Miraculous Healings of Paralysis: A Preliminary Study on Sources

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ABSTRACT

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 associations1. Just for example, as saints-protectors »specialized« for healing paralysis, mentioned are Giles, Fina (Serafina), Giovanna Francesca di Chantal, Maria dell’Incarnazione, Servolo, and Wolfgang2.

Not only to historians and medical historians, it has always been a challenge 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 occurring 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 paralyzed 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 saints4.

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 cases7; Sigal’s statistics on St Gibriens’ miracles from the 12th century indicate about 50% of paralytics8, 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%)\textsuperscript{11} are related to the locomotor-apparatus diseases (or, according to the analysis of the same shrine performed by Barbara Wendel-Widmar (1987)\textsuperscript{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\%\textsuperscript{13}.

St. Bernardino and Paralysis

Bernardino (Massa Maritima, Tuscany, 1380–1444) was a very beloved Italian Franciscan preacher and successful thaumaturgist. He was accused at herey, 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\%)\textsuperscript{14}, too. In those cases when the paralysed side of the body is indicated, not rarely it is the left side (cf. Nella de Ofena, à nativitate clauda à sinistro latere\textsuperscript{15}; Marius de Comitatu Aquilae, habens tibiam sinistri laterialteris altero brevorem\textsuperscript{16} – this «shortened» leg could be only a result of a contracture; Caruita de Castro de Lacu de Spoleto, nequam imminentibus umbrius de noto brachium sinistrum, et totum cum eo latus perditit debilitatum\textsuperscript{16}; Paula Juliani de Tuscanello, aetatis annorum undecim circa, clauda a latere sinistro nata\textsuperscript{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 anorum quinque [...] primo valde dolebat humerum sinistrum, deinde ex ipsius doloris sas cenusa genu sinistrum dolebat, postque pedem [...]\textsuperscript{16}; Butia de Adria, habens brachium sinistrum paralyticum, Bartholomaeus de Mediolano, claudus a latere sinistro\textsuperscript{16}; Carusia [...] cui sinistrum latus cum brachio & pede longo jam tempore arefactum erat\textsuperscript{17}; Sebastianus de Sabina, a puritia paralyticus & aridus, ac a sinistro claudicans latere\textsuperscript{16} etc., etc.). Maybe this is the right moment to suggest that the common expression «by birth» (à nativitate; cf. Marutta, à nativitate hinc inde claudicans\textsuperscript{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\textsuperscript{18}; Philippus Allatis [...] adeo quod sine baculo ambulare non poterat [...] facto signo crucis statim liberatus fuit et est\textsuperscript{18}; Johann [...] fuerat retracta in ambabus manibus et maxime notabiliter in manu sinistra\textsuperscript{18}; Domina Katerina [...] que etiam brachium sinistrum habebat adeo debilitatum\textsuperscript{18}; Marcus cuissadam Anthonii de Costa [...] non poterat ambulare sine baculo et etiam difficultime cum ferulis\textsuperscript{18}; Johannes Maria [...] in gamba sinistra passus et infirmus fuit cum maximo dolore [...] signatus cum bireto sancti B. sanus et incolumine sine crozolis abit et vadit\textsuperscript{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 tormentum\textsuperscript{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? Contemporary explanations for «limbs drying up because of the absence of blood flow» cannot help us much\textsuperscript{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\textsuperscript{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) convulsive disorders (which are more often, but not regularly, related to the left side of the body)\textsuperscript{22}, and other.

Sigal speculates on the Guillain-Barré’s syndrome and hypokaliaemy as the possible basis of paralysis\textsuperscript{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)\textsuperscript{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\textsuperscript{24}. 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\textsuperscript{2}, relative paralysis by podagra or rheumatic diseases; poisoning through fungous alkaloids-ergotism,
massive hallucinations, foot gangrene, paralysis, and ap- 
hasic disorders\textsuperscript{25}; muscular atrophy, suggested by Fehl- 
ships\textsuperscript{29}. However, about the physiological processes un-
tenable problems, or disturbed relation -
associates closely in time with traumatic events, insolu-
tive symptoms must be of a psychogenic origin, »being 
\[\ldots\] \[\ldots\]
\[\ldots\] «33; in the report on the paralytic Bonulf (»During his 
he was shaken with terror and so fearfully horrified 
of St Martin's healing of the cripple Allomer (»Suddenly 
such a situation is mentioned, for instance, in the report 
\[\ldots\]\[\ldots\]hysteria« with »unconsciouss Autosuggestion«)\textsuperscript{31}.

conversion should be related to the same anatomical struc-
tures and similar physiological processes (Reinhold com-
version hypothesis is the high susceptibility of this type of 
conversion towards suggestion in general. It is quite 
acting 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 le-
\[\ldots\]\[\ldots\]ralysis 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\textsuperscript{30}. 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\textsuperscript{35}, etc.

Summarising the elements favouring the conversion 
theory, one can notice that many predisposition for the 
development of conversion disorders really existed. 
Moreover, if we would like to paraphrase Vögralik’s chain 
of the contagion development, then we could construct at 
least three links of the development of medieval conver-
sions: 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\textsuperscript{39}, the ratio men : women is about 2.44 : 1: by St 
Anno, 176 men and 131 women were healed\textsuperscript{4}. Gabriela 
Signori, among the nine Swiss shrines she analyses, finds 
male prevalence in six cases and female in three\textsuperscript{37}. Michel 
Rouche, analysing 14 shrines, comes to the prevalence of 
57% of the cured men compared to 43% of women\textsuperscript{30}. 
Rouche refuses the possibility that this ratio reflects the 
real sex ratio in the population, and offers as an explana-
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acting by the high suggestibility poured-in during the military training\textsuperscript{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\textsuperscript{38}. The same observations on the prevalence of the men war ‘hysteria’ brings forth Elaine Showalter (1985\textsuperscript{40}), but her interpretation of those observations is essentially different from that one formed by Rivers\textsuperscript{4}. 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\textsuperscript{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\textsuperscript{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)\textsuperscript{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.

\textbf{REFERENCES}


\textsuperscript{39}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\textsuperscript{41}.

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ČUDESNA IZLJEČENJA PARALIZE: PRELIMINARNA STUDIJA IZVORA

SAŽETAK

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.