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Miraculous Healings of Paralysis: A Preliminary Study on Sources

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A B S T R A C T

The aim of the present paper has been to explore the medieval evidence on miraculous healings of paralysis and to confront it with modern medical knowledge. Paralysis has been selected as a model for such a study and St. Bernardino of Siena (1380–1444) as a model of a saintly healer. Analyzed were the primary sources and modern literature. Paralysis was found to be among the most frequent diseases in medieval miracle reports, including the healings by St. Bernardino. According to the hypothesis offered in the paper, the majority of medieval cases of »miraculously healed paralysis« was of conversive origin.

***Key words**: miracle, saint-protector, paralysis, hysteria, conversive disorder*

Introduction

Popular Christian culture, as well as many other religions, are quite familiar with the phenomenon of the invocation of saints, motivated by the belief that they are able to cure diseases. Saints even used to »specialize« for some diseases, according to certain linguistic or iconographic associations[1]. Just for example, as saints-protectors »specialized« for healing paralysis, mentioned are Giles, Fina (Serafina), Giovanna Francesca di Chantal, Maria dell'Incarnazione, Servolo, and Wolfgang[2].

Not only to historians and medical historians, it has always been a challange to try to interpret the evidence of miraculous healings, especially abundant in medieval sources. This paper intends to provoke a discussion on what exactly was occuring in the contacts between medieval saints and patients, suggesting that, at the modern level of physiological and medical knowledge, an acceptable explanation might be offered for what once was considered miracle. For the purpose of our analysis, one of the most represented diseases (or states) – paralysis – has been selected, as well as one of the most documented thaumaturgists – St. Bernardino of Siena.

Paralysis in the Middle Ages

Descriptions of medieval miracles and diseases, unfortunately, do not offer precise data. The literary *topoi*, nevertheless, are quite frequent and subtle: primarily blindness and, more rarely, paralysis and deafness are used as prototypes for the cured illnesses. Blindness is the symbol for not seeing the truth, for being on the wrong path: to be healed from it means cognition, sudden awareness. According to Bolton (1960)[3], the paralysed and blind »are those who lie outside the Church«, and, therefore, the »healing incident«, or the »imposition of hands and the sign of the Cross« is nothing more than a symbolic baptism. The opinion prevails, nevertheless, that numerous healings DID result from the invocation of saints[4].

The contracted (*contracti*), paralytics, the immobile, the limping (*claudi*), the hobbling, the lame, according to the major part of the statistics, are the most numerous group among the miraculous-healings »clients.« St Walpurga (9th c.) healed 26 paralytics (out of 54 patients)[5]; St Anno's healings (11th c.) comprise about 21% of the patients classified as »*Lahm*«[6]. In the 11th–13th-century Normandy, »all the affections of mobility« are represented by approximately 40% of cases[7]; Sigal's statistics on St Gibriens' miracles from the 12th century indicate about 50% of paralytics[8], while in his larger-sample study the percentage reaches 34.3%[9] at the relics of St Louis (13th c.), *paralytici*, *contracti*, *claudi*, etc. constitute 29 out of 60 miracles (<50%)[10]. At St Elisabeth's grave

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(13th c.), 54 healings out of 130 miracles (>40%)[11] are related to the locomotor-apparatus diseases (or, according to the analysis of the same shrine performed by Barbara Wendel-Widmar (1987)[12], 52 out of 129). In Scandinavia, paralysis was represented until 1350 by about 35% of healing cases, and after that date until the end of the Middle Ages, by only 12%[13].

St. Bernardino and Paralysis

Bernardino (Massa Marittima, Tuscany, 1380–1444) was a very beloved Italian Franciscan preacher and successful thaumaturgist. He was accused at heresy, but eventually proclaimed innocent and canonized in 1450. Bernardino's miracles were additionally popularized by his friend, St. John Capistran.

As expected, among St Bernardino's miracles a large group is related to the locomotor-apparatus affections (42%)[14], too. In those cases when the paralysed side of the body is indicated, not rarely it is the left side (cf. *Nella de Ofeno, à nativitate clauda à sinistro latere*)[15]; *Marius de Comitatu Aquilae, habens tibiam sinistri lateris altero breviorem*[15] – this »shortened« leg could be only a result of a contracture; *Carutia de Catro de Lacu de Spoleto, nequam imminentibus umbris de nocte brachium sinistrum, et totum cum eo latus perdidit debilitatum*[16]; *Paula Juliani de Tuscanello, aetatis annorum undecim circa, clauda a latere sinistro nata*[16] — it is significant that the girl felt tingling on this side immediately before the healing, which speaks in favour of a conversion: *dicebat sentisse totum latus sopitum*; *Ciechus de S. Gregorio de Aquila, aetatis annorum quinque* [...], *primo valde dolebat humerum sinistrum, deinde ex ipsius doloris sascensu genu sinistrum dolebat, postque pedem* [...][16]; *Butia de Adria, habens brachium sinistrum paralyticum*[16]; *Bartholomeus de Mediolano, claudus a latere sinistro*[16]; *Carusia* [...], *cui sinistrum latus cum brachio & pede longo jam tempore arefactum erat*[17]; *Sebastianus de Sabina, a pueritia paralyticus & aridus, ac a sinistro claudicans latere*[15]; etc., etc.). Maybe this is the right moment to suggest that the common expression »by birth« (*à nativitate*; cf. *Marutia, à nativitate hinc inde claudicans*;)[15] does not necessarily reflect the real congenitality of a disease: it could be used as a *topos*, as an amplification of the suffering, as a synonym for »long time ago« or »of unknown duration.«

Among the cases when John of Capestrano was acting as a healer by using Bernardino's relics (garment, blood), numerous cases of paralysis can be traced as well, again with a possible left-side predominance (cf., for instance, *Michael* [...] *adeo quod se movere non poterat sine baculo, subito signatus ambulavit et ambulat dimisso baculo*[18]; *Philippus Aballis* [...], *adeo quod sine baculo ambulare non poterat* [...], *facto signo crucis statim liberatus fuit et est*[18]; *Iohanna* [...] *fuerat retracta in ambabus manibus et maxime notabiliter in manu sinistra*[18]; *Domina Katerina* [...], *que etiam brachium sinistrum habebat adeo debilitatum*[18]; *Marcus cuiusdam Anthonii de Costa* [...] *non poterat ambulare sine baculis et etiam difficillime cum ferulis*[18]; *Iohannes Maria* [...] *in gamba sinistra passus et infirmus fuit cum maximo dolore* [...] *signatus cum bireto sancti B. sanus et incolumis sine crozolis abiit et vadit*[18]; and many other). One should, however, point out the interesting case when crucial data indicate a higher probability for a real case of *apoplexia*: *Jacoba de Nursia, clauda à sinistro latere, brachiumque habens paralyticum, patiensque oris deformem torturam*[15].

On the Cause of »Medieval Paralysis«

The diagnosis criteria for this medieval »paralysis« were certainly abundantly different, not only among periods and shrines, but probably from one case to another. However, the numbers still indicate the predominance of one type or several similar types of illnesses. What could have been the cause of this, at any rate, epidemic phenomenon[19]? Contemporary explanations for »limbs drying up because of the absence of blood flow« cannot help us much[20]. According to our state of knowledge, paralysis can mostly be caused by: 1) an *ictus cerebralis* (stroke; *apoplexia*. Since in 96% of the right-handers and 70% of the left-handers, the language centre is contained in the left hemisphere, in the case of a described right-side paralysis we expect also some type of linguistic-skill disturbances – productive or comprehensive)[21]; 2) a peripheral--nerve lesion (in this case, paralysis is rarely complete and long-lasting, and we should have data about injury); and 3) conversive disorders (which are more often, but not regularly, related to the left side of the body)[22], and other.

Sigal speculates on the Guillain-Barré's syndrome and hypokaliaemy as the possible basis of paralysis[20]. However, one should know that the Guillain-Barré's syndrome, actually an auto-immune acute polyneuritis, typically is a symmetric lesion, largely manifested on the legs, more on the proximal than on the distal parts of the limbs. The maximal duration of the disease is several months, the frequency considerably low (1.7 cases per 100,000 inhabitants per year)[23]. On the other hand, hypokaliaemic paralysis is characterised by periodical attacks. It appears about the age of twenty, the attacks are becoming always more and more frequent, mostly by night. The attacks can be facilitated by increased physical efforts and the carbohydrate content of meals. There is no pain, no anaesthesia, while the reflexes are extinguished. Toward the middle age of the affected individual, the disease gradually disappears[23]. Unfortunately, we cannot find any data which could confirm Sigal's hypothesis. On the contrary, much more often we find cases of one affected body side and of a longer duration of the illness. Against the Guillain-Barré hypothesis, the fact also speaks that this disease is too rare to be epidemic. Against hypokaliaemy, the fact stands that the described cases usually do not mention the periodicity of the attacks, but the continuity of the paralysis. The patients frequently feel pain and it is a question where they could have provided rich meals at all. Some other causes of paralysis (contagious paralysis caused by Polio-virus or tuberculosis*, relative paralysis by podagra or rheumatic diseases; poisoning through fungous alkaloids-ergotism,

ignis sacer, *heiliges Feuer*, or Anthony's fire-provoking massive hallucinations, foot gangrene, paralysis, and aphasic disorders[25]; muscular atrophy, suggested by Fehlmann (1968)[26], etc.) could also come into consideration, at least theoretically, but they should be regarded only as possible sporadic contributions to the »mosaic« of medieval paralysis. As the most probable cause of »medieval paralysis,« therefore, conversive disorder remains, or, as it was once called, »hysteria«.

What do we know today about the real background of the so-called »hysteria«? It is widely accepted the division into conversive disorders (i.e., the cases where internal conflicts »convert« into physical symptoms: impaired co-ordination or balance, paralysis or localised weakness, difficulty swallowing or »a lump in the throat«, aphonia, urinary retention; loss of touch or pain sensation, double vision, blindness, deafness, hallucinations; seizures, convulsions)[27,28] and dissociative disorders (that is, the changes of the state of consciousness: amnesia, fugue, stupor, trance and possession disorders, somnambulism, etc.[29]. We also agree that those conversive respectively dissociative symptoms must be of a psychogenic origin, »being associated closely in time with traumatic events, insoluble and intolerable problems, or disturbed relationships«[29]. However, about the physiological processes underlying conversion we do not know much[30]. It is to be supposed, however, that suggestion, hypnosis, and conversion should be related to the same anatomical structures and similar physiological processes (Reinhold compares »hysteria« with »unconsciouss Autosuggestion«)[31].

Several elements typical for conversive symptoms can be found in miracles accounts. One of the most convincing one is the sudden onset of symptoms (paralysis, blindness, etc.). Although this suddenness is not always mentioned explicitly, very often an exact duration of the disease is given, which indirectly demonstrates the same. On the other hand, sudden onset is very rare in the cases where paralysis, for instance, is caused by an organic lesion implying gradual development of disability. Another phenomenon typical for conversive disorders and often found in miracles accounts is the sudden, intense and short-lasting deterioration of conversive symptoms, which precedes immediately the moment of healing[32]. Such a situation is mentioned, for instance, in the report of St Martin's healing of the cripple Allomer (»Suddenly he was shaken with terror and so fearfully horrified [...]«[33]; in the report on the paralytic Bonulf (»During his prayer Bonulf was surrounded with an intense heat and, as if stabbed with a sharp point, tormented with pain in his tendons«[33]), etc.

One more argument speaking in favour of the conversion hypothesis is the high susceptibility of this type of conversion towards suggestion in general. It is quite enough to mention the case of a patient who abandoned the use of the stick, or the one with a »stiffness« of the right leg, both described by Baudouin and solved in only one suggestive session (another patient with a paralysis of both arms and legs was also cured after one session, but afterwards the recidive appeared and a second session was needed)[34]. By one hypnotic session, the hand contracture of a child was cured as well: as the cause of the contracture, not »hysteria«, but »a lot of crocheting and stitching« (*viel häkeln und sticken*) was mentioned[31] (this is an example how organic and conversive disturbances can look similar). There are many cases when paralysis was instantly cured, which indicates once more the possibility of the conversive basis. In a story by Jacques de Vitry (13th c.), several »lame« were healed by a mere panic induced by a false fire alert[35]. A paralysed nun was cured immediately after she washed her body with the water where the feet of a robber, mistaken for a holy man, were washed[35], etc.

Summarising the elements favouring the conversion hypothesis, one can notice that many predisposition for the development of conversion disorders really existed. Moreover, if we would like to paraphrase Vogralik's chain of the contagion development, then we could construct at least three links of the development of medieval conversions: the acceptance of disease as a consequence of sins, the external suggestion directing conversions towards the time-period-specific symptoms, and the cancelling point of the whole process—the suggestive healing.

One of the greatest puzzles, however, is the sex ratio of the cured. In the collection of St James of Marches' miracles[36], the ratio men : women is about 2.44 : 1; by St Anno, 176 men and 131 women were healed[6]. Gabriela Signori, among the nine Swiss shrines she analyses, finds male prevalence in six cases and female in three[37]. Michel Rouche, analysing 14 shrines, comes to the prevalence of 57% of the cured men compared to 43% of women[30]. Rouche refuses the possibility that this ratio reflects the real sex ratio in the population, and offers as an explanation the difficulties that women had to encounter if they wanted to enter monasteries, while the men's way to the relics was incomparably easier[30]. Fenkeim as well, on the basis of 3.000 miracles from the 12th–13th-century England, and Sigal, after having examined 4.000 French miracles, come to the same high percentage of men. Their explanation is, however, different. Women are more numerous among the cured in the beginning, when the shrine is in the phase of its affirmation; later, nevertheless, the percentage of men increases since men are far more numerous as pilgrims[30]. Chauchard points out that »hysteria is, before all, peculiar to women [...], but it manifests also by men; less commonly in normal life, more frequently in exceptional circumstances like war«[38]. The same opinion is shared by Rivers (1926)[39]. He hypothesises, since the soldiers' reactions do not appear on the battle field but only after the shock, that they only manifest the realisation of the »immobility instinct« (*l'instinct d'immobilité*) as a reaction to danger[39]. According to Rivers, soldiers are conditioned to such a re-

Syphilitic paralysis, known as general paresis, typical for men aged between 20 and 40 years and related to dementia, was an epidemic phenomenon, but, of course, much later than the period we are investigating[24].

acting by the high suggestibility poured-in during the military training[39]. However, even with these presumptions, »it remains to find out why women, in normal conditions of a civil life, are more susceptible to hysteria than men«[39]. The same observations on the prevalence of the men war »hysteria« brings forth Elaine Showalter (1985)[40], but her interpretation of those observations is essentially different from that one formed by Rivers*. Showalter's assessments demonstrate at any rate that significant changes in the epidemiology of »hysteria,« but of the attitude towards it as well, WERE possible during history, which is supported also by Rudolph Bell's study[41].

A More General Discussion

One has to be cautious when attempting to analyze sources like hagiographies, written with so many complex motives. However, common sense suggests that even this kind of information probably does reflect some real occurrences, even if sometimes in a distorted way. The best argument in favor of the successes of »saintly medicine« is the abundance of gifts and praises offered to the saints in gratitude and found in almost every Catholic church. The survival of the cult of so many saints from the ancient times to the present, might be considered another argument in defence of the efficacy of the saints-protectors.

Modern science of psychoneuroimmunology[42] has collected significant evidence that suggestion may be able to influence health and disease. Where might the suggestive power of saints-protectors originate from? It is to be assumed that a major role in believing in miraculous cure was the conception of the development of disease, and, hence, of its elimination. In the Middle Ages, the appearance of disease mainly was attributed to moral causes (sins)[43]. To that, one has to add a constant exposal to Biblical and other parabolas claiming the cure be possible, as well as the fact that most of the saints have disposed of various suggestion-conducive characteristics (unusual physical marks, bizarreness, or even psychopathological traits).

In conclusion, we would like once again to stress the importance of a critical approach to historical medical and non-medical sources. However, as we hope to have proved by this paper, those materials may become a precious source for modern medical considerations. Our-time scientific knowledge on psychoneuroimmunological interactions may shed important light on medieval miracle reports: hopefully, those reports might provide suggestions for enriching modern medical treatment and, in particular, for increasing the successful bondage between patient and physician.

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»While epidemic female hysteria in late Victorian England had been a form of protest against a patriarchal society that enforced confinement to a narrowly defined femininity, epidemic male hysteria in World War I was a protest against the politicians, generals, and psychiatrists«[40].

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ČUDESNA IZLJEČENJA PARALIZE: PRELIMINARNA STUDIJA IZVORA

S A Ž E T A K

U članku se nastoje istražiti medicinski dokazi čudesnih izlječenja paralize, te ih usporediti sa spoznajama moderne medicine. Kao model takve studije odabrana je paraliza, a kao svetac izlječitelj Sveti Bernardin Sijenski (1380.–1444.). Analizirani su primarni izvori literature. Utvrđeno je da je u srednjovjekovnim izvješćima o čudima paraliza bila među najčešćim bolestima, uključujući izlječenja Sv. Bernardina. Prema iznesenoj hipotezi, u većini slučajeva srednjovjekovnog »čudesnog izlječenja paralize«, bila je riječ o konverzivnom poremećaju.