-term condition was sought and a pilgrimage undertaken, or in the instances in which a pilgrimage of thanksgiving was made, the miracles reveal the dual responsibility of parents towards their children, as mothers, fathers or both

⁵² *Historia di S. Cataldi*, pp. 572-73 (B28).

⁵³ *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 369 (A28).

parents together are depicted as undergoing such journeys with their offspring almost equally. However, a closer look at the miracles in which the geographical origins of the pilgrimage are noted reveals a pragmatic approach to how parental care was handled. The journeys that originated in the immediate vicinity of the area were generally undertaken by one parent. A man from Taranto brought his son, suffering from paralysis in his feet and legs, to the shrine of Cataldus in the same city, and a knight, living in Sant'Agata, brought his feverish daughter to the shrine of Mennas.⁵⁴ In contrast, both parents tended to undertake the journey with the sufferer if the place of origin was outside the surrounding area of the shrine. The noble parents of a girl from Trani travelled to Cataldus' shrine in Taranto to secure her health.⁵⁵ Taranto was also the destination of the parents of a young man from Ostuni who was suffering from a *gutta fistula* in his hand and thumb.⁵⁶

The furthest distance identified in the miracle narrative is the journey between Trani to Taranto, approximately 135km. Given that St Albans to London, approximately 40km, was a day's ride during this period, the pilgrimage between Trani and Taranto could have taken more than three days and would have been a considerable undertaking, particularly with an ill individual.⁵⁷ There is one notable exception to this, a woman from Lombardy travelled on her own with her son, who had become mad, around the shrines of southern Italy, before securing his health through the intervention of Mennas.⁵⁸

⁵⁴ *Historia di S. Cataldi*, p. 572 (B26); *Miracula S. Mennatis*, p. 477 (C2).

⁵⁵ *Historia di S. Cataldi*, p. 573 (B31).

⁵⁶ *Historia di S. Cataldi*, p. 573 (B30).

⁵⁷ James G. Clark, *Monastic Renaissance at St Albans: Thomas Walsingham and his Circle c.1350-1440* (Oxford: Oxford University Press, 2004), p. 36.

⁵⁸ *Miracula S. Mennatis*, p. 476-77 (C1).

In all of the miracles the parents are depicted as entreating the help of the saint on the behalf of their child. They are recorded as either calling upon the saint for immediate help; petitioning for it at the shrine; or invoking their help with a vow to secure health. The children never ask for the help of the saint for themselves. It is possible that this parental role was because the child had not reached the age of discernment: twelve for girls and fourteen for boys. It was believed that children were only able to fully understand transubstantiation and able to confess at this age, therefore it is possible that the vows made to a saint were seen in the same way. Although some work has suggested it was mainly the woman who was responsible for care of children in certain areas of Europe, the southern Italian miracles appear to demonstrate that both the mother and father were involved in the care of their children, and that the primary carer was determined on the context and circumstance rather than the gender of the sufferer or carer.

The shared responsibility for caring for the child and the depth of feeling that parents had for their children is also revealed in the anxiety and concern they are described as experiencing during incidents of ill-health suffered by their children.⁵⁹ The father of a girl suffering from paralysis of her legs and feet brought her to the shrine of Cataldus as he was ‘desperate for the health of his daughter’ and the aforementioned woman who brought her son from Lombardy had ‘endured his long suffering with maternal affection for a long time’.⁶⁰ Other miracles reveal how both of the parents despaired for the health of their child

⁵⁹ Please see Chapter 3 for a more detailed discussion about emotional pain.

⁶⁰ ‘Pater vero de salute filiae desperatus’, *Historia di S. Cataldi*, p. 570 (B11); ‘Mulier quaedam ex Lombardie finibus habebat demente filium; cuius cum diutina passionem materno affectu ex longo iam tempore pertulisset’, *Miracula S. Mennatis*, p. 476-77 (C1).

before bringing them to the saint. The parents of a girl from Brindisi, who had lost her sight after enduring a pain in her head for a long time, were thoroughly desperate for the health of their daughter.⁶¹ These parents had sought the advice of doctors, not an inexpensive option, as had others, before turning to saintly intercession. The concern felt by parents about their child's health, and the various options they tried to ensure it demonstrates the depth of feeling they felt towards them.

4.3 Other Relatives as Carers

In addition to parents, seven other types of relatives are specifically identified as carers in the miracles: husbands, a wife, sisters, brothers, a daughter, a grandmother and a grandfather. Siblings and husbands appear the most frequently and they are always depicted caring for a woman. Mary, for example, paralysed all over, was brought to the shrine of the Bisceglie saints by her husband after he received a vision.⁶² However the care of the spouse appears to be limited to merely accompanying and ensuring the sufferer reached the shrine. Upon reaching the shrine it was the responsibility of the adult sufferer to petition the saint. For example, Nicholas, paralysed from the waist down was brought by his wife on a beast of burden with a votive offering; however, upon reaching the shrine he entreated the help of the saints with prayers.⁶³

Both sisters and brothers are recorded as caring for their female siblings and are often depicted as actively ensuring the cure of their sister. The miracles of

⁶¹ 'Tandem de salute filiae parentes penitus desperati', *Historia di S. Cataldi*, p. 571 (B14).

⁶² 'Visum est ejus viro seminecem conjugem sacris reliquiis sistere', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 365 (A15).

⁶³ 'Huc illuc ab uxore ducitur', 'Inspiratur tandem sanctorum Martyrum nuper inventas reliquias petere', *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 364 (A14).

Cataldus record how a deaf nun from Alessano was brought by her sister to the church after her sister was inspired to bring her in search of a cure. Upon reaching the church the sister showed the deaf nun the tomb and image of the saint and touched her ears, demonstrating to her why they had come and ensuring she understood what she should do. After the hearing of the deaf nun was restored by the saint, both sisters began to give thanks to God and the saint for their help.⁶⁴ Similarly the brother-in-law [?] (*cognatius*) of a widow from Roseto Val Fortore [Foggia], suffering from great pain in her feet, after hearing about the miracles of Cataldus, began to entreat his help on behalf of their sister. The saint, hearing their prayers, appeared in a vision to the sick widow and encouraged her to visit his church to secure her health. Following the saint's advice, the next day the widow travelled to the shrine, where after praying she received her health.⁶⁵ Other miracles record the siblings accompanying their sister to the shrine and entreating the saint together.⁶⁶ The siblings appear to take responsibility for ensuring that the sufferer demonstrated the devotion to the saint, that their behaviour was suitably reverent, and that they entreated the saint appropriately to secure their healing. In doing so they maintained and provided for the well-being, both physical and spiritual, of their sibling.

Other relations are also identified as helping individuals; however, these are often just loosely identified as a relation using the term *cognatius* or *consanguineus*.⁶⁷

⁶⁴ *Historia di S. Cataldi*, p. 570 (B12).

⁶⁵ *Historia di S. Cataldi*, p. 571 (B21).

⁶⁶ *Historia di S. Cataldi*, pp. 570-71 (B8).

⁶⁷ *Cognatius* usually refers to brother-in-law, a relative by marriage or a cousin: *Historia di S. Cataldi*, p. 571 (B21); *consanguineus*: *Vita S. Joannis*, c. 17-18, pp. 20-21.

4.4 Friends, Neighbours and the Religious Community as Carers

Just over a quarter of the carers recorded appear to be individuals who are not related to the sufferer or are not recorded as being related to the sufferer. It is worth noting that Barbara Hanawalt has suggested the many individuals identified as neighbours in medieval documents may in fact have been related.⁶⁸ The majority of these mentions are found in the civic collections, with most of the examples coming again from the *miracula* of the Bisceglie saints and Cataldus. There are only two references to care being provided by non-related carers in the monastic sources.

A survey of the terms used to describe these non-kinship carers suggests that there was a wide support network available to individuals in southern Italy. In a handful of miracles, the carers are clearly identified, such as the religious sisters who brought one of their sisters, possessed by a demon, to Cataldus, or the work associates who advised a man, suffering from a problem with his shoulder, to entreat the help of the Bisceglie saints.⁶⁹ Others contain specific terms such as *domesticus* (household member), *vinci* (neighbours) and *amici* (friends) to identify the groups who helped the sufferer. However, some also refer to these non-kinship carers using general terms meaning citizen or companion such as *civis* (citizen), *incola* (inhabitant) and *socius* (companion).⁷⁰ Nevertheless the variety of terms used demonstrates the different groups individuals could turn to for help. Not only were those who were close to the sufferer and knew them personally, such as

⁶⁸ Barbara Hanawalt, *The Ties that Bound: Peasant Families in Medieval England* (Oxford: Oxford University Press, 1986), p. 84.

⁶⁹ ‘collegio coacta Sororum’, *Historia di S. Cataldi*, p. 571 (B9); ‘a sociis assumptae mercationis monetur’, *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 366 (A20).

⁷⁰ *Civis: Vita Nicolai Peregrini*, p. 157 (D11); *Incola: Vita Nicolai Peregrini*, p. 157 (D7); *socius: Historia di SS. Mauri, Pantaleonis et Sergii*, p. 370 (A36).

neighbours, work associates or the religious community, available to help, but individuals from the wider community were also willing to help.

The unrelated carers are shown in a variety of roles; however, the most frequent role they are shown as fulfilling is giving thanks to the saint to confirm and secure the cure. A priest, cured of leprosy, was joined by his fellow citizens as he hurried to Taranto and gave thanks, and the neighbours of a boy, resuscitated after falling into a rainwater cistern, accompanied him and his parents to give thanks.⁷¹ Without the proper acknowledgement and thanks to God, it was not uncommon for the miraculous healing to be revoked or the cure to only be partial. Although the *miracula* surveyed in this study do not include such an incident, the need for appropriate thanksgiving was evidently established in southern Italy. Stephen, for example, a leatherworker from Taranto, who visited the shrine of Cataldus in search of a cure for his scrofulous tumour, was prevented from leaving the church when he failed to give thanks to God. It was only upon proclaiming the miracle to all around that he was allowed to leave.⁷²

The role of the thanksgiving to God and the saints and the recognition of the miracle, was important in ensuring the cure was permanent. In this respect the neighbours and citizens, who joined in to praise the heavenly intercessors and give thanks for the healing, can be understood as caring for the individual. Their actions can be understood as support which was necessary to promote the health of an individual. Furthermore, the coming together to give thanks also

⁷¹ *Historia di S. Cataldi*, p. 572 (B22); *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 366 (A22).

⁷² *Historia di S. Cataldi*, p. 570 (B7).

consolidated and strengthened the communal feeling, and in doing so not only helped the health of the community but also helped the health of the individual.

Other roles that non-kinship carers are noted as performing are giving advice to help individuals identify the saint as an appropriate avenue of care. In addition to the man mentioned above who was advised by his work associates, another man, Dominic, was also guided by his neighbours in Taranto to take his seven-year-old son to the shrine of Cataldus to seek a cure for his withered feet and legs.⁷³ The participation of neighbours and acquaintances in helping identify and recommending the saint as a healing option, demonstrates the hierarchy of resort was not fixed and established and the individuals did have the freedom and ability to choose their own avenues of care dependent on their own view. Once recommended by friends the individual could choose to visit the saint.

Other miracles also demonstrate some carers travelling with the individuals to seek help. Eight inhabitants from Corato decided to visit the shrine of the Bisceglie saints and invited two sick individuals to join the journey with them. The religious brothers of a monk at Cava carried him to the shrine, after being asked, so that the brother could entreat help. The miracles of the Bisceglie saints records the healing of two women from Ruvo next to each other. Although the narrative does not state they travelled together, it is possible to suggest that they did come together or told each other about it. Upon reaching the shrine the role of the non-kinship carer was finished, they are not shown as playing any part in the petition to the saint. It was the individual's responsibility to entreat the saint for health.

⁷³ *Historia di S. Cataldi*, p. 572 (B26).

The carers are also shown in the miracles as performing actions of care not related to using the saint as a healing option, but in more self-care options. In the miracle concerning the crusader who sustained an injury to his ankle after he was struck with a spear, his companions are described as recovering him and returning him, presumably to camp, so that he could have the spear removed by human medicine.⁷⁴ The work associates of Argentius, the wagon builder from Taranto, are recorded as providing him with the necessities of life, after his injured arm prevented him from working.

The non-kinship carers are shown in the most varied roles to provide care. Not only did they help individuals identify an appropriate avenue of care, and travel with them to ensure they could search for a cure, but they also joined in to give thanks and ensure the heavenly cure was permanent. In addition, they also appear to have provided care and support for individuals while they decided who and where to search for a cure.

4.5 Other Avenues of Care

A number of studies have examined the presence of *medici* in Italy. A recent Wellcome funded project *I sign therefore I am*, examined the provision of *medici* in Italy between the eighth and eleventh centuries and Patricia Skinner traces the prevalence of doctors in southern Italy through their appearance in law codes and charters.⁷⁵

⁷⁴ Please see section 4.5 for a more detailed discussion of the healthcare practitioner identified in this miracle.

⁷⁵ Pilsworth, *Healthcare in Early Medieval Northern Italy*; Skinner, *Health and Medicine*, pp. 79-88.

There is further evidence of *medici* practicing in medieval southern Italy in the miracle narratives. Doctors are mentioned by the occupational title of *medicus* in eleven miracles, but only in the *miracula* of the Bisceglie saints and Cataldus. For instance, a woman from Bitonto, suffering from an incessant fever and unable to breastfeed her son, unsuccessfully sought the help of the *medici* in her own city before walking to Trani to try the help of the *medici* there.⁷⁶ Similarly Angelo was frustrated by the remedies of the doctors to cure his deafness, and the doctors, who were called to cure a little girl from Brindisi by her parents, were unable to cure her blindness.⁷⁷ Despite the inclusion of medical terminology in seven miracles attributed to Cataldus, the mention of a doctor alongside medical terminology is found in just two miracles. The parents of a young man from Ostuni, suffering from a *gutta fistula*, sought out the help of doctors and the parents of a girl suffering from scrofula turned to the doctors for advice.⁷⁸ The narratives do not only refer to the presence of the *medici*, but the details recorded also offer a glimpse at the treatment they provided demonstrating that they played both a diagnostic and prescriptive role in healthcare. A little boy trampled by a horse in the streets of Giovinazzo was denied no medical procedure, and the girl from Meyano suffering from scrofula was prescribed a variety of ointments to help her condition after consultation with the doctors.⁷⁹

However, there are problems with accurately tracking the provision of *medici* in historical documents and using records, such as miracle narratives, to fully understand their roles and reception by society. In addition to the limitations

⁷⁶ *Historia di SS. Mauri, Pantaleonis et Sergii*, pp. 366-67 (A23)

⁷⁷ *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 364 (A13); *Historia di S. Cataldi*, p. 571 (B14).

⁷⁸ *Historia di S. Cataldi*, pp. 571 (B20); 573 (B30).

⁷⁹ *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 365 (A18); *Historia di S. Cataldi*, pp. 571 (B20).

outlined at the beginning of the chapter, Luca Larpi has demonstrated that in Italian charters, despite being a *medicus*, an individual may not always have signed himself as a *medicus*. Larpi has shown that in the case of John, *clericus et medico* [sic], who signed thirteen documents in Lucca between 816 and 839, he only signed eleven as *clericus et medico* [sic]; the other two he signed as only *clericus*.⁸⁰ Other sources also indicate the various titles that *medici* could use. Gariopontus (d. 1050), a renowned Salernitan physician, is addressed as *Domnus* in a letter from Lawrence of Amalfi, a monk of Monte Cassino and Bartholomeaus, the author of the *Practica*, identified himself as *Magister* in the opening of his work.⁸¹

The miracle narratives also reveal other healers if we look beyond the medical framework. A woman from Bisceglie who had suffered from flowing blood for a long time sought the help of the Bisceglie saints after the poultices of human skill had been unable to help her.⁸² Similarly a man from Gaul, who had been stuck in his ankle by a spear while fighting the Saracens, was treated by a practitioner. The miracle recounts how, although unable to walk, he was saved by the skills and remedies of the practitioners (*ita humanae artis remedia superavit*).⁸³ These two miracles clearly refer to the work and treatment of healing practitioners, but to those who were not referred to as *medicus*, suggesting that they demonstrate some of the alternative options that were available in southern Italy. Both references appear in the miracles pertaining to the Bisceglie saints and

⁸⁰ Luca Larpi, 'Documenting Early Medieval Doctors in Italian charters, AD 800-1100: The "Medici in Early Medieval Italy" database', unpublished paper delivered at the conference Kalamazoo International Congress on Medieval Studies (Western Michigan University, 14th May 2015).

⁸¹ Glaze, 'Galen Refashioned', p. 53; Bartholomeaus, *Practica*, p. 321.

⁸² *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 369 (A32).

⁸³ *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 370 (A36).

were written by Amandus, who in other recorded miracles referred to *medici* being sought by supplicants before turning to the saint. Therefore, the absence of the term *medici* to refer to these practitioners suggests there was a distinction between the two. Other miracles refer to other healthcare providers: a workman was called to help a man who had dislocated his arm after falling from a horse, and is described as performing violent, skilful and surgical work.⁸⁴

The miracles also demonstrate the competition in the marketplace and suggest that there was no pre-determined hierarchy, rather the hierarchy of resort was dependent on individual choice. In a miracle pertaining to the saints of Bisceglie, the parents of the girl from *Mayaneo* suffering from scrofulous tumours, seeking a cure for her, turned first to women with incantations, and then tried the various ointments advised by the doctors before turning to Cataldus.⁸⁵ There was also competition between different religious outlets as a man suffering from epilepsy undertook a pilgrimage to the Holy Land and the religious sites there, before hearing about the shrine of Cataldus on his return to Lombardy.⁸⁶

The miracles reveal a multifaceted healthcare landscape without hierarchy. Trained medical professionals appear in many of the miracles, however we can also reveal glimpses of other healing practitioners, including women, who do not appear to have any 'formal' occupational identifier. In most of these cases, the healers are identified by the author through an acknowledgment of the help of human skill before the supplicant turned to the saint. One such healer appears to

⁸⁴ *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 369 (A34).

⁸⁵ *Historia di S. Cataldi*, p. 571 (B20).

⁸⁶ *Historia di S. Cataldi*, p. 571 (B19).

have been fighting in the Holy Land and helping to heal the men he was fighting with.⁸⁷

4.6 Conclusions

The wider network of care that was available to individuals suffering from ill-health has often been neglected in studies examining the healthcare provision in the Middle Ages as the focus has often been on the trained medical professionals. However, by considering wellbeing providers within the contemporary understanding of health and by broadening our approach to consider care alongside cure, we can look more closely at the secondary characters in the miracle narratives and learn more about the individuals who supported ailing suppliants in southern Italy. Not only did friends and family often help and support an individual, but the wider community also played a role in promoting and securing an individual's health.

The support network engaged in a variety of activities that aim to help an individual find and achieve a cure for their condition. Although family often engaged in caring for an individual at home, it is clear they also played an important role in accompanying a relation to the shrine and ensuring they demonstrated suitably pious behaviour when entreating the saint. Although siblings occasionally helped entreat the help of the saint, the petition was usually performed by the individual themselves. The exception to this were children, who were often taken to the shrine by their parents. In these cases, the parent always requested the help on behalf of their child. It is plausible to suggest that this is

⁸⁷ *Historia di SS. Mauri, Pantaleonis et Sergii*, p. 370 (A36). For a more detailed discussion of healthcare in the Holy Land please see the recent article by Joanna Phillips, 'Who Cared'.

because they were below the age of discernment and thus were viewed as too young to undertake a vow to the saint. The actions of the parents also demonstrate the depth of the feelings they had for their offspring as they are frequently depicted as trying several different avenues of care in desperation to heal their child.

However, it was not just the family that supported and cared for the individuals, friends, neighbours and the religious community also played a role in caring for each other's wellbeing. This wider network is depicted in more varied roles than the relations who cared. Not only do they advise and identify sources of care, primarily the saint's shrine, but they are also described as providing more practical help to individuals in times of need: they appear to have financially and physically supported one another. Nevertheless, the primary role in which unrelated carers are shown as fulfilling is that of thanksgiving. They are frequently depicted as joining with the miracle beneficiary to celebrate and praise God and his saints and give thanks for the cure. This role of thanksgiving was crucial for securing and ensuring the cure provided by the saint, and in fulfilling such a role they actively participated in providing care for an individual suffering from ill health.

The network of care that surrounded an individual in Norman Italy was not only wide reaching, but it was also an essential avenue of care. Although often hidden as ancillary characters, these carers played an important part in helping sufferers cure their conditions through attending to both their physical and spiritual health.

Conclusion

To fully understand the ideas and concepts of health and illness from a sufferer's perspective and their experiences in southern Italy, and to determine to what extent they were unique, we must consider the distinctiveness of the region. The geographical position of Norman Italy, at the intersection of the Arabic, Latin and Byzantine world, and its tumultuous history of conquest had created a distinct society. During the twelfth century, multi-lingual and multi-cultural communities of Latin Christians, Greek Christians and Muslims lived, for the most part, tolerantly side-by-side. The geographical position of the kingdom also granted it an important position in maritime trade and travel to the Arabic world and the East. These distinct characteristics of the region facilitated the development of Salerno and the surrounding area as an important place of intellectual medical learning and a centre held in high esteem for its practical medicine. The multi-lingual population made the Latin translation of the Greek and Arabic texts, arriving through the kingdom's trade links outside Europe, and the transmission of their contents through Latin Europe possible, and the strong connections with communities outside of Europe also contributed to the development of practical medicine through the importation of new techniques, knowledge and ingredients.

Despite the distinct characteristics of the region that enabled the growth of Salerno as a medical centre, similarities in medical ideas and understandings between the north and south of Europe can be drawn. The translated Greek and Arabic medical texts quickly circulated throughout Europe and became established texts in medical learning. This wide circulation led to a broadly consistent understanding throughout Europe of the symbiotic relationship between

mental and physical health. Within the theoretical framework of the humoral theory and the effect of the non-naturals on the health of an individual, the communities of the twelfth century understood the holistic nature of health, encompassing both physical and spiritual health, and that the maintenance of spiritual health was necessary for physical health. As non-naturals, such as accidents of the soul, were believed to upset an individual's unique balance of humours and cause physical illnesses such as conditions of madness, by promoting and preserving spiritual health, one was also ensuring physical health.

Adoption of this historical understanding of health to learn more about the healthcare practitioners in the past, and by considering both care and cure, has allowed a larger network of support to become visible throughout medieval Europe. Doctors and saints were not the only avenues of care that individuals turned to for help with their health. Relatives, friends, neighbours, and religious communities formed important informal support structures and played a large role in caring for the health of others in southern Italy, as they did in many regions of medieval Europe. They provided physical and material support for others in times of need, helped identify appropriate therapeutic avenues and also encouraged each other to promote and preserve their spiritual health. The southern Italy sources also offer glimpses of unlicensed healthcare practitioners in a similar way that those of northern Europe do, suggesting that throughout Europe the healing landscape was multi-faceted.

However, the close examination of twelfth-century Apulian hagiography in this thesis has demonstrated that there are some nuances in the understanding and experience of ill-health between Norman England and Norman Italy which can be linked to the differences in the societal structures of the two regions. In

fact, it may even be possible to suggest that elements of Apulian society could allow it to be seen as a region within a region. The dense network of cities that ran along the Adriatic coast of southern Italy formed a highly urbanised society. Each city, home to a variety of craftsmen and rural producers, appears to have had a structured society with a vibrant economy. The twelfth century also saw a growth in civic consciousness and identity by citizens inextricably linked to their city.

In addition to the strong urban features of Apulian society, the proliferation of small dioceses and the often local background of the bishops in this region also placed it in contrast to the societies of Norman England. The activeness of the bishops of southern Italy, with their close connections to the local communities, in administering to the spiritual welfare of their congregation as they educated them on Christian practices and devout behaviour is a distinct feature of the region. As they attended to the spiritual health of their community they also cared for its physical health and can thus be seen as a healthcare provider.

Another unique feature of the understanding and experience of health and illness in Apulia is the transmission and dissemination of medical ideas and understandings into the wider community. It is plausible that this was a result of the urbanised society of Apulia and the presence of trained *medici* within the urban centres. Taking demons as a case study, chapter two demonstrated how external entities were understood to be able to affect the well-being of an individual. Demons were understood as being able to physically and internally possess an individual. Once within the body the evil spirit was able to disrupt the human spirit's (*spiritus*) control and unceasingly torment the individual with physical symptoms. However, these external supernatural agents were also

understood to be able to tempt an individual into committing a cardinal sin. In both cases the saint was understood to be an appropriate avenue of care.

In contrast to England, the southern Italians drew a clear distinction between possession (the physical invasion and possession by a demon) and conditions of madness (caused by a humoral imbalance). Both the hagiographical narratives and the contemporary medical texts from southern Italy demonstrate that although they were both understood to be physiological conditions which presented similar patterns of behaviour, they had very distinct aetiologies. Conditions of madness were understood to have been caused by humoral or anatomical abnormalities in the brain, while possession was due to the invasion of the body by a supernatural agent. In twelfth-century England on the other hand, there was a blurring of the boundaries of the aetiologies of the two conditions.

Demons were chosen as a case study due to the high occurrence of such incidents within the miracle collections, the source base for this study. However, a closer look at the southern Italian chronicles from the same period suggest that similar studies of other elements which affect wellbeing might also be fruitful. The eleventh century chronicle of Geoffrey Malaterra which recounts the conquest of southern Italy by the Normans, and in particular the conquest of Sicily, includes a number of incidents of sickness of both individuals and armies. During the account of the siege of Mileto in 1062 Malaterra recounts how ‘Not only was the Count sick, but he had lost many of his men due to the unusually bad air in that region’.¹ Similarly, in the twelfth-century history *The Deeds of King*

¹ ‘Comes autem, quamvis tunc temporis typo febrium gravaretur, apud Geracium enim, quibus negotiis se illuc vocantibus, erat; ubi, insolito aëre corrupto, ipse nihilominus infirmatus, quosdam suorum amiserat’, *De Rebus Gestis Rogerii Calabriae et Siciliae Comitis, Auctore Gaufrredo*

Roger, the author Abbot Alexander of Telese records how during the siege of Naples in 1135 many of the army found the heat of the summer too much for them and began to sicken.² Such anecdotal comments suggest the value in exploring the detrimental effects weather could have on an individual's health.

Chapter three considered how individuals understood and expressed the pain they experienced with illness. The language used demonstrates that pain was understood to be holistic and comprised of both somatic and psychological aspects. Although the terms employed did not denote specific types of pains, the context in which the pain was described reveals the facets. Physical pain was often identified by reference to the bodily location in which it was experienced or by reference to a medical term which held connotations of physical pain. In contrast the emotional aspect was often demonstrated by the anxiety and concern the supplicant was described as feeling for their health.

Although pain affected all members of society, the description by the author of individuals' experiences varied. A close examination of the descriptions reveals that sub-sets, or different emotional communities, of the Apulian urban community chose to emphasize different aspects of the pain. The elements of pain which were highlighted were closely related to the cultural frameworks important in demonstrating the values and ideas of that micro-community. A close look at the working craftsmen of Apulia demonstrated that they framed their experience of pain within the productive role in society. This study also highlighted that the

Malaterra, ed. by Ernesto Pontieri (Rerum Italicarum Scriptores: Bologna, 1927-8), II.23, pp. 36-37. For an English translation see K.B. Wolf, *The Deeds of Count Roger of Calabria and Sicily and of his Brother Robert Guiscard* (Ann Arbor: University of Michigan Press, 2005), p.97.

² Alexander of Telese, *Alexandri Telesini Abbatis Ystoria Rogerii Regis Siciliae, Calabriae atque Apulie*, ed. by Ludovica de Nava with commentary by D.R. Clementi (Rome: Istituto Storico Italiano, 1991), III.21, pp. 70-71. For an English translation please see *Roger II and the Creation of the Kingdom of Sicily*, p.64.

descriptions of pain by men, women and monks also emphasised specific aspects and suggested that further work in this area would be fruitful.

At times, this study has drawn comparison with contemporary medical texts, and it is recognised that more work can and should be done on comparisons between different types of texts. The brief comparisons within this study has revealed, at times, the overlapping and shared language between the hagiographical and medical texts. Not only will such an investigation allow a more thorough understanding of medical theory, but it will also allow us to understand to what extent the medical and the ‘patient’s’ understanding of health and healing matched or diverged.

In conclusion, this study hopes to have demonstrated how it possible to closely examine the *miracula* and by listening to the illness narratives within them to build an understanding of the sufferer’s experience of health and illness. By considering health and healing through the eyes of the sufferer, we can move beyond the medical framework and learn more about the lived experience. It also hopes to have shown that, although Norman Italy had quite distinct characteristics in comparison to northern Europe, in some respects, ideas about health and illness, and the landscape of healthcare practitioners and providers were consistent. However, this study also highlights aspects of Apulian society that ensured in some ways the sufferer’s understanding and experience of ill-health in Apulia was unique.

Appendix

An English translation of a selection of healing miracles from the miracle narratives pertaining to the saints who form the focus of this study.

A. Miracles from *Historia di SS. Mauri, Pantaleonis et Sergii*, pp. 363-371.

A1. A priest called William, who had lost the use of all of [one] side and his feet, was, for a long time, regarded as living among the dead. One Saturday night, he received a vision in which he visited the relics of the saints and honoured them with a smoking censer, and was astounded by the restoration of their [the relic's] immeasurable odours. Immediately he was made healthy, remaining awake he approached the relics with bare feet, where he paid his vow: giving thanks, praising God and persevering with his fast and prayers.

A2. A priest called Leo, having been blind for almost ten years, was accustomed to the day being as if night. Feeling his way, he had no sight at all (*palpans, nihil omnino visu percipiens*). Empty through fasting, he approached the relics. Seeing the figures of men, discerning the colours of things and distinguishing the actions of movement, he retreated praying and praising the Lord.

A3. A woman, called Eva, from Gaul, who with contracted nerves in her whole body, distorted arms, and was shuddering from a swollen stomach, had only the sense of her head. Suppliantly she entreated the bodies of the Saints, praying, that with their prayers she may deserve to obtain health. With the debility, which she had incurred by the tricks of the Devil, and the chains which bound her withdrawing, she was strong enough to pay her vow of divine servitude. Although she had wasted her goods first in the work of medicine; she was unable to comfort her pain with the remedies of the doctors. Then with hands, that were honourably slanting, [and] with a tired head she fell asleep. She saw S. Pantaleone encouraging her to rise, which she had despaired of for herself until

now. Urged again and again, she rose healthily. She gave praise to God and bestowed a model of her gratification to the others.

A4. A man was suffering great pain in his head from a small fever (*ex minori emitrideo*). Invoking the help of the saint, he was immediately freed.

A5. A woman, not strong enough to place her arm on the bones, was made healthy by the odour of the bodies of the saints alone.

A6. A craftsman, called Leo, skilled in building vases to hold wine, had lost the use of one of his arms. Unable to practise his craft without the use of his arm, he was thought useless and inane for a long time. With worthy devotion and sincere humility as he worshipped the saints, he entreated the Lord that, with their prayers, his arm would regain its strength for him to practise his craft. This he obtained, recognised and gave thanks for.

A7. A woman, who had completely lost her hearing, was troubled by faintness of the head. She touched the bones of the saints with her mouth, took in the odour and was freed completely from the danger of sickness.

A8. A man from Trani, called John, had lost the use of his arm, which so it seemed to everyone, he was thought [to need] for the service of his craft. He reverently approached the relics and faithfully asked for help with what he was lacking. Hopefully he entreated and one of the sacred bones was impressed over the place of suffering in the sign of the cross. Happy and uninjured, praising God, he returned home.

A9. A man from Andria, called Jaquintus, had befallen such a great failure of natural movement in his arm that, although he had two arms, he was only using one to work. For the other, dislocated with loose nerves, was hanging down as a useless load. He confidently approached and retreated healthily, paying his vow. He paid the promises; herald of the saints, he raised up the King of heaven with praises.

A10. A boy, through a careless fall, was deformed in appearance, with contracted nerves all over his body. Living, he was believed to be dead because the movement of both his hands and arms had wasted away. His grieving mother, standing in his presence, was shedding tears. Not daring to entreat with

her voice that which she was humbly wishing to obtain, with unique affection, she obtained that which she had longed for a long time. They saw her son, who they had willed God to bless, upright and placing both his hands on the bones.

A11. A girl from Giovinazzo (Apulia) had befallen the great loss of blindness in such a way that she could see nothing. Unable to distinguish light from dark because of continuous night or perceive forms and colours at all, she was led and drawn to the holy relics. She prayed and by-standers prayed for her too. The Lord considered the performance and it was heard clearly through the intervention of the Saints. What a marvellous spectacle! She received light and returned on foot by herself to the place she had [hitherto] not been by herself. With many watching, she distinguished things and light was returned to her eyes by the testimony of many.

A12. A man, called Hugh, Norman by birth, had been seized by the constricting pain of arthritis to such a degree, that he had been unable to move his hands or walk for a long time. So his palms were bearing his load, his feet were dragging in complaint and were no use for exercise, each of which were endured in supplication because of his sins and with a useless body he was carried by others. Suppliant, devout and humble, he was brought in the presence of the sacred relics, he lay down, recognized the enormity of his sins and tearfully entreated health from the Lord through the intervention of the saints. For the glory of his name and the honour of the saints, divine mercy provided for the unfortunate man. Soon his contraction withdrew, salvation appeared, and vigour returned to his limbs. He marvelled that he could move his hands and stand, and tested to see if he would be strong enough to walk. What more? He showed us he was uninjured (*incolumem*). He exalted and rejoiced for so much kindness and gave enormous praise to God.

A13. A youth of Terlizzi (Apulia), called Angelo, having lost his hearing for a long time, had suffered from the disadvantage of deafness. He poured out his frustration in the remedies of the doctors and, at last, shedding tears, he appealed to the suffrage of the Almighty and humbly entreated the holy Martyrs. He obtained their help; he obtained his hearing; he rendered his vow; rejoicing he returned as a herald speaking the truth of the Martyrs.

A14. After a short period of time had passed, a man of the Gauls, who was glad to share his name with the b. Nicholas, had remained in the distinguished city of Trani because he was confined by such a great infirmity. Although his body was whole, he had lost the movement of one side and he was carrying his whole body from his groin as a load and not as an aid. Failed by the doctors, he usefully thought to entreat help from the greatest of makers. A tire to himself and others, he was brought here by his wife, now a widow, to the oratories which shone with the virtues of the saints and emptied out prayers. Finally, he was inspired to entreat the recently found relics of the holy Martyrs, where their shining reputation beamed forth, where the voice of the Lord called many over the sea, where the regard of divine power burned in the minds of the people. The unfortunate man was brought with his votive offering on a beast of burden. Suddenly with divine mercy [health] arrived first; he felt unknown strength return to his previously dead limbs and he, who had only just been placed upon a mule as a useless weight, descended by himself. He walked quickly, he marvelled at his strength and speed, and suppliantly presented himself to the holy relics. He offered his votive, he gave thanks and, in the presence of us, cheerfully attended and was freed from all danger of sickness.

A15. After a short period of time, it happened that, through divine judgement, a woman, called Mary, descended from the Gauls, had fallen into such ill-health, except for her sight and hearing, she was considered by everyone to be a useless burden. Such that even the smallest amount of her speech was restricted, and she was unable to release so much as the smallest of words. The strength of her debility prevented her moving her hands, raising up her arms and walking. She was brought and carried around by those having mercy. Nevertheless, her weakness was not strong enough to confuse her healthy and sound mind and she entreated, as she could, the holy Martyrs with the affection and the love that she had. She beckoned a man with her head so that she would be led to the oratory of the b. Bartholomew, where the relics of the saints were. And because favours were being conferred here, by the innumerable signs of the virtues of the holy Martyrs, the man had a vision to leave his wife at the sacred relics. What he decided, his wife agreed, and it was put into effect. Her great deformed mass was placed by the holy bodies. She suppliantly prayed; faithfully wept;

insistently entreated that health would be returned; the bonds of speech may loosen; she would be freed from silence and her mouth would loosen in praise; and movement would be restored to her feet and hands. The Lord heard the supplicant's prayers and the woman, uninjured, rose by herself. Immediately unaccustomed vigour returned to her limbs, she spoke, she walked, she bent her arms and with her palms offered herself, joyful and strong, to us. She gave thanks to God, she honoured the saints with votives and moved the mouths of those watching to praise. All were amazed and praising the Lord.

A16. When the aforementioned woman entreated health with a vow from the Lord and the suffrage of the saints, another woman, great in age, praiseworthy in life and behaviour and whole in reason, born in Corato, was praying for a remedy from the Lord for her blind son. With vigilant eyes, on the second day she saw a gleaming youth, covered in shining clothes and on a flaming horse, enter through the northern door to the said basilica of blessed Bartholomew. All the people, who were intently standing by for the solemn mass, fell back out of his way and only one, the woman, continued to entreat. Immediately healthily and invisibly she retreated because no-one else in the great crowd had seen the vision.

A17. A cleric called Walter had been disturbed by the great suffering of a convulsing head. Unable to alleviate his suffering with the help of the doctor, he was unable to see, hear or rest, on account of the continuous pain, and accustomed to maintaining himself through the art of sewing he was forced, with destitution, to beg. Proceeding to the holy bodies he humbly entreated their help with tears. He obtained what he sought and was restored to health. He recognised this was accomplished as he returned to practise his customary trade once again, so he gave innumerable thanks to the Saviour.

A18. A five-year-old boy in Giovinazzo (Apulia) enticed by the delight of play, without discretion, weak of wisdom and stupid with the ignorance of boyhood, was suddenly thrown by a horse galloping through the street. Carried along, he was trampled here and there by the horse's feet, covered in iron. His weak bones were not able to withstand the savagery of the furious beating, his head fell back from the blows, his eyes were driven from their sockets, his arms failed, nothing of his pitiable entrails or flanks were of use, nothing solid remained between his

hip and the shin. He was completely disfigured, his character failed of the senses: strength, hearing, sight and the service of speech completely passed away. The half-dead boy was left with only slight breath, his miserable parents wept for their only son, they despaired about his young life, to which they denied no medical procedure, they prepared for the funeral with immense sorrow, he was to be buried with care, where the cares of healing set him apart. Finally, the mother recalling the strong reputation of the Holy Martyrs was inspired to be raised to hope. During the funeral petitions she petitioned the blessed Martyrs, she confessed herself to want to carry the child, killed by the wild beast, to the memory of the Saints. But the street, the heat, the loss of her son's spirit and the crowd of mourners dissuaded her from such a proposal. There is a pernicious argument; that seeks for power from evils, that looks for protection from any acts of the vilest spirits, so dare as the excellence of the divine image subjects itself to unclean filth: the honourable mother refused, she remained in her purpose and persisted in her vow. The mother protested with tears, with sleep coming, she calmed; such that it seemed to her he was called and touched so that she kept watch and carried out her vow. Again tired with weariness, she dozed: but right there a bright youth was perceived and coming to her kindly in gentleness, addressing her gently, encouraging her to go to a Vigil on the relics of the holy Martyrs, dissuading her from some magical song and promising healing for her son. The devoted women, the sad mother awoke; moved in spirit and truly aroused by the sign of the revelation. Immediately she saw her son revealing his dislodged eyes. The mother with joy exclaims 'Look, he lives, the one whom I was intending to bury!' A crazy elderly woman responded to this 'Perhaps a witch (*malefica*) was consulted'. Soon the boy closed his eyes which were dislodged rather than torn out, at once the mother petitioned the holy Pantaleone and again the boy revealed his dislodged eyes to the name called by his mother. Then his mother confident with the prophecy, inflamed by hope of life and by the desire of the Martyrs, with offerings of deep feelings, with a male companion she proceeded to the Martyrs. There with both mind and voice she humbly prayed from the holy relics for life to be returned to her lifeless son and to return him to his mother and to return himself to joy from which house of sorrow he had departed. Popes must marvel! The senses of the

body which had withdrawn returned: the eyes returned to their sockets; the boy saw, heard and spoke; he bends to the curve of the shoulder; his feet move to walk and all limbs are restored to the form of nature and they serve their original function for the soul.

A19. Recently in the room of blessed Bartholomew, one of our brothers, of the priestly order, an honest and modest man, afflicted with great suffering in his eyes for a long time, was inspired to stand by the holy relics. Suppliantly praying, he asked the holy Martyrs that with their prayers divine help may be able to help him as he had been disappointed by all human cures of the doctors. He accepted, and that he was searching for he found. For immediately placed near the holy bones with obscured eyes, he, who when sick had walked around with eyes blunted by dried blood, came out with clear sight, healthy.

A20. A man from Monopoli, called Maius, had endured completely the weakening of one shoulder, when by chance he crossed before the room of blessed Bartholomew, which we often make mention of. He was advised by associates of his trade that he should go to the oratory of the Saints, that he should mention the holy Martyrs with prayers so that he could obtain health from the Lord through their intervention. Unbelieving he resisted, arrogant he crossed to the ungreetered relics, he placed himself near not demonstrating faith without first receiving health. The sun set, the night drew in and sleep poured in the members of the unfaithful. He received a vision to see the shrine of the holy relics and he was restored by the healing odours. Healthy he woke, happy he walked to the holy hall. Now meek with faith and humility he gave thanks to God. He honoured the saints with votives.

A21. A woman, in Trani, scoffed at the favours of the holy Martyrs, she ridiculed those coming to the cult of the Martyrs and denied that she believed [in them]. She thought anyone foolish if they were moved by admiration and acknowledge them as insane (*insanum*) if they subjected themselves to their false reputation. She was holding her son on her lap, when she saw him cruelly snatched from her hands, violently thrown, breathing shallowly and the signs of death appearing. The mother was astounded, helpless in her mind and she was ignorant of the cause of the great will. She mourned, grieved and severely suffered. At last her mind returned and she recognised how guilty she was

through her unbelief. She invoked the holy Martyrs, professed that she believed and implored their pardon for her faithlessness. Immediately the boy rose uninjured, the mother became cheerful and rejoiced in the Lord. Loaded with gifts, she ran to the holy relics with worthy joy. She encouraged people she knew to approach [the relics] and to hope for health there. She discouraged their faithlessness so that a similar distressful situation did not occur for them. Therefore, the Lord drew some by prosperity and others by adversity, for he provided health sometimes through kindness and sometimes through the scourges of the correction of men.

A22. At almost the same time a house in Bisceglie, the timbers of which had rotted due to age, fell down. Amongst others, a boy was knocked down by the onset of the collapse. By chance, a great rainwater cistern, which was full, had become opened. The same boy was thrust into it, by the collision of the falling parts. His parents called upon the Martyrs by their names, and entreated help for the boy without delay. The father, believing in the help of the saints, submerged himself after the boy. He found the boy unharmed in a gentle trench of water, as if he was in a bed. Rejoicing, he came out with his uninjured son. He, the mother and all the neighbours, came together and praised the Lord. Immediately they proceeded with the restored son to the holy relics; the supplicants stood by the altar, through the affection of gifts they recognized, for themselves, the holy Martyrs to be effective intercessors.

A23. An infirm woman, exhausted by an incessant fever and having dry breasts for her only son, who was weary from the twisting of his mother or by an illness from another apparent cause, lived in Bitonto. Moved by the fame and virtues of the saints and by the increasing necessity, she vowed her son to the holy bodies. Immediately with the weakness receding, he was restored to health. That the mother should do, she completely ignored. Having forgotten to entreat for herself, what she obtained for her son from the holy Martyrs, she was not strong enough to provide for her wailing son because of a lack of milk. It was a worry to entrust her only son to another's care but she feared that she would fail her son due to hunger. It was not enough to seek the help of the doctors in her city. Anxious about the sickness and longing for health, she walked to the glorious city of Trani, where plenty of wisemen and a great number of people of health

appearance were. Astonished, she returned, the aggressiveness of the illness clear to her, the incurable consumption (*phthisis*) revealing obvious signs. Finally, she returned home and clearly entreated the blessed Pantaleone so that she may be made healthy with his intervention. Yet, the harmful persuasion of women, compelled her to hope for nothing from the holy Martyrs and to instead try human cures for a second time. Therefore, on the following morning, she intended to walk to Trani to subject herself to the experience of the doctors. But in the middle of the night, neither truly asleep nor truly awake, she saw a gleaming youth in bright garments of splendour coming to her, following the feet of an incomparable woman, who appeared similar to the Virgin and the Mother of God, Mary. She learnt, through the words of the glorious woman, that she should scorn the cures of earthly men, and that the youth standing nearby, the name of whom she had invoked many times, would provide health. With the auspicious woman awake, the vision of health slipped away. Nevertheless, gladdened by the prophecy, she doubted her health until she attempted to rise. She moved herself strongly, internally she felt no suffering and no heat. She sought food, which she had avoided daily because of her sickness. She ate delightfully, she slept pleasantly, her dull complexion (*pallor*) withdrew and a lively one returned. The woman recognised the help of God, she realized the intervention of the Martyrs and exclaimed that the blessed Pantaleone interceded for her health. Therefore, she visited the sacred relics with offerings, she gave thanks to God for such a great kindness and she encouraged all standing by to the cult of the saints.

A24. A priest of Ruvo, impressed the sign of the cross with a bone of the holy Martyrs previously found by him, over the weak and unmoving palm of a woman from Ruvo and immediately she was returned to health. He bestowed the dust of the holy body to another woman of Ruvo, panting with the fire of fever and thirsty for water. He recounted humbly to us, as we listened with pleasure, that immediately the strength of her fever was quenched of fire. And furthermore, he added that both women recognised that health was received through the merits of the saints, and therefore worshipped the holy Martyrs with suitable reverence and cherished them with the devotion of faith.

A25. A youth from Corato, had been possessed from infancy by a demon, who during the day was accustomed to throwing the youth to the ground and instilling fear in all observing with his stupidity (*stupore*). For striking out [the demon] was rolling the strong youth around, beating the senses, depriving him of his strength of reason and inserting bestial wildness. He presented himself for the intercession of the saints. Freed from the destructive spirit by the intercession of the saints so that like a lamb mild and suppliant he approached, where to this day he serves the sacred offices of the Saints.

A26. When the holy bodies were solemnly led out [during the translation], with many clerics proceeding and following, their mouths unceasing in the praise of God freeing people, chanting the *Kyrie eleison*, and brandishing lamps, a female demoniac was freed. For the three malign spirits, which had possessed her for a long time, left behind certain proof with abundantly flowing blood and phlegm coming out through her ears. Thereafter she felt none of their shaking or molesting.

A27. Another woman of Andria, contracted for 8 years and restricted by the bindings of illness, was bound to her bed, weary of her home and a sadness to her relatives. Nevertheless, helped through the intervention of the holy Martyrs, whom she often invoked, she rose uninjured, she walked, and on feet, without a supporting aid, accompanied the holy procession with actions of thanks.

A28. In the same light, a boy called Walter, was struck in the face by a violent and destructive kick from the hind leg of a wild horse. All, who were present, thought he was dead. His mother hearing her son, who she had only just been watching play, was dead, cried out for the help of St Pantaleone. To the voice of his mother and the name of the Martyr, the boy immediately rose uninjured, nevertheless still bearing the iron footprint of the horse on his face. All were praising the Saviour, who had conferred such great power to the Martyrs and kindly produced a great service.

A29. A youth of Bisceglie had suffered from birth from an illness which had led him to become deaf and mute. The imprisonment of his tongue had completely denied him speech and the obstructed movement of his ears had prevented him drawing in noise. Although his senses had failed him,

nevertheless it had not destroyed his strength of reason. He saw the crowd of people, he perceived the devotion, he understood the power of the Martyrs. Devoted, he approached, he persevered with prayers and helped the ministers with strength and affection. What a wonderful spectacle! What amazing and stupendous work! He, who made the mute speak and the deaf hear, opened [the youth's] ears and loosened the imprisonment of his tongue for the honour of his saints, while [the youth] was living with the men. Therefore, he seized his first opportunity to speak to give thanks to God in the presence of all the people, who present were astounded and praising God in the church of the saints. Afterwards he responded with words, mentioning the names of things that he did not struggle to pronounce. He vowed himself to serve the oratory of the holy Martyrs and to serve the ministers of the church. Where, as a listener and speaker, he makes and carries thanks to God every day.

A30. A ship, loaded with pilgrims, who had visited the Lord's tomb, was carrying, amongst others a Frenchman (*Francigenam*), who born in darkness, had lost his sight for a long time. While he was at a port in Greece, during a dream he foresaw the blessed Pantaleone and Sergius encouraging him, that if he wished clear and pristine sight, he should approach their house near Bisceglie. He did indeed go there devotedly, for we saw his arrival. He recovered his sight, and he testified what had happened to him to those listening. He offered votives and joyfully he retreated having received health.

A31. On the same day as the sacred translation, a woman of Barletta, called Petracca, had contracted a trembling in all her limbs from the suffering of an old and strong sickness. The long-lasting sickness was preventing her from standing, lifting her hands and hoping for alleviation: she could not easily move her tongue for even the smallest word. After the unsuccessful cures of the doctors, the innumerable expense, and the consumption of her property, faithfully and humbly she proceeded to the holy Martyrs. She prayed she may deserve health through their supplication. The Lord considered the unfortunate woman, he heard her clearly and bestowed her to the prayers of the Martyrs. She, of whom the doctors were despairing, and whom common people were saying was occupied by unclean spirits, rose and walked. The trembling and paleness had

fled, and unexpected health appeared with lively colour. She praised the Lord and gave thanks.

A32. A woman from Bisceglie came forth, who had suffered with flowing of blood for a long time and who had been unable to be helped by the poultices (*fomentis*) of human skill. Invoking the intercession of the holy Martyrs for help, immediately she was healed.

A33. A suppliant priest of Trani approached the relics of the Saints, persevering with prayers, who, as he told us, with contracted legs was returned to former health by the intervention of the holy Martyrs, whose help he entreated.

A34. And with the holy translation of the bodies of the saints, in the light of day a man of Giovinazzo, called Smaragdus, when he was going about his business, by chance or a trick of the devil (*satanae*), gravely fell from the horse(?) (*quadrupedis*) by whom he was being carried. Beside the despondency of his own body, his shoulder was dislocated with loose nerves, his arm, as a dead load, hung down. Groaning he was taken home. His suffering moved the household, his kinsmen and his friends to tears. The workman was called and with violent, skilful and surgical work, in a bath (*balneo*) which he had prepared, he drew back the bones and restored the joint to its home. The man in the room was mourned, the bath (*lavacrum*) did not help or assuage. Suppliant with a contrite heart and humble spirit, he called out the names of the holy Martyrs. He entreated them to be near to him, he asked their help, he prayed for a remedy from them. Soon the consolidation of his bones to their natural places occurred, strength returned to his nerves, the former connection was restored, feeling returned without pain, the injury withdrew without harm, soundness appeared without affliction. The man, uninjured, moved, rolled and threw up his arm. He recognised divine help, he was amazed and rejoiced at the kindness. He wept with tears that he was undeserving, shameful, unjust and impious. He moved his tongue in praise. The doctor was amazed, his kinsmen were astounded: the craftsman observed health without work. All were joyful, they praised the King of heaven and venerated the holy Martyrs because the aforementioned man had been saved by their power. Immediately the man hastened to fulfil his vow. Joyful he came, he presented himself to us in the church.

A35. There was at the city of Ruvo a boy who suffered from a continuous flux of humours flowing down, and whose spirit was failing. For with the aggressiveness of catarrh accumulated in his throat, his breath was being cut off. In truth when his throat swallowed the water, in which the holy bones of the Martyrs had been washed, all roundness (*globositas*) disappeared. The way of breath was revealed, and vigour returned to the almost dead boy. What more? He was made healthy, he rejoiced in the Lord, he emptied out praise to the divine, his tongue responding with feeling.

A36. A certain man of the Gauls, after visiting the Lord's tomb, set out with others against the wild and faithless race of the Saracens, to oppose those who tried to attack the faithful of Christ. He was struck with a spear, where his leg was connected to his foot by a joint of knots. As he fell, he was recovered by his companions and was brought back by them so that the spear could be removed. Thus, he was unable to walk but survived through the remedies of human skill. He made nothing and grew poorer. Despairing for his health, he arrived at the port of Brindisi, where he joyfully heard about the discovery of the holy martyrs and their devoted translation. Therefore, led in hope to the holy martyrs he received their intercession with prayers. Immediately he regained his health and walked with both feet.

A37. A woman of the parish of Bari, blind for a long time and suppliantly calling upon the holy Martyrs, drew in the day, with the darkness having been driven off. She perceived the unaccustomed sun, she observed the form of humans and the colours of things. She was granted such great clarity that the fine things, which the dulled sight of old age was unable to perceive, she clearly observed.

A38. On the same day a German man, with the weakness of lameness chased away in the oratory of the saints, received health with the intervention of the saints.

A39. After the holy translation of the holy martyrs, with a small number of days having passed, a woman, an inhabitant of Spinazzola, called Æmiliana, had lost the sense of hearing in one of her ears and carried, on the same side of her body, her bloodless arm and side, by the defects of birth, as a burden.

Suppliantly, she entreated the intervention of the holy Martyrs. What she entreated, she received. Suddenly movement was revealed in the unresponsive parts, divine nature supplied unknown strength to her arm and side. She heard acutely, she regained her health and she exercised the parts of her body previously unresponsive. With others, lively and robustly she extolled the Lord with thankful praise: devoted she honoured and worshiped the blessed Martyrs.

A40. On the same day a girl, originating from Canosa, with a foot inverted beyond its natural place and her bones going beyond their homes, hideously limped. She paused before the holy altar of b. Pantaleone, after a little while she threw herself to the ground; she prayed and immediately she rose uninjured.

A41. On the following day, another woman, who lived in Spinazzola, with a withered arm, driven from its shoulder socket, made haste to the holy altars of the saints. She prayed that they may intercede for her health. Immediately, unaccustomed vigour returned to her nerves; then the warmth felt with blood returned to the arm, recently dead, recently pulled from its shoulder and loose. Equally she raised her arms and natural strength managed the movement of both. With a loud voice she glorified the Lord about her health, and she acknowledged the holy Martyrs for their intercession.

B. Miracles from *Historia di S. Cataldi*, pp. 569-574.

B1. Among these a woman came, afflicted by weakness of the arms. Placed over the tomb, she was completely restored to health, so that no trace of weakness remained.

B2. A Beneventan, destroyed by the sickness of paralysis in his whole body, hearing about the miracles of the aforementioned Confessor, visited his church with devotion. Then placing himself near the tomb and releasing prayers, he obtained pristine health. At the same time two other miracles were affected.

B3. A woman, having been deaf and mute for a long time, came to the tomb of the saint, slept there for the night, and entreated God with feeling that she would be healed. And having received health, her tongue which had been silent for so long, proclaimed the miracles of the blessed Confessor.

B4. A young man, afflicted by a debilitating sickness of the limbs, in the presence of a large number of people, was placed near the tomb of the man of God [Cataldus]. Brought by his parents, who according to yearly custom, came to visit the Saint, and he deserved to obtain bodily health through the merits of the Confessor.

B5. And the first miracle, that illuminated the eve of the translation, concerned a poor woman, from the village of Lizzano, who had had frenzy for a long time and was completely without hope of her health. When she heard that [the translation] was about to happen, she came at once with others and, pouring out tearful prayers at the tomb, was quickly restored to her former health.

B6. A man from the fortified village of Massafra brought his three-year-old son, who was struck with blindness, so that he would be present during the solemnities of the Confessor. On the night before the day, on which the glorious translation was to be celebrated, he placed the blind boy before the tomb of the saint and shed tearful prayers. After the cure of the mad woman, he perceived an odour of wonderful sweetness, and [his son], who was blind, received the light of his eyes. As he ran through the church restored, the priest and the people seeing this sang psalms and hymns to God and his Confessor the blessed, Cataldus.

B7. On the same day on which the glorious translation was celebrated, a man with the name Stephen, a leather-worker of Taranto, whose whole body was filled with a scrofulous tumour, so that the surface of the flesh appeared swollen in the manner of lumps, came limping to the church, and lay down at the tomb of the Saint. Scarcely having finished his prayer, he was restored to health. However, thankless for so great a favour, he wished to hide the gift of God by returning in silence to his own house. When he reached the door of the church through which he intended to leave, he was stopped against his will. Struggling to go beyond, he was compelled to return as if by force. And so coerced, he spoke out, and having wished to conceal one miracle he unavoidably proclaimed two.

B8. A religious woman from Mottola, whose sister had suffered severely for eighteen years with the affliction of paralysis, visited the church of the

Confessor. Having heard about the many miracles that had taken place, she was saddened that she had not brought her sister to the saint to regain her health. So the woman went home and returned again with her crippled and weak sister. In the church, alone and prostrate, they released a prayer, and immediately the enfeebled sister was restored to her earlier health.

B9. Another religious woman (*sanctimonialis*) of Saint Peter from Monte Joy, coming not freely but reluctantly, compelled by the School of Sisters, was present during the solemnities of the Confessor. A spiteful spirit had invaded her, and she was so bitterly troubled that she was not able to rest in any manner. Coming with other sisters, who were entreating God and the Saint on her behalf, she, on the other hand, was blaspheming. Finally, freed completely by the merits of the Saint, she gave thanks with her sisters to God and to his wonderful Confessor.

B10. Another nun (*monacha*) from Gallipoli, struck with blindness for three years, boarded a ship to journey to Taranto to visit the church of the Saint. Stepping on to the ship, even before she set out for Taranto, she received the light that her eyes had lost. So, with her vision restored, she went into the church and, proclaiming the miracle, ensured that the mercy of God and his commitment to the Confessor was highly praised by all there.

B11. A man from *Bullita*, having a twelve-year-old daughter, withered in legs and feet, brought her to the church of the Confessor. Remaining there together for four days and praying, his daughter did not receive health. However, the father, desperate for the health of his daughter, set out to return [home] and placed her before the door of the church, so that he could place the saddlebags on the donkey. Turning his head and looking for his daughter, he could not see her but, entering the church, found her healed before the cross. With this done they rendered praise to God and gave thanks to his Confessor.

B12. A nun from the territory of Alessano [?] [Lecce], seized by weakness, had lost the hearing of both of her ears, so that all wanting to speak to her had to use signs of the hands. Although much talked about, the fame of the Confessor was not able to enter the ears of the deaf nun. Her blood-sister, suddenly inspired, led her deaf sister to the Saint, to whom she offered the afflicted nun. When they

entered the church, the sister showed the tomb and image of the Confessor to the other sister, she looked up to heaven and touched both ears of the suffering nun. The deaf sister understanding to whom she had been led began to entreat the Saint with a loud voice. She believed firmly that she had come to a suitable and sympathetic ear. The blessed Confessor, looking kindly upon her prayers, quickly returned her to pristine health. Therefore, both sisters began, with many people gathering, to give thanks to God and to his Confessor Cataldus.

B13. A just and rich man called Ursus, from Policoro [Lucania], subject to a grave illness had lost the use of half of his body. Discovering the fame of the miracles, he found that people who had become weak could be returned to health and so allowed himself to be taken to the church of the Saint. Having entered [the church] he lay prostrate on the floor and entreated health with tearful prayers. During the night while he was sleeping in the church, he saw in his sleep the wonderful Queen walking through the basilica with a single servant going before her. Approaching the infirm man, she commanded her servant that he should gently lift the feet of the sick person by removing the straw mattress on which he was sleeping. After the commands of his mistress had been completed by the servant, the sick man cried out. And so the Queen said to her servant, ‘you have raised the feet of the sick man more roughly than you ought’. The servant humbly replied ‘[My] lady, he does not feel any pain from it’. Therefore, when he woke up from his dream, the sick man found himself uninjured. Recounting how he had seen a vision, he realised without a doubt that the most blessed Virgin, mother of God, had granted him his health through the miraculous intervention of her servant the Confessor.

B14. A girl from Brindisi, aggravated by pain in her head for a long time, had lost the light of her eyes. Her parents were summoning doctors to extirpate the blindness of their daughter and were paying the price with lavish hands. Although [the doctors] were promising health to the weak girl, they were unable to grant it. Finally, her parents thoroughly desperate for the health of their daughter and having heard about the fame of the miracles, proposed to come to the church of the Confessor. They had made silver eyes, which would be left behind in the memory of the Confessor at the church. During the night, the girl, realising she could see, called to her parents saying that the day had begun to

dawn and to wake up. Her parents believed that she was unable to distinguish the day from the night and greatly grieved. However, the girl insisted that ‘You should recognise that God has restored light to me’. Her parents rose rapidly and found that she had truly recovered the light of her eyes. Rejoicing, they came with their daughter and rendered thanks to God and the Saint for the restored health. And the silver eyes were given to the statue of the Confessor.

B15. The feebleness of a woman from San Basilio had wounded her shoulder, from which her whole arm had dried up. At first, she sought health from the temporal doctors, then visiting the oratories of different saints she entreated corporal health with votives and prayers, but she was unable to obtain [health]. This was because the temporal doctors were promising that they were unable to give. The spiritual ones were able, but unwilling because they were reserving it for others. Meanwhile the weak [woman] realized the miracles of the Confessor, and summoning faith, with her brother and leader leading the way, visited the church of the Confessor. And with both praying before the tomb, during the night, she received the health she had entreated.

B16. A wagon builder of Taranto, called Argentius, previously living justly, was unable to sustain himself because of his dried-up hand and arm and was being supported by the work of his men. While searching other oratories for health, it was revealed to him during sleep, that he should entreat health elsewhere and from another. And so, coming to the Saint and praying with tears he said ‘I honour you Lord, indeed I believe, that I am sent to your holiness, and by you, my health may be restored. I come to you: I hasten to you. Return me healthy to your flock so that I can proclaim your loyalty of God’. With him and others entreating, the goodness of the Confessor did not abandon him and with his hand and arm restored to pristine health, he joined himself together with the Confessor’s flock.

B17. With the fame of the miracles of the Confessor not only awakened in Apulia but also in Calabria, it pleased eight inhabitants of Crotona to come by sea. Two other sick people were invited and brought by the ship, one of them, a fellow citizen, had dried up hands and feet, and the other, from the settlement of Persigro. was suffering in the same way. While they were sailing between the rivers of Latus and Bradano, a great storm arose and a wave, swelled with rain,

shattered the ship completely. While they were hoping for God's help the boat was filled with water twice over, by the rain and the sea. And so, despairing completely for their health, they began to entreat the help of the saint, that he would free them from the danger of death. The ineffable pity of the Confessor generously granted them more than they asked: for suddenly the storm was calmed and health was given to the infirm. Freed in such a way by the help of the Confessor, they approached his church, glorifying and praising the compassion of the Saviour by describing the miracles which he worked through the merits of the Confessor.

B18. A priest from Pomarico [?] [Lucania] suffering a lasting dizziness of the head, entreated the blessed Confessor for his health with a tearful vow. As he slept, he saw himself in the church of S. Marcus and being carried by his student due to his feebleness. After being consulted [the student] was saying to his sick master 'Go to the bishop settled behind the altar, called Cataldus: and just as he freed many who were weak with various feebleness, so he will have mercy for you with his usual compassion'. And so, while sleeping, he saw himself travel, with a quick step, to the Saint, who making the sign of the cross on the head of the sufferer and kissing his forehead, announced [he] was cured, and moreover charged him to visit his church. Therefore, on waking and feeling himself healed, the priest did not delay to come to the church and praising God and the glory of the Confessor proclaimed the miracles made by him to all.

B19. A man from Lombardy having devoutly visited the tomb of the Lord and other holy places, which had associations with our Lord, announced to the world that he had arranged to visit other houses of God, found through diverse provinces. While returning, he travelled through Monopoli where he remained for several days. Realizing the monastery of S. Angelo was situated in the same territory, he visited and spent time with the monks there. Finally, with his good deeds being discovered, through the cunning of the old enemy, an epileptic fit which is called gutta caduca was harshly cast upon him and he was tormented, not once a month, or even [once] a day, but twelve times in a single day. Hearing about the miracles of the Confessor of Taranto, he did not delay to set out and having received his health, he returned uninjured to the servitude of the monastery.

B20. A girl from *Meyaneo* so surrounded by an abundance of scrofulous tumours in her neck that they were despairing for her health. Some of the tumours were open and continually discharging pus, and in fact an inflamed part was protruding from the most recent opening which was also oozing pus. But her parents desiring her health, at first made use of women with incantations, and then they tried to procure health for the weak girl with various and diverse ointments after consultations with the doctors. With all of the aforesaid not presenting health to her, and the fame of the miracles of the Saint having been heard; that the blind could see, the deaf could hear, and the lame were able to walk, the paralyzed were cured, and everyone who was weak received health by his merits, they brought their daughter to him and asked for her health with devoted prayers. The Confessor, considering the tears of the parents with the accustomed tenderness, healed their daughter so that the scars of her wounds would not remain on her.

B21. A widow from Roseto Val Fortore [Foggia], of virtuous life and behaviour, suffered from ailments all over her body, but in particular she experienced great pain in her feet. There were so dried out as to be like wood and were no bodily use to her. Hearing about the miracles of the Confessor, the brother-in-law of the weak woman began to entreat him most devotedly so that his sister would be thought worthy to help. The Saint hearing the supplication favourably, appeared the following night to the sick widow, and said to her 'The goodness of the Saviour will impose an end on your faintness, and if you leave for my house without delay, you will certainly be healed'. And so coming to the church and praying, the kindness of the Confessor restored her to complete health.

B22. A certain priest, of a praiseworthy and honest life had nevertheless been struck with the illness of leprosy for two years. With the scabs of his spotted body cleansed and the roughness of the voice set aside, by the merits and virtue of the Saint he was cured and cleansed of leprosy. Therefore, he hurried to Taranto, accompanied by his many fellow citizens, and rendering thanks to God and Blessed Cataldus he celebrated the solemnity of Masses on the altar of the same.

B23. A woman from Conversano while going to visit her sister in Polignano, fell from the mule on which she sat after it was startled. She fell and struck her stomach on a stone in such a way that a swelling the size of a jar was produced outside her stomach, as if it were another stomach. Tired from this most harsh suffering for seven years, although ignorant of the name of the Confessor, she began with a frail voice to invoke the suffrage of the saint who died of Taranto. She had scarcely completed her prayer when her health was completely restored, and she was freed from all pain. Immediately a united crowd of citizens came to the church of the Confessor, gave appropriate thanks to God and the saints, and proclaimed the miracle to all.

B24. A distinguished knight from Taranto, called Lord Berlangarius, who was most eloquent and skilled in law, published the revered deeds of the Confessor in a book translated from Greek to Latin. Summoned by the King, he went to Palermo where such a sudden and unaccustomed pain invaded him in his side that he believed his life was ending. He swore that he had not a single limb that was not in pain. Believing he was nearing the end of his life, he recalled the piety of the Confessor who he began to tearfully entreat from his heart. And so, the wonderful and kind Saint mercifully heard his tearful tears and quickly restored him to health, showing through incontrovertible evidence that what he had said about the Inventio and miracles of the saint happily also applied and held [true] of himself.

B25. A black mist had seized the eyes of a man from Salandra (Matera) for three years, to such an extent that it had deprived him not only of light but had also compelled him to ask for the necessities of life by begging suffrage from another. Having visited, with great effort, other oratories, including the most prominent burial of the Lord, he was divinely inspired to visit the church of the Confessor. During the journey he experienced a great itching in his eyes, and while he was scratching them with his hands as though onion skins they fell from his eyes: and suddenly he regained his lost sight through the merits of the saint. And having received health by the great dispensation of God, he came to the church of the Confessor, offering thanks to God and b. Cataldus by crying twice over.

B26. A man from Taranto, called Dominic, had a seven-year-old son with withered feet and legs, who, following the advice of his neighbours, he carried to the saint. On the first night they were there, after pouring out prayers with sadness, the boy, restored to pristine health, ran through the church. The power of God and the piety of his Confessor were praised because of this.

B27. One day, with the setting of the sun, a pilgrim asked a woman, from the town of the area of Conzena (Calabria) and deprived for two years of light, for hospitality. Kindly received by her, he asked her how long she had suffered from blindness. With his question answered, the pilgrim asked her why she did not go to Taranto to entreat the suffrage of the saint? The woman swore never to have heard anything about the saint. To which the pilgrim said: 'Do not delay to press on to the Saint and for certain you will receive health'. In the morning with the pilgrim nowhere to be found, the woman hurried to Taranto, where in the streets she received her health. with excited steps she visited his church to give appropriate actions of thanks.

B28. In the small village of Barsenti¹ a woman, who had a one-year-old son, had four local women came to her chaff-loft, as was usual, with their spindles, to spin and talk. With those working and talking open-mouthed with astonishment, the boy, carried off from their midst by the cunning of the ancient enemy, suddenly crawled towards the fire and placed his face into the middle of the flames. He seemed to be dead and unable to breath. The women were alerted by the smell of burning so they suddenly understood what had happened by the smell even though they had not seen it with their eyes. Immediately they exclaimed with tears: 'O Saint Cataldus of God, give to us your kindly help' and the boy, snatched away from the flames, breathed out a little. After two hours had passed his breath began to slowly awaken and after four days although they were beginning to trust a little more in his life, they were inwardly despairing for the light of his eyes. With their vow the kindness of the Confessor appeared and granted, from God, life with light. Therefore they quickly set off on the journey

¹ I have been unable to locate this settlement, but it was perhaps found at the mouth of the river in Basilicata around the bay of Taranto.

and came to the tomb of the saint where the Grandmother and Mother of the boy, crawling on hands and knees, proceeded to the church all the way to the entrance by the sea to give thanks for the safe and healthy boy, whom the enemy had dragged by a four-footed step to the fire.

B29. A woman from Oria, severely ill, was being tormented by a long-lasting pain of the head, and after not long, the pain brought forth blindness. The woman continually crying did not delay to entreat the B. Cataldus that she may regain her lost sight. At home in the middle of the day while tearfully praying to God and the Saint with tears, she heard a noise as if someone was walking softly in the house. Calling out she did not hear a response, but received a light blow to the head. At once she exclaimed to those nearby that a man had walked in to her house and struck her lightly on the head from which she had received the light of her eyes. And so, with those nearby and others all coming together at her shout, she recited the order of events. All of Oria came together, paying praise to God and the Saint with joy, and on the following day the woman came to the church with a great crowd of citizens to praise the power of God, who cured her from pain through his faithful servant.

B30. A young man from Ostuni was struck with a painful suffering in his hand and thumb, in which the flesh in the wound was pierced in such a way that putridness was continually flowing from the wound. This suffering was called, by some, *gutta fistula*. And so, his parents began to search for doctors, who would profit little from the patient (*patienti*). Finally they decided to go to Taranto for a certain doctor, sought out in sicknesses, and while they were preparing to begin their journey the following day, in his sleep the father of the boy saw, a man of respected looks and honourable dress, standing next to him saying, ‘Why are you not working to find a doctor who will cure your son from this evil?’ To which the father replied ‘O Lord I have found many doctors, whom I have consulted for the cure of our son. The only thing that remains is to go to Taranto to the attested doctor, it maybe he can return health to the weak’. To which he said, ‘Therefore do not delay to take him to the doctor residing in Taranto, who brings medicine to the weak, and immediately health will be restored to your son’. And he was seen to touch the thumb of the patient (*patientis*). With [the father] excited he recounted his vision to his wife, and she

trusted in the healing Confessor, whom together they came to with the boy. During the journey, the boy obtained his health. And so, approaching the saint, they glorified and highly praised God, and proclaimed the miracles of the Confessor.

B31. A noble girl from Trani, an only child adorned with beauty and morals, struck with the weakness of paralysis, had lost the use of her feet and was unable to speak. Her parents searched for temporal doctors and hired them with great amounts of money. When the recommended antidotes of the doctors brought their daughter no health, they arranged to take her to the tomb of the Confessor. During the journey, between Mottola (Taranto) and Massafra (Taranto), as they were riding on horseback and carrying the weak girl, they were suddenly thrown to the ground when the horses feet struck a stone. The weak girl, fearing she would be injured by the falling horse, exclaimed with a great voice ‘Lord help me’. And running about shouting, she withdrew a long way from it; and so in that moment she recovered her speech and ability to walk. With her running and shouting with joy, her parents perceived the mercy of God and that their daughter had been restored to health through the protection of the saint, and they came to the monument of the saint with psalms and actions of thanks, because it had happened as they revealed it had.

B32. The Lord of the castle of San Nicandro, of the territory of Bari, distinguished by noble birth and custom, together with his wife had a beautiful and handsome son. Reaching the age of three, their son was attacked by a very serious fever such that he refused to suckle, the appearance of his complexion changed, and they were unable to find even a weak pulse. Closing his eyes, his limbs became as cold as ice as the warmth of life left him, and [he], the infant, was thought to be dead. His unhappy parents, crying and calling out, were grieving with their neighbours as they prepared the sudarium and all the necessities for the burial. The father, unable to sleep due to crying and divinely inspired, began to say with clamour: ‘O most holy Confessor of Christ, B. Cataldus, in the same way the mercy of the Saviour, with your mediating prayers, returned my wife to me from near death, if the boy is restored uninjured to me and my wife, we will bring him to your holy relics. And so his wife also implored the help of the Confessor praying that, in the same way she had been

freed from her illness, her son would be freed from death. Soon the infant began to open his eyes and suckle from his mother. Restored to health his parents took him to the tomb of the saint, where they gave double the gift on behalf of the mother and the boy.

B33. A certain man from parts beyond the Alps, who admitted he [was] a German, being troubled with an unheard of and most painful suffering; after searching the land everywhere for the privilege of health in vain, hearing of the miracles of the Confessor, he brought himself to Taranto on Palm Sunday and, after the ceremonies had been completed outside the door, as the procession was on its way back, that most hideous person showed himself to everyone. When they saw him, they individually began to pray and at the same time to express amazement and astonishment, and, marking themselves with the sign of the holy Cross from fear, they begged with tearful prayers the mercy of God in the interest of a cure for him. For he had on his throat a fleshy lump stretched out to length on both sides of his throat in the manner of a bag, and bigger than the size of the lump which camels show when they gather up the length of their necks. The poor fellow went into the church, embraced the tomb, and sighing and weeping invoked the mercy of God. He applied himself to these activities right up until the following day, that of the Lord's Supper. On that day, indeed, when the service of the Masses had been begun by the cleric in charge, while the 'Gloria in excelsis' was being solemnly sung to God and while the congregation was giving the response, 'Et in terra pax hominibus' etc., that fleshy lump, which had previously been harder than bone, was changed into the softness of butter and having, with the help of God, been punctured on each scab, poured out poison and pus mixed with blood, just like a wine-skin bag punctured from both sides, and the skin, remaining empty after the poison had been drawn off, was gathered up like the dew-lap of an ox. And, when the sick man had been thus restored to health, everyone rejoiced and was glad, singing to God and to the saint with as many hymns and praises as possible.

C. Miracles from *Miracula S. Mennatis*, pp. 476-481.

C1. A woman, from the lands of Lombardy, had a son who had become mad and had endured his long suffering with maternal affection for a long time.

Finally, she took him to the tomb of blessed Nicholas, who was most celebrated in Bari, so through the great merits of the confessor she might earn the restoration of his mind. While prostrated before the altar of the same saint and praying intently, now tired, she fell asleep with tearful prayers. A man in a white habit appeared to her saying ‘Why are you making such a fuss, woman? You should know for certain that [good] health will not be granted to your son here: but rise, withdraw and go to where the body of the blessed Confessor of Christ Mennas rests, and believe, because there, given by God, he will receive health’. The woman believed this most desired vision and without delay set out on the journey with her son. After some time, she came to the saint’s mountain, where quietly waiting she immediately perceived the aforementioned confessor of Christ, and she began to question the guardians of his church about the body of the holy man. She was told that he was no longer there, because recently the body had been taken from there by Count Robert and honourably translated to the city of St Agatha and reburied. Anxious for the health of her son, the woman, although tired, hastily departed from that place and desiring to confirm that which she had heard in her sleep, she instantly hurried to the aforementioned city. When she arrived at the city, even before she reached the basilica of the holy man, her son was healed and returned to a most healthy state of mind. The woman, seeing this and shedding abundant tears of joy, immediately brought wax to the tomb of the holy man [Mennas], praising and glorifying God and his servant, and repeating to all what had happened to them.

C2. In the city there was a daughter of a knight, who, by now, had been most ardently troubled by a fever for around four months. Therefore, with great faith he brought his feverish daughter to the tomb of the holy man and dedicating a vow to the saint that if he should cure her from her present illness, he would make a gift each year in commemoration. In a marvellous way he immediately carried home his daughter, who only a little while before had been weakening.

C3. Lord Peter, a prudent and honest cleric and canon of the same holy basilica, had been seized by a strong fever while he had been in the city of Benevento for his responses. And when he was burning with great heat, he began to want in his heart and believe with firm faith that if it was possible to present himself to the tomb of the holy body, he would immediately regain his

health. And because he believed faithfully and did not hesitate in his faith, so that he could return, he approached the oratory of the blessed Confessor. Prostrate before the altar, he prayed and immediately he rose with his health restored.

C4. Another cleric of the same monastery(?) was being greatly tormented by pain in his ear, in such a way that it was as if someone was emitting mad chatter and a huge roar. In the night, urged by his inability to withstand the suffering, he rose and took himself to the oratory of the Confessor of Christ. He prostrated himself before the altar praying carefully so that he may deserve, through the service of the holy man, to be freed from the difficulties of such feebleness. Soon the suffrage was present with the devoted prayers of the distinguished Confessor and, when immediately water began to ebb from his ears, he was likewise rescued from the same suffering.

C5. When a woman was trying to feed her son and did not have any milk so that she was only feeding her son a little, believing nothing was impossible for God and also believing the blessed confessor of Christ could obtain from God whatever she wished, she made wax breasts and, with great faith and devotion, took them with her to the basilica of the saint. And when she had prayed and vowed herself faithfully every year, while he was alive, she returned home and milk began to flow from her breasts. Thus, all, who had known her previously to be without milk, after a while were marvelling at her overflowing with an abundance of milk.

C6. Another girl, with all of her face completely swollen, was restored to pristine health by the merits of the holy man when she came to his tomb and brought a waxen head in her likeness to him.

C7. And when this became widely known and his fame had reached the ears of the multitude, many women suffering from the illness of the head, having made smaller waxen heads, came with their votives to the oratory of the holy body and immediately they were healed.

C8. Among these, a noble wife, who had hands completely filled with blemishes, which the common people called *serpingo*, and producing wax hands

which she devotedly brought to the same basilica she quickly received health in a similar way to the earlier example.

C9. A man, a native of the same city, had a daughter in Capua, who was afflicted by great pain and sound in her head. He approached the basilica of the holy man and entreating he asked his suffrage for his daughter and in memory of the same saint offered to become a priest as an offering of thanks on behalf of his daughter. It came to pass on that day and on the same hour his daughter was healed.

D. Miracles from Adelferius, *Vita Nicolai Peregrini*, pp. 151-158.

D1. A girl, a native of Trani, called Mundella, who had lost her sight for three years, was longing to visit the church where the saint was held. Anxiously she approached [the shrine] with the rest of the crowd, hoping she would be able to obtain health even though the fame of the saint had not yet spread through the neighbourhood. She threw herself down beside the body to be worshipped and, with us standing by, she saw the day clearly. This was the first miracle and a testimony to the life of the b. Nicholas and raised the hearts of the ill in great hope.

D2. This sign compelled another woman, called Bisantia, whose arm had dried up a little while ago, and who was standing nearby, to approach closer. Breaking through the density of those crowding round with difficulty, she finally came to the desired body. Remaining where she was and exchanging kisses, restored to former health she moved the hearts of those watching to break out in praise of Christ.

D3. Similarly, a woman, called Alva, overcome with great pain, had previously suffered from knottiness of the body. Taken to the church, she was laid beside the saint and the holy body immediately released the knot of her body.

D4. A boy of Trani, although contracted from infancy, had now become weak from the continual suffering of the illness. Strong in his belief in the b. Nicholas and desiring to be freed from the contraction, he was quickly brought to his tomb and acquired the desired blessing.

D5. An adolescent, called Petracca, descended from a noble race, had a continuous contraction, which had tied his limbs in knots and rendered them useless. He was placed near the venerable body and hopefully asked for the use of his limbs, which he obtained with people standing by.

D6. A man of Bisceglie, called Defigius, was unable to use his limbs due to severe pain. His limbs, previously impeded, had now grown numb. Recognising the marvels of the b. Nicholas, he longingly approached his tomb. After a little while he was straightened out and he returned home on his own feet.

D7. Meanwhile a man, an inhabitant of Calabria, hearing of the many virtues continuously performed by b. Nicholas, the servant of Christ, in Trani, came to his tomb, with faith, in the hope of recovering his sight. After obtaining the kindness [of b. Nicolas] and seeing a small amount of clarity, he exultantly departed on his own.

D8. After a couple of days, a woman of Terlizzi, called Mary, whose whole body was collected together by bonds so that every limb was idle in their duties, was brought to the holy tomb. But this woman, having entered the town of Trani, deterred the entry of those looking on. As she was obviously unable to sit on a donkey, she was carried in a basket in the likeness of a sphere. It is remembered that when she lay down before the tomb of the saint, she easily recovered pristine health.

D9. After a short period of time, when the famous name of the b. Nicholas was known throughout the whole of Italy, it reached a man of Flanders, called Andrew, who beside dryness of his right arm, had surrendered to the wickedness of demons. He set out for the church in Trani, intending to entreat the help of the saint. Once there and standing near the revered body, he brought fear to the people standing by. For infested by an unclean spirit in a distressing way, he convulsed on the ground while semi-conscious. I leave unmentioned that he beat his head against the marble pavements and foamed at the mouth. Nevertheless, on that day near the altar, where he had previously laid down piously, standing he was suddenly made whole again. With many watching he raised both his palms, uninjured, to heaven, and the demon, through the intervention of b. Nicholas, withdrew. He gave great thanks to the all-mighty. This glorious

miracle lay hidden from no-one in Trani, for he remained in the court of the kindest archbishop for a long time, before, on his order, joyfully visiting Jerusalem.

D10. At the same time a woman, called Anastasia, from the town of Mottola, was relentlessly harassed by a most wicked spirit. With bloodied hair, a tormented face and continuously shaking she approached the refuge of the b. Nicholas the Pilgrim, who immediately recognised the courageous supplicant. Falling asleep beside the burial of him she was freed from the demon. When she awoke, they asked her how this had happened and she answered that she had heard a voice speaking to her: 'Rise, woman, for you have been healed'.

D11. After a lot of time, the wife of one of our fellow citizens, named Rossula in the vernacular, possessed by a demon, was led to the tomb of the saint. With the wickedest demon violently harassing her, she was uttering many curses several of which concerned b. Nicholas the Pilgrim. With many present, including the noble archbishop, the demon withdrew from her.

D12. A boy, called Urso, whose knotted arms had gathered to protect his chest, asked the help of b. Nicholas the Pilgrim, whose name he had heard and he was granted a favourable answer to his petitions. In the same hour, released from infirmity, he hurried with the quickest step to the place where the saint was resting with many accompanying him.

D13. A woman, called Gemma, weakened by the magnitude of her sickness, had been left without movement in her limbs for four years, and was unable to lead her hands to the bones. In truth, laying on a bed at home she poured out prayers to b. Nicholas, of whom she had heard many and great things. She was heard clearly without delay and she rose unharmed. She advanced with the quickest steps to the tomb of the saints and was accompanied by a great crowd. There she gave thanks to God, who through His servant Nicholas the Pilgrim had mercy on her.

E. Miracles from Amandus, *Translatio Nicolai Peregrini*, pp. 159-168.

E1. And so in that time, while a servant of someone called Peter, was being taken to a small fishing boat, a demon took hold of [invaded] him and drove out prior reason, forcing him to submit with all his heart to it. Then, he revealed his

madness with foam, and the shaking and clenching of his teeth revealed his possession by a terrible passenger. Having been bound, he was led home, and unable to harm anyone with his hands or teeth, he attacked them with words. Trembling overtook those watching, as divine retribution prevented his recognising them all, and incited the onset of his behaviour. After salubrious advice, he, whom the demon was possessing, was led to the tomb of the confessor of Christ, with his hands and neck tied. Those whom he was unable to harm because of the bonds that held him, he tried to frighten by roaring. When, after some time, the troubler saw his plot proceeding in vain and was unable to foresee an opportunity to escape, seeing himself pushed from his home by the merits of the man of God, after the vigil of the night he left behind the vessel he had entered. The place where he, whom the demon had invaded, was to be found, was being made renowned by a crowd of citizens of both sexes: prayers were pouring out to Lord with a joint vow, the groan of those standing by was informing him; and all with one voice were entreating the man of God. When suddenly, around the crow of the cockerel, the man of God, aided by prayers, threw out the unclean spirit and revealed the creature of God to be free from the invader by the vomiting of blood. O how great was the joy of men, how great and numerous were the celebrated praises to God! In this way God wanted to glorify this saint and for him to be praised highly. Then this man, whom the saint had freed, also freed from the law of servitude, devoted himself to the service of St. Nicholas for a long time. In truth, afterwards he took the habit of holy orders, and many of us saw him leading a religious life in the monastery of s. Benedetto, which is in Salerno.

E2. A man from Corato, so deprived of his sight that an everlasting night oppressed his distinction of things, was led between the crowds of people before the altar of the Confessor of Christ. He was left resting on a certain bit of the pillars, where he would not be moved by the charge of people. With tears he asked for the help of the man of God, and as he was hoping he suddenly felt the help of the man of God: he gained his sight with the haze removed. What a wonderful thing! With the light of day seen, he approached the altar by himself, presented himself to the priests and gave innumerable thanks to God. With great devotion he praised highly b. Nicholas the Pilgrim and the mouths of the people

slacken in celebratory praise. In the mouth of all nothing resounded except the praise of God and b. Nicholas.

E3. By no means dissimilar, divine tenderness cared for a man from Salpi, who had been unfortunate for a long time because of the disadvantage of withdrawn light. When he approached the church of the blessed man with others, he was enlightened with sudden vision from heaven, he saw and he, whom the leader had dragged with to the holy spectacle, walked without a guide.

E4. A certain rich and noble man from Gaul, while attacking Syria, completely lost the sight of his eyes: he was unable to distinguish neither the colours of things, nor the difference between light and dark. Returning [home], he heard the fame of the blessed man, he joined the crowd [and] under the guidance of the attendants came to the church. Extending two lamps in his hands for the altar before the priests, he beseeched the blessed Nicholas with flowing tears and continual prayers, [and] with his soul and mouth he proclaimed to God. When finally, by divine clemency, he saw the faces of men, which he had forgotten for a long time, he gave due thanks to God [and] raised the blessed man to heaven with prayers. Finally turning to the crowd, marvelling and praising God, he made known the vow of his heart, saying 'I devoutly promise to God and b. Nicholas, that when I return home I will establish a church in honour of b. Nicholas the Pilgrim and endow it with estates and revenues, sufficient to keep three priests'.

E5. A boy from Ascoli Satriano, was being held by the terrible illness of paralysis. He was led to the house of the man of God and was returned to the condition of soundness.

E6. And also, a man from Potenza [?], who was being troubled by a similar infirmity, escaped with the same help of the man of God.

E7. A girl spending time in Trani, had lost the movement of her limbs below her breast and appeared to live with only the use of her head and arms. She was placed by the hands of relatives within the sight of the crowd and next to the holy altar of the man of God, when, with the intervention of the blessed man, divine power cared for her. With many watching, she rose, stood and walked. When this miracle was spread by the people, the crowd filled the church. What a

wonderful thing! They saw that the person whom they had known only [to be] with a body knotted, and almost like stone, [now] walking, with limbs released so that she [had regained] the ability to move.

E8. By no means dissimilar, a girl from Ruvo, deprived of movement in the limbs below her shoulders, was granted the help of b. Nicholas.

E9. There was a similar outcome for a similar problem through the help of the man of God, for a boy from Bisceglie, which became known by many.

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