


The Saint as Mediator: Medicine and the Miraculous in Fifteenth- and Sixteenth-Century Italy

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Summary. This article discusses the interlinkage of medicine and the miraculous in the healing actions of living saints, based on the canonisation dossiers of St Francesca Romana (1440–53) and St Francesco di Paola (1512–17). These documents include a large number of miracles performed by saints during their lifetime, and in a large proportion of these cases, the holy person administered some kind of medical substance to an infirm devotee before or while performing the miracle. While the commissioners of canonisation inquests had to determine that the cure was of a miraculous origin, it appears that for the devotees the medical and miraculous acts were an inseparable part of the same continuum. Occasional conflicts arose with medical professionals, but the living saints also collaborated with them. The connection of a medicating saint and a miracle-performing saint is thus an essential aspect of the medical pluralism of late medieval and early modern societies.

Keywords: hagiography; medical pluralism; Renaissance; miracles

Medicine and the miraculous have always been deeply intertwined. Following the biblical example of Christ and his apostles, the fundamental type of thaumaturgy has been curative. Recorded most frequently in hagiographic texts, such miracles cured various acute and long-term illnesses and impairments, as well as resuscitated the dead, with the proportion of each type of miracle varying from collection to collection and from century to century.¹

A miraculous cure always includes the presupposition that the condition in question is incurable by any earthly means. In other words, in the established pattern of a miracle narrative, earthly medicine fails, is unavailable or is futile.² The scribes of early and high

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¹For the proportions of miracles in various time periods, see, for example, Ronald C. Finucane, *The Rescue of the Innocents. Endangered Children in Medieval Miracles* (New York: St. Martin's Press, 2000), 97; Christian Krötzel, *Pilger, Mirakel und Alltag: Formen des Verhaltens im skandinavischen Mittelalter (12.-15. Jahrhundert)* (Helsinki: SHS, 1994), 188–89; Pierre-André Sigal, *L'homme et le miracle dans la France médiévale (X^e – XIF^e siècle)* (Paris: Les Éditions du Cerf, 1985), 256; André Vauchez, *Sainthood in the Later Middle Ages*, Jean Birrell (trans) (Cambridge:

Cambridge University Press, 2005), 468; Maria Wittmer-Butsch and Constanze Rendtel, *Miracula. Wunderheilungen im Mittelalter. Eine historisch-psychologische Annäherung* (Cologne: Böhlau, 2003), 101, 111, 113.

²For the narrative pattern, see Stanko Andrić, *Miracles of St. John Capistran* (Budapest: Central European University Press, 2000), 228–38; Michael Goodich, *Miracles and Wonders. The Development of the Concept of Miracle, 1150–1350* (Aldershot: Ashgate, 2007), 93–99; Gábor Klaniczay, 'Miracoli di punizione

medieval miracle collections utilised their own medical knowledge to highlight the authenticity of miracles.³ Medical knowledge became even more important during the canonisation inquests. These inquests were conducted by the papacy from the early thirteenth century onwards to investigate a putative saint's life, merits and deeds.⁴ As part of the investigative process, papal commissioners interrogated dozens or even hundreds of eyewitnesses under oath about the holy person's life and miracles. The interrogations were carried out according to a set of rules that had their basis in Canon Law. A notary recorded the witness statements and sent them to the papal curia for evaluation.⁵ It was of crucial importance that the incurability by earthly means of a miraculously cured condition was proved during the interrogations. As the prestige of the medical profession grew and the medicalisation of society progressed in the high and late Middle Ages, more and more physicians (and occasionally surgeons) were called to testify and to give scientific endorsement to the alleged miracles.⁶

e *maleficia*', in Sofia Boesch Gajano and Marilena Modica, eds, *Miracoli. Dai segni alla storia* (Rome: Viella, 2000), 109–36. For the narrative patterns of miracles *in vita*, see Robert Ian Moore, 'Between Sanctity and Superstition: Saints and Their Miracles in the Age of Revolution', in Miri Rubin, ed., *The Work of Jacques le Goff and the Challenges of Medieval History* (Woodbridge: The Boydell Press, 1997), 55–67. For incurability and medicine, see Didier Lett, '*Judicium Medicine* and *Judicium Sanctitatis*. Medical Doctors in the Canonization Process of Nicholas of Tolentino (1325): Experts Subject to the Inquisitorial Logic', in Sari Katajala-Peltomaa and Kirsi Salonen, eds, *Church and Belief in the Middle Ages: Popes, Saints, and Crusaders* (Amsterdam: Amsterdam University Press, 2016), 153–70; Joseph Ziegler, 'Practitioners and Saints: Medical Men in Canonization Processes in the Thirteenth to Fifteenth Centuries', *Social History of Medicine*, 1999, 12, 191–225.

³Louise Elizabeth Wilson, 'Conceptions of the Miraculous: Natural Philosophy and Medical Knowledge in the Thirteenth-Century *Miracula* of St Edmund of Abingdon', in Matthew M. Mesley and Louise E. Wilson, eds, *Contextualizing Miracles in the Christian West, 1100–1500. New Historical Approaches* (Oxford: The Society for the Study of Medieval Languages and Literature, 2014), 99–125.

⁴In earlier centuries, the number of people venerated as saints had increased significantly, as had the importance of saints' cults in general, often beyond the control of those high in ecclesiastical hierarchy. Gradually, from the Carolingian period onwards, there was more centralised control over the veneration of saints and especially the transformation of their relics, for which bishops had a crucial role. Eventually, the right to officially proclaim sanctity was transferred to the pope, whose authority reached a new high peak in this period. For the legal developments of medieval canonisation processes, see Vauchez, *Sainthood*, esp. 1–32; Roberto Paciocco, *Canonizzazioni e culto dei santi*

nella christianitas (1198–1302) (Assisi: Edizioni Porziuncola, 2006); Thomas Wetzstein, *Heilige vor Gericht. Das Kanonisationserfahren im europäischen Spätmittelalter* (Cologne: Böhlau, 2004).

⁵For late medieval miracle investigations, see Christian Krötzel and Sari Katajala-Peltomaa, eds, *Miracles in Canonization Processes: Structures, Functions, and Methodologies* (Turnhout: Brepols, 2018) and especially their introduction 'Approaching Twelfth–Fifteenth-Century Miracles', in the same volume (1–39) as well as Gábor Klaniczay, ed., *Procès de canonisation au Moyen Âge. Aspects juridiques et religieux* (Rome: École Française de Rome, 2004). Canonisation processes were reformulated and the rules made more uniform in the aftermath of the Council of Trent, but this does not signify that the medieval inquests lacked methods or meticulousness. For later developments, see, for example, Simon Ditchfield, 'Coping with the "beati moderni". Canonisation Procedure in the Aftermath of the Council of Trent', in Tom McCoog, ed., *Ite infammae omnia* (Rome: Institutum historicum societatis iesu, 2010), 413–39. For the medical developments of post-Tridentine inquests, see Gianna Pomata, 'The Devil's Advocate among the Physicians: What Prospero Lambertini Learned from Medical Sources', in Rebecca Messbarger, Christopher M.S. Johns and Philip Gavitt, eds, *Benedict XIV and the Enlightenment: Art, Science, and Spirituality* (Toronto: University of Toronto Press, 2016), 120–50.

⁶Rachel Koopmans, *Wonderful to Relate. Miracle Stories and Miracle Collecting in High Medieval England* (Philadelphia: University of Pennsylvania Press, 2011), 183–87; Iona McCleery, 'Christ More Powerful Than Galen? The Relationship between Medicine and Miracles', in Matthew M. Mesley and Louise E. Wilson, eds, *Contextualizing Miracles in the Christian West, 1100–1500. New Historical Approaches*, Medium Ævum Monographs XXXII (Oxford: The Society for the Study of Medieval Languages and Literature, 2014), 127–54, 128–29;

The role of the medical profession in proving miracles was, in principle, to prove the fallibility of their art and to emphasise the supremacy of heavenly healers.⁷ However, recent scholarship has shown that in late medieval and early modern Europe, religion and medicine coexisted relatively harmoniously, supplementing each other. Although miracle narratives often record that a saint was invoked only after earthly medicine had failed, in all likelihood, people simultaneously searched for help from both medical practitioners—such as university-trained physicians, surgeons, apothecaries and various folk healers—and saints.⁸ This kind of synchronised attitude towards healing has been called ‘medical pluralism’, which includes the idea that there was no clear dichotomy between ‘orthodox’ and ‘unorthodox’ healing methods. Rather, a patient could choose from a wide array of healing options.⁹ There is no evidence that wealth or gender played any part in determining which healing practices or practitioners were used.¹⁰

An aspect of late medieval ‘medical pluralism’ that has received less scholarly attention is the role of a living saint as both a mundane and heavenly healer. Virtually, all canonisation inquests that investigated the sainthood of a recently deceased person include testimonies about miracles they had performed while still alive (miracles *in vita*). These miracles are, as a rule, less numerous than posthumous miracles, and in most inquiries, they received relatively little emphasis. They are also more often miracles that were not meant to cure people but rather to guide them in some way, including prophesies and miracles offering protection.¹¹ For ecclesiastical authorities, the status of these miracles was less straightforward than that of posthumous miracles. Miracles were a clear evidence of a (deceased) person’s sanctity. The sainthood of a living person was, however, always fluid, and miracles *in vita* had to be earned by the same person’s virtues. At the same time, a living saint had to be humble

Michael McVaugh, *Medicine Before the Plague. Practitioners and Their Patients in the Crown of Aragon, 1285–1345* (Cambridge: Cambridge University Press, 1993), 207–18; Ziegler, ‘Practitioners and Saints’. For the modern period, see Jacalyn Duffin, *Medical Miracles: Doctors, Saints and Healing in the Modern World* (Oxford: Oxford University Press, 2009), 1–35.

⁷This did not reduce the prestige of medical men within their communities. On the contrary, the proof they gave showed them to be good doctors who had pushed their expertise to its limits. Lett, ‘*Judicium Medicine and Judicium Sanctitatis*’, 166.

⁸See, for example, Ronald C. Finucane, *Miracles and Pilgrims. Popular Beliefs in Medieval England* (New York: St. Martin’s Press, 1995 [1977]), 63–68; David Gentilcore, ‘Contesting Illness in Early Modern Naples: *Miracolati*, Physicians and the Congregations of Rites’, *Past and Present*, 1995, 148, 117–48, 124; David Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester: Manchester University Press, 1998); Louis Haas, *Renaissance Man and His Children. Childbirth and Early Childhood in Florence, 1300–1600* (New York: Palgrave Macmillan, 1998), 162–63; Richard Kieckhefer, *Magic in the Middle Ages*

(Cambridge: Cambridge University Press, 2000 [1989]) esp. 1–17; Lett, ‘*Judicium Medicine and Judicium Sanctitatis*’.

⁹See Gentilcore, *Healers and Healing*, for this concept in early modern Italy. The history of medical pluralism has also been extensively analysed in Robert Jütte, ed., *Medical Pluralism: Past - Present - Future* (Stuttgart: Franz Steiner Verlag, 2013). The concept is frequently used in anthropological and sociological studies as well. See, for example, Walter Randolph Adams and John P. Hawkins, eds, *Health Care in Maya Guatemala: Confronting Medical Pluralism in a Developing Country* (Norman: University of Oklahoma Press, 2007); William C. Olsen and Carolyn Sargent, eds, *African Medical Pluralism* (Bloomington and Indianapolis: Indiana University Press, 2018); Katherine Park, ‘Medicine and Magic: The Healing Arts’, in Judith C. Brown and Robert C. Davis, eds, *Gender and Society in Renaissance Italy* (London and New York: Longman, 1998), 129–49.

¹⁰Park, ‘Medicine and Magic’.

¹¹See Katajala-Peltomaa and Krötzel, ‘Approaching Twelfth–Fifteenth-Century Miracles’, 4–5; Moore, ‘Between Sanctity and Superstition’; Vauchez, *Sainthood*, 306, 431, 503–04.

and deny their miracle-working abilities—otherwise, a failure could not have been explained—but still show empathy towards the petitioner’s problems.¹²

Occasionally, living saints’ reported healing methods closely resembled the actions of non-saintly healers.¹³ This article will analyse the medicating acts of a person considered to be holy as a part of the lived religion¹⁴ and medical pluralism of the period. What kinds of medical procedures did they perform, and for what kind of infirmities? On whose initiative did they act, and how did the devotees see the interlinking of earthly and heavenly medicine? How did the holy healers fit into medical milieu of the period? For the sake of consistency, I use the term ‘living saint’ in the text, although the concept is not without issues. The word ‘saint’ can denote both a person considered to be holy by his or her community as well as a canonised saint. A living person could not earn an official recognition by the Church, but the witnesses used both words *beatus/beata* (blessed) and *sanctus/sancta* (saint or holy); for them, these people were living saints.¹⁵ As described by Gabriela Zarri, they were ‘social operators’ and had a prominent role in the political and social milieu.¹⁶ My main source material will consist of two canonisation inquests recorded in central and southern Italy during the Renaissance: the mid-fifteenth-century process of St Francesca Romana (1384–1440) and the early-sixteenth-century inquest of St Francesco di Paola (1416–1507). These two sources include a large number of healing miracles, with the living saint functioning as a medicator as well as a spiritual healer. Due to the different geographical settings of these two cults, Rome and the areas around Cosenza in Calabria as well as Tours, and the different status in life achieved by these two holy figures, their processes will also give an opportunity to analyse and compare two different medicating saints.

The Canonisation Processes of St Francesca and St Francesco

Before turning to the actual analysis, we will take a quick look at the lives of our two example saints and the practicalities of their hearings, in order to provide the immediate setting in which we can investigate the healing activities of the two saints.

Francesca Romana was born in 1348 into the family of Paolo Busa and Iacobella Roffredeschi. At the age of 12 years, she was married off to Lorenzo Ponziani, who

¹²Andrić, *Miracles of St. John Capistran*, 194–95; Moore, ‘Between Sanctity and Superstition’, 58–59, 61–62.

¹³The most famous examples of this are the third-century twin saints Cosmas and Damian, whose most renowned miracle was transplanting the black leg of an Ethiopian to the white body of a *miraculé*. For the survival of their cult, see Jacalyn Duffin, *Medical Saints: Cosmas and Damian in a Postmodern World* (Oxford: Oxford University Press, 2013). Robert Bartlett, *Why Can the Dead Do Such Great Things? Saints and Worshippers from the Martyrs to the Reformation* (Princeton: Princeton University Press, 2013), 349, suggests that a holy person administering medicine or performing medical operations was most typical of the Constantinople saints.

¹⁴‘Lived religion’ means religion as a dynamic process where theological ponderings and the institutional

aspect of religion intermingle with everyday experience and functions of belief. See Sari Katajala-Peltomaa and Raisa Toivo, ‘Religion as Experience’, in Sari Katajala-Peltomaa and Raisa Maria Toivo, eds, *Lived Religion and the Long Reformation in Northern Europe c. 1300–1700* (Leiden: Brill, 2016), 1–19.

¹⁵See Ronald C. Finucane, *Contested Canonizations: The Last Medieval Saints, 1482–1523* (Washington: The Catholic University of America Press, 2011), 3–4, and Wetzstein, *Heilige vor Gericht*, 211 for this issue.

¹⁶Gabriela Zarri, ‘Living Saints. A Typology of Female Sanctity in the Early Sixteenth Century’, in Daniel Bornstein and Roberto Rusconi, eds, Margery J. Schneider, trans., *Women and Religion in Medieval and Renaissance Italy* (Chicago and London: University of Chicago Press, 1996), 219–304.

became the commander of the papal troops in Rome. The family moved in the upper circles of Roman society. She became a recognised pious figure in the community; for example, she turned the family's palazzo in Trastevere into a hospital. She also founded the monastery of Tor de' Specchi, the home of the Oblates of St Francesca.¹⁷ Her husband Lorenzo fought for the Orsini family against King Ladislaus of Naples and was severely injured during a battle in 1408–09 or 1413–14. The sources are vague about the long-term consequences of this injury, but we know that towards the end of his life, he suffered from ill health and died in 1436.¹⁸ After his death, Francesca moved to her monastery, where she died 3 years later in the odour of sanctity.

It did not take long after Francesca's death for the attempt to canonise her to begin. The first inquest into her life and miracles was ordered in August 1440, and the hearing took place between September and November with 68 witnesses. The second hearing was conducted in 1443 with 40 witnesses and a third one in 1451 with 130 witnesses. A few additional witness accounts were recorded in 1453. As recently noted by Letizia Pellegrini, before the mid-fifteenth century, a long period had passed without inquiries, and the practicalities were almost forgotten.¹⁹ This probably explains why Francesca's first hearing in particular was somewhat vague in its formulation. Many testimonies were grouped together, and new questions were sometimes added during the course of the interrogations. The later hearings were better organised and present Francesca more as a 'designed' saint.²⁰ These inquests bore fruit only later: Francesca was finally canonised by Paul V in 1608. Due to the very short time span between Francesca's death and the hearings, many of the witnesses had known the saint personally or had received her charitable actions.²¹

The recorded number of Francesca's miracles performed when she was alive is exceptionally high (82 of 196 miracles). Her cult is also considerably female: the majority of the miracles investigated during her hearings, about 60 per cent, were performed on women and girls. The majority of witnesses to Francesca's life were members of her extended family, clerics and oblates of Tor de' Specchi; nevertheless, like in all urban canonisation

¹⁷For Francesca's biography, see Arnold Esch, 'Francesca Bussa, Santa', in *Dizionario Biografico degli Italiani*, 1997, 49, accessed 30 March 2018, http://www.treccani.it/enciclopedia/santa-francesca-bussa_%28Dizionario-Biografico%29/.

¹⁸For further discussion on Francesca and her marriage, see Alessandra Bartolomei Romagnoli, 'Vita di Santa Francesca Romana', in Alessandra Bartolomei Romagnoli, ed., *Santa Francesca Romana. Edizione Critica dei Trattati Latini di Giovanni Mattiotti* (Vatican City: Libreria Editrice Vaticana, 1994), 59–138, esp. 105 and also Jenni Kuuliala, *Saints, Infirmary, and Community in the Late Middle Ages* (Amsterdam: Amsterdam University Press, 2020), 104–09.

¹⁹Letizia Pellegrini, 'Testifying to Miracles. A Report on the Canonization Process of Bernardin of Siena', in Christian Krötzel and Sari Katajala-Peltomaa, eds, *Miracles in Canonization Processes: Structures, Functions, and Methodologies* (Turnhout: Brepols, 2018), 105–30.

²⁰Arnold Esch, 'I processi medioevali per la canonizzazione di santa Francesca Romana (1440-1451)', in Alessandra Bartolomei Romagnoli and Giorgio Picasso, eds, *La canonizzazione di santa Francesca Romana. Santità, cultura e istituzioni a Roma tra medioevo ed età moderna* (Florence: Edizione del Galluzzo, 2013), 39–52, 41–43.

²¹For the canonisation processes, see Esch, 'I processi medioevali'; Arnold Esch, 'Die Zeugenaussagen im Heiligsprechungsverfahren für S. Francesca Romana als Quelle zur Sozialgeschichte Roms im frühen Quattrocento', *Quellen und Forschungen aus italienischen Archiven und Bibliotheken*, 1973, 53, 93–151. The manuscripts of the fifteenth-century hearings are kept in Tor de' Specchi and edited in Placido Tommaso Lugano, ed., *I Processi inediti per Francesca Bussa dei Ponziani (Santa Francesca Romana) 1440–1453*, Studi e testi 120 (Vatican City: Biblioteca Apostolica Vaticana, 1945) [hereafter *I Processi inediti*].

inquests, the social status of witnesses to her miracles was typically that of urban townspeople, with a relatively high number of oblates.²² The poor are underrepresented in all inquests because they were considered to be less trustworthy;²³ at the same time, the nobility are also rare among witnesses.²⁴ Therefore, Francesca's (recorded) miraculous healing activities took place during a tumultuous period, amongst the better-off public and most often in her own neighbourhoods of Trastevere and Campitelli.²⁵ As a laywoman with an active role in society, she is a somewhat exceptional saint.

Francesco di Paola was born to a pious couple that had previously been childless; they believed that the birth of their son was an answer to their prayers to St Francesco d'Assisi. Francesco di Paola was educated by the local Franciscans and entered the Order at the age of 13 years. After spending time as a hermit, he was joined by companions and, in 1436, they started a movement known as the Hermits of St Francis of Assisi, later known as the Minim Friars. Their rule was that of strict observance and severe abstinence. After the movement gained more adherents, Francesco obtained permission to found a monastery; in 1474, permission followed to write an official rule. During the subsequent years, the group established new monasteries, not just for monks but also for nuns and laypeople. Francesco's reputation was already widespread in Southern Italy during his lifetime, all the way to the top of the social hierarchy, the kings of Naples and France included. His reputation as a living saint and healer was such that the dying French king Louis XI asked the Pope to send Francesco to his court.²⁶

Francesco's *Vita* reports that while married to Louis XII, Anne of Brittany was cured of a stomach ailment by eating three apples sent to her by Francesco.²⁷ Later, Francesco posthumously cured Anne's son, and she, following an earlier promise, started to promote his canonisation. Pope Julius II officially initiated it in 1512, setting up inquiries in Tours and Cosenza.²⁸ In them, 158 depositions were given. The importance of miracles *in vita* for Francesco's reputation was so great that the commissioners specifically asked about miracles he made while alive but do not mention anything about posthumous miracles.²⁹ The Calabrian inquest³⁰ was conducted in 1517 after further petitions for

²²Esch, 'Die Zeugenaussagen'.

²³Sharon Farmer, *Surviving Poverty in Medieval Paris. Gender, Miracles, and the Daily Lives of the Poor*, Conjunctions of Religion and Power in the Medieval Past (Ithaca and London: Cornell University Press, 2005), 50–56.

²⁴Jenni Kuuliala, 'Nobility, Community, and the Care of the Ill and Disabled in Later Medieval Canonization Processes', in Christian Krötzel, Katarina Mustakallio and Jenni Kuuliala, eds, *Infirmity in Antiquity and the Middle Ages: Social and Cultural Approaches to Health, Weakness and Care* (Aldershot: Ashgate, 2015), 67–82.

²⁵Esch, 'Die Zeugenaussagen', 98.

²⁶The details of Francesco di Paola's life are well known, partly because of the early-sixteenth-century biography by Lorenzo della Chiavi, possibly already being written during the saint's lifetime. It is edited as 'Libellus de vita & miraculis S. Francisci', in Società des Bollandistes, ed., *Acta Sanctorum quotquot toto orbe coluntur vel a Catholicis Scribtoribus celebrantur*

(Brussels and Antwerp: Société des Bollandistes, 1863–1887) [hereafter AASS], April I, 106–20. For Francesco, see Finucane, *Contested Canonizations*, 117–24 and Benedetto Clausi, Pierantonio Piatti and Antonio Battista Sangineto, eds, *San Francesco di Paola. Prima e dopo, continuità e discontinuità* (Caraffa di Catanzaro: Abramo, 2012).

²⁷Libellus de vita & miraculis S. Francisci', 116; see also Finucane, *Contested Canonizations*, 142.

²⁸Finucane, *Contested Canonizations*, 142–44. I will be using the bilingual (Latin–Calabrian) edition Mario M. Pinzuti, ed., *I Processi Autografi dei Processi Cosentino e Turonense per la Canonizzazione di S. Francesco di Paola* (Rome: Curia Generalizia dell'Ordine dei Minimi, 1964) [hereafter *Processi*].

²⁹Cyril Polito, 'Saint François de Paule: Ses rapports avec les Calabrais et les Tourangeaux', *Bollettino Ufficiale dell'Ordine dei Minimi*, 1999, 47, 227–313, 475–538.

³⁰This one is edited as 'Processus Calabricus' in AASS April I, 165–90.

Francesco's sanctity; here witnesses were asked to report miracles he performed when alive and after his death. Francesco was eventually canonised in 1519.³¹ As in the case of St Francesca, many people who had known the saint or were recipients of a miracle *in vita* testified during these inquests. Although Francesco's extraordinary healing gifts reached the highest levels of society, most of the witnesses came from the middle social strata. The miracles *in vita* recorded in the Cosenza and Calabria inquests frequently involve Francesco curing the supplicants with fruit, as in the case of Anne of Brittany, or with herbs, potions or other such substances.

Medicine Resulting in a Miracle

Throughout the medieval period, living saints were occasionally reported to have administered medicinal substances to their devotees.³² As an example, according to the 1307 testimony of the barber of St Thomas Cantilupe, Bishop of Hereford, the Bishop had medicine prepared for his household members.³³ Charles of Blois, Duke of Brittany (d. 1364, beatified in 1904), reportedly gave medicine to his infirm subjects,³⁴ and St Louis IX of France (d. 1270) not only founded institutions for the poor and infirm, as was expected of a good ruler, but he also fed the sick of the Hotel-Dieu of Paris after the instructions of the sisters.³⁵ These actions are all closely connected with one of the important virtues of a saintly life: charity, including visiting the sick and providing for them, already established in the Acts of Mercy.³⁶ With very rare exceptions, the narratives about saints visiting the infirm in the canonisation records did not result in miraculous cures but highlight instead the saint's virtuous life. The sources discussed in this article suggest that in everyday life, the borders between performing a miraculous cure and performing a charitable act for an infirm person were not as clear as they were made to appear in the inquest records.

The number of reports concerning the use of medication is exceptionally high in the canonisation process records of Francesca Romana and Francesco di Paola. When recording the saintly virtues of St Francesca, the records of 1451 interlink them tightly with her medical activities. According to the 29th article, during her own illness, she did not wish to be given any medicine, but she did not expect a similar attitude from other infirm peo-

³¹Finucane, *Contested Canonizations*, 143–48.

³²For Nordic examples, see Christian Krötzel, 'Saints, Healing and Communities', in Christian Krötzel, Katarina Mustakallio and Jenni Kuuliala, eds, *Infirmity in Antiquity and the Middle Ages: Social and Cultural Approaches to Health, Weakness and Care* (Aldershot: Ashgate, 2015), 255–64.

³³Biblioteca Apostolica Vaticana [hereafter BAV], MS Vat. lat. 4015, fols 24v–25r.

³⁴BAV, MS Vat. lat. 4025, fol. 12 r–v: 'infirmosque in propria persona visitabat et per suos medicos tam per istum, quam per alios, visitari faciebat, et ipsis medicinas et species et alia necessaria ministrari faciebat'.

³⁵Guillaume de Saint-Pathus, *Vie de Saint Louis*, ed. Henri-François Delaborde (Paris: Alphonse Picard et fils, 1899), 96–97.

³⁶Matthew 25:36: 'Infirmus fui et uisitatis me'. For saints' charity towards the infirm, see, for example, Michael Goodich, *Vita perfecta, The Ideal of Sainthood in the Thirteenth Century* (Stuttgart: A. Hiersemann, 1982), 186–205; Carole Rawcliffe, *Leprosy in Medieval England* (Woodbridge: Boydell & Brewer, 2006), 131–43; André Vauchez, 'Lay People's Sanctity in Western Europe: Evolution of a Pattern (Twelfth and Thirteenth Centuries)', in Renate Blumenfeld-Kosinski and Timea Szell, eds, *Images of Sainthood in Medieval Europe* (Ithaca: Cornell University Press, 1991), 21–32.

ple. Instead, she provided for them what was necessary, including medical help.³⁷ Her practice of administering a medical substance while performing a healing miracle was recorded frequently in the same inquiry.³⁸ Because the inquest was largely conducted on the basis of previously gathered articles about the holy person's deeds, it is only natural that the witness accounts do not usually move back and forth between the saint's virtuous acts and her miracles.

In Francesca's process, the distinction between the two is not always clear, however, and it appears that for the community of devotees, her reputation combined activity as a charitable woman and as a miracle-worker. Article 107 states that, together with her spiritual daughter, she visited the infirm, who talked and ate peacefully after hearing her sweet words as if they no longer suffered from any illness.³⁹ In his discussion of miracles *in vita*, R. I. Moore has concluded that the initiative to seek for help from a living saint originates in the community.⁴⁰ This article, included in the section about Francesca's miracles *in vita*, is exceptional precisely because it connects the cures with Francesca's habit of visiting the infirm and therefore presents the initiative as hers. Admittedly, the healings described are not necessarily complete miraculous cures but rather alleviations achieved by soothing words.⁴¹ The process also includes sporadic testimonies of individuals cured following a visit by Francesca; in these cases, they had not specifically asked for her to come, but the final initiative was still deemed to have come from the beneficiary. As an example, Paulus Jacobi de Portu testified about a cure for wounds he had received from the hand of an enemy. Francesca, who was his neighbour, came to see him, and Paulus then showed great devotion and asked for a cure. Francesca touched the wounds with an ointment, and in a few days, they healed.⁴²

Testimonies like the one discussed earlier are exceptional, and usually, it was the infirm person who approached Francesca. The pattern is relatively consistent. The future beneficiary is incurably ill and has faith in Francesca; she, then, treats the ailing body part with an ointment, telling the patient to trust in God. A woman named Agnes had suffered from 'great pains of colic' for several years and was cured in such a manner. Because the inquest was conducted to find proofs for the claimed miracles, the commissioners needed to be sure that the medicinal substance itself had not brought about the cure. Because the hearings of 1443 and 1451 were more organised than the first one, such questions are found more frequently in them. When interrogating Agnes in 1451, the papal commissioners asked what ointment Francesca had used; she replied that it was

³⁷*Processi inediti*, 242: 'Erga vero alios infirmos non ita faciebat, sed cum omni caritate et sollicitudine omnibus providebat et tam medicorum iuvamina, que ad salutem corporis necessaria erant, ministrabat'. See also Kuuliala, *Saints, Infirmary, and Community*, 162–63.

³⁸The earlier investigation into Francesca's miracles includes a larger proportion of moral or educational miracles, spiritual ones as well as miracles expelling demons. *I Processi inediti*, 148–203.

³⁹*Ibid.*, 201.

⁴⁰Moore, 'Between Miracle and Superstition', 61.

⁴¹In evaluating the miracles of St Thomas Cantilupe, the curialist dismissed one of them as 'alleviation'

rather than a 'miracle'. The beneficiary, who had previously been unable to move at all, was able to walk with a limp or with a stick after the healing. Edited in Vauchez, *Sainthood*, 552. By contrast, many such 'alleviations' were indeed considered full miracles by both the witnesses and the commissioners. See Jenni Kuuliala, 'Heavenly Healing or Failure of Faith? Partial Cures in Later Medieval Canonization Processes', in Sari Katajala-Peltomaa and Kirsi Salonen, eds, *Church and Belief in the Middle Ages: Popes, Saints, and Crusaders* (Amsterdam: Amsterdam University Press, 2016), 171–99.

⁴²*Processi inediti*, 174.

made of the juices of rue and marjoram, as well as oil. They further inquired if Agnes believed she had been cured by the juices of these plants and the unguent, to which she replied no, because she believed the said herbs did not have much power.⁴³ Rue and marjoram were common substances in medieval pharmacology (*materia medica*), used among other things precisely to treat stomach ailments.⁴⁴ Therefore, the meaning of Francesca's ointment was not just symbolic, although the belief that it was weak may represent a 'realistic attitude' to the effectiveness of such (presumably home-made) remedies.⁴⁵ In another case, a witness testified that it was not the power of the ointment itself that had cured one woman's eye: only a small amount had been used, and it was impossible to be cured so quickly by an ointment.⁴⁶ Here the ineffectiveness of the substance was not evidence of a miracle but rather the amount of it and the speedy recovery. Speed was often, albeit not invariably, considered an important element of a miraculous cure,⁴⁷ which this witness appears to have held as evidence.

St Francesco di Paola's miracles do not include reports of him visiting the infirm, as they invariably came to him. Testimonies from his process also include reports of the holy man administering some kind of substance to the infirm petitioners, some of whom stayed with him for a while. Francesco performed several miracles *in vita* to cure leprosy.⁴⁸ A man called Johannes Varrachellus de Paula testified about two such cures. One of these lepers had been his brother who had been in Francesco's care for 15 days, while the other one was cured after 'some days'.⁴⁹ Their cures were thus not instantaneous, but seem to have included some longer lasting treatment. It is quite possible that the nature of leprosy as a chronic, long-term illness explains the longevity of their stay and why the boundary between charity and a miraculous act is more vague than usual in Francesco's miracles. Visiting and consoling lepers without being horrified by their gruesome appearance was common in saints' lives. St Francesco's namesake St Francesco

⁴³*Ibid.*, 261. See also the testimony on *Ibid.*, 283: 'Non virtute unguenti, quia huiusmodi unguentum virtutem non habuit sanandi tales infirmitates'.

⁴⁴Efraim Lev and Zohar Amar, *Practical Materia Medica of the Medieval Eastern Mediterranean According to the Cairo Genizah* (Leiden: Brill, 2008), 268–69, 317–18; Susanna Niiranen, 'Sexual Incapacity in Medieval *Materia Medica*', in Christian Krötzel, Katariina Mustakallio and Jenni Kuuliala, eds, *Infirmity in Antiquity and the Middle Ages: Social and Cultural Approaches to Health, Weakness and Care* (Aldershot: Ashgate, 2015), 223–40, 232.

⁴⁵See Nancy Siraisi, *Medieval and Early Renaissance Medicine. An Introduction to Knowledge and Practice* (Chicago: Chicago University Press, 2009), 147. See also *I Processi inediti*, 264, wherein oil administered by Francesca had cured a small boy's burnt arm: the witnesses reasoned that the cure was miraculous because such a simple oil could not cure such injuries.

⁴⁶*I Processi inediti*, 265–66. For a similar example in the hearing of St Nicholas of Tolentino, see Lett, 'Judicium Medicine and Judicium Sanctitatis', 164.

⁴⁷See Bartlett, *Why Can the Dead Do Such Great Things?*, 660–61, for the notion that suddenness was a vital proof for a miracle. Authorities were sometimes sceptical towards slow cures because they could be attributed to mundane medicine. Goodich, *Miracles and Wonders*, 20–22, 84. There are, nevertheless, a vast number of miracle narratives where the process of healing was gradual. See Sigal, *L'homme et le miracle*, 69.

⁴⁸Usually, leprosy miracles are very rare. See, for example, Luke Demaitre, *Leprosy in Premodern Medicine. A Malady of the Whole Body* (Baltimore: Johns Hopkins University Press, 2009), 246–47; Carole Rawcliffe, *Leprosy in Medieval England* (Woodbridge: Boydell Press, 2006), 179; Sigal, *L'homme et le miracle*, 251–52. In some miracle collections, they are more common however, the miracles of St Thomas Becket being one example. See Koopmans, *Wonderful to Relate*, 153, 186–87.

⁴⁹*I Processi*, 132–33.

d'Assisi was renowned for his charity towards lepers,⁵⁰ and this may at least partly explain why these miracles appeared in Francesco's process.

Usually, the miracles of St Francesco that included medical treatment took effect very quickly. One of the testimonies goes deeper into the problematics of a miraculous cure and use of a medicinal substance. The son of a nobleman named Jacobus de Tarsia testified how his father had a stinking, incurable and painful ulcer in his leg. He was in the hands of 'most skilled surgeons' but in vain. Eventually, he ended up pleading for help from Francesco di Paola. The holy man asked for some coltsfoot leaves, which he called a great herb (*herba magna*), and some powder, which he used to treat Jacobus's leg. During his ride home, Jacobus's leg was fully cured. The family was sure the cure was miraculous, and according to the testimony, a famous surgeon admired the cure of the leg. He had used coltsfoot to treat many infirmities, but it had proved ineffective.⁵¹

Iona McCleery has written recently about the complex interplay of medicine and the miraculous in medieval society. Following the arguments of Jacalyn Duffin that religion and medicine are two intertwined belief systems, she states that there is no use in trying to separate the two in the medieval context. Medicine itself 'is a form of religion'.⁵² This is evident in the testimonies discussed earlier as well, wherein medicine and the miraculous blend effectively together. Many, though not all,⁵³ witnesses cured by our two (living) saints appear to have gone to them precisely in the hope of receiving or expecting to receive some medical substance. This suggests that they indeed were considered to be skilled as healers. Yet the testimonies portray the devotees as trusting that the saints' miracle-making abilities made these medicines effective, seeing them as possessing both mundane and holy skills. As an example, the wife of Robertus de Birgis de Consentia, a scribe with a 'crippled' (*contractus*) hand asked St Francesco to 'give [them] something which would cure him',⁵⁴ and a man with pain in his leg asked for 'some remedy'.⁵⁵ One woman testified that she prayed to Francesca to intervene for her and to 'give her medicine',⁵⁶ and another woman, suffering from inflammation in her throat, asked Francesca if she would give her 'some remedy for the love of Christ'.⁵⁷ In Francesco's case, the quest for the medicine could function as a mini pilgrimage: for instance, a blind man was

⁵⁰See esp. Catherine Peyroux, 'The Leper's Kiss', in Sharon Farmer and Barbara H. Rosenwein, eds, *Monks & Nuns, Saints & Outcasts. Religion in Medieval Society. Essays in Honor of Lester K. Little* (Ithaca and London: Cornell University Press, 2000), 172–88; Rawcliffe, *Leprosy in Medieval England*, 135–36. Courtney Krolikoski, 'Saints and Sinners: The Role of the Saint in the Life of the Leper Before the Thirteenth Century', *Annual of Medieval Studies at CEU*, 2012, 18, 66–78.

⁵¹*I Processi*, 12–21. The miracle was also mentioned in Francesco's canonisation bull. Finucane, *Contested Canonizations*, 247.

⁵²McCleery, 'Christ More Powerful Than Galen?', esp. 152; Duffin, *Medical Miracles*, esp. 190.

⁵³Francesca Morelli, 'Malattie e medicina a Roma nel XV secolo. Un'analisi delle testimonianze di guarigione miracolosa nei processi di canonizzazione per Santa Francesca Romana (1440–1453)', *Archivio*

della Società Romana di Storia Patria, 2008, 131, 87–116, 90, writes that the Romans seemed to turn to her especially [emphasis added] as a doctor, but these examples show that the distinction between a 'saint' and a 'healer' was unclear among the members of the community.

⁵⁴*I Processi*, 39: 'rogo vos doceatis aliquid quod eum sanet'.

⁵⁵*Ibid.*, 75: 'pater, rogo vos detis mihi remedium aliquod quia crure hoc non possum incedere'.

⁵⁶*I Processi inediti*, 282: 'remedium sibi adhiberet'.

⁵⁷*Ibid.*, 263–64: 'ad domum b. Fe propriam accessit, rogans in caritate ob amorem domini nostri Iesu Christi ut sibi aliquod adhiberet remedium'. Francesca told her to wash her throat with 'certain water' and have faith in God and Christ. The woman was suddenly cured, although without the help of any water.

cured on his way to collect the wormwood needed to treat his eyes.⁵⁸ In Francesca's process, a bedridden woman called Andrea was cured miraculously 'without any medicine', but the two witnesses mentioned that Francesca had used warm wine—commonly used for medical purposes⁵⁹—when touching her. This appears to have been no issue for the interrogators. She was, nonetheless, cured before 'medicinal herbs' were administered.⁶⁰ Asking for 'medicine' or 'remedy' thus meant asking for both an earthly and a miraculous cure, at least in retrospect. Whatever curing method was used, whether it worked was dependent on God's will,⁶¹ and a miracle required personal devotion and trust in the saint's ability to help. Often already the invocation itself brought along a sense of relief.⁶² The meanings given to saints' medical activities could also change in the course of time. Francesca's seventeenth-century *Vita* documents that 'Francesca's ointment' became to be considered a relic in itself, made and distributed by the sisters of Tor de' Specchi, and transferring her miraculous powers.⁶³

Whether the witnesses made any distinction between medicine and miracle when the situation was acute is not revealed. The ability of these saints to command medical substances is further demonstrated in testimonies that describe the holy person as performing medical/surgical procedures or that interpret the impact of a medical substance as miraculous without reports of vows or prayers. During St Francesco's inquest, one woman testified about the partial cure of her broken arm. She sent a man to Francesco for help, who was then in Palermo, and the man returned with a plaster that the holy man had provided. The plaster was put on the ailing arm, and the following morning, the woman was cured, the piece of bone causing the trouble having been (miraculously) removed.⁶⁴ Francesco's miraculous powers were considered to have transferred with the plaster, and there is no record that this possibility was being questioned. In another miracle, a blind girl was taken to the hermit. The adults present asked him for a grace, at the very moment when he had bent down to collect the leaves of some herbs. Francesco touched the girl's eyes with them, and she was cured.⁶⁵ Again, simply the action of

⁵⁸*I Processi*, 92–95. There are occasional descriptions of a pilgrim starting to feel better already when approaching a shrine. See Finucane, *The Rescue of the Innocents*, 48.

⁵⁹For wine as medicine, see, for example, Michael McVaugh, 'Therapeutic Strategies: Surgery', in Mirko Grmek and Bernardino Fantini, eds, *Western Medical Thought from Antiquity to the Middle Ages* (Cambridge, MA: Harvard University Press, 1998), 273–90.

⁶⁰*I Processi inediti*, 282.

⁶¹See Siraisi, *Medieval and Early Renaissance Medicine*, 42. This is directly spelled out in some *miracula in vita* as well. Francesco di Paola once cured an archbishop, since it 'was not yet his time'. The next time the man was dangerously ill, the hermit said that he could not do anything, since God wanted him to go. *I Processi*, 106–09. Similarly, Francesco told a woman who was grievously ill that she would die soon, which then happened. *Ibid.*, 324.

⁶²Gentilcore, 'Contesting Illness', 130. As a rare example, one of Francesco's miracles records that the holy

man instructed a father about what medical substances he should use to cure his daughter's twisted mouth. When he could not find them, the girl was still cured through devotion. *I Processi*, 188–89.

⁶³See, for example, *Vita di Santa Francesca Romana fondatrice dell'Oblate di Torre de Specchi, Cauata da varii Manoscritti antichi, dalli Processi fatti per la sua Canonizzazione, & l'altra storie, data nuovamente in luce dalla Madre Presidente, & Oblate di Torre degli Specchi* (Rome: Stamperia di Angelo Bernabò, 1675), 80: 'hoggi di resta ancora questa diuotione in Roma, che facendosi quest'unguento dalle Suore di Torre di Specchi, figliuole di Santa Francesca, in quel medesimo vaso, doue lo faceuua la Santa, per diuotione di lei molti risanano da varie indispositioni'; *Ibid.*, 384: 'Una della suo sorelle stimò bene, che si ricorresse alli aiuti soprannaturali: e le propose, che si ungesse con l'unguento di Santa Francesca'.

⁶⁴*I Processi*, 64–67.

⁶⁵*Ibid.*, 82–83.

picking a herb and placing it on the ailing body part was enough to prompt a cure; no blessings or prayers were recorded. The connection between miraculous power and medical substances is even more complicated in the case of Antonius Capputus de Paula, who endured insufferable pains. Francesco first sent him some roots that he was supposed to eat, having faith in God. The roots, however, made him vomit excessively. After his aunt went back to Francesco, the hermit sent some powder, which was to be eaten with an egg, and this cured Antonius. Antonius stated that he believed the cure was caused by God's virtue and Francesco's prayers.⁶⁶

In Francesca Romana's process, some witnesses were cured by the medical operations she performed. A dog had bitten the leg of Rita Covelli, Francesca's spiritual daughter and companion. Francesca cauterised the wound with boiling oil, a standard treatment for poisoned wounds,⁶⁷ which the other sisters could not stand to watch. According to the article, Rita had said that the oil looked like rose water. When performing the cauterisation, Francesca had told her to have faith in God and Christ. Although not directly stated, apparently the resemblance of the boiling oil to rose water, which was in itself a multipurpose medical substance,⁶⁸ and Rita's capacity to endure the operation defined the event as a miracle in the witnesses' eyes.⁶⁹ Another case concerns the groom of Francesca's family, Julianus de Janua, who hurt his leg. After 5 months of physicians' treatments had proved futile, the family—Lorenzo Ponziani included—wanted Francesca to give some aid. Rita Covelli testified in 1440 that Francesca had stated that it was beyond her expertise, but she had agreed to take a look at the leg, which she re-tied. The groom was healed in 8 days. In 1443, Rita specified that Lorenzo and others had asked Francesca to 'touch and heal' (*tangeret et curaret*) the injury.⁷⁰ The wording in both her testimonies is vague and could pertain to both 'mundane' and a 'miraculous' healing. Francesca's notion that she lacked expertise might be relevant here, though, as it suggests that members of the household held particular views about the nature of her healing capabilities. In the third example, Francesca, her relative Vannotia and Rita Covelli came across a pauper with a badly injured hand. Francesca took the man home, despite the stink and the worms, and stitched the festering wound. Nothing in the testimonies refers to any prayers being made, but the witnesses nevertheless interpreted the healing as a miracle.⁷¹ In this case, the common topos of a saint's lack of abhorrence when faced with a pauper's infirmity that would disgust other people is combined with a surgical procedure and thaumaturgy.

The first and third examples are also exceptional because of Francesca's initiative in performing the cure. When testifying about Rita Covelli's miracle, Jacobella, another spiritual daughter, even stated that Francesca 'wanted to cure her'.⁷² The testimonies and

⁶⁶*Ibid.*, 114–17.

⁶⁷Siraisi, *Medieval and Early Renaissance Medicine*, 176. For cauterisation, see, for example, Finucane, *Miracles and Pilgrims*, 61; Siraisi, *Medieval and Early Renaissance Medicine*, 116–18, 161–62.

⁶⁸Sarah Gordon, 'Mens Sana in Corpore Sanus: Water, Wellness, and Cleanliness in Five Fifteenth-Century Medical Manuals', in Albrecht Classen, ed., *Bodily and Spiritual Hygiene in Medieval and Early Modern Literature. Explorations of Textual Presentations of*

Filth and Water (Berlin: de Gruyter, 2017), 424–57, 431.

⁶⁹*Processi inediti*, 180, 267.

⁷⁰*Ibid.*, 172–73.

⁷¹*Ibid.*, 170–71. See, for example, Farmer, *Surviving Poverty*, 76–77, for the problems an apparent lack of devotion could have for proving a miracle.

⁷²*Processi inediti*, 180: 'domina Francisca voluit sibi mederi'.

the article of the pauper's miracle report that Francesca asked why he had not his arm cured, to which he replied that he had no money. This encouraged the women to take the man with them, 'out of charity' (*mote caritate*).⁷³ Given the problematic nature of miracles *in vita*, the reports of her providing medical care that did not appear religious may have made the cases less controversial. In performing these healings, Francesca did not act like a saint but like one of the female healers of her time. There were other women with religious calling who provided medical assistance in fifteenth-century Rome.⁷⁴ Women as medical practitioners and empirics are occasionally documented in fourteenth- and fifteenth-century Italy; some had official permission to practise medicine and surgery, albeit often under certain conditions. In Northern Italy, they could even be recognised as physicians and surgeons, while in the south, there seems to have been a stronger tradition of women as autonomous practitioners.⁷⁵ Given these circumstances, it is perhaps no coincidence that medico-surgical activities and female sainthood are inextricably linked in Francesca's canonisation process, even though her activities fall into to the category of unofficial practice and are an anomaly among canonisation testimonies. It is possible that compared to Francesco, she was more commonly considered as a skilled earthly healer, while his activities continued the long tradition of medical assistance given in monasteries.⁷⁶

Medicine, Collaboration and Conflict

As mentioned earlier, recent research has demonstrated the coexistence of medical and religious curing methods. The connection between these two is most visible in the canonisation testimonies given by physicians who demonstrated the superiority of heavenly medicine. The processes of our two saints also give examples of another type of cooperation between medicine and the miraculous: collaboration between a physician and a living saint. According to one witness to Francesca Romana's life, Francesca gave infirm people medicines and remedies according to their specific infirmities. Another specified that she consulted physicians about these medicines.⁷⁷ Read in the light of the examples discussed earlier, they point out her knowledge of the medical practices of the time, at least partly received from medical professionals, most likely complemented by medical recipe collections and oral transmission from other healers. At the time when Francesca was active, there was a shortage of physicians in Rome, which increased the importance of her activities, possibly even making them more acceptable.⁷⁸ The testimonies also portray her as respectful towards the medical profession. An example of this was recorded in the 1440 and 1443 hearings, where, according to the article, she told a mother who was worried about her small girl's inability to speak to go to a physician rather than take her help. The article, as well as a note in the margin of the manuscript of the 1443 hearing, specifies that the reason for Francesca's refusal to help was her humility, one of the virtues that were proofs of divine action,⁷⁹ but the testimonies also hint that she may

⁷³*Ibid.*, 170–71.

⁷⁴Morelli, 'Malattie e medicina a Roma nel XV secolo', 93.

⁷⁵For these women, see, for example, Park, 'Medicine and Magic', 137.

⁷⁶On monasteries and health care, see, for example, Andrew T. Crislip, *From Monastery to Hospital: Christian Monasticism & the Transformation of*

Health Care in Late Antiquity (Ann Arbor: University of Michigan Press: 2005); Peregrine Horden, *Hospitals and Healing from Antiquity to the Later Middle Ages* (Aldershot: Ashgate, 2008).

⁷⁷*Processi inediti*, 242–43.

⁷⁸Morelli, 'Malattie e medicina a Roma nel XV secolo', 90–91.

⁷⁹Zarri, 'Living Saints', 245.

have thought the girl's disability to be beyond her expertise.⁸⁰ In this sense, it parallels the case noted earlier in which she was asked to cure the family groom's leg.

In Francesco di Paola's process, there are cases in which the collaboration between a physician and a living saint is portrayed in very literal terms. Due to Francesco's miraculous powers, a friar with a disease (*cancer*) in his face came across a cat carrying a pigeon, which his surgeon needed to prepare medicine.⁸¹ One witness testified about being born with an abscess (*apostema*) in his throat. According to the testimony, 'a man' came, and, seeing the abscess, he made 'certain incantations' and gave the witness some reed that was supposed to touch the earth later. When this proved futile, the witness went to ask Francesco for help. Although he had not told anyone about the reed, Francesco said that trusting in it was an error. Francesco sent him to a physician living in Cosenza rather than attempting a cure himself. The physician, who thought the man would die, sent him back to Francesco, who then sent him to another physician. This second medical man did not want to start treatment without Francesco's help; after Francesco made the sign of the cross on the abscess, the physician finally operated successfully.⁸² The incantations and the reed magic do not appear significantly different from Francesco's methods, but they were not sanctified by holiness. Interestingly, Francesco's criticism concerned the plant used and not the actual incantations.

Unfortunately, most testimonies in our two processes concerning physicians do not record their names, so it is not known whether any collaborated with either saint more than once or how many of them there were. Furthermore, these medical men do not appear as witnesses. In contrast, in our third example concerning collaboration between a saint and physicians, a nobleman named Johannes Bombinus de Cosentia reported his own miraculous childhood cure, and here a physician was identified. A mule had kicked Johannes in the head, and the physicians refused to treat the injury because they did not want to 'medicate a dead person' (*nolle medicare hominem mortuum*). In this, they acted according to the rules of their art, whereby a physician was not supposed to promise a patient too much.⁸³ Johannes was taken to St Francesco, who first prayed and then wrote a letter to a famous Calabrese physician, Paulus de la Cava. Francesco instructed him to treat Johannes because God would give him grace. Like other physicians, Paulus had previously refused to treat Johannes, but he now took him into his care and treated him successfully. According to Johannes's testimony, Paulus said later that his medicine did not heal the boy; rather, the acclaim belonged first to God and then to the prayers of Brother Francesco.⁸⁴ There is a discrepancy between Johannes's testimony and that of the other witness, Babianus de Senatore, who testified that Johannes's father took him to Francesco three times: on the first occasion, he sent them to a physician named Antonius Saccus, on the second to Cosenza, where there were supposed to be physicians who could cure him, and only on the third occasion did he offer his prayers and write the letter to Paulus de la Cava (called 'a Cosentine surgeon' this time).⁸⁵

⁸⁰ *Processi inediti*, 156–58. See also Siraisi, *Medieval and Early Renaissance Medicine*, 44–46, for the value of the case as an example of the relationship of medicine and religion.

⁸¹ *Processi*, 104–07.

⁸² *Ibid.*, 96–99.

⁸³ Ziegler, 'Practitioners and Saints', 217.

⁸⁴ *Processi*, 25–27.

⁸⁵ *Ibid.*, 175.

All in all, the witness accounts portray St Francesco's relationship with the medical community as somewhat ambiguous. He seems to have had a high opinion of their skills, and some of them also trusted in the assistance of his miraculous powers while performing medical operations. However, Francesco did not always cooperate with physicians when they were attempting to cure the same person. A classic example was reported by Durabilis de Myele, who was on his way to Paola to get medical treatment for his fractured arm. Francesco did not want him to go there but touched the arm, which was then gradually cured.⁸⁶ Another man was going to seek help for his ailing knee from a physician who had already refused to treat him once because of the severity of the condition. The same morning, a companion of Francesco told him to come to the hermit instead, where he received the cure.⁸⁷

In addition to these topoi that provide examples of the superiority of heavenly help, there are also records of the community criticising Francesco's activities. The *Vita* attributed to Lorenzo della Chiavi records an instance in which a Franciscan brother came to the hermit and told him that it was wrong of him to give people fruit and other such things when he should send them to see physicians. Appropriately, this friar was infirm himself and after taking a plum from Francesco, was cured.⁸⁸ Anne of Brittany's physicians were suspicious of Francesco's apples, saying that they would only make her stomach condition worse.⁸⁹ The canonisation protocols include a deposition of a witness reporting the miracle of a nobleman with an infirmity pronounced incurable by three physicians. The nobleman's wife went to St Francesco, who gave her a recipe for a substance that should be placed on her husband's stomach. The woman consulted physicians, and one of them stated: 'We are three physicians who make nature anew. And here an ignorant man wishes to make such medicines, that is not right.'⁹⁰

These narratives, of course, primarily served the purpose of proving and highlighting Francesco's miracle-working abilities, and especially, the miracles recorded in the *Vita* can be read as having a clear propagandist purpose. Nevertheless, especially given the interlinking between various curative rituals that are discussed earlier, they provide an interesting example of the tug-of-war occurring in the medical marketplace of the time.⁹¹ Living saints were not taking money for their services, but even so, they competed in the same milieu as other healers, completing and challenging their work.⁹² Since the service provided by holy men and women was offered free of charge, it was likely to entice potential paying customers away from physicians. This may have caused resentment. The above example in which physicians clearly express their contempt towards a living saint is

⁸⁶*Ibid.*, 199.

⁸⁷*Ibid.*, 84–85.

⁸⁸Libellus de vita & miraculis S. Francisci', 109.

⁸⁹*Ibid.*, 116.

⁹⁰*I Processi*, 31–33: 'sumus hic tres medici qui de novo faceremus naturam. Et hic ignarus vult faceret istas medicinas, sicque non fuerunt factae'.

⁹¹For the historiography of the 'medical marketplace', see Mark S. R. Jenner and Patrick Wallis, 'Medical Marketplace', in by Mark S. R. Jenner and Patrick Wallis, eds, *Medicine and the Market in England and*

its Colonies, c.1450–c.1850 (New York: Palgrave MacMillan, 2007), 1–23.

⁹²Occasionally, the high prices charged by physicians were used as to emphasise the need for saintly assistance. For examples in the early fourteenth-century inquest of St Nicholas of Tolentino, see Lett, 'Judicium Medicine and Judicium Sanctitatis', 160–61. Oscar Di Simplicio, *Autunno della stregoneria. Maleficio e magia nell'Italia moderna* (Bologna: Il Mulino, 2005), 84, also proposes that many people turned to unorthodox healers of their communities because they were cheaper than physicians.

the only one of its type that I have come across in canonisation records. Usually, the only clash of opinions is recorded either in testimonies to the life of a saint whom physicians have promised to cure, only for the holy man or woman to foretell their death,⁹³ or in the occasional testimonies where a living saint tells an infirm person to trust in a saint instead of physicians.⁹⁴

In Francesca's process, there is only recorded one instance of a clash with the medical community, this being when she forbade the beneficiary to trust in a medical professional.⁹⁵ The medical man in question was a Jew, which may explain why this particular case was recorded. It is possible that as a laywoman, Francesca was not in a position to dispute with the medical men of her city nor did they dispute her decisions—or at least, no such instance is recorded in her process. When she took care of the sick and the poor and founded a hospital, collaboration with medical professionals was a necessary part of her activities. Otherwise, Francesca was not shy to make her opinion about various matters known. She educated her devotees to lead a more Christian life with her moralistic miracles, and in one case, she praised the mother of a child disabled from birth for not trusting in sorceresses (*veneficae*), although many people had recommended their assistance.⁹⁶ Similarly, another woman wanted her daughter's throat cured by *veneficae* or other medicine, but eventually, the cure occurred after Francesca's touch.⁹⁷ In the third miracle, referring to the doings of sorcerers, article 105 describes how a young, recently betrothed woman acquired a severe infirmity, which some interpreted as demonic possession and others as bewitchment.⁹⁸ Gabriella Zarri has written that in the writings about early-sixteenth-century Italian holy women, they are frequently portrayed as counteracting demonic forces, appearing as antithesis and competitors of witches.⁹⁹ Although an earlier example, traces of this are also visible in Francesca's hearing.

References to infirmity or cure caused by sorcery are scarce in late medieval canonisation processes. The various types of folk healers who had no official status were not interrogated because their expertise did not validate a miracle, but neither were the misdeeds of sorcerers often recorded. Besides the sporadic examples in St Francesca's inquest, the protocols of the mid-fifteenth-century hearings of St Bernardino da Siena include a few such cases. The most notorious example is the one in which the preacher cured a woman at the church of Aracoeli of an infirmity believed to be caused by witchcraft (*sortilegium*).¹⁰⁰ St Bernardino was a known opponent of magic and sortilegious practices,¹⁰¹

⁹³Michael Goodich, 'The Death of the Saint. A Hagiographical Topos', in Katarina Mustakallio, Jussi Hanska, Hanna-Leena Sainio, and Ville Vuolanto, eds, *Hoping for Continuity. Childhood, Education and Death in Antiquity and the Middle Ages* (Rome: Institutum Romanum Finlandiae, 2005), 227–38.

⁹⁴See Lett, 'Judicium Medicine and Judicium Sanctitatis', 163.

⁹⁵*I Processi inediti*, 272.

⁹⁶*Ibid.*, 159.

⁹⁷*Ibid.*, 196.

⁹⁸*Ibid.*, 169.

⁹⁹Zarri, 'Living Saints', 246–48.

¹⁰⁰Letizia Pellegrini, ed., *Il Processo di canonizzazione di Bernardino da Siena (1445–1450)*, Analecta

Franciscana, XVI. Nova series, Documenta et studia 4 (Grottaferrata: Frati editori di Quaracchi, 2009), 405–06, 441. See also *Ibid.*, 80, 123, 452, for the use of sorcery or incantations before a petition to the saint. This includes the assertion that the infirmity was caused by them as well. See also Gábor Klaniczay, 'Ritual and Narrative in Late Medieval Miracle Accounts. The Construction of the Miracle', in Sari Katajala-Peltomaa and Ville Vuolanto, eds, *Religious Participation in Ancient and Medieval Societies* (Rome: Institutum Romanum Finlandiae, 2013), 217–18, for tracing folk beliefs in medieval miracles.

¹⁰¹Franco Mormando, *The Preacher's Demons: Bernardino of Siena and the Social Underworld of*

which may explain why we find this kind of healing in his process. Usually, these cures appear in another context. In the Renaissance and early modern inquisition records, illnesses caused by magic or witchcraft were countered by the official exorcists rather than by saints.¹⁰² In any event, the structure of a healing narrative, whether it was a miracle or exorcism, follows the same pattern, and both belong to the same therapeutic milieu.¹⁰³ The reason why such references are so rare in miracle accounts is harder to determine, but it is possible that the conductors of the hearings considered such an origin of illness difficult to prove. Miracle narratives and testimonies in general are relatively silent about the aetiology of healed infirmities.¹⁰⁴

The combination of sainthood and medical activities presented in the hearings of St Francesca and St Francesco is interesting in the light of the increasing concern that magic and superstition caused in Renaissance Italy. A determined effort to eliminate activities that strayed beyond appropriate boundaries was made only in the post-Tridentine Catholic Church, but already in the mid-fifteenth century, there was a significant increase in the number of trials for witchcraft and magic in which healing activities played a part.¹⁰⁵ It is possible that we see traces of this development already in the 1451 hearing of St Francesca Romana, where several witnesses to miracles *in vita* were asked whether any incantations were used.¹⁰⁶ This question was asked in some other medieval canonisation inquests as well. In those inquiries, however, the question concerns posthumous miracles¹⁰⁷ and is therefore connected to the activities of the devotees and not the saint. It is also possible that together with the debatable nature of miracles *in vita*, Francesca's gender prompted these questions from the commissioners, since women were more easily accused of witchcraft.¹⁰⁸

The processes of our two saints are different in form, and Francesco's lacks many of the formulas used in Francesca's hearings or other inquests. Nevertheless, it seems that

Early Renaissance Italy (Chicago: University of Chicago Press, 1999), esp. 72–77.

¹⁰²Collaboration between an official exorcist and a (dead) saint was not beyond question, at least in cases labelled as demonic possession. A rare example was recorded in the 1606 inquest of St Andrea Corsini, where a wealthy widow was cured of 'evil spirits' at Andrea's shrine at the suggestion of the exorcist. Archivio Apostolico Vaticano, Riti Proc. 762, fol. 279r–v.

¹⁰³Klaniczay, 'Ritual and Narrative in Late Medieval Miracle Accounts', 213–14.

¹⁰⁴Jenni Kuuliala, *Childhood Disability and Social Integration in the Middle Ages. Constructions of Impairments in Thirteenth- and Fourteenth-Century Canonization Processes* (Turnhout: Brepols, 2016), 46–47; Sigal, *L'homme et le miracle*, 248.

¹⁰⁵See Matteo Duni, *Under the Devil's Spell. Witches, Sorcerers, and the Inquisition in Renaissance Italy* (Florence: SUF, 2007); Mary O'Neil, 'Magical Healing, Love Magic, and the Inquisition in Sixteenth-Century Modena', in Brian P. Levack, ed., *Witchcraft, Healing, and Popular Diseases: New Perspectives on Witchcraft, Magic, and Demonology* (London and New York: Routledge, 2012), 172–99.

¹⁰⁶See, for example, *I Processi inediti*, 263, 265, 266, 267. In early modern court records, 'incantations' was an umbrella term, which covered prayers, recipes and secrets. O'Neil, 'Magical Healing, Love Magic, and the Inquisition', 175.

¹⁰⁷St Thomas Cantilupe's canonization process from 1307 includes a very extensive and detailed questionnaire, which includes a question about whether herbs, incantations or demonic intervention was used to obtain the cure. BAV, MS Vat. lat. 4015, fols 4v–5r. In some miracles investigated in St Louis of Toulouse's 1307 hearing, the witnesses were asked whether any ointments, 'fraud' or 'pretence' (*figmentum*) were used. *Analecta Franciscana sive chronica aliaque varia documenta, Tomus VII. Processus Canonizationis et Legendae variae Sancti Ludovici O. F. M. Episcopi Tolosani*, ed. Collegio S. Bonaventura (Florence: Ad Claras Aquas, 1951), 163, 177, 178, 179. See also Lett, 'Judicium Medicine and Judicium Sanctitatis', 164.

¹⁰⁸The recorders of many holy women's visions in this period also had to be careful to make it clear that the supernatural origin of the visions was not diabolical; occasionally, these women were accused of witchcraft. Zari, 'Living Saint', 234, 244–47.

there was also some public discussion of whether Francesco really was a saint or another type of a healer, although the references are scarce. One witness in the inquest said that there was argument as to whether Francesco was 'an honest man or a man of herbs', which prompted a Franciscan preacher to go to his monastery to find proofs about his life.¹⁰⁹ Sanctity was not a fixed state but something that was communally negotiated and re-negotiated.¹¹⁰ Many late medieval canonisation processes include examples of cases in which a saint posthumously punishes someone for blasphemy; in the testimonies about lives, there are likewise sporadic statements doubting the investigated person's sanctity.¹¹¹ When it comes to the healing methods of living saints deemed acceptable, there is rarely any record of dissatisfaction. Only one case in Francesco's inquest points in this direction: a blind woman was given various remedies by him, but eventually, she said she could not take any more and asked Francesco to touch her with his garment; this was what healed her in the end.¹¹²

It is unlikely that the witnesses were much concerned about whether the healing activities of St Francesca and St Francesco resembled illicit or 'superstitious' deeds. The boundaries between medicine, religion and 'magic' were often blurred, even for learned physicians, and religious men such as priests were frequently involved in healing practices that included magical elements.¹¹³ As an illuminating example of the fluidity of magic and superstition, even St Bernardino da Siena, who fiercely opposed witchcraft, found himself accused of heresy, magic and idolatry by his opponents due to his devotion to the cult of the Holy Name of Jesus (HNJ). Bernardino opposed divination and textual amulets (*brevi*), yet the HNJ, which he urged the crowds to venerate as a powerful protection against demons and other misfortunes, undoubtedly appeared as an amulet or a talisman for many people. He faced a trial in Rome, but thanks to the help of Giovanni Capistrano, was acquitted. The rumours against him did not end there, though. Finally, the situation calmed down, but the cult of the Holy Name was not included in the articles in Bernardino's canonisation inquest, which is telling about its ambiguous position.¹¹⁴ The connection between the rituals (prayers and incantations as well as the sign of the Cross) and herbal remedies, and consequently medical pluralism, appears even more pronounced in the healing methods of early modern Italian cunning folk. In their activities, the ritual was the key element that allowed a medical substance or remedy be used for various ailments.¹¹⁵ As Oscar Di Simplicio notes in his study of the early modern Siennese

¹⁰⁹*I Processi*, 178–181: 'aliqui reputant vos hominem probum aliqui vero hominem herbarium, et ideo desiderant videre demonstrationem aliquam vitae vestrae'.

¹¹⁰Aviad Kleinberg, *Prophets in their Own Country. Living Saints and the Making of Sainthood in the Later Middle Ages* (Chicago and London: The University of Chicago Press, 1992), 4–6.

¹¹¹See, for example, Goodich, *Miracles and Wonders*, 47–68; Kleinberg, *Prophets*, 19.

¹¹²*I Processi*, 130–31.

¹¹³Sophie Page, *Magic in the Cloister: Pious Motives, Illicit Interests, and Occult Approaches to the Medieval Universe* (Philadelphia: Pennsylvania State

University Press, 2013); Park, 'Medicine and Magic', 138–43.

¹¹⁴Michael D. Bailey, 'Reformers on Sorcery and Superstition', in James Mixson and Bert Roest, eds, *A Companion to Observant Reform in the Late Middle Ages and Beyond* (Leiden: Brill, 2015) 230–54, 247; Mormando, *The Preacher's Demons*, 87–89; Don C. Skemer, *Binding Words: Textual Amulets in the Middle Ages* (Philadelphia: The Pennsylvania State University Press, 2010), 115.

¹¹⁵David Gentilcore, 'The Church, the Devil, and the Healing Activities of Living Saints in the Kingdom of Naples after the Council of Trent', in Brian P. Levack, ed., *Witchcraft, Healing, and Popular Diseases: New Perspectives on Witchcraft, Magic,*

inquisition records, it was precisely the existence of such documents that proved the power of the sacred in the period's therapeutic pluralism.¹¹⁶ The logic applied to thau-maturgy in our two processes is similar. Ultimately, the reputation of our two saints' lives defined their various healing actions as holy instead of suspect.

Conclusions

Late medieval and Renaissance miracle narratives portray saints as the 'ultimate force' in the sphere of healing, but at the same time, they played an inherent part in the medical pluralism of the period. The inquests of the saints Francesca Romana and Francesco di Paola are exceptional yet precisely for that reason extremely illuminating examples of the various ways the miraculous nature of a cure was negotiated within a community and interlinked with other healing methods. The compilers of the various types of miracle collections, commissioners of canonisation inquests included, preferred straightforward types of miracle cures that followed the established pattern. It is impossible to be sure how often a living holy person was also seen or acting as a practitioner and/or an empiric, but given that in the hagiographic texts we see only a small number of the cures interpreted as miracles and only a selection of those people considered to be holy, it is very likely that the phenomenon was more widespread than the sources indicate.

When still living, St Francesca and St Francesco often performed their miraculous cures with the help of or through a substance that was either considered medicinal to begin with or became medicinal through their miraculous powers. The more traditional pattern of a miracle narrative was that earthly medicine—or a physician using earthly means—failed before the miracle worker's intervention. In the accounts discussed here, the use of medicinal substances as a component of a miracle demonstrates that 'medicine' and the 'miraculous' were not necessarily mutually exclusive. At the same time, the witnesses were able to justify the miraculous nature of their cures, their justification often stemming from their knowledge of medical substances and their effects. Obviously, miraculous is how the cures were represented in the canonisation testimonies. It is possible that this is how the witnesses reshaped their experiences after the events when turning them into a miracle narrative.

Like sainthood as a whole, the miraculous nature of a cure was communally negotiated and further put to the test during a canonisation inquest. Living saints were integral to the medical milieu. Despite the spiritual superiority of the help they could give, the matter was always not straightforward: there was competition between them and other healers. They had to earn the *fama* that their cures were indeed miraculous and not purely medical, let alone the results of sorcery or superstitious practices. The need to earn the *fama* of a genuine holy person was even greater the face of increasing anxiety about unorthodox healing practices during the fifteenth and sixteenth centuries. A healing act could be interpreted in different ways, depending on its provider, the recipient,

and *Demonology* (London and New York: Routledge, 2012), 200–21, 201. See also Mary O'Neil, 'Sacerdote ovvero strione: Ecclesiastical and Superstitious Remedies in 16th Century Italy', in Steven Kaplan, ed., *Understanding Popular Culture, Europe from the Middle Ages to the 19th Century*

(Berlin: Gruyter, 1984), 53–84, 58, for an example of usage of *brevi* for healing deemed heretical by the Modena inquisition; the same type of religious protection and healing was, in another context, entirely orthodox.

¹¹⁶Di Simplicio, *Autunno della stregoneria*, 84.

communal opinion or its context. While St Francesca is at least portrayed as having a harmonious relationship with the Roman physicians, St Francesco was their collaborator and helper as well as a competitor. Although the reports of his actions primarily served to highlight his sanctity, they also demonstrated the underlying and constant negotiation regarding sainthood and medicine. In the context of a canonisation inquiry, if not elsewhere, saintly reputation also justified the use of various medical substances and procedures that were open to a very different interpretation if used by someone without such a reputation.

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