

Sickness, Disability, and Miracle Cures: Hagiography in England, c. 700 - c. 1200

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Short Abstract

This thesis considers how religious literature represented sickness and disability in Anglo-Saxon and post-Conquest England. Based on Gospel accounts of Jesus's healings, narratives of miracle-cures were highly valued within medieval Christian culture. By analysing a selection of miracle-cure narratives from the main period of miracle writing in England, from the age of Bede to the late twelfth century, this project considers the social significance of such stories. All miracle-cures followed the pattern of a spiritual triumph over the material world, but this thesis focuses on how hagiographers represented human experiences of sickness and disabilities.

The first two chapters of this thesis address the conceptual structure of the project. The first explains the two areas of scholarly theory that underpin this thesis. These are the use of narrative sources for historical study; and sociological conceptualisations of bodily difference. The second chapter orientates the case-studies selected for this project in their context. Miracle-cures were recounted in relation to other aspects of the culture of medieval England, most importantly the theology of sainthood and of sin.

The remaining three chapters of the thesis provide detailed thematic analysis of selected miracle-cure narratives. The third chapter asks how the spiritual experience of bodily difference was understood. The next chapter considers the physical understandings of a body that was affected by either sickness or disability, and the links between miracle-cure narratives and contemporary medical theory. The fifth and final chapter addresses the representation of social aspects of sickness and disability in these texts, in particular the moralising rhetoric of such texts in favour of community support.

This thesis concludes with a discussion of how modern Disability Studies and scholarship on medieval culture benefit from interaction with one another.

Long Abstract

This thesis analyses concepts of sickness and disability as represented in medieval miracle literature produced in England between the eighth and twelfth centuries. It is a textual study asking questions about the concepts and theories that shaped the social experience of bodily difference. By combining modern questions about disability with a detailed reading of medieval literature, this project brings new perspectives to both fields. On the one hand, it challenges the modern focus of disability studies, demonstrating that human bodies were once idealised, cared for and spiritualised in ways that are now alien to us. On the other hand, this thesis aims to fill a major lacuna in medieval studies, by providing an empathetic history of sickness and disability. Studies in this field have tended to focus on “top-down” issues such as the intellectual culture of medical elites and the social structures of supposedly quantifiable public health. This project looks beyond medical theory and quantification (which is not a useful approach to textual sources in any case), asking how people with sicknesses and disabilities were imagined and represented in texts. My thesis does not claim to uncover the true experiences of sickness and disability in the past, but it does explore literary representation of the ideas and mentalities that shaped such experiences.

In order to give structure to this textual study, I have selected five groups of case-studies from the hagiographical texts written in medieval England. The introduction of the thesis explains the rationale for selecting saints’ cults with particular textual characteristics. The five cults were associated with different types of holy figureheads (one woman and four men; two martyrs; three bishops, an abbess and a king). The total of twenty core texts contains a large number of miracle cures, and in many cases re-writings and paraphrases of particular stories survive in the manuscript record. These cults span five centuries of Anglo-

Latin hagiography; we start with the literary flourishing of Bede's lifetime at the turn of the eighth century, and move through to the late twelfth century, with the major cult of Thomas Becket. This broad selection of material allows for a thematic literary approach, analysing developments over time in this highly conventional narrative form. Looking at the same cults over a period of time allows this study to consider how miracle narratives were re-written, and how particular pieces of vocabulary were changed.

The opening chapter introduces the two theoretical approaches that underpin this thesis. The first is the use of medieval literature to consider the mentalities surrounding sickness and disability. Miracles and the cults of saints have been studied extensively, but only in a few cases with a focus on the representation of the body. Ronald Finucane and Irina Metzler have engaged with this issue, but both took the problematic stance that miracle stories can be quantified to reveal a picture of public health. Instead, this thesis takes the approach that texts describing the miraculous cures of sicknesses and disabilities should be viewed as re-writings of a textual tradition. Essentially, all cure accounts re-tell the Gospel cures attributed to Jesus. This thesis therefore seeks to address how sickness and disability were cast in these narratives, and how this tradition of describing them changed over time.

The second theoretical issue that contributes to this thesis is the modern definition of disability. The sociological works now known collectively as Disability Studies have suggested that disability is a social experience. A physical problem with the body, such as a malfunctioning limb, is defined as an *impairment*, and the social experience of the person with that impairment is the *disability*. This theory has therefore made the experience of disability a suitable topic for historical study. Rather than being an unchanging physical phenomenon, differences among human bodies can now be thought of as the product of societies. However, Disability Studies has its own complications, and is not necessarily suited to medieval comparisons. Based on modern medicine and the welfare state, it is a

fundamentally modern Western concept (although the term ‘disability’ was first coined as early as the sixteenth century).¹ This thesis therefore proposes a reframed set of definitions. I seek to examine representations of bodily difference in miracle cures, which could encompass sickness (impairments that would today be understood as temporary) as well as disability. I also aim to move beyond the Disability Studies movement’s focus on physical and practical experiences (such as the accessibility of buildings and roles in the workforce) to explore more abstract aspects of identity, such as religion and communities.

The second chapter addresses the concept of cure as a literary form for describing bodies. Intertextuality features in the three following chapters, but here it is the main focus. The representation of the sick and disabled body in hagiography existed in conversation with other types of text. The first section of this chapter addresses spiritual representation of sickness and disability established through allusions to the bodies of saints. Martyrdom scenes offered descriptions of the broken body that could be referenced in miracle cures. The concept of the incorruption of the bodies of saints after their deaths also influenced descriptions of cured bodies, once they were blessed and freed of impairments. The second section explores the issue of sin in cure narratives, in relation to contemporary theological and penitential literature. This section will explore how the idea of blaming people for their bodily malfunctions was a subject of debate among medieval texts. Modern scholarship has tended to overstate the blame ascribed to the sick and disabled in pre-modern cultures. This section will suggest that these miracle-cure narratives were in fact situated in a more complex model that mapped the transformation of the body in cure onto an idea of the sinful soul being transformed by divine forgiveness.

Chapter Three marks the start of the second part of this thesis, which addresses thematic issues in hagiographical representations of sickness and disability. The first

¹ *Oxford English Dictionary* [date of access 13th August, 2015], entries ‘Disability’ and ‘Disabled’.

thematic chapter addresses the spiritual experiences associated with sickness and disability. Miraculous cure was understood as a spiritual experience, which placed the sick or disabled person in the narrative in a privileged relationship with the saints, who in turn were aligned with Christ. As discussed in Chapter Two, cure narratives also paralleled cure with experiences of redemption from sin and elevations to sainthood. Demonic possession is the first issue discussed here, and it has been the most studied aspect of spiritual experiences of disability. An association between malevolent spirits and mental illness is to be found in many cultures, including the biblical and classical antecedents of medieval England. However, this first section of the chapter suggests that hagiographers had a more nuanced view of spiritual disturbance. The relationship between mental impairment and demonic control was a strong hagiographical convention, but some narratives among our case-studies combined this symbol of negative spiritual influence with more neutral explanations of people suffering from medical insanity. Overall, these cure narratives expressed a general concern about disruptive, uncontrolled behaviour, rather than the idea that people with mental illnesses could harbour malevolent spirits. The second section of this chapter analyses representations of sickness and disability when framed by accounts of positive spiritual encounters, with angels and visions of the saints. Hagiographers took varying approaches to the bodily experiences of such visions, with some texts suggesting that impairments were temporarily suspended during spiritual ecstasy. Finally, this chapter considers the spiritual aspects of approaching death. Many cure narratives aligned miraculous recoveries from apparent death with the symbolism of resurrection, casting the seriously sick in a liminal but ultimately privileged position.

The fourth chapter examines physiological understandings of the body. Studies of medieval medicine have tended to focus on theoretical texts, including the vernacular Leechbooks of tenth-century England and the transmission of classical medicine from the

eleventh century onward. The role of medicine in hagiographical texts was a form of intertextuality like those discussed in Chapter Two, but these narratives also expressed their own concepts of the physical mechanics of the body. The first section of this chapter looks at the role of authority figures over the body, analysing how the saints and doctors were conceptualised. Scholarship has tended to view the cults of saints as hostile to medical authorities, but the Gospel precedent of Christ describing himself as a *medicus* sparked the intertwining of these two roles in hagiographical texts. The second section of this chapter focuses on modes of describing the impaired body. Miracle-cure narratives were structured in a way that implied definitions of a serious impairment; any bodily condition considered to deserve a cure must have been considered as problematic. This section of the chapter notes the emphasis of textual descriptions on the surface of the body, and the visible aspects of impairment. Finally, this chapter considers concepts of bodily health as represented in the sections of miracle narratives that dealt with the aftermath of cure. A return to bodily function and full mobility was the ideal conclusion to such narratives, but there was less emphasis on perfect bodily appearance in these texts than there is in modern cosmetic culture. Cure was understood as a transformative process, with the body in flux, rather than a final physical state.

The fifth and final chapter examines the communities portrayed in these narratives. Hagiographical cure accounts often cast communities in a vital narrative role, enabling the sick or disabled person to approach the saint and thus setting up the situation for the miracle-cure. This narrative convention created an interesting parallel with the modern idea that disabilities are socially constructed, part of a communal existence rather than just the physical experience of a person with an impairment. The first section of this chapter analyses portrayals of family members in caring roles. The hagiographical texts invoked a powerful moral rhetoric around the family, suggesting that they had a responsibility not just

to provide practical support for the sick and disabled but to engage with their pain and discomfort on an emotional level. The second section looks at portrayals of more loosely-defined communities, based on ideal relationships that could develop from encounters with the sick and disabled. This encompassed local relationships in rural and urban settlements, and also relationships formed during pilgrimage journeys. Finally, this chapter examines institutional support for the sick and disabled. The period covered by this thesis includes the development of hospital foundations in England (from the late eleventh century). This has attracted a great deal of scholarly attention, but this chapter suggests that the hospital was conceived of in hagiographical texts as closely related to pre-existing communities in monasteries and local support networks. Hospital care would therefore seem to be less of a break in community relations than has previously been suggested.

The conclusion of the thesis reflects on the outcome of this interdisciplinary project, for both approaches to medieval miracle literature and modern concepts of sickness and disability. This thesis calls for a comparison between past and present systems of thinking about bodily difference, to break down modern preconceptions that people with impairments will always be culturally marginalised.

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The Queen’s College, Oxford

List of Abbreviations

Texts from Case-Studies:

Æthelthryth Cult:

Goscelin *Æthelthryth*

*Goscelin of Saint-Bertin?, *Miracula sancte Ætheldrethe virginis*, ed. R. C. Love, in *The Hagiography of the Female Saints of Ely* (Oxford, 2004), pp. 96-130

Gregory *Æthelthryth*

Gregory of Ely, *De vita et gestis beatae Æthelthrythæ virginis*, eds. P. A. Thompson and E. Stevens, 'Gregory of Ely's verse *Life and Miracles of St Æthelthryth*', *Analecta Bollandiana* 106 (1988), pp. 333-90 at pp. 353-78

Liber Eliensis

Liber Eliensis, ed. E. O. Blake, *Liber Eliensis* (Camden Third Series 92, London, 1962)

Cuthbert Cult:

Anon. *Cuthbert*

**Vita sancti Cuthberti*, ed. B. Colgrave, in *Two Lives of St Cuthbert* (Cambridge, 1940), pp. 60-138

Ælfric *Cuthbert*

Ælfric, 'XIII Kalendas Aprilis, Depositio sancti Cuthberti episcopi' in *Catholic Homilies*, Second Series, ed. M. Godden (Early English Text Society Supplementary Series 5, London, 1979), pp. 81-91

Bede *Cuthbert M*

Bede, Metrical *Vita sancti Cuthberti*, ed. W. Jaager, in *Bedas Metrische Vita Sancti Cuthberti* (Leipzig, 1935), pp. 56-133

Bede *Cuthbert P*

*Bede, Prose *Vita sancti Cuthberti*, ed. Colgrave, in *Two Lives of St Cuthbert*, pp. 142-306

Reginald *Cuthbert*

Reginald of Durham, *Miracula sancti Cuthberti*, ed. J. Raine, in *Reginaldi Monachi Dunelensis, Libellus de Admirandis Beati Cuthberti Virtutibus* (Surtees Society 1, London, 1835)

Edmund Cult:

Abbo *Edmund*

Abbo of Fleury, *Passio Sancti Eadmundi*, ed. M. Winterbottom, *Three Lives of English Saints* (Toronto, 1972), pp. 67-87

Herman *Edmund*

*Herman, *Miracula sancti Edmundi*, ed. T. Licence, *Herman the Archdeacon and Goscelin of Saint-Bertin: Miracles of St Edmund* (Oxford, 2014), pp. 2-124

Goscelin *Edmund*

*Goscelin of Saint-Bertin, *Miracula sancti Edmundi*, ed. T. Licence, *Herman the Archdeacon and Goscelin of Saint-Bertin*, pp. 125-302

Samson *Edmund*

Samson?, *Miracula sancti Edmundi*, ed. T. Arnold, in *Memorials St Edmund's Abbey* (Rolls Series 96, London, 1890), vol. 1, pp. 107-208

Swithun Cult:

Ælfric *Swithun*

*Ælfric, *Life of St Swithun*, ed. M. Lapidge, in *The Cult of St Swithun* (Winchester Studies 4.ii, Oxford, 2003), pp. 590-610

Anon. *Swithun*

*Anon., *Miracula sancti Swithuni*, ed. Lapidge, in *Cult of St Swithun*, pp. 648-96

Epitome Swithun

*Ælfric?, *Epitome of the Translation and Miracles of St Swithun*, ed. Lapidge, in *Cult of St Swithun*, pp. 564-572

Lantfred *Swithun*

*Lantfred, *Translatio et miracula sancti Swithuni*, ed. Lapidge, in *Cult of St Swithun*, pp. 252-332

Wulfstan *Swithun*

*Wulfstan, *Narratio metrica de sancto Swithuno*, ed. Lapidge, in *Cult of St Swithun*, pp. 372-550

Thomas Becket Cult:

Benedict *Thomas*

Benedict of Peterborough, *Miracula sancti Thomæ*, ed. J. C. Robertson, in *Materials for the History of Thomas Becket, Archbishop of Canterbury* (Rolls Series 67, London, 1875-85, 7 vols), vol. 2, pp. 21-281

William *Thomas*

William of Canterbury, *Miraculorum gloriosi martyris Thomæ*, ed. Robertson, in *Materials*, vol. 1, pp. 137-545

Other texts:

Bede *HE*

*Bede, *Historia ecclesiastica gentis Anglorum*, eds. B. Colgrave and R. A. B. Mynors, in *The Ecclesiastical History of the English People* (Oxford, 1969)

OE *HE*

The Old English Version of Bede's Ecclesiastical History, ed. T. Miller (Early English Text Society 95 and 96, London, 1890-91), Part 1, Sections 1 and 2

Texts marked * are edited with a facing translation, which is used when quoting in English. All other translations are my own.

General:

<i>ANS</i>	<i>Anglo-Norman Studies</i>
<i>ASE</i>	<i>Anglo-Saxon England</i>
<i>BHM</i>	<i>Bulletin of the History of Medicine</i>
CCSL	Corpus Christianorum Series Latina
CCCM	Corpus Christianorum Continuatio Mediævalis
CSASE	Cambridge Studies in Anglo-Saxon England
CSEL	Corpus Scriptorum Ecclesiasticorum Latinorum
<i>DMLBS</i>	<i>Dictionary of Medieval Latin from British Sources</i> , eds. R. E. Latham <i>et al.</i> (Oxford, 1975-2013)
<i>DNB</i>	<i>Oxford Dictionary of National Biography</i> , eds. H. C. G. Matthew, B. Harrison, and L. Goldman (Oxford, 2004-)
EEA	English Episcopal Acta
EETS	Early English Text Society Publications
<i>EHR</i>	<i>English Historical Review</i>
<i>EME</i>	<i>Early Medieval Europe</i>
<i>JHMAS</i>	<i>Journal of the History of Medicine and Allied Sciences</i>
MGH	Monumenta Germanica Historiæ
PL	Patrologia Latina
PRS	Publications of the Pipe Roll Society
RS	Rolls Series
SCH	Studies in Church History
<i>SHM</i>	<i>Social History of Medicine</i>
<i>TRHS</i>	<i>Transactions of the Royal Historical Society</i>

Note on Images

Please note that for copyright reasons, images have been redacted from this digital copy of this thesis. Images were used in the examination copy, and they are included in the hard copy deposited in the Bodleian Library.

Introduction

This English people is not deprived of the Lord's saints, for in the English lands there lie such saints as this holy king [Edmund], and Cuthbert the blessed, and Saint Æthlethryth in Ely and her sister, whole in body for the strengthening of the faith. There are besides many other saints among the English people who work many miracles, as is known far and wide, to the glory of the Almighty in whom they believed.¹

This thesis asks how the saints described here as 'whole in body' reflected ideas about the human body in English culture from the eighth to the twelfth centuries. Christian texts had described miraculous changes to sick and disabled bodies since the composition of the Gospels, nine centuries before Ælfric wrote this passage in his *Lives of Saints* c. 994-8. This was not, however, a mere literary trope. Even over such a long period of time, the idea that a spiritual force could cure the body remained a powerful symbol. Narratives about saints miraculously curing bodily ailments were the pre-eminent literary form for theorising sickness and disability in medieval Christian thought. Changes to this literary form over time reflected changes in conceptions of the body. Ælfric wrote within an ancient theological tradition, but his miracle accounts referred to his contemporary society, locating miracles around his audience and the ways in which they understood their own bodies. This thesis therefore asks how saints and their miracles were connected to the most personal, tangible, even visceral experiences of a past society.

There might appear to be a paradox in studying bodily difference via texts which described their removal. Medieval Christian culture was based on intellectual paradigms

¹ Ælfric, *Life of Saint Edmund*, ed. W. W. Skeat, *Ælfric's Lives of Saints* (EETS 94 and 114, 1890-1900), vol. 2, pp. 314-334 at pp. 332-4, lines 259-66.

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which contrast sharply with our own. A modern reading of miracle-cures bringing an end to sickness and disability might include alarm that the text represented some sort of eugenicist approach to human difference.² Texts about saints were produced among a constellation of ideas that framed the removal of bodily differences in a completely different way. Instead of evolutionary biology, Ælfric's contemporaries would have known a natural world ascribed to the creative power of the Christian God; in the place of medical control over the body, their culture prioritised a spiritual conceptualisation of the human body and soul.

Literature about miracles has now been firmly established in historical study. Inspired by the methods of anthropology, historians have learned to see beyond the apparent implausibility of such narratives, to analyse them for insights into past societies.³ Studies of sickness and disability as represented in hagiography, however, have not explored the symbolic potential of the texts. Two medievalists have produced large-scale studies on this topic: Ronald Finucane in the 1970s, and Irina Metzler, working in the first decade of the twenty-first century.⁴ Both authors extracted from miracle-cure accounts what they considered to be broadly accurate descriptions of bodily conditions as they existed in the past.⁵ They based their approach on the assumption that literary texts accurately recorded a

² C. J. Kudlick, 'Disability history: why we need another "other"', *American Historical Review* 108 (2003), pp. 763-793 at pp. 787-8; *idem*, 'Disability history, power, and rethinking the idea of "The Other"', *Publications of the Modern Language Society of America* 120 (2005), pp. 557-561 at pp. 559-60.

³ The most influential work in this area remains that of Peter Brown. See P. Brown, *The Cult of the Saints: its rise and function in Latin Christianity* (Chicago IL, 1981), pp. 12-22; and p. 21: 'the cult of the saints involved imaginative changes that seem, at least, congruent to changing patterns of human relations.' See also: R. Van Dam, *Saints and their Miracles in Late Antique Gaul* (Princeton NJ, 1993), pp. 84-6; S. Yarrow, 'Narrative, audience and the negotiation of community in twelfth-century English miracle collections' in *Elite and Popular Religion*, eds. K. Cooper and J. Gregory (SCH 42, 2006), pp. 65-77 at pp. 73-4; *idem*, *Saints and their Communities: miracle stories in twelfth-century England* (Oxford, 2006), pp. 8-19; M. Dal Santo, *Debating the Saints' Cult in the Age of Gregory the Great* (Oxford, 2012), pp. 5-9.

⁴ R. Finucane, *Miracles and Pilgrims: popular beliefs in medieval England* (London, 1977); I. Metzler, *Disability in Medieval Europe* (Abingdon, 2006).

⁵ Finucane, *Miracles and Pilgrims*, 103, and Metzler, *Disability in Medieval Europe*, p. 133, both provide lists of hagiographical descriptions of sickness and disability grouped according to modern diagnoses, e.g. Finucane categorises leprosy among skin conditions, and Metzler groups all descriptions of paralysis, bodily contractions, or weakness of the limbs together under the heading 'mobility' conditions.

bodily event (comparable to the copious written records produced by the modern medical profession), and that past understandings of the body correlate to modern diagnostic criteria.⁶ This thesis argues that the study of sickness and disability in relation to miracle-cures can only fulfil its potential for historical research if such anachronism is discarded. This project realigns the concepts of sickness, disability, and cure, by acknowledging three key issues. The first is that miracle-cure texts were written within a tradition of recycled symbols. The second is that literature produced in medieval England used these religious symbols to grapple with bodily experiences for which there was no label comparable to our modern term ‘disability.’ The third issue is that our concepts of sickness and disability are currently contested, and modern society could benefit from historical perspective on how to deal with cultural manifestations of sickness and disability.

Ælfric’s praise of English saints was written at the mid-point of a period over which miracle literature flourished in England. From the start of the eighth century, clerics produced accounts of native saints intervening in the lives of the relatively recently Christianised people of England.⁷ These accounts imitated the literature of early Christian saints’ cults, which were disseminated throughout the Christian world. The *Lives* of the fourth-century saints Anthony of Egypt, a desert hermit, and Martin, Bishop of Tours, were particularly influential.⁸ Literature about Anglo-Saxon saints was however conceptually

⁶ P. Horden, ‘The millennium bug: health and medicine around the year 1000’, *SHM* 13 (2000), pp. 201-219 at pp. 205-9.

⁷ On the cultural impact of conversion, see: H. Mayr-Harting, *The Coming of Christianity to Anglo-Saxon England* (London, 1972), pp. 60-4, 241-4; A. Pluskowski and P. Patrick, “‘How do you pray to God?’ Fragmentation and variety in early medieval Christianity’ in *The Cross Goes North*, ed. Carver, pp. 29-57 at pp. 34-7; I. N. Wood, ‘Some historical re-identifications and the Christianisation of Kent’ in *Christianising Peoples and Converting Individuals*, eds. G. Armstrong and I. N. Wood (Turnhout, 2000), pp. 27-35 at pp. 30, 34; J. Rubenstein, ‘Conversion, miracles, and the creation of a people in Bede’s *Ecclesiastical History*’ in *The Middle Ages in Texts and Texture*, ed. J. Glenn (Toronto, 2011), pp. 93-104 at pp. 94-5.

⁸ On the cult of Anthony, see: P. Brown, *The Body and Society* (New York NY, 1988), pp. 213-27; M. S. Williams, *Authorised Lives in Early Christian Biography* (Cambridge, 2008), pp. 102-13, 119. On Martin’s cult: C. Stancliffe, *Saint Martin and his Hagiographer* (Oxford, 1983), pp. 149-59; Van Dam, *Saints and their Miracles*, pp. 13-28. On their influence over the following centuries, see: T. J. Heffernan, *Sacred Biography:*

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distinct from its textual models, as these accounts set miracle-cures in the author's own social setting rather than in a distant past. The earliest narratives recounting cures performed by Anglo-Saxon saints themselves became textual models for hagiography in England over the following centuries. These texts were copied, re-written, and alluded to in new texts. Even subtle changes in language added new layers of thought to any particular story of a miraculous transformation of the body, reflecting changes in understandings of sickness and disability.

Hagiography was by its nature a highly conservative literary form, always looking back to the examples of the Gospels, and as such it is beneficial to examine stylistic changes over a long time-frame. In order to maintain textual focus over such a period, this thesis analyses a selection of case-studies from English saints' cults. This allows us to trace changes in concepts of the body from the start of Anglo-Saxon hagiography, through to developments in the twelfth century. In medical and institutional history, the late eleventh century and the twelfth century have often been seen as a pivotal period. The emergence of hospitals in England from the 1080s onwards, and the continuing process of disseminating classical medical texts over the course of the twelfth century, did indeed provide vital points of comparison for the tradition of miracle-cure narratives.⁹ Similarly, the twelfth century has often been represented as a period of major developments in miracle literature.¹⁰ This

saints and their biographers in the Middle Ages (Oxford, 1988), pp. 5-6; D. W. Rollason, *Saints and Relics in Anglo-Saxon England* (Oxford, 1989), pp. 6-9, 75-9.

⁹ M. Rubin, 'Development and change in English hospitals' in *The Hospital in History*, eds. L. Granshaw and R. Porter (London, 1989), pp. 41-59 at p. 43; S. Watson, 'The origins of the English hospital', *TRHS*, 6th Ser. 16 (2006), pp. 75-94 at pp. 76-7; D. Jacquart, 'Medical scholasticism' in *Western Medical Thought from Antiquity to the Middle Ages*, ed. M. D. Grmek (trans. A. Shuggar) (Cambridge MA, 1998), pp. 197-240 at p. 200; M. H. Green, 'Salerno on the Thames: the genesis of Anglo-Norman medical literature' in *Language and Culture in Medieval Britain: the French of England*, ed. J. Wogan-Browne (York, 2009), pp. 220-231 at pp. 221-3. P. Horden, 'What's wrong with early medieval medicine?', *SHM* 23 (2010), pp. 5-25 at p. 20, suggests that historians of Western medieval medicine have become over-reliant on this later material, and so comparison with the earlier Middle Ages is beneficial.

¹⁰ R. W. Southern, 'The place of England in the twelfth century renaissance' *History* 45 (1960), pp. 201-216 at pp. 211-2; A. Vauchez, *La sainteté en occident aux derniers siècles du moyen âge* (Rome, 1981), pp. 39-41, 58-60; B. Ward, *Miracles and the Medieval Mind* (London, 1982), pp. 67-8, 166-7; Yarrow, *Saints and their*

project will question the validity of these ideas about accelerated change in the twelfth century, by examining how narrative representations of sickness and disability developed in this period whilst also maintaining the textual traditions of Anglo-Saxon hagiography.

Our case-study texts were by no means written or read in isolation. Classical and Late Antique writings provided narrative templates and turns of phrase which hagiographers adapted to describe experiences of sickness and disability. The majority of the texts selected for this study were written in Latin, the primary literary and religious language of medieval culture. However, Ælfric's translation of Latin texts into Old English amply demonstrates the multilingualism of English literate elites.¹¹ Translated miracle-cure texts open up yet another layer of how interpretations of the human body changed over time, and so this corpus of case-studies has not been restricted by language. For reasons of brevity, this is a study of these complex and interrelated texts that does not make specific reference to issues of textual transmission. The fundamental criteria for the selection of the case-study groups were that the texts provided a large sample of miracle-cure narratives, and that the group of writings associated with each cult involved re-writing or textual interaction. The origins of these selected texts, and interconnections among them, reflects the cultural significance of literary representations of sick and disabled bodies.

Communities, p. 1; R. Koopmans, *Wonderful to Relate: miracle stories and miracle collecting in high medieval England* (Philadelphia PA, 2011), pp. 2-4, 112, 125.

¹¹ M. R. Godden, 'Ælfric's *Saints' Lives* and the problem of miracles', *Leeds Studies in English* 16 (1985), pp. 83-100 at pp. 84-5, 92-4; M. Gretsch, *Ælfric and the Cult of Saints in Late Anglo-Saxon England* (CSASE 34, 2005), pp. 59-60.

Introduction

Cuthbert

At the turn of the eighth century, between 699 and 705, a monk from Lindisfarne wrote a *Vita* of Cuthbert his abbot and bishop, who had died in 687.¹² The Anonymous author consciously positioned his work within a well-established literary form by quoting texts about the Late Antique saints Anthony and Martin.¹³ This is the earliest surviving text written in England about a native saint.¹⁴ Miracle-cures attributed to Cuthbert in his life and after death introduced a complex literary form of engagement with sick and disabled bodies into English culture.

Lindisfarne was a monastic community situated on an island off the coast of Northumbria, which had been founded by Irish missionaries and maintained a religious culture that combined Irish and Anglo-Saxon religious traditions.¹⁵ Memorialisation of Cuthbert was situated in a complex relationship between Irish ideals of spiritual rejection of the world, and expectations that this relatively new religion would contribute to society in England. In the Anonymous hagiographer's work, cure-narratives represented both ideals: Cuthbert was portrayed as providing cures whilst on pastoral journeys in Northumbria, and

¹² B. Colgrave (ed.), *Two Lives of Cuthbert* (Cambridge, 1940), 'Introduction', pp. 11-13; C. Stancliffe, 'Cuthbert and the polarity between pastor and solitary' in *Saint Cuthbert, His Cult and His Community*, eds. G. Bonner *et al.* (Woodbridge, 1989), pp. 21-44 at pp. 24-27; A. Thacker, 'Lindisfarne and the origins of the cult of Saint Cuthbert' in *ibid.*, pp. 103-122 at pp. 115-7; D. A. Bullough, 'A neglected early-ninth-century manuscript of the Lindisfarne *Vita S. Cuthberti*' *ASE* 27 (1998), pp. 105-137 at pp. 105-7.

¹³ Anon. *Cuthbert*, I.1, p. 62, quoting Evragius, *Vita Antonii*, ed. G. J. M. Bartelink, *Vita di Antonio* (Milan, 1974), preface, p. 4, lines 13-14. Anon. *Cuthbert*, I.2, pp. 62-4, quoting Sulpicius Severus, *Vita sancti Martini episcopi et confessoris*, ed. C. Halm, *Sulpicii Severi libri qui supersunt* (CSEL 1, 1866), pp. 109-137 at ch. 1, p. 111, lines 14-25. See Thacker, 'Lindisfarne and the origins of the cult', pp. 111-2.

¹⁴ In the British Isles beyond the Anglo-Saxon regions, Adomnán of Iona wrote his *Life of Columba* around the same time, c. 697 x 704. See Adomnán, *Vita Columbæ*, eds. A. O. Anderson and M. O. Anderson (Oxford, rev. ed., 1991), p. xlii. See also Stancliffe, 'Cuthbert and the polarity between pastor and solitary', pp. 22-3.

¹⁵ Bede *HE*, III.3, pp. 218-20, recounted the foundation of Lindisfarne by Aidan from Iona, and III.26, p. 308, described how in 664 Lindisfarne changed from observing the Irish Easter to the Anglo-Saxon dating of the feast. See Thacker 'Lindisfarne and the origins of the cult', pp. 104, 108. On the continuation of Irish literary style at Lindisfarne in the late seventh century, see M. Lapidge, 'The earliest Anglo-Latin poet: Lutting of Lindisfarne', *ASE* 42 (2013), pp. 1-26 at pp. 9-13.

in his remote hermitage on Farne Island.¹⁶ The role of the Cuthbert cult in the religious life of eighth-century Northumbria, and throughout England in the following centuries, was greatly enhanced by the involvement of Bede, a monk of Wearmouth-Jarrow. From 705, Bede worked on rendering the *Vita* of Cuthbert into verse.¹⁷ Turning a prose text into verse was a common literary exercise to practice the use of Latin meter, and indeed it was stylistically desirable, creating two complimentary texts called an *opus geminatum*.¹⁸ Bede's verse employed challenging language, but this seemingly did not limit its medieval audience.¹⁹ At the request of the Lindisfarne community, Bede subsequently wrote a new *Vita* in prose, which was complete by 721.²⁰ Bede's accounts of Cuthbert's life and miracles were subsequently copied in England more extensively than the Anonymous *Vita*.²¹ Further,

¹⁶ Anon. *Cuthbert*, IV.6, pp. 118-20; IV.12, p. 128.

¹⁷ M. Lapidge, 'Bede's metrical *Vita S. Cuthberti*' in *St Cuthbert, His Cult and His Community*, eds. Bonner *et al.*, pp. 77-93 at pp. 78-85, and *idem*, 'Prolegomena to an edition of Bede's metrical *Vita sancti Cuthberti*', *Filologia Mediolatina* 2 (1995), pp. 127-163 at pp. 139-42, identifies two recensions of the text, suggesting that Bede produced a first version c. 705, and then over the course of a decade revised it. The later version is edited by W. Jaager, *Bedas Metrische Vita sancti Cuthberti* (Leipzig, 1935), and is used in this thesis. The original version remains unedited.

¹⁸ B. Friesen, 'The *opus geminatum* and Anglo-Saxon literature', *Neophilologus* 95 (2011), pp. 123-144 at p. 138, identifies this text as creating the first known *opus geminatum* of Anglo-Saxon hagiography. See also: Lapidge, 'Bede's metrical *Vita S. Cuthberti*', p. 86; Thacker, 'Lindisfarne and the origins of the cult', p. 118.

¹⁹ Lapidge, 'Bede's metrical *Vita S. Cuthberti*', p. 90, notes 'the extreme compression and allusiveness of its diction.' *Idem*, 'Prolegomena to an edition of Bede's metrical *Vita sancti Cuthberti*', pp. 129-30, lists the twenty-one surviving manuscripts of the text. The manuscript of Bede's metrical and prose *Lives* of Cuthbert presented to the Lindisfarne community by King Æthelstan in 931 contains a contemporary method of dealing with Bede's complex poetry: Cambridge, Corpus Christi College, MS 183, fols. 70^f - 71^r prefaced the Metrical *Vita* with a glossary.

²⁰ Bede *Cuthbert* P, preface, pp. 142-6, dedicated the text to Bishop Eadfrith of Lindisfarne, named the priest Herefrith of Lindisfarne as his source of information, and asked the Lindisfarne community to include him in their *Liber Vitæ*. Scholars have speculated about the spiritual or political motivations behind this additional prose text: W. Berschin, '*Opus deliberatum ac perfectum*: why did the Venerable Bede write a second Prose *Life of Saint Cuthbert*?' in *St Cuthbert, His Cult and His Community*, eds. Bonner *et al.*, pp. 95-102 at pp. 95-6; Thacker, 'Lindisfarne and the origins of the cult', pp. 118-21; *idem*, 'Bede's ideal of reform' in *Ideal and Reality in Frankish and Anglo-Saxon Society*, eds. P. Wormald, D. A. Bullough and R. Collins (Oxford, 1983), pp. 130-153 at pp. 137-42; W. Trent Foley, 'Suffering and sanctity in Bede's Prose *Life of Cuthbert*', *Journal of Theological Studies* 50 (1999), pp. 102-116 at pp. 102-5.

²¹ For example, in 764, Abbot Cuthbert of Wearmouth-Jarrow wrote to Archbishop Lull of Mainz, promising copies of both of Bede's texts about Cuthbert, with no reference to the Anonymous *Vita*. See Ep. 116 in *Die Briefe des heiligen Bonifatius und Lullus*, ed. M. Tangl (MGH Epistolæ Selectæ 1, 1916), pp. 250-252 at p. 251, lines 4-6. See Berschin, '*Opus deliberatum ac perfectum*', p. 96; Bullough, 'A neglected early-ninth-century manuscript', pp. 105, 120-1.

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Bede included additional narratives about Cuthbert in his *Ecclesiastical History*, which was completed in 731.²² These four eighth-century texts recounting Cuthbert's miracles offer insights into how this Northumbrian holy man was re-cast several times in quick succession over just thirty years.

Representations of Cuthbert's miraculous power over the following centuries reflected the instability of the Lindisfarne community in the ninth and tenth centuries. In response to Viking raids, the monastic community moved with the relics of their patron saint to Chester-le-Street in 875 and then to Durham in 995.²³ Two texts recounted an institutional history of this period, in which Cuthbert featured as a spiritual protector but not as a provider of miracle-cures. These texts were the early eleventh-century *Historia de sancto Cuthberto* which recounted Cuthbert's involvement in the life of the monastic community and English politics in the ninth and tenth centuries, and Symeon of Durham's monastic history, written c. 1104 x 1115.²⁴ During the tenth century Cuthbert's cult spread from Northumbria into the English regions controlled by Wessex. Around the turn of the tenth century, a translation of Bede's *Ecclesiastical History* into Old English was produced

²² Bede *HE*, IV.27-32, pp. 430-48. See K. Lutterkort, 'Beda hagiographicus' in *Beda Venerabilis: historian, monk, and Northumbrian*, eds. L. A. J. R. Houwen, and A. A. MacDonald (Groningen, 1996), pp. 81-106 at pp. 91-4. *OE HE*, IV.27-32, pp. 360-84, translated these passages into Old English.

²³ Lindisfarne was the target of the first Viking attack on English regions, in 793, recounted in the *Anglo-Saxon Chronicle* versions D and E. See *The Anglo-Saxon Chronicle, a collaborative edition*, Vol. 6, *Manuscript D*, ed. G. P. Cubbin (1996), p. 17, and Vol. 7, *Manuscript E*, ed. S. Irvine (2004), p. 42.

²⁴ T. J. South (ed.), 'Introduction' in *Historia de Sancto Cuthberto* (Cambridge, 2002), pp. 5, 30-34, suggests that the text was composed after 1016. Passages about Cuthbert's involvement with King Alfred, ch. 15-16, 18-19, pp. 54-8, and Guthred the Danish ruler of York, ch. 13, p. 52 and ch. 33, p. 68, might indicate use of ninth-century material. See also L. Simpson, 'The King Alfred / St Cuthbert episode in the *Historia de Sancto Cuthberto*' in *St Cuthbert, His Cult and His Community*, eds. Bonner *et al.*, pp. 397-411 at pp. 400-407. On Symeon's text, see D. W. Rollason, 'Introduction' to Symeon of Durham, *Libellus de exordio atque procursu istius, hoc est Dunhelmensis, ecclesie* (Oxford, 2000), at pp. xlii-iv, lxxii-iii; A. J. Piper, 'The first generation of Durham monks and the cult of St Cuthbert' in *St Cuthbert, His Cult and His Community*, eds. Bonner *et al.*, pp. 437-446 at pp. 438-9; South (ed.), *Historia de Sancto Cuthberto*, p. 9; W. Aird, *St Cuthbert and the Normans* (Woodbridge, 1998), pp. 5, 80-8; M. Foster, 'Custodians of St Cuthbert: the Durham monks' views of their predecessors' in *Anglo-Norman Durham, 1093-1193*, eds. D. W. Rollason *et al.* (Woodbridge, 1994), pp. 53-65 at p. 54. M. Gullick, 'The hand of Symeon of Durham' in *Syemon of Durham: historian of Durham and the North*, ed. D. W. Rollason (Stamford, 1998), pp. 14-31 at pp. 15, 24, identifies Symeon as the scribe of surviving manuscripts of the *Historia de Sancto Cuthberto* and Bede's *Lives* of Cuthbert.

in these southern regions.²⁵ In 934 King Æthelstan visited Chester-le-Street and among his gifts to the saint he presented a lavish copy of Bede's prose and verse *Lives* of Cuthbert.²⁶ In the last decade of the century, Ælfric of Eynsham included a *Vita* of Cuthbert among his *Catholic Homilies*.²⁷ Ælfric described four miracle-cures, probably following Bede's texts, but his vernacular sermon gave less detail about experiences of sickness and disability than had the earlier Latin hagiographies.²⁸ Symeon included some miracle-cures in his early twelfth-century text, but strikingly situated them only in the period after the settlement at Durham in 995, when Cuthbert was enshrined within a stable local community.²⁹

In the late twelfth century, the early eighth-century miracles of Cuthbert were dramatically expanded upon. Reginald of Durham, writing in the 1160s and 1170s, created an extensive dossier of miracles, primarily cures, set in his own time and mainly with a local

²⁵ The narratives about Cuthbert are OE *HE*, IV.27-32 pp. 360-84. D. Whitelock, 'The Old English Bede' in *British Academy Papers on Anglo-Saxon England*, ed. E. G. Stanley (Oxford, 1990 - originally 1962), pp. 227-260 at pp. 227-9, 237, 241-4; S. M. Rowley, *The Old English Version of Bede's Historia Ecclesiastica* (Cambridge, 2011), pp. 2-4, 146-7.

²⁶ *Historia de Sancto Cuthberto*, ed. South, ch. 26-7, pp. 64-6. This manuscript is now Cambridge, Corpus Christi College, MS 183. G. Bonner, 'Saint Cuthbert at Chester-le-Street' in *St Cuthbert, His Cult and His Community*, eds. Bonner *et al.*, pp. 387-395 at pp. 389-91; D. Rollason, 'St Cuthbert and Wessex' in *ibid.*, pp. 413-424 at pp. 414-5, 421; S. Foot, *Æthelstan: first King of England* (New Haven CT, 2011), pp. 120-3, 208-10.

²⁷ Ælfric, 'XIII Kalendas Aprilis, Depositio sancti Cuthberti episcopi' in *Catholic Homilies*, Second Series, ed. M. Godden (EETS Supplementary Series 5, 1979), pp. 81-91. See A. I. Jones, 'Ælfric's *Life of Saint Cuthbert*', *Parergon* 10 (1992), pp. 35-43 at pp. 35-6; B. A. Blokhuis, 'Bede and Ælfric: the sources of the Homily on Saint Cuthbert' in *Beda Venerabilis*, eds. Houwen and MacDonald, pp. 107-138 at pp. 111-2, 132; Gretsich, *Ælfric and the Cult of Saints*, pp. 45-6, 101-9, 122; On Ælfric, see below, pp. 15-16.

²⁸ Ælfric *Cuthbert*, p. 89, lines 272-91, described how Cuthbert 'performed many miracles' [*geworhte he fela wundra*]. The account of an ealdorman being cured with blessed bread, after his wife was also cured, referred to Bede's account of the cure of Hildmer, Bede *Cuthbert M*, ch. 25, p. 102; Bede *Cuthbert P*, ch. 31, p. 256. This narrative did not feature in the Anonymous *Vita*. The other three miracles, about the woman cured with oil, a paralysed man who walked, and the baby saved from being 'half-dead,' were found in all three of the eighth-century texts: Anon. *Cuthbert*, IV.4, p. 116; IV.5, p. 118; IV.6, pp. 118-120; Bede *Cuthbert M*, ch. 24, pp. 101-2; ch. 26, p. 103; ch. 27, pp. 103-4; Bede *Cuthbert P*, ch. 30, p. 254; ch. 32, p. 258; ch. 33, p. 260.

²⁹ Symeon of Durham, *Libellus de exordio*, ed. Rollason, III.3, p. 150: 'at the place where [Cuthbert's body] had rested previously... the sick began to recover their health.' See miracle-cure narratives at: III.3, p. 150; III.12, pp. 176-8. On this period of the Cuthbert cult more generally, see B. Abou-el-Haj, 'Saint Cuthbert: the post-Conquest appropriation of an Anglo-Saxon cult' in *Holy Men and Holy Women: Old English prose saints' Lives and their contexts*, ed. P. Szarmach (Albany NY, 1996), pp. 177-206 at pp. 181, 188-93.

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focus.³⁰ The later section of his text was influenced by the success of the cult growing up around Thomas Becket from 1172 onwards, to which Reginald alluded on several occasions.³¹ Reginald was, however, steeped in the tradition of the Anglo-Saxon hagiography of Cuthbert, as is demonstrated by Reginald's account of a Durham monk who was cured of his inability to perform liturgical chant:

Now it is known to many that the blessed Cuthbert is expected to give knowledge, and many expect to be richly endowed with the gift of grace. Among them, there was the magnificent learned Bede, who merited absolution from an impediment of an impaired tongue [*linguae impeditioris impedimento*] by Cuthbert. In the same way, a miracle of the same type took place in our time through the generosity of the blessed Cuthbert...³²

This idea of Bede having had a speech-impediment derived from a metaphor used by Bede in his preface to his verse *Vita*: 'through a cure of the tongue, now I am an expert in singing of his miracles.'³³ Bede was here varying a phrase from Psalms, pleading God to 'open my lips.'³⁴ Reginald's reinterpretation of this phrase in terms of Bede himself experiencing a miracle-cure demonstrates how this twelfth-century hagiographer identified the Anglo-Saxon cult as a part of the miracle-cure narratives that he set in his own time. The tradition

³⁰ The dedication of Reginald's text to Abbot Ailred of Rievaulx suggests that it was initially produced before Ailred's death in 1167: see Reginald *Cuthbert*, preface, p. 1. V. Tudor, 'The cult of St Cuthbert in the twelfth century: the evidence of Reginald of Durham' in *St Cuthbert, His Cult and His Community*, eds. Bonner *et al.*, pp. 447-467 at pp. 448-52, proposes that the chapters after Reginald *Cuthbert* ch. 111, were added in the 1170s. S. Crumplin, 'Modernising Saint Cuthbert: Reginald of Durham's miracle collection' in *Signs, Wonders, Miracles*, eds. K. Cooper and J. Gregory (SCH 41, 2005), pp. 179-191 at pp. 181-3, argues that Reginald's text had already been conceived of in the 1160s, and questions the extent of any later revision.

³¹ Reginald *Cuthbert*, ch. 112, pp. 251-2, compared Cuthbert to Saints Edmund and Thomas Becket; ch. 115, p. 260, described vows made to Cuthbert, Edmund, and Becket, on behalf of a sick woman; ch. 114, p. 256, and ch. 116 pp. 261-2, recounted visions in which Becket advised the sick to go to Cuthbert's tomb. By contrast, Reginald *Cuthbert*, ch. 19, p. 38, referred to Cuthbert, Edmund, and Æthelthryth as the 'principle saints' of England. See Tudor, 'The cult of St Cuthbert in the twelfth century', pp. 455-6; Koopmans, *Wonderful to Relate*, pp. 134-5.

³² Reginald *Cuthbert*, ch. 76, p. 158.

³³ Bede *Cuthbert* M, preface, p. 57: '*per linguae curationem, dum miracula eius canerem, expertus sum.*'

³⁴ Psalm 50:17. See also Psalm 65:17, 'I exulted him with my tongue' [*exaltavi sub lingua mea*].

of recounting cures in the Cuthbert cult frames this thesis, from the early eighth century to the late twelfth.

Æthelthryth

Bede's *Ecclesiastical History* initiated a major cult around the figure of Æthelthryth, a virgin queen and powerful abbess. Æthelthryth was born a princess of the Kingdom of East Anglia, and married two rulers of other regions in succession: Tondberht of the South Gyrwe (whose possessions included Ely), and then Ecgfrith King of Northumbria.³⁵ Bede's interest in Æthelthryth focused on her rejection of the life of a queen in favour of monastic life. He dedicated two chapters of the *Ecclesiastical History* to her, one in prose and one in verse.³⁶ The prose chapter recounted how Æthelthryth remained a virgin during her marriages, founded a monastery at Ely, died piously, and was then found to be incorrupt after death.³⁷ Bede's text did not include any miracle-cure narratives, but his account of Æthelthryth's death from plague and the resistance of her corpse to decay provides insight into another miraculous conception of the body. This episode has been studied primarily in terms of gender discourse, but as will be discussed in Chapter Two, the saint's suffering body was also a vital comparison for the sick and disabled bodies described in cures.³⁸

³⁵ Stephen of Ripon, *Vita Wilfridi*, ed. B. Colgrave (Cambridge, 1927), ch. 19, p. 40, similarly referred to Æthelthryth's chaste marriage to Ecgfrith.

³⁶ Bede *HE*, IV.19, pp. 390-6, IV.20, pp. 396-400. These two chapters in prose and verse resembled the form of the *opus geminatum* employed by Bede for the Cuthbert *Vita*. See: C. Fell, 'St Æthelthryth: a historical-hagiographical dichotomy revisited', *Nottingham Medieval Studies* 38 (1994), pp. 18-34 at pp. 19-27; B. Yorke, "'Carriers of truth: writing the biographies of Anglo-Saxon female saints' in *Writing Medieval Biography, 750-1250: essays in honour of Professor Frank Barlow*, eds. D. Bates, J. Crick and S. Hamilton (Woodbridge, 2006), pp. 49-60 at pp. 50-2; V. Blanton, *Signs of Devotion: the cult of Saint Æthelthryth in medieval England* (Pennsylvania PA, 2007), pp. 27-45.

³⁷ Bede *HE*, IV.19, pp. 390-6. OE *HE*, IV.19, pp. 316-24, translated this into Old English with very few omissions, but did not include a translation of Bede's verse chapter.

³⁸ G. Griffiths, 'Reading Ælfric's Saint Æthelthryth as a woman', *Parergon* 10 (1992), pp. 35-49 at pp. 45-6, C. E. Karkov, 'The body of Saint Æthelthryth' in *The Cross Goes North*, ed. M. Carver (Woodbridge, 2003),

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In the tenth century, Æthelthryth's cult was expanded to include other women in her family. Bede's account of the translation of Æthelthryth's body had praised her sister and successor Seaxburh as a pious woman, but he did not represent her as a saint. Following the re-foundation of Ely as a Benedictine monastery in 970 (as part of a wider monastic reform movement), Æthelthryth's relics were translated along with those of Seaxburh, Seaxburh's daughter Eormenhild, and a third sister called Wihtburh whom Bede had not mentioned.³⁹ A fifth female saint, Wærburh the daughter of Eormenhild, was commemorated in later texts and may have become associated with this group via an oral tradition.⁴⁰ Ælfric included a translated version of Bede's account of Æthelthryth's life and death in his *Lives of Saints*, although he attributed no further miracles to her.⁴¹ The *Liber Eliensis* refers to sources 'in English,' suggesting that other vernacular histories of the Ely saints may have been written in this period, but no such texts now survive.⁴²

In the late eleventh and early twelfth centuries, a series of hagiographical texts were produced about Æthelthryth and her family. These texts are stylistically associated with the work of Goscelin of Saint-Bertin. Goscelin was a monk from Normandy, who arrived in England in 1058 and travelled around English monastic communities until his death in the first decade of the twelfth century. During this period he composed hagiographical texts

pp. 397-411; Blanton, *Signs of Devotion*, p. 51. Gretsch, *Ælfric and the Cult of Saints*, pp. 211-2, questions the validity of studying Æthelthryth in modern gender terms. See below, Chapter Two part I, pp. 59-60.

³⁹ This period in the development of the cult was recounted in the *Libellus Æthelwoldi*, which survives in two twelfth-century manuscripts and was copied into the *Liber Eliensis* II.1-49, pp. 72-116. See: E. O. Blake, 'Introduction' in *Liber Eliensis* (1962), pp. ix, xxxiv; S. Ridyard, *The Royal Saints of Anglo-Saxon England* (Cambridge, 1988), pp. 185-9; S. Keynes, 'Ely Abbey, 672-1109' in *A History of Ely Cathedral*, eds. P. Meadows and N. Ramsay (Woodbridge, 2003), pp. 3-58 at pp. 23-5, 40; Gretsch, *Ælfric and the Cult of Saints*, pp. 198-205.

⁴⁰ Ridyard, *Royal Saints*, p. 179; Fell, 'St Æthelthryth', pp. 33-4; V. Blanton, 'Presenting the sister saints of Ely', *Literature Compass* 5 (2008), pp. 755-71 at pp. 758-61.

⁴¹ Ælfric, *Life of Saint Æthelthryth*, ed. W. W. Skeat, *Ælfric's Lives of Saints* (EETS 76 and 82, 1881-1885), vol. 1, pp. 432-40. Fell, 'St Æthelthryth', pp. 18-21; Gretsch, *Ælfric and the Cult of Saints*, pp. 213-21, 227-30.

⁴² *Liber Eliensis*, Book I, prologue, p. 6; I.33, p. 48.

about numerous English saints, including those of Ely.⁴³ Rosalind Love has identified Goscelin's literary style in some texts about Æthelthryth's relatives.⁴⁴ The *Liber Eliensis* later described Goscelin working among the monks of Ely to record saints' lives and miracles, and quoted the incipit of his text 'in prose, about Saint Æthelthryth.' The incipit does not match that of any surviving text, but it seems more plausible that Goscelin did write a text now lost, rather than that the *Liber Eliensis* compiler would fabricate such detail.⁴⁵ Whatever form it took, Goscelin's work would seem to have given impetus to other authors, now anonymous, writing about Æthelthryth and her family in the wake of a further translation of their relics into a new church in 1106. These texts include two twelfth-century versions of Æthelthryth's *Vita*, closely based on Bede, and a prose account of Æthelthryth's miracles, for which Rosalind Love considers Goscelin to be a possible author.⁴⁶ Shortly after the prose *Miracula* was written, a monk of Ely called Gregory undertook a verse account of Æthelthryth's life and miracles in 1116, although it survives in an incomplete form.⁴⁷ Some miracle narratives in these two twelfth-century texts were set specifically in the late ninth and the tenth centuries, and they are associated with a lost text attributed to a

⁴³ D. W. Rollason, *The Mildrith Legend* (Leicester, 1982), pp. 59-68; M. Otter (ed.), 'Introduction' to *Goscelin of Saint-Bertin: Liber Confortatorius* (Cambridge, 2004), p. 5; R. Love (ed.), 'Introduction' to *Three Eleventh-Century Anglo-Latin Saints' Lives* (Oxford, 1996), pp. xcvi-c; Koopmans, *Wonderful to Relate*, pp. 60-77; Licence (ed.), 'Introduction' to *Miracles of Saint Edmund*, pp. cxvi-cxxvii.

⁴⁴ These texts are: a *Vita* of Whitburh, *Lectio*ns for the feast of Seaxburh, *Lectio*ns for the feast of Eormenhild. See R. Love (ed.), *The Hagiography of the Female Saints of Ely* (Oxford, 2004), pp. lxxxix, lxxviii.

⁴⁵ *Liber Eliensis*, II.133, p. 215. The incipit was given as 'Christo regi sit gloria.' The online database of incipits, *In Principio*, provides no other matches for this [date of access 13th August 2015]. See Blanton, 'Presenting the sister saints', pp. 761-2.

⁴⁶ The prose *Vitæ* are edited in parallel in Love (ed.), *Hagiography of the Female Saints of Ely*, pp. 191-203. See also *ibid.*, pp. lix-lx, lxxv-lxxvii, lxx-lxxi.

⁴⁷ Gregory *Æthelthryth*, Book III, pp. 373-8, refers to events during the reign of Henry I, including lines 34-109, which described the trial of Brixstan of Chatteris in 1116. P. A. Thompson and E. Stevens (eds.) 'Gregory of Ely's verse *Life and Miracles* of St Æthelthryth', *Analecta Bollandiana* 106 (1988), pp. 333-390 at pp. 343-52. See also Love (ed.), *Hagiography of the Female Saints of Ely*, pp. lii, lix-lx.

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priest called Ælfhelm.⁴⁸ The early twelfth-century *Miracula* texts were in a sense re-writing projects, although any text as produced by Ælfhelm is now lost.

A further re-writing of Æthelthryth's miracles was undertaken as part of the institutional history now known as the *Liber Eliensis*. This text was gradually compiled in the twelfth century, bringing together many textual genres.⁴⁹ Book I consists of a *Vita* and *Miracula* of Æthelthryth, based on re-writings of Bede's account and the miracle-cure narratives of the early twelfth-century texts.⁵⁰ A few chapters at the end of Book II and a significant part of Book III consist of miracle-cure narratives. In the earliest surviving manuscript of the *Liber Eliensis*, these passages were in the hand of 'Scribe B,' whom E. O. Blake considers to have been the compiler of the text, using this manuscript as a working-copy in the decades up to the *terminus ante quem* of 1174.⁵¹ The last chapter of the *Liber Eliensis* as it survives recounted the death of Thomas Becket.⁵² The compiler of the *Liber Eliensis* was clearly aware of England's latest saint's cult, and some of the cure narratives recounted in the text might have been a response to the miracles described at Canterbury. Like the cult of Cuthbert, Æthelthryth was cast and re-framed as a source of miracle-cures from the time of Bede through to the late twelfth century.

⁴⁸ Ælfhelm *presbiter* is referred to as a source in: Gregory *Æthelthryth*, II.8, p. 371, line 343; *Liber Eliensis*, I.42, p. 57; I.49, p. 61. See Love, *Hagiography of the Female Saints of Ely*, pp. lxi-lxiv.

⁴⁹ S. J. Ridyard, 'Condigna veneratio: post-conquest attitudes to the saints of the Anglo-Saxons', *ANS* 9 (1987), pp. 179-206, at p. 181, describes it as 'a fascinating blend of historiography, hagiography, and propaganda.'

⁵⁰ *Liber Eliensis*, Book I, pp. 6-64. See Blake, 'Introduction' to *Liber Eliensis*, pp. xxviii-xxxii.

⁵¹ *Liber Eliensis*, II.129-133, pp. 208-16, III.29-61 and III.116-131, pp. 264-314, 365-80. See Blake, 'Introduction' to *Liber Eliensis*, pp. xxiii-xxiv, xlvi-xlix.

⁵² *Liber Eliensis*, III.143, pp. 391-4, which quoted John of Salisbury and Edward Grim.

Swithun

The cure-miracles associated with the cult of Swithun emerged from the monastic culture of Winchester in the late tenth century, part of a movement which is now known as the Benedictine Reform.⁵³ The patron of Swithun's cult, Æthelwold Bishop of Winchester, sought to introduce strict observance of the Rule of Benedict of Nursia as the standard form of religious life in England.⁵⁴ Another key aspect of this reform movement was the emphasis on education to ensure correct popular understanding of religious procedures and theories. Ælfric, who was a student of these first reforming clerics at Winchester, epitomised these aims in his Latin and Old English religious writings at the end of the tenth century and start of the eleventh.⁵⁵

Swithun was Bishop of Winchester in the mid-ninth century.⁵⁶ Little is known about his life, but he was buried in a tomb outside the entrance to the Old Minster of Winchester.⁵⁷ This prestigious location suggests some potential cult activity around Swithun, but it was not until the Benedictine Reform of the 970s that Swithun's cult attracted the official

⁵³ D. H. Farmer, 'The progress of the monastic revival' in *Tenth-Century Studies*, ed. D. Parsons (Chichester, 1975), pp. 10-20 at p. 12; M. Gretsch, *The Intellectual Foundations of the English Benedictine Reform* (CSASE 25, 1999), pp. 2-4, 235-40; J. Barrow, 'The ideology of the tenth-century English Benedictine "Reform"' in *Challenging the Boundaries of Medieval History: the legacy of Timothy Reuter*, ed. P. Skinner (Turnhout, 2009), pp. 141-154 at pp. 146-8, 154; F. Tinti, 'Benedictine Reform and pastoral care in late Anglo-Saxon England', *EME* 23 (2015), pp. 229-251 at pp. 234-6, 244-5.

⁵⁴ The main source of information about Æthelwold is itself a hagiographical text, written by Wulfstan who also wrote the verse *Miracula* of Swithun: *The Life of Saint Æthelwold*, eds. M. Lapidge and M. Winterbottom (Oxford, 1991). *Ibid.*, ch. 26, p. 42, describes how 'what Æthelwold preached by the exhortation of salvific words, Swithun embellished wonderfully with a display of miracles.' The principles of the reform were expounded in the document issued by the Council held at Winchester c. 970-3: *Regularis Concordia*, ed. T. Symons (London, 1953). See also: A. Thacker, 'Æthelwold and Abingdon' in *Bishop Æthelwold: his career and influence*, ed. B. Yorke (Woodbridge, 1988), pp. 43-65 at pp. 61-3.

⁵⁵ Ælfric produced his own guide for monastic life: *Letter to the Monks of Eynsham*, ed. C. A. Jones (CSASE 24, 1998), pp. 110-48. M. M. Gatch, *Preaching and Theology in Anglo-Saxon England: Ælfric and Wulfstan* (Toronto, 1977), pp. 8, 49. More generally, see H. Gneuss, 'The origin of standard Old English and Æthelwold's school at Winchester', *ASE* 1 (1972), pp. 63-83 at pp. 74-5; Lapidge (ed.), *Cult of Saint Swithun*, p. 68 argues that 'Ælfric was above all an educator.'

⁵⁶ Lapidge (ed.), *Cult of Saint Swithun*, pp. 3-4.

⁵⁷ *Ibid.*, p. 7. B. Yorke, entry on 'Swithun' in *DNB* [date of access 13th August 2015].

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sanction of liturgical rituals and hagiographical composition. Bishop Æthelwold orchestrated the translation of Swithun's body into the Old Minster in 971. This event was recounted by Wulfstan in his verse *Miracula* of Swithun:

Everyone prepared candles; they crowded around the tomb in force; they rushed quickly from every direction to the saint's tomb. Gleaming lamps twinkled here and there; even more of the faithful came to see the treasure which had been hidden for so long but - by the mercy of God - was to be revealed the next day... As soon as the holy body was brought up into the light, a wondrous odour filled the whole city, sweeter even than cinnamon and balsam.⁵⁸

Wulfstan's emphasis on the participation of the laity in the liturgical ceremonies led by the monks provides a striking insight into the ideals of the reform movement.

The first author to record Swithun's miracles was Lantfred, a Frank presumably invited to Winchester as part of the reforming monks' attempts to emulate the Benedictine culture of Northern Frankish monasteries.⁵⁹ Michael Lapidge dates the composition of this text to a few years after the translation of Swithun's relics, c. 972 x 974-5.⁶⁰ Subsequent hagiographical projects about Swithun were highly dependent on Lantfred's text, providing a body of re-written narratives comparable to the early eighth-century Cuthbert texts.

Wulfstan rendered the *Miracula* into verse in the mid-990s, thus creating an *opus geminatum*.⁶¹ Around the same time, 994 x 998, Ælfric of Eynesham included a vernacular account of Swithun's miracles among his *Lives of Saints*.⁶² Michael Lapidge has

⁵⁸ Wulfstan *Swithun*, I.5, pp. 454-8. Lapidge, *Cult of Saint Swithun*, pp. 16-19.

⁵⁹ Lapidge, *Cult of Saint Swithun*, pp. 59, 66-7, 218-22, suggests that Lantfred came from Fleury, the monastic community that claimed to house the relics of Saint Benedict. Lantfred *Swithun*, ch. 32, pp. 320-2, and ch. 33, p. 322, recounted miracle-cures performed by Swithun in France, and the former featured Lantfred himself as a character, recommending prayer to Swithun. Koopmans, *Wonderful to Relate*, pp. 50-5, questions the link between Lantfred's text and the Benedictine Reform, but bases this argument mainly on the text's lack of an explicit statement that Swithun's miracles supported the monastic community.

⁶⁰ Lapidge, *Cult of Saint Swithun*, pp. 66, 235-7.

⁶¹ Lapidge, *Cult of Saint Swithun*, pp. 67-8, 335-40; Gretsch, *Ælfric and the Cult of Saints*, pp. 123-5. See above, p. 7.

⁶² Gretsch, *Ælfric and the Cult of the Saints* pp. 157-61, 172-81, 185-6; E. Treharne, 'Ælfric's account of St Swithun: literature of reform and reward' in *Narrative and History in the Early Medieval West*, eds. E. M.

convincingly suggested that a Latin prose version of Swithun's miracles known as the *Epitome* was written by Ælfric as a starting-point for his vernacular text.⁶³ The translation of the miracle-cure narratives associated with Swithun provides insights into what Ælfric considered to be suitable for an explicitly lay audience. For example, it is striking that the accounts of demon possession and spiritual visions discussed in Chapter Three were removed from both the *Epitome* and Ælfric's *Miracula*.⁶⁴

The eleventh century saw no new composition of miracle-cure narratives associated with Swithun. Michael Lapidge suggests that re-copying and dissemination of the tenth-century texts during this period maintained the prominence of Swithun's cult, at least in the southern regions of England.⁶⁵ 1093 saw the completion of a new cathedral constructed under the episcopacy of Walkelin the Norman bishop of Winchester, and with it came the need to translate Swithun's relics again.⁶⁶ This was the context for the composition of two new hagiographical texts about Swithun dateable to c. 1100. The first was a *Vita*, which is markedly brief and contains no miracle-cure narratives.⁶⁷ The accompanying *Miracula* text, thought to be the work of the same anonymous author, once again re-wrote the narratives that had been associated with Swithun since the 970s, and added a section of further

Tyler and R. Balzaretto (Turnhout, 2006), pp. 167-188 at pp. 174-8, 182-7; P. Clemoes, 'The chronology of Ælfric's works' in *The Anglo-Saxons: studies in some aspects of their history and culture presented to Bruce Dickens*, ed. *idem* (London, 1959), pp. 212-47 at pp. 222-7; A. Gulley, *The Displacement of the Body in Ælfric's Virgin Martyr Lives* (Farnham, 2014), pp. 5-7, 34-5; Lapidge, *Cult of Saint Swithun*, pp. 576-8.

⁶³ Lapidge, *Cult of Saint Swithun*, pp. 553-61.

⁶⁴ Godden, 'Ælfric's *Saints' Lives* and the problem of miracles', pp. 84-6. See Chapter Three, pp. 109-10, 112-3.

⁶⁵ Lapidge, *Cult of Saint Swithun*, p. 68. See also S. Rankin, 'Making the liturgy: Winchester scribes and their books' in *The Liturgy of the Late Anglo-Saxon Church*, eds. H. Gittos and M. B. Bedingfield (Henry Bradshaw Society Subsidia 5, London, 2005), pp. 29-52 at pp. 30-1.

⁶⁶ Lapidge, *Cult of Saint Swithun*, p. 69; C. Brooke, 'Bishop Walkelin and his inheritance' in *Winchester Cathedral: nine hundred years, 1093-1993*, ed. J. Crook (Chichester, 1993), pp. 1-12 at pp. 3, 6-7; J. Crook, 'Bishop Walkelin's Cathedral', *ibid.*, pp. 21-36 at pp. 32-3.

⁶⁷ Lapidge, *Cult of Saint Swithun*, pp. 69, 612-4.

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miracles based at an offshoot of Swithun's cult in Sherborne.⁶⁸ Goscelin of Saint-Bertin spent time at Sherborne in the 1070s, and whilst Michael Lapidge considers it unlikely that Goscelin was the author of these texts, his work may well have influenced the writer.⁶⁹ The later twelfth century saw another period in which texts about Swithun were re-copied rather than written anew. The cult of Swithun opens up the late tenth century as a period of study among our case-studies, which is otherwise underrepresented in the Cuthbert and Æthelthryth traditions. Whilst these texts are concentrated within a shorter period than the five centuries covered by this thesis, they nonetheless demonstrate the significance that was attached to miracle-cures in a flourishing religious culture.

Edmund

Edmund King of East Anglia was killed by a Viking army in 869. The Anglo-Saxon Chronicle stated simply he was 'slain' [*ofslagan*] by the army, leaving the means of his death - whether in battle or by a direct attack - open to interpretation.⁷⁰ Over the following centuries, this death was interpreted as a sign of sanctity. Rather than textual evidence, coins dating from the ninth century point to a cult of Saint Edmund in East Anglia.⁷¹ Over a century after his death, Edmund was then made the subject of a hagiographical text. In 985-7, Abbo of Fleury, a monk who like Lantfred came from a monastic community in northern

⁶⁸ *Ibid.*, pp. 70, 612-4, 641-2.

⁶⁹ *Ibid.*, pp. 614-22.

⁷⁰ *Anglo-Saxon Chronicle, a collaborative edition*: vol. 3, *Manuscript A*, ed. J. M. Bately (1986), p. 47; vol. 4, *Manuscript B*, ed. S. Taylor (1983), p. 34; vol. 5, *Manuscript C*, ed. K. O'Brien O'Keefe (2001), p. 58; vol. 6, *Manuscript D*, ed. G. P. Cubbin (1996), p. 24; vol. 7, *Manuscript E*, ed. S. Irvine (2004), p. 48. Asser, *De rebus gestis Ælfredi*, ed. W. H. Stevenson, *Asser's Life of King Alfred* (Oxford, 1904), pp. 1-96 at ch. 33, p. 26, translated this into the Latin '*occidere*.'

⁷¹ Ridyard, *Royal Saints*, pp. 214-7; L. Abrams, 'Conversion and assimilation' in *Cultures in Contact: Scandinavian settlement in England in the ninth and tenth centuries*, eds. D. M. Hadley and J. D. Richards (Turnhout, 2000), pp. 135-153 at p. 147; M. A. S. Blackburn and H. Pagan, 'The St Edmund coinage in the light of a parcel from a hoard of St Edmund Pennies', *British Numismatic Journal* 72 (2002), pp. 1-14 at pp. 1-2.

France, was visiting the East Anglian Benedictine monastery at Ramsey.⁷² At the request of his hosts, Abbo wrote a *Passio* of Edmund which drew on the tradition of the early Christian martyrdom accounts. This text did not feature any miracle-cure narratives, but the *Passio* made the deceased king's body a site of holy suffering.⁷³ Ælfric translated this text into Old English among his *Lives of the Saints*, following Abbo's text closely.⁷⁴

Edmund's martyred body began to be associated with miracle-cures towards the end of the eleventh century. Like Goscelin of Saint-Bertin, a scholar called Herman had come to East Anglia from Frankish regions in the 1070s.⁷⁵ By the late 1080s, Herman had become a monk at Bury and was compiling accounts of miracles attributed to the community's patron saint.⁷⁶ This *Miracula* appears to have been added to until the late 1090s, and might have played a part in the translation of Edmund's relics to the new church constructed in the

⁷² See: A. Gransden, 'The legends and traditions concerning the origins of the Abbey of Bury St Edmunds', *EHR* 100 (1985), pp. 1-24 at pp. 6-8; *idem*, 'Abbo of Fleury's *Passio sancti Eadmundi*', *Revue Bénédictine* 105 (1995), pp. 20-78 at pp. 45, 63-9; M. Mostert, 'Le séjour d'Abbon de Fleury à Ramsey', *Bibliothèque de l'école des chartes* 144 (1986), pp. 199-208 at p. 201; P. Cavill, 'Analogy and genre in the legend of St Edmund', *Nottingham Medieval Studies* 47 (2003), pp. 21-45 at pp. 23-5; *idem*, 'The armour-bearer in Abbo's *Passio sancti Eadmundi*', *Leeds Studies in English* 36 (2005), pp. 47-61 at p. 48; E. Dachowski, *First Among Abbots: the career of Abbo of Fleury* (Washington DC, 2008), pp. 72-5; M. Sot, 'Pratique et usages de l'histoire chez Abbon de Fleury' in *Abbon, un Abbé de l'An Mil*, eds. A. Dufour and G. Labory (Turnhout, 2008), pp. 205-223 at pp. 213-9; R. Wright, 'Abbo of Fleury in Ramsey' in *Conceptualising Multilingualism in Medieval England, c. 800 - c. 1250*, ed. E. M. Tyler (Turnhout, 2011), pp. 105-120 at p. 106; Ridyard, *Royal Saints*, pp. 212-3.

⁷³ Abbo *Edmund* featured two posthumous miracles: ch. 15, pp. 83-5, recounted the punishment of a group of men who tried to break into the church, and ch. 16, pp. 85-6, recounted the killing of Leofstan for disrespecting Edmund. On the concept of martyrdom in Abbo's text, see Chapter Two below, pp. 68-70.

⁷⁴ Gretsch, *Ælfric and the Cult of Saints*, p. 226; D. Whitelock, 'Fact and fiction in the legend of St Edmund', *Proceedings of the Suffolk Institute of Archaeology* 31 (1970), pp. 217-233 at p. 222; J. W. Earl, 'Violence and non-violence in Anglo-Saxon England: Ælfric's *Passion of St Edmund*', *Philological Quarterly* 78 (1999), pp. 125-149 at pp. 128-34; C. Phepstead, 'King, martyr, and virgin: *imitatio Christi* in Ælfric's *Life of St Edmund*' in *St Edmund, King and Martyr: changing images of a medieval saint*, ed. A. Bale (York, 2009), pp. 27-44 at pp. 31-2, 38-9, 43.

⁷⁵ Licence (ed.), 'Introduction' to *Miracles of Saint Edmund* (Oxford, 2014), pp. xxxvi-xliv, notes stylistic peculiarities in Herman's text which suggest that he had been educated at Metz.

⁷⁶ *Ibid.*, pp. l, lv-lix. A. Gransden, 'Baldwin, Abbot of Bury St Edmunds, 1065-1097', *ANS* 4 (1981), pp. 65-76 at p. 65, identified Herman as a member of the household of the bishop of East Anglia. T. Licence, 'History and hagiography in the late eleventh century: the life and work of Herman the Archdeacon, monk of Bury St Edmunds', *EHR* 124 (2009), pp. 516-544 at pp. 517, 524, argues for the likelihood that Herman was a monk of Bury.

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Norman style at Bury in 1095.⁷⁷ Herman criticised the gap in the Edmund tradition since the work of Abbo:

At this time [Edmund] was not revealed to the world through the signs of miracles... this was due both to the inattentiveness of writers, who in the manner of rustics placed very little value on the great deeds of such a martyr, and to the sinfulness of the people living at that time, who had not yet come to a time of mercy.⁷⁸

Herman's miracle narratives provided the textual models for subsequent hagiographies of the martyr-king. Tom Licence has identified Goscelin of Saint-Bertin as the first reviser of Herman's *Miracula*.⁷⁹ Goscelin undertook this work c. 1100, following his time at Sherborne and possibly before his involvement in the cults of Ely.⁸⁰ This text survives alongside Abbo's *Passio* in a high-grade illustrated manuscript of texts about Edmund, produced at Bury in the 1120s or 1130s.⁸¹

Over the course of the twelfth century, further re-writings of Edmund's miracles were undertaken as regularly as every few decades. Osbert of Clare might have contributed to a re-writing c. 1130, as a letter from him survives inserted into a prologue in some versions of Book II of the *Miracula* as written by Goscelin.⁸² Geoffrey of Wells wrote a

⁷⁷ Licence (ed.), 'Introduction' to *Miracles of St Edmund*, pp. xxxiv-v. See also J. Crook, 'The architectural setting of the cult of St Edmund in the Abbey church, 1095-1539' in *Bury St Edmunds: medieval art, architecture, archaeology and economy*, ed. A. Gransden (Leeds, 1998), pp. 34-44 at pp. 34-40.

⁷⁸ Herman *Edmund*, ch. 2, pp. 6-8. Licence (ed.), 'Introduction' to *Miracles of St Edmund*, pp. lxix-lxxiv.

⁷⁹ Licence (ed.), 'Introduction' to *Miracles of St Edmund*, pp. cxiv-cxxvii. See also R. M. Thomson, 'Two versions of a saint's *Life* from St Edmund's Abbey', *Revue Bénédictine* 84 (1974), pp. 383-408 at pp. 386-93. On Goscelin, see above, pp. 12-13.

⁸⁰ Licence, *Miracles of St Edmund*, pp. cx-cxiv. Licence suggests that Herbert Losinga, bishop of Thetford and then Norwich, commissioned Goscelin's work.

⁸¹ New York, Pierpont Morgan Library, MS 736. See: R. M. Thomson, 'Early Romanesque book-illustration in England: the dates of the Pierpont Morgan *Vitæ sancti Edmundi* and the Bury Bible', *Viator* 2 (1971), pp. 211-225 at pp. 212-5; E. P. McLachan, *The Scriptorium of Bury St Edmunds in the Twelfth Century* (New York NY, 1986), pp. 38-9, 76; C. Hahn, 'Peregrinatio et natio: the illustrated *Life* of Edmund, King and Martyr', *Gesta* 30 (1991), pp. 119-39 at pp. 119-20, 132; E. Cownie, 'The cult of St Edmund in the eleventh and twelfth centuries', *Neuphilologische Mitteilungen* 99 (1998), pp. 177-197 at p. 178.

⁸² Samson *Edmund*, Book II prologue, pp. 153-5. *Liber Eliensis*, III.43, pp. 281-3, likewise copied a letter from Osbert, which recounted a monk's vision of Æthelthryth. Osbert's chief hagiographical work was dedicated to the cult of Edward the Confessor: *Vita Ædwardi*, ed. M. Bloch, 'La vie de S. Édouard le

Vita of Edmund in the middle of the twelfth century, producing a precursor to Abbo's *Passio* that portrayed the saint as an ideal child and young man.⁸³ In the late twelfth-century, further miracle-cure narratives were added to the Edmund tradition. The reviser followed Goscelin's text very closely, but inserted an additional chapter at the end of Book I and appended a further group of miracle-cure accounts to the end of Goscelin's text.⁸⁴ The new chapter in Book I recounted how in 1168 Edmund punished the second generation of a baronial family for attempting to claim monastic property.⁸⁵ This dates the revision to the period in which Samson was a monk and then Abbot of Bury, although he is referred to as the author only in fourteenth-century manuscript annotations.⁸⁶ It is striking that the text does not recount Samson's translation of Edmund's relics in 1198, as described by the Bury chronicler Jocelin of Brakelond.⁸⁷ This further revision of Edmund's miracles is therefore likely to have been undertaken c. 1168-98. An additional vernacular version of the legend of Edmund was produced in the early years of the 1190s, this time in Anglo-Norman French.⁸⁸ Like Ælfric two centuries before, Denis Piramus used Abbo's Latin *Passio* as a basis for his

Confesseur par Osbert de Clare', *Analecta Bollandiana* 41 (1923), pp. 5-131. See Thomson, 'Two versions of a saint's *Life*', pp. 388-91, and Licence (ed.), 'Introduction' to *Miracles of St Edmund*, p. cxxviii.

⁸³ Geoffrey of Wells, *De infantia sancti Eadmundi*, ed. T. Arnold, *Memorials of St Edmund's Abbey* (RS 96, 1890), vol. 1, pp. 93-103. The prologue, p. 93, is addressed to Ording, who was abbot of Bury 1148-56. See: R. M. Thomson, 'Geoffrey of Wells, *De infantia sancti Edmundi*', *Analecta Bollandiana* 95 (1977), pp. 25-42 at pp. 25-8; P. A. Hayward, 'Geoffrey of Wells' *Liber de infantia sancti Edmundi* and the "anarchy" of King Stephen's reign' in *St Edmund, King and Martyr*, ed. Bale, pp. 63-86.

⁸⁴ Samson *Edmund*, II.8-21, pp. 178-208.

⁸⁵ Samson *Edmund*, II.16, pp. 148-151, which recounted the madness of William de Curcun, was set 'in the fourteenth year of the reign of Henry II.' This followed an account of the madness of Robert of Curcun, as found in Goscelin *Edmund*, I.15, pp. 226-8. See Thomson, 'Two versions of a saint's *Life*', p. 390.

⁸⁶ T. Arnold (ed.), *Memorials of St Edmund's Abbey* (RS 96, 1890), pp. xxxix-xli. Samson became a monk at Bury in 1166, and was abbot from 1180 until his death in 1211. See: Thomson, 'Two versions of a saint's *Life*', pp. 390-6; A. Gransden, 'Samson' entry in *DNB* [date of access 13th August 2015].

⁸⁷ Jocelin of Brakelond, *Chronicle*, ed. H. E. Butler (London, 1949), pp. 110-16. See R. Brentano, 'Samson of Bury revisited' in *Festschrift für Kaspar Elm*, eds. F. Felten and N. Jaspert (Berlin, 1999), pp. 79-85 at p. 83.

⁸⁸ D. W. Russell (ed.), 'Introduction' to *Denis Piramus, La Vie Seint Edmund le Rei* (Anglo-Norman Text Society 71, 2014), pp. 5-9.

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text.⁸⁹ Piramus almost certainly dedicated the second book of his text to miracle narratives, but the damage to the manuscript cuts the text after an account of Edmund's first posthumous miracle.⁹⁰ Despite the complexity of this textual tradition, and the loss of some stages of re-writing, the Edmund cult was a major phenomenon in English hagiography. The numerous stages of writing in this cult provide a clear framework for assessing changing attitudes to the body, particularly in the twelfth century when texts about Edmund were produced so frequently.

Thomas Becket

Thomas Becket, the murdered Archbishop of Canterbury, was rapidly established among the long-standing cults of English saints following his murder on the evening of 29th December 1170. The earliest surviving account of the murder was a letter from John of Salisbury, a member of Becket's household, to John Bishop of Poitiers. This was written perhaps just weeks after the murder, but already John of Salisbury described the 'passion of the most glorious martyr' and quoted Augustine to argue, 'if the cause makes the martyr, what could be more just and more holy than his?'⁹¹ The life and death of the archbishop were re-told in the following years by other members of Becket's community at Canterbury. Like the other cults, these accounts of Becket's life and death were also translated into a vernacular language. In 1172 a Frenchman called Garnier (or Guernes) travelled to

⁸⁹ Denis Piramus, *La Vie Seint Edmund le Rei*, ed. Russell, pp. 121-57. See also *ibid.*, 'Introduction' pp. 9-13.

⁹⁰ Denis Piramus, *La Vie Seint Edmund le Rei*, ed. Russell, p. 204, lines 4971-4981: the last lines of the text before it was cut off described a 'tenant who had been very sick for almost a year and a half' [*Ly drengs ert mult enmaladi / Un an entier e pres demi*]. This corresponds to Goscelin *Edmund*, I.4 p. 152.

⁹¹ John of Salisbury, *Letters*, vol. 2, eds. W. J. Millor and C. N. L. Brooke (Oxford, 1979), Ep. 305, pp. 724-38 at pp. 724-6. The quotation comes from Augustine's sermon on Saint Vincent: *Sermones ad populum*, ed. J.-P. Migne, *Sancti Aurelii Augustini Hipponensis episcopi, opera omnia*, vol. 5 pars 1 (PL 38, 1863), no. 275, col. 1254. This letter became a basis for John of Salisbury's *Vita sancti Thomæ*, ed. J. C. Robertson, *Materials for the History of Thomas Becket* (RS 67, 1875-58), vol. 2, pp. 299-352. See F. Barlow, *Thomas Becket* (London, 1986), p. 251.

Canterbury, and within four years he had completed his *Vie* of Thomas Becket, based on Latin texts and oral reports.⁹²

Nine versions of the story of Becket's martyrdom survive from the fifteen years following the murder.⁹³ The rapidity with which these texts were produced, similarities between the various *Passio* accounts, and the rhetorical emphasis on the authors' position as eyewitnesses, have prompted some scholars to view these texts as 'histories' rather than 'hagiographies.'⁹⁴ However, it is misleading to refer to these texts with modern terms such as 'biographies,' which implies some modern sense of journalistic research and writing.⁹⁵

The accounts of Becket's death were undertaken with a similar hagiographical function as

⁹² Garnier de Pont-Sainte-Maxence, *La Vie Saint Thomas de Cantorbire*, ed. J. T. E. Thomas (Leuven, 2002, 2 vols), vol. 1, p. 41, line 144, mentioned that the text took four years to write, and p. 348, line 6168, cited the authority of 'the familiars of Saint Thomas' [*des privez saint Thomas*]. See *ibid.*, 'Introduction', pp. 13-15, 23-4; T. O'Donnell, 'Anglo-Norman multiculturalism and continental standards in Guernes de Pont-Sainte-Maxence's *Vie de Saint Thomas*' in *Conceptualising Multilingualism in Medieval England c. 800- c. 1250*, ed. E. M. Tyler (Turnhout, 2011), pp. 337-356 at pp. 344-7. Thomas and O'Donnell identify Garnier's sources as the texts of Edward Grim, William of Canterbury, and William FitzStephen.

⁹³ M. Staunton, *Thomas Becket and his Biographers* (Woodbridge, 2006), p. 4, gives a breakdown of the dates during which these texts were written, which I follow here. John of Salisbury expanded upon his first account of the martyrdom in 1171-2, which was in turn added to by Alan of Tewkesbury in 1176: *Vita sancti Thomæ*, ed. J. C. Robertson, *Materials for the History of Thomas Becket, Archbishop of Canterbury* (RS 67, 1875-85), vol. 2, pp. 299-352. Edward Grim, who was injured trying to protect Becket from a sword's blow, wrote in 1171-2: *Vita sancti Thomæ*, ed. Robertson, *Materials*, vol. 2, pp. 353-450. A *Vita* by an author now known as 'Anonymous II' was written c. 1172-3: ed. Robertson, *Materials*, vol. 4, pp. 80-144. The two authors of *Miracula* texts relating to the Becket cult each wrote a *Passio* in 1173-4, although Benedict's survives only in fragments. Benedict of Peterborough, *Passio sancti Thomæ*, ed. Robertson, *Materials*, vol. 2, pp. 1-19, and William of Canterbury, *Vita et passio sancti Thomæ*, ed. Robertson, *Materials*, vol. 1, pp. 1-136. Also in 1173-4, William FitzStephen wrote his *Vita sancti Thomæ*, ed. Robertson, *Materials*, vol. 3, pp. 1-154. The *Vita* by an author known as 'Anonymous I' was produced c. 1176-7: ed. Robertson, *Materials*, vol. 4, pp. 1-80. This text was later associated with Roger de Pontigny, on which see Staunton, *Thomas Becket and his Biographers*, p. 34. Herbert of Bosham was the last member of Becket's clerical entourage to produce a *Vita*, in 1184-6: ed. Robertson, *Materials*, vol. 3, pp. 155-534.

⁹⁴ Such approaches are criticised in: J. O'Reilly, 'The double martyrdom of Thomas Becket: hagiography or history?', *Studies in Medieval and Renaissance History* 2 (1985), pp. 183-247 at pp. 188-194; H. Vollrath, 'Was Thomas Becket chaste? Understanding episodes in the Becket Lives', *ANS* 27 (2004), pp. 198-209 at pp. 198, 201; D. M. Hayes, 'Body as champion of Church authority and sacred space: the murder of Thomas Becket' in "*A Great Effusion of Blood*"? *Interpreting medieval violence*, eds. M. D. Meyerson, D. Thiery and O. Falk (Toronto, 2004), pp. 190-215 at p. 190. Barlow, *Thomas Becket*, p. 263 describes the process of creating a martyr's cult: 'Thomas had been disarmed, purified, mythified, transformed.' On this issue, see Chapter One below, pp. 37-8.

⁹⁵ M. Staunton, 'Thomas Becket's conversion', *ANS* 21 (1998), pp. 193-211 at pp. 193-5; *idem*, *Thomas Becket and his Biographers*, pp. 2, 13.

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the re-writings seen among earlier English cults of saints, namely to reconfigure the symbolism of holiness within a defined literary form.

Over the decade following Becket's death, two extensive texts recorded miracles attributed to him. Benedict of Peterborough appears to have started his *Miracula* soon after Easter 1171, when Becket's grave was made accessible to the public for the first time.⁹⁶ Benedict continued to work on the first three books of his *Miracula* until c. 1174, and added a fourth book c. 1179.⁹⁷ William of Canterbury started a miracle collection of a comparable style and scope c. 1172-4, and likewise he added a further book (Book VI) c. 1178-9.⁹⁸ Benedict and William were essentially working at the same time, but their texts were never collated: they wrote their own versions of miracle-cure narratives even if they described the same events.⁹⁹ The Becket *Miracula* texts had a literary relationship comparable to the re-writings seen in earlier cults. Each re-framing of a miracle-cure account involved selection of descriptive terms and symbols to represent the experiences of sick and disabled people. In the case of Benedict and William, this re-framing was particularly condensed, as the authors worked in the same place and at the same time.

Benedict's miracle accounts were then subject to a further process of reinterpretation in the late twelfth and early thirteenth centuries. As part of the shrine environment created at the East end of Canterbury Cathedral following a major fire in 1174, stained glass was installed in the Trinity Chapel which represented miracle-cure narratives in a visual

⁹⁶ Benedict *Thomas*, I.6, p. 35.

⁹⁷ Staunton, *Thomas Becket and his Biographers*, pp. 9, 50; D. Lett, 'Deux hagiographes, un saint et un roi: conformisme et créativité dans les deux recueils de *Miracula* de Thomas Becket' in *Auctor et Auctoritas: invention et conformisme dans l'écriture médiévale*, ed. M. Zimmermann (Paris, 2001), pp. 201-216 at pp. 203, 208, 211; Koopmans, *Wonderful to Relate*, pp. 126-30.

⁹⁸ Staunton, *Thomas Becket and his Biographers*, pp. 51-2; Lett, 'Deux hagiographes', pp. 209-10, 214. Koopmans, *Wonderful to Relate*, p. 126, identifies this text as 'the longest English miracle collection' ever produced.

⁹⁹ See, for example, corresponding accounts in: Benedict *Thomas*, IV.2, pp. 173-82 and William *Thomas*, II.2-3, pp. 155-58; Benedict *Thomas*, IV.52, pp. 219-20 and William *Thomas*, II.37, pp. 195-6; Benedict *Thomas*, IV.64, pp. 229-34 and William *Thomas*, II.5, pp. 160-2; Benedict *Thomas* IV.75, p. 245 and William *Thomas*, II.52, pp. 213-4. See Koopmans, *Wonderful to Relate*, pp. 139-40, 149-51.

medium.¹⁰⁰ Becket's relics were not translated into this space until 1220, but the glazing was undertaken from 1205, and the concept for decorating these large windows may have been conceived when the structure of the East end was completed in 1184.¹⁰¹ The miracle-cure narratives in glass remain in place today, with the sequence of scenes in their roundels largely in the original order. The craftsmen creating these visual miracle-cure narratives often deviated from details of Benedict's narratives, in both their imagery and the texts that scrolled around the roundels. This glass provides us with an exceptional historical source (not least because of its survival through post-medieval conflicts); it offers a non-textual angle for this study of the narrative representation of sickness and disability, but also serves as a powerful reminder of the central place of bodily difference in the religious culture of the period. The art historian Anne F. Harris has argued that these glass images, with 'their overwhelming emphasis on healing and resurrection... presented the pilgrim's own body as the ultimate evidence and inspiration for the power of Becket's cult.'¹⁰² The sick and disabled were at the heart of the cult of saints, symbolised at Canterbury in their incorporation into the fabric of the cathedral.

The miracle-cures associated with Thomas Becket provide a point of reflection on developments in the literary concepts of sickness and disability in medieval England.

¹⁰⁰ M. H. Caviness, *The Early Stained Glass of Canterbury Cathedral* (Princeton NJ, 1977), pp. 26-30, suggests that designs for the glasswork could have started once the structure of the Trinity Chapel was in its basic form, and thus proposes a date of c. 1182-4. *Idem*, *The Windows of Christ Church Cathedral Canterbury* (Corpus Vitærum Medii Ævi Great Britain 2, London, 1981), pp. 158-9, explains the relationship between Benedict *Thomas* and the glass images. See also: W. Urry, 'Some notes on the two resting places of St Thomas Becket et Canterbury' in *Thomas Becket: actes du colloque international de Sédières*, ed. R. Foreville (Paris, 1975), pp. 195-209 at p. 198; P. Binski, *Becket's Crown* (New Haven CT, 2004), pp. 20-1; A. F. Harris, 'Pilgrimage, performance, and stained glass at Canterbury Cathedral' in *Art and Architecture of Late Medieval Pilgrimage*, eds. S. Blick and R. Tekippe (Turnhout, 2005), vol. 1, pp. 243-281 at pp. 268-9.

¹⁰¹ Gervase of Canterbury, *Tractatus de combustione et reparatione Cantuariensis ecclesiæ*, ed. W. Stubbs, *Gervasii Cantuariensis Opera Historica* (RS 73, 1879-80), vol. 1, pp. 3-29 at p. 29, described how in 1182 the building-work paused at the level of the window-sills in the Trinity Chapel due to a shortage of funds, but then in 1183-4 'the windows were completed' [*perfectæ sunt fenestræ*]. The latter statement might however refer to windows elsewhere in the Cathedral. M. F. Hearn, 'Canterbury Cathedral and the cult of Becket', *The Art Bulletin* 76 (1994), pp. 19-52 at pp. 44, 51, dates the design of the window-frames for this stained glass to 1179, when William the Englishman took over as architect.

¹⁰² A. F. Harris, 'Pilgrimage, performance, and stained glass at Canterbury Cathedral', p. 245.

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Chapters Four and Five will demonstrate that this cult exemplified many twelfth-century developments in literary descriptions of sick and disabled bodies, in particular representations of medical knowledge and hospital institutions. However, this project also demonstrates that the literary traditions of miracle-cures were more resilient than these social and intellectual changes. Whilst the Becket cult grew up in the distinct context of twelfth-century England, the hagiographers searching for a way to describe the human body fundamentally turned to the established vocabulary of cure-narratives. They followed the structure of miracle-cure narratives that had featured in Anglo-Latin literature since the cult of Cuthbert, and framed their martyrdom accounts in a way that was similar to narratives of Edmund's death. Some monastic guardians of the older providers of miracles in England responded in turn to this new cult. *Miracula* texts about Cuthbert, Æthelthryth, and Edmund were re-written and expanded upon in the years after the declaration of Becket's sanctity. The Becket cult was therefore just as tied to the earlier cults of England, as it was influential in its own time. The complex relations between these various cults underline the intellectual effort that lay behind literary representations of bodily difference and miraculous transformation.

These case-study texts form the basis of this thesis, but they must be placed in a broader context. The first part of this thesis addresses the two most pressing issues associated with studying sickness and disability via miracle-cure narratives. Firstly, the potential interactions between texts and ideas about the body need to be addressed. Historians faced with the long-lasting hagiographical tradition of recounting miraculous bodily changes often take for granted both the literary nature of the texts, and the very conditions that are

described in them. In a sense, we fail to see the wood for the trees if we discount the role of the body in a cure narrative. The first chapter provides much-needed interdisciplinary insight for this problem, addressing both the textual nature of miracle-cure accounts, and the definitions of sickness and disability that are in circulation today. The second chapter then analyses the place of miracle-cures in medieval culture. The centrality of bodily transformations in Christian thought distinguished miracle-cure narratives from modern ideas of a fixed and stable body. Two major themes of theology and doctrine provided a mirror-image for miraculous healing: the asceticism and incorruptibility of holy bodies; and the transformation of the soul from sinfulness on earth to wholeness in heaven.

The second part of this thesis examines thematic streams in the representations of sickness and disability among our case-studies. The first of these themes is in a way the closest medieval parallel for our modern concepts of psychology. The soul was and is the defining aspect of the self in Christian thought. Miracle-cure narratives indicate that during this period, both physical and mental illnesses were understood in terms of how they affected the state of the soul. Likewise, the positive experience of cure was framed as a healing transformation of the soul at the same time as the body. This chapter therefore demonstrates how closely miracle narratives associated sickness and disability with a sense of personal identity. The fourth chapter explores how the body was understood in these texts in material terms. These texts often provided physical details about the body that went beyond establishing that a miracle had taken place. The authors interacted with the medical theories of their era to explore particular aspects of sickness and disability, such as outward appearances and pain. Finally, the fifth chapter considers social aspects of sickness and disability as represented in these cure narratives. Miracle-cure narratives were ideal texts, evoking how the world would be with greater spiritual intervention. In the same way, the

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texts projected an ideal of community relations, putting forth a powerful rhetoric that various communities had responsibilities towards the sick and disabled.

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Theories

Introduction

There was a certain paralysed [*paraliticus*] youth, who was brought in a wagon from another monastery to the learned physicians of our monastery. They began to try to heal [*medere*] him with every treatment [*cura*] as he lay there fading away [*dissolutus*] with most of his limbs paralysed. With no success after much work, they all despaired, giving up on curing [*curare*] him. When the boy saw himself deserted by the doctors of the flesh, he said to his servant with crying and tears: ‘This evil [*malum*] of dissolving and mortification [*desolutionis et mortificationis*] began at my feet and spread through all my limbs. I now ask the abbot for the shoes that were around the feet of the holy incorruptible martyr of God.’ According to his resolution, the shoes were brought to him and that night they were put around his feet, and he rested. Getting up [*surgens*] in the morning, it is marvellous to say, he sang praises to the Lord standing up [*stans*], he who previously had not been able to move any limb except his tongue. The next day he went around the places of the holy martyrs, giving thanks to God, for by the merits of the holy bishop and secondly according to his faith, he had been restored to perfect health [*pristine sanitati redditus*].¹

A certain Peter, a young man of the region of the city of Genoa, came to the tomb of the martyr. Setting forth on his journey, he took with him a pendent likeness in silver made from thirty solidi, and he said: ‘A certain failure of my limbs [*membrorum... destitutus*], brothers, left me obliged to remain in bed [*lectoque... affixus*] for three months. I was infirm without hope of health [*sine spe salutis infirmabar*]. At that time, I could not move without being attended to with no little assistance. Then I promised to your martyr this gift that I carried here; and soon after came a befitting recompense. For on a certain night, saints came to me, and the blessed Thomas was himself one among them, and he took my gift, which he carried off with others in his arms, reminding me to undertake this pilgrimage. But when I started to doubt that I

¹ Anon. *Cuthbert*, IV.17, pp. 136-8.

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could undertake such a thing, he replied: “That is your health [*Salus tua est*].” I so wanted such blessings, that they might remove [*diripere*] these evils [*malevolis*] that had amassed in me, that I was roused. Therefore the next day after this vision, resting on a crutch, I began to walk [*deambulare coepi*], and day by day, I recovered [*convalui*].²

These narratives recount miracles, the first performed by Cuthbert and written at the turn of the eighth century, the second performed by Thomas Becket from the late twelfth century. Separated by almost five hundred years, these texts were part of an established tradition of describing the power of saints. Conventional topoi of devotion appear in both extracts: the description of the pilgrimage journey; the interaction with a saint mediated through devotional objects; the portrayal of the monastic community as helpers and interlocutors for the pilgrims. These topics have been the subject of many studies of medieval religious culture.³

Less familiar from many studies of medieval saints’ cults, but nonetheless striking within these two passages, is the portrayal of the human body. The two young men were described with a similar vocabulary of restricted movement: they were ‘paralysed’, their ‘limbs had failed them,’ they were confined either to bed or to a wagon. The two accounts pivoted around the transformation of these bodies, into active young men who can ‘get up,’ ‘stand up,’ and ‘begin to walk.’ Also striking, but relatively rare within the tradition of recording miracles, is the way that both accounts incorporated speech from the men. The emotive language used to describe their bodies - as affected by ‘evil’ or ‘failure’ - was therefore placed in the mouths of the impaired individuals. Just as the two passages indicate

² William Thomas, VI.52, p. 455.

³ R. Oursel, *Sanctuaires et chemins de Pèlerinage* (Paris, 1997), pp. 22-3, B. Nilson, *Cathedral Shrines of Medieval England* (Woodbridge, 1998), pp. 96-7, 100, 104; *idem*, ‘The medieval experience at the shrine’ in *Pilgrimage Explored*, ed. J. Stopford (York, 1999), pp. 95-122 at pp. 100-4, 107; D. Webb, *Pilgrimage in Medieval England* (London, 2000), pp. 4, 39, 47. A. Dupront, *Du Sacré: croisades et pèlerinage, images et langages* (Paris, 1987), pp. 369-78, 389-412, compares these features of Christian pilgrimage to the devotional practices of Judaism and Islam. A revision of the religious aspects of pilgrimage has emphasised the pragmatic aspects of such journeys: C. Morris, ‘Introduction’ in *Pilgrimage: the English experience from Becket to Bunyan*, eds. C. Morris and P. Roberts (Cambridge, 2002), pp. 1-11 at pp. 7-8; R. Morris, *Journeys from Jarrow* (Jarrow Lecture, 2004), pp. 11-12.

shifts in religious culture, with the international nature of pilgrimage to Becket's tomb and the richer economy of offerings to saints, there are also variations in the recounting of bodily change. The Becket miracle framed the saint's intervention in the human body as a gradual process, empowering the paralysed limbs day by day, unlike the instantaneous Cuthbert miracle. Also striking is the fact that the eighth-century account describes medical treatment offered by physicians, whereas the twelfth-century account made no reference to them. This contrasts sharply with the teleology of professional 'progress' often associated with the history of medicine.⁴

This chapter will examine the theoretical basis of studying a society and culture via miracle accounts such as these two cures of paralytics. The nature of this type of source material, stories about seemingly impossible events, calls for a sensitive textual approach. The subject areas of bodily difference and bodily change intersect with modern concerns about disability. Narrative theory and Disability Studies therefore provide two points of orientation for this project.

⁴ The issue of a modern-centric approach to the history of medicine is discussed in: L. Conrad *et al.*, *The Western Medical Tradition, 800 BC - 1800 AD* (Cambridge, 1995), pp. 4, 6; R. Porter, *The Greatest Benefit to Mankind* (London, 1997), pp. 6, 12.

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I Text and Narrative

The narration of past events, [is] commonly subject in our culture, since the Greeks, to the sanction of historical ‘science,’ placed under the imperious warrant of the ‘real,’ justified by principles of ‘rational’ exposition - does this narration differ, in fact, by some specific feature, by an indubitable pertinence, from imaginary narration...?⁵

The history of what defines a ‘cure’ in a given society is a history of that society’s values.⁶

This thesis seeks to ask how the narration of miracle-cures shaped ideas of sickness and disability in medieval England. Several historical studies of this issue have been based on miracle literature since the publication of Ronald Finucane’s *Miracles and Pilgrims* in 1977.⁷ Following Finucane’s penchant for quantifying these texts, these studies have presented miracle literature as an accurate reflection of medieval public health.⁸ Nancy Partner has pointed to the contrived nature of such claims that historical texts are simply a field of data, ‘suggesting scientific, or at least social scientific, accumulations of facts whose engulfing presence seems to leave no room for anything very different in the past.’⁹

⁵ R. Barthes (trans. R. Howard), ‘The discourse of history’ in *The Rustle of Language* (Oxford, 1986 - originally 1984), pp. 127-140 at p. 127.

⁶ P. Brown, ‘The rise and function of the Holy Man in Late Antiquity’, *Journal of Roman Studies* 61 (1971), pp. 80-101 at p. 96.

⁷ Finucane, *Miracles and Pilgrims*; *idem*, *The Rescue of the Innocents* (Basingstoke, 1997); P.-A. Sigal, *L’homme et le miracle dans la France médiévale* (Paris, 1985); E. C. Gordon, ‘Child health in the Middle Ages as seen in the miracles of five English saints’, *BHM* 60 (1986), pp. 502-522; *idem*, ‘Accidents among medieval children as seen from the miracles of six English saints and martyrs’, *Medical History* 35 (1991), pp. 145-163; S. Farmer, ‘Young, male, and disabled’ in *Le petit peuple dans l’Occident Médiéval*, eds. P. Bognioni, R. Delort and C. Gauvard (Paris, 2002), pp. 437-451 at pp. 440-1; Metzler, *Disability in Medieval Europe*, pp. 130-3; *idem*, *A Social History of Disability in the Middle Ages* (London, 2013).

⁸ See, for example, Sigal, *L’homme et le miracle*, pp. 255-264. R. Bartlett, *Why Can the Dead Do Such Great Things?* (Princeton NJ, 2013), p. 352, defends Sigal’s statistical approach to hagiography as ‘a useful yardstick.’

⁹ N. Partner, ‘Making up lost time: writing on the writing of history’, *Speculum* 61 (1986), pp. 90-117 at p. 106.

Research on miraculous concepts of sickness and disability has suffered from being desensitised to literary scholarship on text and narrative, which for the last fifty years has posed major questions regarding the use of narrative texts in medieval studies. As Roland Barthes's explanation of 'the discourse of history' demonstrates, texts purporting to represent 'events' cannot be disentangled from acts of the imagination. When dealing with medieval miracle literature, we should therefore adapt Peter Brown's explanation of cure: the analysis of how a cure was narrated offers an opportunity to reflect on a given society's values.

Instead of taking historical texts as eyewitness descriptions of past events, scholars have begun to take an interest in their literary qualities.¹⁰ Literary philosophers have brought the narrative quality of texts to the attention of historians. A narrative is distinct from the past it seeks to represent. The literary theorist Gérard Genette explained this distinction in three stages:

In a nonfictional (for example, historical) narrative, the actual order is obviously *story* (the completed events), *narrating* (the narrative act of the historian), *narrative* (the product of that act, potentially or virtually capable of surviving in the form of a written text, a recording, or a human memory).¹¹

The historian can access only the third and final stage, as s/he is neither present at the event, nor at the moment when the first act of narration took place. In any case, literary studies

¹⁰ R. W. Southern, 'Aspects of the European tradition of historical writing 1', *TRHS*, 5th ser. 20 (1970), pp. 73-196 at pp. 173-4, 181, was an early champion of this approach. Textuality underlay the classic examples of "microhistory" produced in the subsequent decade: E. Le Roy Ladurie, *Montaillou: village occitan de 1294 à 1324* (Paris, 1975), p. 9; C. Ginzburg (trans. J. Tedeschi and A. Tedeschi), *The Cheese and the Worms: the cosmos of a sixteenth-century miller* (London, 1980 - originally 1976), pp. xix-xx; J.-C. Schmitt, *Le saint lévrier: Guinefort, guérisseur d'enfants depuis le XIII^e siècle* (Paris, 1979), pp. 19-20. In an interview reflecting on his career, *À la recherche du moyen âge*, ed. J.-M. de Montremy (Paris, 2003), p. 27, Jacques Le Goff observed that 'there is a movement from history that is done, to history that is told.'

¹¹ G. Genette (trans. J. E. Lewin), *Narrative Discourse Revisited* (Ithaca NY, 1988 - originally 1983), p. 14. Likewise, P. Ricœur (trans. K. Blamey and D. Pellauer), *Memory, History, Forgetting* (Chicago IL, 2004 - originally 2000), p. 180, outlined a three-part theory: 'signifier', which is the text; 'signified' i.e. the event or object described; and 'referent,' the audience of the text. See also: P. Munz, 'The historical narrative' in *Companion to Historiography*, ed. M. Bentley (London, 1997), pp. 833-852 at p. 834: 'the past does not lie out there or back there, for us to look at. If we want to know it and talk about it, it first has to be written up and turned into a story.'

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suggest that the third phase, the text itself, reveals the most about a culture. A study of the oral narratives told and recorded in the modern United States sums up the various elements of narrative:

Narrative is a cognitively and discursively complex genre that routinely contains some or all of the following discourse components: *description*, *chronology*, *evaluation*, and *explanation*. Settings, for example, are built from *descriptions*. Classic plots depict both a linear or more complex *chronology* of unfolding events and an overarching *explanation* of why a particular event transpired at a particular point in the narrative sequence. And, from its inception, the narrative is imbued with a moral and aesthetic *evaluation* of actions, emotions, thoughts, and worldly conditions.¹²

These interpretative layers have the potential to be more significant for the historian than the question of what truly happened at any given event. Philippe Buc has stridently argued that medieval historians should not assume too much of their viewpoint as observers of a past culture and its rituals, as we can access them only through texts.¹³ Narratives relating to the cults of saints, the behaviour of supplicants, and the experience of miracle-cures were reflective cultural products.

Studies based on medieval texts as diverse as charters, annals, chronicles and letters have demonstrated the historical significance of the ways in which narrative form was used to organise and recount information.¹⁴ As Gabrielle Spiegel explained, such approaches consider that a literary reading is valid for historical study, as ‘texts both mirror *and*

¹² E. Ochs and L. Capps, *Living Narrative: creating lives in everyday storytelling* (Cambridge MA, 2001), p. 18.

¹³ Philippe Buc’s criticism has been aimed primarily at historians using anthropological methods: *The Dangers of Ritual* (Princeton NJ, 2001), pp. 1-4, 93-4, 123-5. See also G. Althoff, ‘The variability of rituals in the Middle Ages’ in *Medieval Concepts of the Past: ritual, memory, historiography*, eds. G. Althoff, J. Fried and P. J. Geary (Cambridge, 2002), pp. 71-87 at p. 75.

¹⁴ S. Foot, ‘Finding the meaning of form: narrative in annals and chronicles’ in *Writing Medieval History*, ed. N. Partner (London, 2005), pp. 88-108 at p. 92; *idem*, ‘Reading Anglo-Saxon charters: memory, record, or story?’ in *Narrative and History*, eds. Tyler and Balzaretto, pp. 39-65 at pp. 44-5; R. McKitterick, ‘Political ideology in Carolingian historiography’ in *The Uses of the Past in Early Medieval Europe*, eds. Y. Hen and M. Innes (Cambridge, 2000), pp. 162-174 at pp. 164, 173; J. T. Rosenthal, *Telling Tales: sources and narration in late medieval England* (University Park PN, 2003), pp. xiii-xiv.

generate social realities.¹⁵ Hayden White's assertion, made in 1980, that some medieval texts do not qualify as coherent narratives seems, unintentionally, to have given greater impetus to this area of inquiry. White objected that medieval chronicle-writing,

possesses none of the attributes that we normally think of as a story: no central subject, no well-marked beginning, middle, and end, no *peripeteia*, and no identifiable narrative voice.¹⁶

Subsequent studies simply demonstrated that the narrative qualities of medieval texts took a broader variety than those expected of modern textual conventions. As Marilyn Robinson Waldman explained:

We need to overarch prior distinctions with a minimalist definition of narrative that will allow us to look at new and broader data with an open mind, a definition that does not rigidly separate narrative from other discourse.¹⁷

Interestingly, the characteristics that White bemoaned as absent from medieval chronicles correlate neatly with miracle literature. The saint functioned as central subject; the structure of each miracle account contained the requisite 'beginning, middle and end,' along with the transformatory moment of the miracle itself, which was comparable to a peripeteic downfall; and the narrative voice of the hagiographer was identifiable as he exhorted his audience to believe in the power of the saint.

The conceptualisation of medieval miracle literature as carefully constructed narratives has been central to recent cultural studies of this material.¹⁸ Such analyses draw

¹⁵ G. M. Spiegel, *Romancing the Past: the rise of vernacular prose historiography in thirteenth-century France* (Berkeley CA, 1993), p. 10; *idem*, 'History and postmodernism', *Past and Present* 135 (1992), pp. 194-208 at p. 204; *idem*, 'Introduction' in *Practicing History: new directions in historical writing after the linguistic turn*, ed. *idem* (London, 2005), pp. 1-33 at p. 3.

¹⁶ H. White, 'The value of narrativity in the representation of reality', *Critical Inquiry* 7 (1980), pp. 5-27 at p. 11.

¹⁷ M. Robinson Waldman, "'The otherwise unnoteworthy year of 711": a reply to Hayden White' in *Narrative Theory*, ed. M. Bal (London, 2004), vol. 4, pp. 81-89 at p. 87 - originally published in 1981. See also Foot, 'Finding the meaning of form', p. 92.

¹⁸ Peter Brown incorporated the function of text into his primarily anthropological concept of the holy man in his subsequent review of the project: 'The rise and function of the Holy Man in Late Antiquity, 1971-1997',

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attention to the function of the miracle cure as a told and re-told story. Simon Yarrow has summarised:

The bare structure of healing miracles, the kind of miracle most common to the genre, was as follows: individuals whose sickness or failings were identified came into contact with the enshrined or portable relics of a saint, publically experienced some form of healing or judgement, the story of which, after due process of authentication, encouraged much rejoicing and recounting. This narrative format was a powerful elite template for accommodating and ordering diverse lay religious experiences.¹⁹

Yarrow here refers to the miracle cure narrative both as part of a more general 'genre' of text relating to saints, and as a distinct structure of storytelling. Our understanding of a miracle-cure narrative needs to take account of two contexts. The first is the context of the other narratives transmitted alongside any given account of miracle-cure within the same text; for example the other miracles attributed to a saint, and descriptions of the saint's behaviour while he or she lived. The second is the correspondence to narratives in different texts, not necessarily written at the same time, that echo the form of the miracle-cure narrative and invite stylistic comparison. These are both part of the literary phenomenon known as intertextuality, as described by Julia Kristeva: 'the word in the text is orientated towards an anterior or synchronic literary corpus.'²⁰ Intertextual relationships surrounding miracle-cure narratives are analysed in Chapter Two.

Journal of Early Christian Studies 6 (1998), pp. 353-376 at p. 370. On English hagiography, see: Yarrow, *Saints and their Communities*, pp. 2-4, 13-17; C. Cubitt, 'Memory and narrative in the cult of early Anglo-Saxon saints' in *Uses of the Past*, eds. Hen and Innes, pp. 29-66 at pp. 42, 47-8; *idem*, 'Folklore and historiography: oral stories and the writing of Anglo-Saxon history' in *Narrative and History*, eds. Tyler and Balzaretti, pp. 189-223 at p. 220; Koopmans, *Wonderful to Relate*, pp. 14-15.

¹⁹ S. Yarrow, 'Narrative, audience', p. 69.

²⁰ J. Kristeva (ed. L. S. Roudiez; trans. T. Gora *et al.*), 'Word, dialogue and novel' in *Desire and Language* (Oxford, 1981), pp. 64-91 at p. 66.

Hagiography (from the Greek term *hagios*, meaning ‘holy’), is a broad term applied to a range of literary products relating to the lives and post-mortem actions of saints.²¹ Jay Rubenstein has described this tradition as a series of diachronic intertextualities:

Writers of saints’ *Lives* tried to show how their saints were like other saints, especially St Martin of Tours, whose biography by Sulpicius Severus established Europe’s hagiographic agenda for the next millennium, and St Martin simply wanted to be like Christ.²²

In this interpretation, a cure narrative was part of a broader ‘hagiographic agenda’ of making a *Vita* or *Miracula* text echo its predecessors - thus establishing a text’s claim to be part of the genre. This approach relates miracle-cure narratives to other narrative forms marked as characteristic of the hagiographical genre, such as visions of the saint, or accounts of the incorruption of a saint’s body. However, literary genre is now thought of as a subjective, elusive category. For example, John Frow has explained genre as the creation of both author and reader, a series of ‘organised constraints on the production and interpretation of meaning.’²³ Studies of literature relating to saints have been receptive to this understanding of the porous boundaries between genre groups. In 1994 Felice Lifshitz called for a greater appreciation of the intertextuality between hagiography and historical narratives:

²¹ On the genre of hagiography, see: Brown, *The Cult of the Saints*, pp. 55-62; Rollason, *Saints and Relics in Anglo-Saxon England*, pp. 85, 113; T. Head, *Hagiography and the Cult of Saints: the diocese of Orléans, 800 - 1200* (Cambridge, 1990), pp. 15-17; J. Coleman, *Ancient and Medieval Memories: studies in the reconstruction of the past* (Cambridge, 1992), pp. 300-303.

²² J. Rubenstein, ‘Biography and autobiography in the Middle Ages’ in *Writing Medieval History*, ed. Partner, pp. 22-41 at p. 22. See also M. Lapidge, ‘The saintly life in Anglo-Saxon England’ in *The Cambridge Companion to Old English Literature*, eds. M. Godden and M. Lapidge (Cambridge, 1991), pp. 242-263 at p. 254; Cubitt, ‘Memory and narrative’, pp. 33-6.

²³ J. Frow, *Genre* (London, 2006), p. 10. See also A. Rosmarin, *The Power of Genre* (Minneapolis MN, 1985), p. 46: ‘genre is not, as is commonly thought, a class but, rather, a classifying statement.’ Likewise T. O. Beebee, *The Ideology of Genre* (University Park PA, 1994), p. 15: ‘the ideological nature of genre explains not only its necessity but also its instability.’

we must go beyond the anachronistic application both of positivist theory and the concept of a 'hagiographic' genre. Nothing authorises us to excise from the history of historiography everything which is now perceived as 'false'...²⁴

Taking this flexible understanding of genre into account, this thesis is based on miracle narratives found in a variety of generic contexts: primarily the *Vita* and *Miracula* texts written about saints, but also more general *Historia* texts such as that of Bede, and combinatory texts, such as the History-cum-Cartulary *Liber Eliensis*.²⁵

The other type of intertextuality surrounding the miracle-cure narrative is found in the form of the smaller narrative unit. A miracle-cure narrative was cast as a specific encounter with the saint, structured around the pivotal moment when the saint's power changed a human body. Whilst a compilation of *Miracula* has a cumulative quality comparable to that of a medieval annal, these miracle-cure narratives were at the same time enclosed, able to stand alone as completed stories.²⁶ Liturgical recitations of *Miracula* texts are likely to have enforced this independence of cure narratives by splitting hagiographical texts into sections, which would be recounted on different days.²⁷ The narrative structure of miracle-cure accounts connected all stories of cures with this shared form, even if they were written separately and transmitted as part of a different textual genre. To take an example from the case-studies used in this thesis, the cure narratives associated with St Cuthbert are more structurally comparable to cure accounts in different *Miracula* texts than to accounts

²⁴ F. Lifshitz, 'Beyond positivism and genre: "hagiographical" texts as historical narrative', *Viator* 25 (1994), pp. 95-113 at p. 100. See also: P. Turner, 'Hagiography and autobiography in the late antique West' in *Saints and Sanctity*, eds. P. Clark and T. Claydon (SCH 47, 2011), pp. 41-50 at p. 46; M. Otter, 'Functions of fiction in historical writing' in *Writing Medieval History*, ed. Partner, pp. 109-132 at p. 111.

²⁵ *Vita* and *Miracula* texts themselves might be thought of as separate genres. Treharne, 'Ælfric's account of St Swithun' in *Narrative and History*, eds. Tyler and Balzaretto, p. 168: "'hagiography'", broadly speaking, might be thought of as a macro-genre, containing a number of sub-genres.'

²⁶ Foot, 'Finding the meaning of form', pp. 92-6.

²⁷ Rankin, 'Making the liturgy' in *The Liturgy of the Late Anglo-Saxon Church*, eds. Gittos and Bedingfield, p. 30; Coleman, *Ancient and Medieval Memories*, p. 303; Cubitt, 'Memory and narrative', pp. 35-6, 64; K. B. Slocum, *Liturgies in Honour of Thomas Becket* (Toronto, 2004), pp. 79-80, 85-89.

of Cuthbert bathing with otters.²⁸ A literary approach, sensitive to these structural similarities, invites comparison of the forms of miracle-cure narratives across different generic contexts and over a long period of time.

The search for such structural patterns in medieval literature has grown out of folklore studies. Folkloric readings of Anglo-Saxon literature emerged at the start of the twentieth century, particularly in the work of H. M. Chadwick and W. P. Ker.²⁹ Originally, this was a somewhat reductive approach to literature, demonstrated by Vladimir Propp's foundational work on Russian folktales. Propp sought to provide a classification of the structure of events narrated in folktales, proposing that narrative progress consists of predictable developments which he called 'functions:'

1. Functions of characters serve as stable, constant elements in a tale, independent of how and by whom they are fulfilled. They constitute the fundamental components of a tale.
2. The number of functions known to the fairy tale is limited.³⁰

Studies of folkloric narrative elements in medieval sources have adopted a more flexible approach.³¹ As Rachel Koopmans explains:

Almost every story in medieval miracle collections follows the same problem to solution trajectory. The reason for the solution is always the same too: some form of

²⁸ Anon. *Cuthbert*, II.3, p. 80; Bede *Cuthbert M*, ch. 8, pp. 74-6; Bede *Cuthbert P*, ch. 10, pp. 188-190.

²⁹ H. M. Chadwick, *The Heroic Age* (Cambridge, 1912), pp. 110-128; *idem* and N. K. Chadwick, *The Growth of Literature* (Cambridge, 1932-1940), vol. 1, pp. 222-7; W. P. Ker, *The Dark Ages* (Edinburgh, 1904), pp. 44-50; *idem*, 'The earlier history of English prose' in *Essays on Medieval Literature* (London, 1905), pp. 13-14.

³⁰ V. Propp (trans. L. Scott), *Morphology of the Folktale* (Austin TX, 1968 - originally 1928), p. 21. By contrast, Roland Barthes argued that 'the narratives of the world are numberless' in 'Introduction to the structural analysis of narratives' in *Image Music Text* (trans. S. Heath, London, 1977 - originally 1966), pp. 79-124 at p. 79.

³¹ S. Wilson, 'Introduction' in *Saints and their Cults*, ed. *idem* (Cambridge, 1983), pp. 1-53 at pp. 40-1; S. Kay, 'The sublime body of the martyr: violence in early Romance saints' *Lives*' in *Violence in Medieval Society*, ed. R. W. Kaeuper (Woodbridge, 2000), pp. 3-20 at p. 5; J. W. Blair, 'A saint for every minster? Local cults in Anglo-Saxon England' in *Local Saints and Local Churches in the Early Medieval West*, eds. A. Thacker and R. Sharpe (Oxford, 2002), pp. 455-494 at pp. 476-83; C. Cubitt, 'Folklore and historiography', pp. 193, 195.

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divine intervention. The miracle plotline - problem, divine intervention, solution - can accommodate an enormous variety of human experience.³²

This concept of recycled patterns and the ‘variety of human experience’ represented therein will be central to the way in which this thesis will analyse narratives of miracle-cures.

Such a textual approach considers the patterning of cure narratives as an active cultural product, not an act of ‘censorship’ as Paul Antony Hayward has argued.³³ Miri Rubin’s 1999 study of narratives about Jews desecrating the Christian host demonstrates that the analysis of repetition and variation in narrative structures can be applied to complex social issues.³⁴

A sensitive reading of the narrative forms of historical texts can ask how such stories played a part in the cognitive world around them. Walter Ong suggested that any written word can only function by being heard, as the human mind responds to language aurally:

Written texts all have to be related somehow, directly or indirectly, to the world of sound, the natural habitat of language, to yield meanings.³⁵

Reader-response approaches to medieval miracle texts have explored the likelihood that they were linked to a culture of oral recitation and oral translation from Latin into the vernacular.³⁶ Monika Otter has further drawn attention to the artificiality of conceptualising

³² Koopmans, *Wonderful to Relate*, p. 30. See also Cubitt, ‘Memory and narrative’, pp. 40-41.

³³ P. A. Hayward, ‘Demystifying the role of sanctity in Western Christendom’ in *The Cult of the Saints in Late Antiquity and the Early Middle Ages: essays on the contribution of Peter Brown*, eds. J. Howard-Johnston and P. A. Hayward (Oxford, 2002), pp. 115-142 at p. 128.

³⁴ M. Rubin, *Gentile Tales: the narrative assault on late medieval Jews* (New Haven CT, 1999), p. 3: ‘the host desecration accusation, which bound Christians, Jews and the eucharist in a narrative of abuse and indignation, was not so powerful as to leave no space for evasion.’ See also M. Garrison, ‘The study of emotions in early medieval history: some starting points’, *EME* 10 (2001), pp. 243-250 at pp. 245-6, on the emotional expression of literary topoi.

³⁵ W. J. Ong, *Orality and Literacy: the technologising of the word* (London, 1982), p. 8.

³⁶ Yarrow, ‘Narrative, audience’, pp. 73-4; P. J. Geary, ‘Oblivion between orality and textuality in the tenth century’ in *Medieval Concepts of the Past*, eds. Althoff *et al.*, pp. 111-122 at pp. 112, 116; Yorke, “‘Carriers of truth’”, p. 52; K. O’Brien O’Keeffe, ‘Orality and literacy: the case of Anglo-Saxon England’ in *Medieval Oral Literature*, ed. K. Reichl (Berlin, 2012), pp. 121-140 at pp. 121-3; Koopmans, *Wonderful to Relate*, pp. 21-2, 25.

Latin histories as ‘serious’ (elite but trustworthy), and vernacular histories as ‘jocular’ (popular but fictional).³⁷ It is therefore important to consider how cure narratives in hagiographical texts were written, copied and re-copied, read and heard, by groups of people in the past. As Brian Stock explains, such processes around a text had the potential to shape a ‘textual community:’

The text did not have to be written; oral record, memory, and reperformance sufficed. Nor did the public have to be fully lettered... whatever the origins [of the textual community], the effects were roughly comparable. Through the text, or, more accurately, through the interpretation of it, individuals who previously had little else in common were united around common goals.³⁸

As miracle-cure narratives were framed as events taking place in the past, they had the potential to contribute to constructions of ‘social memory,’ which is the process by which a community slowly establishes its own oral narrative of its past.³⁹

Miracle-cure narratives, however, had a complex relationship with concepts of the past. By its very nature, a miraculous event had to appear as unusual, to merit narration as a sign of saintly power.⁴⁰ Whilst miracle-cures might have been ‘remembered’ or commemorated by people who took interest in a particular cult, this was a more imaginative process than, for example, social memory relating to war. The truth-claims put forward in the dissemination of miracle accounts were therefore complex. Monika Otter has argued persuasively that medieval texts did not cleave neatly into fact and fiction:

³⁷ M. Otter, ‘Functions of fiction in historical writing’ in *Writing Medieval History*, ed. Partner, pp. 109-132 at pp. 115-6.

³⁸ B. Stock, *Listening for the Text: on the uses of the past* (Philadelphia PA, 1990), p. 37. See also Yarrow, *Saints and their Communities*, p.14: miracle accounts were a ‘product of communal participation in a process.’

³⁹ J. Fentress and C. Wickham, *Social Memory* (Oxford, 1992), pp. 7-8, 146, 161-3; P. J. Geary, *Phantoms of Remembrance: memory and oblivion at the end of the first millennium* (Princeton NJ, 1994), pp. 10-13, 158-160; S. Foot, ‘Remembering, forgetting and inventing: attitudes to the past in England at the end of the first Viking age’, *TRHS*, 6th Ser. 9 (1999), pp. 185-200 at pp. 186-8. See also M. Carruthers, *The Book of Memory* (Cambridge, rev. ed., 2008), for an analysis of the function of memory in the history of the book.

⁴⁰ On the meanings of ‘*miraculum*’ and ‘*wundor*’, see A. M. Luiselli Fadda, ‘“*Constat ergo inter nos verba signa esse*”: the understanding of the miraculous in Anglo-Saxon society’ in *Signs, Wonders, Miracles*, eds. Cooper and Gregory (SCH 41), pp. 56-66 at pp. 60-2.

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not only is there no medieval terminology that corresponds in any precise way to our notion of fiction; the division between factually ‘true’ and ‘invented’ narrative was blurred, or simply rendered unimportant, by a view of reality that located all truth in God and saw all everyday reality, including fictions, as mere versions of a higher Truth.⁴¹

The internal logic of miracle-cure narratives had to harmonise the narration of an event that purported to have taken place in the community’s past, with descriptions of outcomes that were seemingly impossible. Studies of the belief issues raised around miracle literature have moved away from ideas of medieval credulity, that people simply believed in any miracle they were told about.⁴² As Susan Reynolds pointed out, ‘if people in the middle ages liked miracle stories that need not imply that they believed them.’⁴³ A textual reading of miracle-cure narratives therefore has to take into account stratified layers of belief involved in the narrating of marvellous events. It is no simple case of a kernel of truth underlying a story of a miraculous recovery from sickness or disability. Nancy Partner drew attention to this in her ironic portrayal of historians claiming to “read against the grain” of miracle narratives:

the clever historian asks a shrine what it has to say about secular society; and the shrine synecdochically replies that, in fact, it does exhibit in striking miniature a whole network of typical social structures.⁴⁴

⁴¹ M. Otter, *Inventiones: fiction and referentiality in twelfth-century English historical writing* (Chapel Hill NC, 1996), p. 6. On the cult of the saints, see *ibid.*, p. 36. See also E. M. Tyler and R. Balzaretto, ‘Introduction’ in *Narrative and History*, eds. *eadem*, pp. 1-9 at p. 6. The links between history and fiction are more broadly theorised by Paul Ricoeur in *Time and Narrative* (trans. K. McLaughlin and D. Pellauer, Chicago IL, 1984 - originally 1983-5), vol. 3, p. 101: ‘the refiguration of time by history and fiction becomes concrete thanks to the borrowings each mode of narrative makes from the other mode.’

⁴² Ward, *Miracles and the Medieval Mind*, pp. 30-31, presented miracle literature as a theological exercise for the clerical elite, but for the rest of the population as an intellectual vacuum: ‘it would be vain to look there for an interest in the events in relation to probability or doctrine.’ Such a statement bears a resemblance to Gibbon’s description of the saints as part of a ‘long dream of superstition’ in medieval culture - see E. Gibbon, *The Decline and Fall of the Roman Empire* (Dublin, 1788), Book IV, ch. 54, p. 146.

⁴³ S. Reynolds, ‘Social mentalities and the case of medieval scepticism’, *TRHS*, 6th Ser. 1 (1991), pp. 21-41 at p. 30. See also S. Justice, ‘Did the Middle Ages believe in their miracles?’, *Representations* 103 (2008), pp. 1-29 at pp. 17-18: ‘naturalising or demystifying accounts of belief not only are available to medieval sources, but are internal to their acts of belief.’ Malcolm Godden discusses issues of belief in Ælfric’s work: ‘Ælfric’s *Saints’ Lives* and the problem of miracles’, pp. 87-8.

⁴⁴ Partner, ‘Making up lost time’, pp. 106-7.

We should focus on the symbolic nature of the methods of recounting miracle-cures, rather than the fraught issue of whether or not we can identify these events as plausible.

The imaginative and authoritative natures of miracle-cure accounts can be reconciled if we consider their place in broader cognitive patterns.⁴⁵ On one level of belief, a social community could respond to a miracle account as a record of a symbolically significant event; on another level, a textual community could recognise a narrative of cure as an opportunity for them to explore and grapple with ideas. Such an approach was hinted at in Peter Brown's description of the reading out of martyrdom accounts as a '*psychodrame*,' that aligned the physical experience of listeners with that of the suffering martyr.⁴⁶ This doesn't suppose that medieval respondents literally thought of themselves as characters in such stories, but rather that the stories offered a powerful opportunity for conceptualising their own experiences. As Barbara Rosenwein has suggested, language and literary forms could shape 'emotional communities,' in which:

people do not have to be in accord on all matters to be part of the same emotional community; they have merely to hold similar values and express them according to similar norms.⁴⁷

⁴⁵ *Idem*, 'The hidden self: psychoanalysis and the textual unconscious' in *Writing Medieval History*, ed. *idem*, pp. 42-64 at pp. 51-2; Spiegel, 'Introduction' in *Practicing History*, p. 19.

⁴⁶ Brown, *The Cult of the Saints*, p. 82: 'the public reading of the *Passio* was, in itself, a *psychodrame* that mobilised in the hearer those strong fantasies of disintegration and reintegration which lurked in the back of the mind of ancient men.' C. Lutter, 'Preachers, saints and sinners: emotional repertoires in high medieval religious role models' in *A History of Emotions, 1200-1800*, ed. J. Liliequist (London, 2012), pp. 49-63 at p. 51, applies a similar theory to late medieval texts such as sermons. See also M. G. Pardee, 'Beholding and touching: early modern strategies of negotiating illness' in *Beholding Violence in Medieval and Early Modern Europe*, eds. A. Terry-Fritsch and E. F. Labbie (Farnham, 2012), pp. 61-84 at pp. 61, 64. On the symbolism of martyrdom, see Chapter Two below, pp. 67-72.

⁴⁷ B. Rosenwein, *Emotional Communities in the Early Middle Ages* (Ithaca NY, 2006), p. 109. On the history of emotions, see also: *idem*, 'Worrying about emotions in history', *American Historical Review* 107 (2002), pp. 821-845 at pp. 842-5; *idem*, 'Theories of change in the history of emotions' in *A History of Emotions*, ed. J. Liliequist, pp. 7-20 at pp. 9-10, 12-14; W. M. Reddy, *Navigation of Feeling: a framework for the history of emotions* (Cambridge, 2001), pp. 128-9, 132-4; S. Airlie, 'The history of emotions and emotional history', *EME* 10 (2001), pp. 235-241 at pp. 237-9; Garrison, 'The study of emotions', pp. 245-7; P. Nagy and D. Boquet, 'Pour une histoire des émotions. L'historien face aux questions contemporaines' in *Le sujet des émotions au moyen âge*, eds. *eadem* (Paris, 2008), pp. 15-51 at pp. 37-47.

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If the moralising and emotional aspects of miracle-cure narratives had a receptive audience, they could have embodied community responses to sickness and disability. Caroline Walker Bynum's ground-breaking and sensitive study of the symbolic psychologies of eating disorders has demonstrated that the narrative aspects of medieval texts reflected on broader thoughts and psychologies of the body.⁴⁸ This approach demonstrates that the historian who is alert to the subtleties of text can engage with the threads connecting culture, mind and body in the Middle Ages. This thesis aims to take such an approach to a broader question: what did medieval narratives signify by portraying physical or mental changes through miraculous intervention?

II Theorising the Sick and Disabled Body

In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. To understand this it is necessary to grasp the distinction between the physical impairment and the social situation, called 'disability,' of people with such impairment. Thus we define impairment as lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body; and disability as the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities.⁴⁹

⁴⁸ C. Walker Bynum, *Holy Feast and Holy Fast: the religious significance of food to medieval women* (Berkeley, 1987).

⁴⁹ Extract from *Fundamental Principles of Disability*, issued by the Union of the Physically Impaired Against Segregation, 1975. Quoted from M. Oliver, *Understanding Disability: from theory to practice* (Basingstoke, 1996), p. 22.

The term “disability” means, with respect to an individual:

- (A) a physical or mental impairment that substantially limits one or more major life activities of such individual;
- (B) a record of such an impairment; or
- (C) being regarded as having such an impairment.⁵⁰

These concepts of ‘impairments’, ‘being regarded as having an impairment’, and facing social consequences as a result, offer a wide variety of views on experiences of bodily difference. As demonstrated by the two statements above, efforts to define disability over the last forty years have uncovered questions and variations in practice, rather than providing a consensus. The various concepts put forward by this field of social activism call for a theoretically-engaged history of the topic, addressing both the advantages and limitations of current ideas about disability and sickness.

The theoretical structure of the first quotation was absorbed into a sociological school of thought now known as ‘the social model of disability.’ Numerous studies have explored the distinction between physical variations within the human body (impairment), and the social response to that variation (disability).⁵¹ Among studies of medieval disability, this theoretical framework has been most closely followed by Irina Metzler.⁵² Mike Oliver has argued that this distinction between the physical and the social enables us to think of the disabled body as ‘culturally produced.’⁵³ Such an approach opens up the possibility of

⁵⁰ The Americans with Disabilities Act 1990 (as amended 2008), Section 12102. Available at <http://www.ada.gov/pubs/adastatute08.pdf> [date of access 13th August 2015].

⁵¹ The impairment / disability distinction is explained further in: B. Ingstad and S. R. Whyte, ‘Disability and culture: an overview’ in *eadem* (eds.), *Disability and Culture* (Berkeley CA, 1995), pp. 3-32 at pp. 5-10; C. Barnes, G. Mercer and T. Shakespeare, *Exploring Disability: a sociological introduction* (Cambridge, 1999), pp. 67-70, 90-2; C. Barnes, M. Oliver and L. Barton, ‘Introduction’ in *Disability Studies Today*, eds. *eadem* (Cambridge, 2002), pp. 1-17 at pp. 3-5; R. Michalko, *The Difference that Disability Makes* (Philadelphia PA, 2002), pp. 5, 20, 51-2; C. Barnes and G. Mercer, *Disability: key concepts* (Cambridge, 2003), pp. 65-7; C. Thomas, ‘Disability and impairment’ in *Disabling Barriers - Enabling Environments*, eds. J. Swain *et al.* (London, rev. ed., 2004), pp. 21-27 at pp. 21-3.

⁵² Metzler, *Disability in Medieval Europe*, pp. 2-7; *idem*, *A Social History of Disability*, pp. 5-7.

⁵³ M. Oliver, *The Politics of Disablement* (Basingstoke, 1990), p. 12.

thinking of the disabled body not as a biological fact, a continuous presence in human history, but as part of the more complex fabric of society and culture.

Such views of a constructed disability are, however, often expressed in terms of the passivity of the impaired at the hands of an ominously powerful non-impaired majority. The American scholar Lennard J. Davis, for example, explained the impairment-disability distinction in terms of paternalistic social attitudes. In 1995, he wrote that:

For most temporarily abled people, the issue of disability is a simple one. A person with a visible physical impairment (someone with an injured, nonstandard, or nonfunctioning body or body part) or with a sensory or mental impairment (someone who has trouble hearing, seeing, or processing information) is considered disabled.⁵⁴

Such an explanation implies that the ‘temporarily abled’ majority will always shape disability, a view of social relations comparable to a Marxist construction of class.⁵⁵ The social model of disability has therefore fully espoused a dualistic idea of disability, even more fundamental than the impairment/ disability dichotomy. In their framework, the disabled body is at once culturally-formed and potentially changing over time, but also pre-determined and unchanging on account of the pessimistic assumption that it will always be defined by the same social oppressions.

The impairment/ disability dichotomy’s passive conception of the body brought the social model of disability conceptually close to medical approaches. As Bill Hughes and Kevin Paterson pointed out in their 1997 article:

⁵⁴ L. J. Davis, *Enforcing Normalcy: disability, deafness, and the body* (London, 1995), p. 1. See also the literary interpretation of this oppressive relationship in R. Garland-Thomson, *Extraordinary Bodies: figuring physical disability in American culture and literature* (New York NY, 1997), p. 10: ‘the disabled body is almost always a freakish spectacle presented by the mediating narrative voice.’

⁵⁵ Mike Oliver has produced the most explicitly Marxist accounts of the disability/ impairment framework: see *Politics of Disablement*, pp. 22-4; ‘If I had a hammer: the social model in action’ in *Disabling Barriers*, eds. Swain *et al.*, pp. 7-12 at p. 9; M. Oliver and C. Barnes, *The New Politics of Disablement* (Basingstoke, 2012), p. 179.

There is a powerful convergence between biomedicine and the social model of disability with respect to the body. Both treat it as a pre-social, inert, physical object, palpable and separate from the self.⁵⁶

The social-activism of Disability Studies had originally sought to criticise medicine and cast off what some disability theorists perceived as the oppressive nature of medical expertise.⁵⁷

Mike Oliver has expressed this criticism of medicine in the most strident terms:

The problem is that doctors are socialised by their own training into believing that they are ‘experts’ and accorded that role by society. When confronted with the social problem of disability as experts, they cannot admit that they don’t know what to do. Consequently they feel threatened and fall back on their medical skills.⁵⁸

Such arguments were probably not intended to be interpreted as a call for readers to reject modern medicine, but were part of attempts to shape the social model of disability as a political consciousness. Several writers have claimed that the field of disability studies should be the preserve of authors who identify as disabled, in order to empower them rather than professional experts such as modern physicians.⁵⁹ Such a rigid position explains why many disability theorists have overlooked the fact that both the social model of disability

⁵⁶ B. Hughes and K. Paterson, ‘The social model of disability and the disappearing body’, *Disability and Society* 12 (1997), pp. 325-340 at p. 329. Barnes and Mercer, *Disability: key concepts*, p. 81, note that the social model of disability could be accused of ‘simply assimilating the medical discourse.’

⁵⁷ L. J. Davis, ‘Crips strike back: the rise of disability studies’, *American Literary History* 11 (1999), pp. 500-512 at p. 506; Michalko, *The Difference That Disability Makes*, p. 13; M. Gillman, ‘Diagnosis and assessment in the lives of disabled people’ in *Disabling Barriers*, eds. Swain *et al.*, pp. 251-257 at pp. 251-2; D. Mitchell and S. Snyder, *Cultural Locations of Disability* (Chicago IL, 2006), p. 11. Historical studies have also rejected modern medical frameworks, but in the interests of avoiding anachronism: see S. Crawford and C. Lee, ‘Introduction’ in *Bodies of Knowledge: cultural interpretations of illness and medicine in medieval Europe* (Studies in Early Medicine 1, Oxford, 2010), pp. 1-4 at p. 1; J. Arrizabalaga, ‘Problematising retrospective diagnosis in the history of disease’, *Asclepio* 54 (2002), pp. 51-70 at p. 67.

⁵⁸ Oliver, *Understanding Disability*, p. 36.

⁵⁹ *Ibid.*, p. 5; *idem*, *Politics of Disablement*, pp. 8-9; *idem*, ‘Final accounts and the parasite people’ in *Disability Discourse*, eds. M. Corker and S. French (Buckingham, 1999), pp. 183-191 at pp. 184, 187; Garland-Thomson, *Extraordinary Bodies*, pp. 6-7, 35-6; Barnes and Mercer, *Disability*, pp. 116, 126; G. Mercer, ‘From critique to practice: emancipatory disability research’ in *Implementing the Social Model of Disability: theory and research*, eds. C. Barnes and G. Mercer (Leeds, 2004), pp. 118-37 at pp. 111-4. Such claims referred to a leaflet published by UPIAS in 1981, which described non-disabled people conducting research on disability as ‘parasites... who grow fat by feeding on other people’s miseries.’ See P. Hunt, ‘Settling accounts with the parasite people’, *Disability Challenge* 1 (1981), pp. 37-50 at p. 42 - available online at <http://disability-studies.leeds.ac.uk/files/library/UPIAS-Disability-Challenge1.pdf> [date of access 13th August 2015].

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and the medical approach rely on an equally passive understanding of the body. From a medical perspective, the disabled body would be defined by its lack of response to modern medical treatments - the concept named as 'impairment' within disability studies. According to the social model of disability, the disabled body is just as permanently regarded as different precisely because it cannot be removed from the social conditions assumed always to accompany an impairment.

The rigidity of the theoretical framework of the social model of disability has provoked debate and rebuttals, which have recently diversified the foundations of this field of research. Moving away from the dichotomies that characterise the social model of disability, scholars influenced by postmodernism have put forward more flexible conceptions of what it means to be disabled.⁶⁰ Mairian Corker and Tom Shakespeare have argued that the study of disability should embrace the deconstruction of medical and sociological binaries. They suggest that:

Both the medical model and the social model seek to explain disability universally, and end up creating totalising, meta-historical narratives that exclude important dimensions of disabled people's lives and of their knowledge... It could be argued that disability is the ultimate postmodern concept.⁶¹

Lennard J. Davis, who in his earlier work espoused the social model of disability, has come to include such an approach in his research. In 2002, just a few years after publishing his article 'Crips strike back', Davis coined the term 'dismodernism' to express what he considered to be the match between postmodernist thought and new concepts of disability as

⁶⁰ Garland-Thomson, *Extraordinary Bodies*, pp. 13, 22-3; M. Corker, 'Disability discourse in a postmodern world' in *The Disability Reader: social science perspectives*, ed. T. Shakespeare (London, 1998), pp. 221-233 at pp. 227-8; *idem*, 'Differences, confluences and foundations: the limits to "accurate" theoretical representation of disabled people's experience?', *Disability and Society* 14 (1999), pp. 627-642 at pp. 636-9; D. Harley, 'Rhetoric and the social construction of sickness and healing', *SHM* 12 (1999), pp. 407-435 at p. 407; M. Corker and S. French, 'Reclaiming discourse in disability studies' in *Disability Discourse*, eds. *eadem*, pp. 1-11 at pp. 9-10; Mitchell and Snyder, *Cultural Locations of Disability*, pp. 6-7; C. Thomas, 'Medical sociology and disability theory' in *New Directions in the Sociology of Chronic and Disabling Conditions*, eds. G. Scambler and S. Scambler (Basingstoke, 2010), pp. 37-56 at p. 43.

⁶¹ M. Corker and T. Shakespeare, 'Mapping the terrain' in *Disability / Postmodernity: embodying disability theory*, eds. *eadem* (London, 2002), pp. 1-17 at p. 15.

an ‘unstable category.’⁶² The relativism increasingly associated with disability has opened the topic up to comparative projects. For example, disability issues have recently been the focus of studies in political and theological ethics.⁶³

As the conceptual distinction between permanent physical impairment and a social experience of disability has eroded, so too has the marking off of permanent impairment from other forms of bodily difference. Influenced by postmodern thought, some scholars of disability studies have moved away from the UPIAS descriptions of a restricted ‘mechanism of the body’, towards the framework of the Americans with Disabilities Act, which speaks more broadly of how ‘life activities’ might be ‘limited’ by the body. Sickness can join the field of study under this greater flexibility of definitions.⁶⁴ Lennard J. Davis included this in his ‘dismodernism’ framework, calling on disability theorists to ‘extend the concept [of disability] so that it applies broadly across society as a civil right for all - the right to be ill, to be infirm, to be impaired without suffering discrimination.’⁶⁵ Twenty-first-century anxieties about our aging population also call for a consideration of frailty in old age alongside disability issues.⁶⁶ Instead of the medical conception of sickness as the object of expert attention, it can now be aligned with disability as part of the experience of bodily limitations.

⁶² L. J. Davis, *Bending Over Backwards: disability, dismodernism, and other difficult positions* (New York NY, 2002), pp. 1, 13-14, 23, 26. In ‘Crips strike back’ (1999), Davis had generally followed the impairment/disability dichotomy, but with some uncertainty: p. 503 ‘even within the disability rights movement itself, notions about who falls into the category “disabled” are unclear.’

⁶³ M. C. Nussbaum, *Frontiers of Justice: disability, nationality, species membership* (Cambridge MA, 2006), pp. 98, 135; H. S. Reinders, *Receiving the Gift of Friendship: profound disability, theological anthropology, and ethics* (Grand Rapids MI, 2008), pp. 5, 37-9.

⁶⁴ M. Bury, *Health and Illness in a Changing Society* (London, 1997), pp. 115-6, 124-6; Garland-Thomson, *Extraordinary Bodies*, p. 13; K. Charmaz, ‘Studying the experience of chronic illness through grounded theory’ in *New Directions*, eds. Scambler and Scambler, pp. 8-36 at p. 27. Barnes and Mercer, *Disability: key concepts*, p. 67, argue that the UPIAS definition of impairment could be extended to include sickness, giving the example of HIV/AIDS as a potential impairment.

⁶⁵ Davis, *Bending Over Backwards*, p. 1. In ‘Crips strike back’ (1999), Davis had also noted that ‘anyone can become disabled, and in fact, most people will develop impairments with age.’

⁶⁶ M. Priestley, *Disability: a life course approach* (Cambridge, 2003), pp. 144-8.

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Postmodernist thought about the experience of bodily difference has also influenced changes to the approaches used in research. Whereas the social model of disability would seek to make generalisations about a group-consciousness, recent studies have turned to the analysis of individual narratives about having an impaired body.⁶⁷ As the medical anthropologist Cheryl Mattingly explains:

The need to narrate the strange experience of illness is part of the very human need to be understood by others, to be in communication even if from the margins... Serious disability may allow you to live for years and years, for an entire span of life, and yet force a death of self and the recreation of some new self. Narrative plays a variety of roles in this grim terrain.⁶⁸

In 2000, David Mitchell and Sharon Snyder proposed the metaphor of ‘narrative prosthesis’ for approaching the ways in which narrative templates shape concepts of bodily difference.⁶⁹ According to their schema, just like a prosthetic limb, narratives both integrate disability into what is considered to be ‘normal’ behaviour, and simultaneously draw attention to the ‘different’ status of the disabled character. The theme of oppression in this reading has some undertones of the political slant of the social model of disability. Mitchell and Snyder’s choice of a physical, outwardly visible marker of disability for their metaphor is also a telling sign of continuing preoccupation with materialist concerns - as opposed to, for example, the role of mental impairments in narratives of disability. However, such an approach is a valuable reminder that disability can be a textual phenomenon, rather than simply a pragmatic aspect of the physical struggles of life. Within the last few years, medical sociologists have developed research tools based on analysing personal accounts of

⁶⁷ C. Thomas, ‘Narrative identity and the disabled self’ in *Disability Discourse*, eds. Corker and French, pp. 47-55 at pp. 49-50; J. Valentine, ‘Naming and narrating disability in Japan’ in *Disability / Postmodernity*, eds. Corker and Shakespeare, pp. 213-227 at p. 216.

⁶⁸ C. Mattingly, *Healing Dramas and Clinical Plots* (Cambridge, 1998), p. 1.

⁶⁹ D. Mitchell and S. Snyder, *Narrative Prosthesis: disability and the dependencies of discourse* (Ann Arbor MI, 2000), pp. 6-8.

long-term sickness and disability.⁷⁰ Other theoretical approaches to bodily difference would benefit from a similar focus on the constructions of sickness and disability in particular narratives, and how texts about bodily difference might be performed in a given society.

As the new wave of disability studies has begun to understand bodily difference as culturally relative and textually-formed, opportunities for historical comparison are now ripe. An historical perspective on disability was not of great interest for the social model of disability, based as it was on a particular focus on the material existence of the twentieth century.⁷¹ Calls for the combination of disability studies and history are now numerous, exemplified by the cross-period study of Henri-Jaques Stiker published in 1982 (translated into English in 1999) and the methodological article by Catherine Kudlick published in 2003. For both authors, modern concepts of disability need direction from a comparison to the past. Stiker asked:

On which coordinate, on which scale is *our* society in relation to others?... Without this historical diffraction, what could we know about disability, how could we *situate* it...?⁷²

Kudlick has suggested that:

The study of disability offers the conceptual tools for exploring the underlying assumptions beneath modern Western societies' creation of the very environments

⁷⁰ See for example: C. Mattingly, *The Paradox of Hope: journeys through a clinical borderland* (Berkeley CA, 2010), a study based on observation of how parents with terminally ill children describe their conditions; V. Williams, *Disability and Discourse: analysing inclusive conversation with people with intellectual disabilities* (Chichester, 2011) in a study of recorded conversations of people with learning difficulties, conducted in their independent living facilities; S. Shah and M. Priestley, *Disability and Social Change: private lives and public policies* (Bristol, 2011), an analysis of the childhood memories recounted by adults with physical impairments. N. Smith-Chandler and E. Swart, 'In their own voices: methodological considerations in narrative disability research', *Qualitative Health Research* 24 (2014), pp. 420-430, applies narrative analysis to interviews about experiences of physical impairments in the workplace.

⁷¹ Oliver, *Politics of Disablement*, p. xi: 'on the experience of disability, history is largely silent.' Even when cultural studies of disability emerged, the assumption remained that modernity would be the focus of research. See S. Snyder, B. Bruggemann, and R. Garland-Thomson, 'Integrating disability into teaching and scholarship' in *Disability Studies: enabling the humanities*, eds. *eadem* (New York NY, 2002), pp. 1-12 at p. 3: 'the representation of disability and of disabled figures has a history that reflects ideological shifts in the perception of the body, of individuality, and of social relations as modernity proceeds.'

⁷² H.-J. Stiker (trans. W. Sayers), *A History of Disability* (Ann Arbor MI, 1999 - originally 1982), p. 13.

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where historians work - environments built on the assumption that everyone is young, strong, tireless, healthy...⁷³

Classical antiquity has been the focus of some studies that seek this cultural history of the body.⁷⁴ The medieval period presents some of the most challenging and fruitful offerings for such a dialogue between present and past bodily difference.

Gender studies has set a major precedent here. Caroline Walker Bynum's work on the spiritual female body has demonstrated a fluidity of the medieval body in general.⁷⁵ Some recent scholarship has woven issues relating specifically to disability into this cultural appraisal of the medieval body: Lois Bragg has explored physical impairment in Icelandic myth with a particular interest in ideals of masculinity; Sharon Farmer's analysis of a sermon of Jacques de Vitry considered the roles of a male leper and a woman who cares for him; Tory Vandeventer Pearman examined the cross-over between the weaker female body and disability in romance.⁷⁶ Too often, however, the study of disability history been confined to the framework of oppressed bodily identities, which was prevalent in medieval gender studies until cultural approaches such as that of Walker Bynum diversified the field. The idea of oppression rises to the surface of such projects because many disability studies scholars have encountered the past through the filter of Michel Foucault's theories of power.

For example, Foucault's assumption (citing no medieval source) that 'it was doubtless a

⁷³ Kudlick, 'Disability history: why we need another "other"', p. 769. See also: G. Williams, 'Theorizing disability' in *Handbook of Disability Studies*, eds. G. L. Albrecht, K. D. Seelman and M. Bury (Thousand Oaks CA, 2001), pp. 123-144 at p. 129; A. Borsay, 'History, power and identity' in *Disability Studies Today*, eds. Barnes, Oliver, and Barton, pp. 98-119 at p. 98.

⁷⁴ R. Garland, *The Eye of the Beholder: deformity and disability in the Graeco-Roman world* (London, 1995); S. P. Mattern, *Galen and the Rhetoric of Healing* (Baltimore MD, 2008); C. Laes, C. F. Goodey and M. L. Rose (eds.), *Disabilities in Roman Antiquity* (Mnemosyne Supplement 356, Leiden, 2013); S. M. Oberhelman (ed.), *Dreams, Healing and Medicine in Greece: from antiquity to the present* (Farnham, 2013).

⁷⁵ C. Walker Bynum, *Jesus as Mother* (Berkeley CA, 1982), pp. 129-146; *idem*, 'The female body and religious practice in the later Middle Ages' in *Fragmentation and Redemption: essays on gender and the human body in medieval religion* (New York NY, 1992), pp. 181-238 at pp. 182-3, 188-9; *idem*, *Wonderful Blood* (Philadelphia PA, 2007), pp. 158-161; *idem*, *Holy Feast and Holy Fast*, pp. 200, 230-2, 263.

⁷⁶ L. Bragg, *Oedipus Borealis: the aberrant body in Old Icelandic myth and saga* (Madison NJ, 2004); S. Farmer, 'The leper in the master bedroom' in *Framing the Family*, eds. R. Voaden and D. Wolfthal (Tempe AZ, 2005), pp. 79-100; T. V. Pearman, *Women and Disability in Medieval Literature* (Basingstoke, 2010).

very old custom of the Middle Ages to display the insane,' has been all too easily assimilated into modern fears of segregation.⁷⁷

By contrast, a culturally, discursively and historically sensitive investigation of medieval bodily difference has the potential to examine unexpected constructs of sickness and disability. As Edward Wheatley explained in his analysis of medieval religious concepts of blindness, we encounter:

...distinctively medieval constructions that did not grow out of the nature of the impairment but made it a disability in ways specific to that era. Our historical distance from the Middle Ages allows us to see these constructions of blindness with greater clarity because modern ones are so different.⁷⁸

In a more general study of medieval disability, Joshua Eyler similarly argued that 'we need to develop new models that take into account the aspects of the medieval social and religious systems that cannot be completely explained by modern constructionalist models.'⁷⁹ The value of this self-reflectiveness and theoretical flexibility when dealing with medieval constructions of bodily difference has been belatedly recognised. Marc Bloch was almost prophetic on this issue, noting in his 1924 study *Les Rois Thaumaturges* that royal claims to miraculously cure scrofula are 'singularly repulsive' to modern attitudes.⁸⁰

This thesis contributes to debates about bodily and mental 'difference' by engaging with three key aspects of these various approaches to sickness and disability. The sociological understanding of the disabled body, as created through a subjective experience

⁷⁷ M. Foucault (trans. R. Howard), *Madness and Civilisation: a history of insanity in the age of reason* (London, 1989 - originally 1961), p. 64. This statement resurfaces in: Garland-Thomson, *Extraordinary Bodies*, pp. 38-40; Barnes and Mercer, *Disability: key concepts*, p. 91. The issue of Foucault's influence is discussed in: D. Lupton, *Medicine as Culture: illness, disease and the body in western societies* (London, rev. ed., 2003), pp. 25-6; B. Hughes, 'What can a Foucauldian analysis contribute to disability theory?' in *Foucault and the Government of Disability*, ed. S. Tremain (Ann Arbor MI, 2005), pp. 78-92 at pp. 81, 84.

⁷⁸ E. Wheatley, *Stumbling Blocks before the Blind: medieval constructions of a disability* (Ann Arbor MI, 2010), p. 6.

⁷⁹ J. Eyler, 'Introduction: breaking boundaries, building bridges' in *Disability in the Middle Ages: reconsiderations and reverberations* ed. *idem* (Farnham, 2010), pp. 1-8 at p. 2.

⁸⁰ M. Bloch, *Les Rois Thaumaturges* (Strasbourg, 1924), p. 18: 'on doit admettre qu'ils répugnent singulièrement à notre esprit.'

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rather than biological fact, lays the foundation for asking questions about how such conditions are understood in different cultures. The new wave of postmodernist disability theory proposes that such a study can be undertaken through the study of discourses found in literary narratives. The emerging field of medieval disability studies suggests that past attitudes to the sick and disabled are a suitable focus for historical research, and that much remains to be investigated here.

Conclusion

Narrative studies and the conceptual challenges of medieval disability have the potential to bring fresh perspectives to each field when analysed together. Whilst Disability Studies has tended to focus on modern, post-industrial experiences, medieval perspectives call for a more flexible view of bodily difference, as an experience that could take different forms under different historical circumstances. Symbolic aspects of sickness and disability, often overlooked in modern sociology, can come to the fore in this historical view. Medieval miracle literature, with its complex layers of belief, its re-telling of valued narrative patterns, and its fluidity of bodily concepts, enters into a natural dialogue with this field of inquiry. Representations of sick and disabled bodies in these narratives illustrate the ways in which such texts engaged with both the imaginary (miraculous events) and the physical (human bodies). The tradition of recounting miracle-cures reveals some of the complex symbolism, allusions and narrative control that were fundamental to the cults of saints.

The following chapters will take various thematic approaches to bring these two theoretical issues into conversation. The second chapter analyses the intertextual references of miracle-cure narratives, asking how the literary orientation of these texts shaped concepts of the body. The remaining chapters focus on particular thematic strands of the portrayals of

sickness and disability among case-studies: the spiritual aspects of impairment, concepts of the body, and social representations.

Chapter Two

Concepts of Cure

Introduction

A certain young man was languishing with sickness almost to the point of death, and he anxiously begged the friends who were sat by him for some water of the martyr. Not having any, one of them ran to a spring, and bringing back a vessel filled with water he offered it to him, saying ‘Here is the water of the saint that you asked for.’ The sick man believed and drank, and being healthily deceived, his health was immediately secured. Indeed, straightaway, having been released from sickness, he left his bed, feeling nothing of the only debility that had oppressed him before. This was recounted to us by not only that same youth himself, but supported by the man who drew water from the spring and other witnesses.¹

Miracle-cures represented complex experiences, and correspondingly these texts required careful explanation. This account, written at Canterbury in the 1170s, demonstrates how a miraculous change to a sick person’s body was not simply an event, but part of a belief system. The man in this story experienced what a modern reader would call the placebo effect.² The change to his body was not a purely physical experience of healing, such as might be brought about by the provision of medicines or the natural healing processes of the body. Instead, the key to his cure was belief in the power of water that he thought was related to a saint. As Benedict of Peterborough recounted it, this episode did not undermine the

¹ Benedict *Thomas*, IV.57, p. 216.

² D. B. Morris, ‘Placebo, pain, and belief: a biocultural model’ in *The Placebo Effect: an interdisciplinary exploration*, ed. A. Harrington (Cambridge MA, 1997), pp. 187-207 at pp. 187-8, 198-9; A. Harrington, ‘“Seeing” the placebo effect: historical legacies and present opportunities’ in *The Science of the Placebo: toward an interdisciplinary research agenda*, eds. H. A. Guess *et al.* (London, 2002), pp. 35-52 at pp. 38-40, 44.

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power of Thomas Becket or present this man as a charlatan, capable of making himself well if he so wished. Instead, this was a story of how faith in the power of the saint could result in a positive change of the self. All of the miracle-cure narratives considered in this thesis were based on a common conception of how faith shaped experience.

Miracle-cure narratives transformed the people who asked the saints for help. This transformation revolved around a change to the body, from sick or disabled to cured and healthy. However, this was not a purely physical change in the way that a modern understanding of recovery or healing would suggest. The transformation involved in miracle-cure narratives was conceptualised through close links to two other forms of transformation that were central to the Christian culture of medieval England: the ability of saints to bend the rules of nature via their own bodies; and the process of spiritual transformation from sin to forgiveness. The parallel between these concepts and accounts of saints and divine judgement was more sophisticated than simply wishing that sickness and disability did not exist. The transformative structure of all three concepts mapped on to each other. A saint could change from a damaged corpse to holy perfection; a sinner could transform into a forgiven soul; an impaired body could be transformed to health as an experience of faith. Miracle-cure narratives therefore represented the removal of bodily ills, but not in a socially-repressive sense.

This chapter examines the intertextual connections between miracle-cure narratives and the concepts of saints and sin found in other texts. Hagiographers worked in a particular intellectual context which made biblical and theological texts the natural parallels for their miracle narratives. Miracle-cure narratives were neither written nor read in isolation, so the concepts of sickness and disability expressed in them were in constant dialogue with these other representations of spiritual and physical transformation. As in the account of the sick young man who was cured when he drank what he thought was relic water, all of these texts

had an internal logic that was based on ideals of faith. Miracle-cure narratives were one of many literary forms which explored the relationship between the human and the divine. The sick and disabled body had a special, but not isolated, role in theories of human experience expressed in England from the eighth to twelfth centuries.

I Holy Bodies

But it is marvellous to say, that when this most precious body of the martyr was thought to have decayed [*putrefactum*] on account of the long space of time which had passed, instead he was found healthy [*sanum*] and unhurt [*incolume*]. So much so, that one would not say that his head had been re-attached and joined to his body, but that there was no wound in all of him, that no scar appeared on him. And thus he who was to be called with reverence the holy king and martyr was moved to the above-mentioned location, whole [*integer*] and with the appearance of life [*viventi simillimus*], where in that very same form he awaited the joy of the blessed resurrection that had been promised.³

In this tenth-century text, Abbo of Fleury described the aftermath of the death of the East Anglian King Edmund. The savage attack by Viking raiders that killed Edmund in 869 dismantled his body; but the miraculous nature of sainthood reintegrated Edmund's mutilated corpse.⁴ The terms that Abbo used to describe Edmund's dead body ('healthy,' 'unhurt,' and 'whole') described it as if it were living and recovering from injury. Ælfric used the term '*gehal*' for 'healed' or 'whole' in his vernacular version of Abbo's *Passio*, written a decade after the Latin original.⁵ In the early twelfth century, Herman and Goscelin situated this

³ Abbo *Edmund*, ch. 14, p. 82.

⁴ Scholarship on Edmund's martyrdom has continued to focus on A. P. Smyth's claim that Abbo's account contained an accurate representation of Viking execution techniques, explained in *Scandinavian Kings in the British Isles, 850-880* (Oxford, 1977), pp. 211-2. See: R. Frank, 'Viking atrocity and skaldic verse: the rite of the Blood Eagle' *EHR* 99 (1984), pp. 332-343 at pp. 341-3; Cavill, 'Analogy and genre in the legend of St Edmund', pp. 25-34.

⁵ Ælfric, *Life of Saint Edmund*, ed. Skeat, vol. 2, p. 326, line 176 'it was seen with much wonder that he was all healed' [*þa wæs micel wundor þæt he wæs eall swa gehal*]; line 178 'his neck was healed where he was slain' [*his swura wæs gehalod þe ær wæs forslagen*]; lines 181-3 'each of the wounds... were healed through the heavenly God' [*Eac swilce þa wunda... wæron gehælede þurh þone heoflican god*].

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miraculously whole body among cure narratives. The healthy saint described by Abbo was later to provide health for others, linking the bodily imagery of the *Passio* text to the descriptions of people cured in the *Miracula*.

Social and cultural approaches to saints' cults have established that miraculous bodies, like Edmund's, had a multivalent symbolism. As discussed in Chapter One, the literary products relating to the cults of saints reflected upon contemporary ideas of the body.⁶ Damage and recovery of the saint's body has been amply studied, particularly in the writings of Peter Brown and Caroline Walker Bynum. Brown's interpretation of saints as mediators of community relations included the suggestion that the miraculously undecayed bodies of the saints were a calming influence, 'a consistent imaginative determination to block out presence... of 'black death.'⁷ Walker Bynum's focus on the gendered aspects of late medieval religious devotion brought into focus the diverse symbols that could be associated with damaged and emaciated, but also enlightened and devout, bodies.⁸ However, the language of healing used by Abbo to describe a dead saint's body suggests that veneration of the physical remains of the dead could involve a reflection upon the impairments of the living. Patricia Cox Miller has proposed a reading of hagiographical descriptions of saints' bodies as texts that led readers and listeners to imagine themselves physically and spiritually in the place of the saint.⁹ Read in this way, *Passio* and *Vita* texts

⁶ See Chapter One, pp. 43-4.

⁷ Brown, *The Cult of the Saints*, p. 71. See also: *idem*, 'Leaning and imagination' in *Society and the Holy in Late Antiquity* (Berkeley CA, 1982), pp. 3-21 at p. 13: 'The relic is a person in a place; and, in that place, all that Late Antique men could value in unalloyed relations of friendship, protection and mercy in their society can come to be played out with liberating precision.'

⁸ C. Walker Bynum, *Holy Feast and Holy Fast*, pp. 6-7, 212, 274; *idem*, 'The female body and religious practice', pp. 183-4; *idem*, *The Resurrection of the Body in Western Christendom* (New York NY, 1995), pp. 45-55; *idem*, 'Why all the fuss about the body? A medievalist's perspective', *Critical Inquiry* 22 (1995), pp. 1-33 at pp. 11, 15.

⁹ P. Cox Miller, 'Visceral seeing: the holy body in Late Antiquity', *Journal of Early Christian Studies* 12 (2004), pp. 391-411 at p. 398: 'a stance for the beholder to occupy, a stance in which the senses had cognitive status and in which the intellect was materially engaged.' See also C. Cremonesi, 'The meaning of illness:

descriptions of saints' bodies would provide an expression of concerns about pain and suffering. The echo between a damaged body in a venerated tomb, and the damaged body seeking cure through rituals at that tomb, created a significant intertextual dialogue between the *Miracula* cure narratives that form the basis of this thesis, and other forms of writing about saints.

Sick saints shared the experience of physical impairment with the supplicants who asked them for miracle cures, but hagiographers also represented in them ideals of spiritual triumph over the body. In the *Vita* texts associated with Cuthbert, Æthelthryth, and Thomas Becket, the saints were presented as ideal patients. The early Cuthbert texts recounted that the young saint was 'oppressed by an infirmity which cruelly detained him' when his knee became swollen.¹⁰ The Lindisfarne hagiographer and Bede framed this condition in contrast to Cuthbert's humility when he encountered an angel in disguise. Referring to the biblical concept of Christ as the unknown recipient of charity, the authors emphasised that Cuthbert tried to place a guest before his physical limitations. The saint told the angel that he 'wished he could quickly stand up and offer devoted services, if only he were not held back by the fetter of sickness, the weight of sins.'¹¹ Bede's Prose re-writing of Cuthbert's *Vita* added a further account of Cuthbert behaving virtuously when sick. He recounted that when Cuthbert was struck with plague [*pestilentia*], his faith was so strong that he got up from his sick bed when he realised that the monks of Melrose had prayed for him. Bede concluded with a quotation from Paul about sickness as a spiritual test: 'strength was perfected in sickness'

metamorphoses of wounds from Symeon the Elder to Symeon the Younger' in *Monachismes d'orient*, eds. F. Jullien and M.-J. Pierre (Turnhout, 2011), pp. 239-252 at pp. 239-40.

¹⁰ Anon. *Cuthbert*, I.4, p. 66: 'in infirmitate premente eum acriter detinebatur.' Bede *Cuthbert* M, ch. 2, p. 64, rewrote this as 'he was struck by a distinctive sickness' [*discrimine morbi/ Plectitur*]. Bede *Cuthbert* P, ch. 2, p. 158, 'his knee was suddenly seized with pain' [*subito dolore genu correptum illius*]; Ælfric *Cuthbert*, p. 82, lines 28-9, 'Cuthbert's knee became weak with a harsh swelling' [*mid heardum geswelle afeled*].

¹¹ Bede *Cuthbert* P, ch. 2, p. 160. Anon. *Cuthbert*, I.4, pp. 66-68; Bede *Cuthbert* M, ch. 2, p. 64; Ælfric *Cuthbert*, p. 82, lines 36-7: 'I would now prepare to serve you myself, if I was strong enough to walk' [*IC wolde ðine ðenunge sylf nu gearcian, gif ic me feðunge ferian mihte*]. For the idea of spiritual testing by the unidentified figure of Christ, see the judgment of the sheep and the goats in Matthew 25:35-39.

[*virtus in infirmitate perficitur*].¹² In his *Ecclesiastical History*, Bede applied this concept of the spiritual benefit of sickness still more directly to the signs of impairment in the saint's body. Æthelthryth's secular life as Queen of Northumbria was marked by wealth and prestige, but Bede presented the saint as repentant for that material life when she developed a tumour on her neck. Speech attributed to Æthelthryth explained the tumour by reference to the necklaces she had worn in her secular life: "I believe that the heavenly goodness wants me to bear this pain in the neck so that I might be absolved of the guilt of needless vanity."¹³ Strikingly, sickness during life was not described in the *Vitæ* of Edmund, suggesting that forbearance in sickness was more compatible with the religious life than with a warrior figure.¹⁴

In the late twelfth century, the *Vitæ* of Thomas Becket relied extensively on this image of ideal saintly sickness. Countering representations of Becket as a wealthy and ostentatious chancellor and archbishop, his hagiographers deployed sickness to present him as spiritually virtuous and to prefigure his violent death. Edward Grim, writing within a year or two of the archbishop's murder, recounted that the young Becket fell into a river and was dragged perilously close to a water-mill, but was saved when the 'healing hand of the Saviour' [*medica manus Salvatoris*] miraculously halted the turning blades of the mill.¹⁵ Garnier of Pont-Sainte-Maxence, translating the Becket *Vita* into Anglo-Norman French

¹² Bede *Cuthbert P*, ch. 8, pp. 180-182. The biblical quotation came from 2 Corinthians 12:9. On Paul's concept of sickness, see C. R. Moss, 'Christly possession and weakened bodies', *Journal of Religion, Disability and Health* 16 (2012), pp. 319-333 at pp. 322-5.

¹³ Bede *HE*, IV.19, p. 396. OE *HE*, IV.21, p. 322. Ælfric, *Life of Saint Æthelthryth*, ed. Skeat, vol. 1, p. 436, line 59, maintained Bede's image of the shining of the gold necklaces and the tumour, '*þis geswel scynð for golde.*' Gregory *Æthelthryth*, Book I, p. 375, lines 180-7, turned Bede's text into verse, and added the verb '*purgat*' to further emphasise the removal of sin. Goscelin *Æthelthryth*, ch. 1, p. 104, and the early twelfth-century *Vita* of Seaxburh, ed. Love, pp. 134-188, recounted Æthelthryth's death without reference to the tumour. *Liber Eliensis*, I.20, p. 38, quoted Bede's text extensively in this section, including the dialogue of the penitent saint.

¹⁴ The only instance of Edmund being described as sick can be found in Herman's description of the saint's relics being made 'nauseous' by the spiders' webs that grew over his body due to the negligence of the monks of Bury. Herman *Edmund*, ch. 22, p. 52: '*araneæ lignique charies indecens nausia.*'

¹⁵ Edward Grim, *Vita sancti Thomæ*, ed. Robertson, ch. 9, pp. 360-361.

around 1174, followed this text closely.¹⁶ Benedict of Peterborough and William of Canterbury included among Becket's miracles numerous similar narratives about the saint saving children who had fallen into rivers and wells.¹⁷ These miracle narratives placed the children in the place of Becket, and Becket himself in the place of God. Looking back at Becket's clash with Henry II at the Council of Northampton in 1164, five *Vita* texts mollified the worldly image of an archbishop's financial woes with images of Becket's patient suffering in sickness.¹⁸ Edward Grim recounted that Becket suffered 'anxiety' from Henry II's behaviour at the Council and was then 'seriously affected by a pain in the spleen' [*dolor splenis*] such that he could neither eat nor sleep. Turning Becket into a victimised figure, Grim explained that 'without doubt, this turbulence of the blood came after the anger of the day and the confrontation.'¹⁹ William FitzStephen changed the description of Becket's illness to a 'pain and coldness that shook his kidneys' [*renes eius frigor et dolore contremuerunt*] and added to the narrative that the archbishop said a mass in honour of the protomartyr Stephen the following day.²⁰ The link to the cult of Stephen made still clearer the roles of Becket as the victim and Henry II as his aggressor, prefiguring the archbishop's own

¹⁶ Garnier de Pont-Sainte-Maxence, *La Vie Saint Thomas*, ed. Thomas, vol. 1, p. 44, lines 217-225. This text followed Edward Grim in attributing Becket's survival to God, but also hinted at a practical explanation: 'the miller having milled, just then closed the door' [*Li molnier out mulu, mist la closture a tant*].

¹⁷ Benedict *Thomas*, IV.62, p. 226; IV.66, pp. 238-239; VI.2, pp. 263-265. William *Thomas*, II.40, p. 201; II.41, p. 202; II.46, p. 207; II.71, pp. 233-234; IV.34, pp. 346-347; IV.52, p. 366; VI.106, pp. 499-500.

¹⁸ On the Council of Northampton, see: Barlow, *Thomas Becket*, pp. 109-114; A. Duggan, 'Roman, canon and common law in twelfth-century England: the Council of Northampton (1164) re-examined', *Historical Research* 83 (2010), pp. 379-408 at pp. 380-6.

¹⁹ Edward Grim, *Vita sancti Thomæ*, ed. Robertson, ch. 40, p. 392. Garnier de Pont-Sainte-Maxence, *La Vie Saint Thomas*, ed. Thomas, translated this text closely: vol. 1, p. 110, lines 1508-10, 'the pain in the side seized him, it lasted night and day; / He was subject to it and often suffered from that pain; / The anger that had distressed him that day had awoken it' [*Li mals del flanc le prist, jur e nuit il dura; / Achaisunus en ert e suvent lui greva; / Par cel ire qu'il out donc lui renovela*]. The 'Anonymous 1' *Vita sancti Thomæ*, ch. 42, p. 44, followed Grim's account closely, attributing Becket's pain in his flanks [*dolor lateris*] to the 'anxiety' of the Council.

²⁰ William FitzStephen, *Vita sancti Thomæ*, ed. Robertson, ch. 45, p. 56. Garnier de Pont-Sainte-Maxence, *La Vie Saint Thomas*, ed. Thomas, vol. 1, p. 112, lines 1549-50, added the detail that the mass for Stephen was intended to protect Becket's life, 'From then on, no enemy could harm him' [*Ja puis ne li purrunt si enemi nuisir*]. Herbert of Bosham, *Vita sancti Thomæ*, ed. Robertson, III.35, pp. 300-301, also used Becket's illness to cast Henry II in the role of aggressor in that he did not believe that Becket was truly sick.

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martyrdom. In these narratives, the Becket hagiographers benefited from the positive rhetoric associated with saints' sickness since Bede's writings. The saints who improved their moral characters through sickness offered to the rest of humanity an ideal of transcending the limitations of the body.

Endurance of bodily discomfort was not necessarily represented as a model for everyone to follow. The hagiographers of Cuthbert, Æthelthryth and Thomas Becket framed bodily discipline as part of their patron saints' unusual abilities, and their extra-ordinary devotional lives. The concept of enduring bodily discomfort for the sake of religious devotion has been studied extensively in the cases of early monasticism and late medieval religious culture, particularly the imitation of Christ's suffering on the cross.²¹ Among our case-studies, the early Cuthbert tradition engaged the most with this idea of the saint subjecting the body to extreme ascetic behaviour.²² Bede's Prose *Life* of Cuthbert added substantially to these accounts of bodily control. This text added to the narrative of Cuthbert's death a dramatic unveiling of Cuthbert's physical privations, when he drew back his bed-covers to show Herefrith that he had eaten less than half an onion over a period of five days.²³ Bede also introduced into the Cuthbert tradition an image of the saint's religious

²¹ On the asceticism of desert hermits and early monasticism, see: Brown, 'The rise and function of the Holy Man', pp. 91-92; T. M. Shaw, *The Burden of the Flesh: fasting and sexuality in Early Christianity* (Minneapolis MN, 1998), pp. 5-9, 162, 175-81; C. Leyser, *Authority and Asceticism from Augustine to Gregory the Great* (Oxford, 2000), pp. 50-1, 150-2; Cremoesi, 'The meaning of illness', pp. 248-250; Bartlett, *Why Can the Dead Do Such Great Things?*, pp. 196-201. On late medieval mystics, see: S. Greenblatt, 'Mutilation and meaning' in *The Body in Parts: fantasies of corporeality in Early Modern Europe*, eds. D. Hillman and C. Mazzio (New York NY, 1997), pp. 221-241 at pp. 222-3; M. H. Caviness, *Visualising Women in the Middle Ages* (Philadelphia PA, 2001), pp. 35, 158; R. Mills, *Suspended Animation: pain, pleasure, and punishment in medieval culture* (London, 2005), p. 162.

²² Anon. *Cuthbert*, II.3, p. 80, Cuthbert prayed standing in the sea at night, 'not desiring rest,' which was paraphrased in Bede *Cuthbert* P, ch. 10, p. 188. Bede *Cuthbert* M, ch. 8, p 75, was the only version of this narrative to describe the saint's body during this ascetic behaviour, using the metaphor 'like marble' [*marmoreo*] to evoke the coldness of his body. The three early Cuthbert texts described the saint working with his hands: Anon. *Cuthbert*, III.5, p. 100; Bede *Cuthbert* M, ch. 20, p. 94; Bede *Cuthbert* P, ch. 16, p. 210.

²³ Bede *Cuthbert* P, ch. 37, p. 276, '*una de caepis minus quam dimidia parte corrosa.*' Bede *Cuthbert* M, ch. 34, p. 114, provided less detail on Cuthbert's asceticism, but described him as 'wasting away for having been given very little provisions, neither food nor drink.' W. Trent Foley notes that Bede introduced greater emphasis on physical suffering in his Prose *Vita*, and he suggests that Bede's model was Gregory the Great's theology of purging the body through sickness: 'Suffering and sanctity in Bede's Prose *Life of Cuthbert*', pp. 104, 109-110.

devotion imprinted into his body, in the form of a callus resulting from excessive genuflection.²⁴ By stark contrast, the Anonymous hagiographer of Lindisfarne had described Cuthbert as ‘whole’ or ‘sound’ of body [*corpore integer*] in the monastic life.²⁵ Bede portrayed a similar asceticism in his account of Æthelthryth’s religious life: along with her rough garments and rare baths, she ‘rarely... ate more than once a day.’²⁶ The *Liber Eliensis* elaborated on Bede’s theme, turning Æthelthryth’s daily meal into whole days without food.²⁷ This self-imposed limitation of bodily nutrition was not, however, a universal trope among saints’ *Vitæ*. Writing in the mid-eighth century, and certainly with access to Bede’s Prose *Life of Cuthbert*, Felix characterised fasting as an excess to be scorned by his patron saint Guthlac of Crowland. The tradition of fasting practiced by the ‘ancient hermits’ [*antiquorum heremitarum*] in this text was not associated with the virtue of the saint, but was placed in the mouths of devils sent to tempt him.²⁸ Significantly, this text about Guthlac contained fewer representations of bodily suffering in miracle-cure narratives than the roughly-contemporary texts associated with the ascetic figures of Cuthbert and Æthelthryth.

Later in the period covered by our case-studies, the concept of bodily restriction once again provided the Becket hagiographers with a rhetorical counter to the worldly life of the saint during his career as chancellor. Just as Bede’s representation of the dying Cuthbert had

²⁴ Bede *Cuthbert P*, ch. 18, p. 218: ‘on account of the frequent prayers and bending-down which he performed in shoes, it was discovered that he had a long and hardly thin callus [*callum oblongum nec excilem*] on the joint between the foot and the leg.’

²⁵ Anon. *Cuthbert*, II.1, p. 76.

²⁶ Bede *HE*, IV.19, p. 392: ‘*raro... plus quam semel per diem manducaverit.*’ OE *HE*, IV.21, p. 318, described abstinence from ‘*mete*,’ which literally meant animal flesh but was often used for food in general. Ælfric, *Life of Saint Æthelthryth*, ed. Skeat, vol. 1, p. 434, line 42, translated Bede’s words as ‘*anum mæle fæstende.*’ Gregory *Æthelthryth*, Book I, pp. 356-7, lines 151-9, added that Æthelthryth ate only lunch and not dinner, ‘lest the flesh might be lustful.’

²⁷ *Liber Eliensis*, I.8, p. 22: ‘*diem absque ciborum alimento.*’

²⁸ Felix, *Life of Saint Guthlac*, ed. B. Colgrave (Cambridge, 1956), ch. 30, pp. 98-100. After being instructed by the devil to fast for seven days, Guthlac conversely ‘began to eat a piece of barley bread as his daily food.’ See S. Downey, ‘Too much of too little: Guthlac and the temptation of excessive fasting’, *Traditio* 63 (2008), pp. 89-127 at pp. 92, 94, 107-8.

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included a dramatic unveiling of his restricted diet, accounts of the washing of Becket's body after death featured an unveiling of an itchy hair-shirt [*cilicium*] under his bishop's robes.²⁹

The contrast between Becket's material wealth and bodily privation was clearly presented in the *Vita* of William FitzStephen. His description of Becket's life as chancellor described the luxury of his house, which 'shined with vessels of gold and silver, which was abundant with precious dishes of food and drinks.'³⁰ FitzStephen juxtaposed with this scene of plenty a description of the chancellor as a 'modest man' [*vir pudicus*], whose confessor vouched that 'no luxury had polluted him' [*nulla eum polluit luxuria*].³¹ Garnier of Pont-Sainte-Maxence, writing in the Anglo-Norman vernacular c. 1174, employed still more polarised extremes of behaviour to describe the daily life of the archbishop. Becket was, according to Garnier, excused from some bodily discipline on account of a medical condition: 'He drank the best wine that one could find, but he drank it to heat his stomach, for his stomach and his whole body was cold.'³² This bodily indulgence was balanced out a few verses later, when Garnier invoked the most rigorous bodily discipline: Becket was here revealed to wear his hair-shirt, and furthermore he whipped himself to such an extent that he 'tore his flesh.'³³ Whilst Caroline Walker Bynum's ground-breaking study on religious fasting focused on the

²⁹ John of Salisbury, *Vita sancti Thomæ*, ed. Robertson, ch. 26, p. 321; Edward Grim, *Vita sancti Thomæ*, ch. 87, p. 442; 'Anonymous II', *Vita sancti Thomæ*, ed. Robertson, ch. 49, p. 134; Benedict of Peterborough, *Passio sancti Thomæ*, ed. Robertson, *Materials*, p. 17; William FitzStephen, *Vita sancti Thomæ*, ch. 149, p. 147; Herbert of Bosham, *Vita sancti Thomæ*, VI.15, p. 521. Garnier and the 'Anonymous I' *Vita* framed this symbol of Becket's bodily control in a different way, describing it during his lifetime as well as the discovery after death: see Garnier de Pont-Sainte-Maxence, *La Vie Saint Thomas*, ed. Thomas, vol. 1, p. 232, lines 3936-7; vol. 1, p. 328, lines 5806-7; 'Anonymous I', *Vita sancti Thomæ*, ch. 24, p. 21, and ch. 76, p. 78.

³⁰ William FitzStephen, *Vita sancti Thomæ*, ed. Robertson, ch. 11, p. 21.

³¹ *Ibid.*

³² Garnier de Pont-Sainte-Maxence, *La Vie Saint Thomas*, ed. Thomas, vol. 1, p. 232, lines 3916-8: 'Del meillur vin usout que l'um trover pœit, / Maid pur le freit ventrail eschauffer le beveit, / Car le ventrail aveit e le cors forment freit.'

³³ *Ibid.*, vol. 1, p. 232, line 3936: 'he had breeches of rough hair, of the skin of a big goat' [*D'asprë haire aveit braies, de peil de chievre gros*]. *Ibid.*, p. 234, lines 3942-3: 'Each night he disciplined his flesh, so that he beat and tore it with cutting lashes' [*Chascune nuit faiseit sa char discipliner, / As curgies trenchanz e batre e descirer*].

experience of women, the applicability of the model of pious bodily control to Cuthbert and Becket suggests that in the Anglo-Latin hagiographical tradition this was not a rigidly gendered concept.³⁴ Edmund the warrior figure among our case-studies, once again remained separate from the concept of bodily asceticism. Abbo praised the king's discipline in general terms, saying that he never 'succumbed to the faults of human fragility' [*vitiis humanae fragilitatis*].³⁵ Geoffrey of Wells, creating a prequel to the narrative of Abbo's *Passio* in the 1130s, described the king's piety in terms that did not weaken his body through asceticism, such as his dedication in learning the psalter by heart.³⁶ When Denis Piramus reviewed the Latin tradition of hagiography about Edmund for his vernacular history of the saint, written in the 1190s, he maintained this portrayal of the martyr king as devoted but not ascetic.³⁷ The figure of the martyr king revolved around the idea of a strong body being offered up for slaughter, whereas the bodily sacrifice of saints following a religious life was imagined as a consistent part of their experiences.

Martyrdom was the ultimate breaking of the saintly body. Judith Perkins has suggested that accounts of martyrs sacrificing their bodies were vital to early Christian identity:

the *Acts of the Martyrs* and the *Acts of Peter* offered their readers and listeners a self-understanding of themselves as sufferers, empowered by the experience of suffering. These Christian narratives show that Christians did not reject the body; rather they had invested it with a new significance.³⁸

³⁴ Walker Bynum, *Holy Feast and Holy Fast*, pp. 193, 227-232.

³⁵ Abbo *Edmund*, ch. 4, p. 71.

³⁶ Geoffrey of Wells, *De infantia sancti Eadmundi*, ed. Arnold, p. 100.

³⁷ Denis Piramus, *La Vie Seint Edmund le Rei*, ed. Russell, p. 117 lines 1813-14, 'The child Saint Edmund learned well his doctrine and discipline;' p. 118, lines 1857-8 'Here the Saint Edmund took care to be noble, meek, simple and good.'

³⁸ J. Perkins, *The Suffering Self: pain and narrative representation in the early Christian era* (London, 1995), p. 142. See also: S. Kay, 'The sublime body of the martyr: violence in Early Romance saints' *Lives*' in *Violence in Medieval Society*, ed. R. W. Kaeuper (Woodbridge, 2000), pp. 3-20 at pp. 8, 17; Caviness, *Visualising Women*, pp. 35-7; E. A. Castelli, *Martyrdom and Memory: early Christian culture-making* (New York NY, 2004), pp.

This concept of empowerment through self-sacrifice was likewise fundamental to the period covered in this thesis. Eadmer examined the concept of martyrs' suffering in his early twelfth-century *Life of Anselm*. Eadmer represented Lanfranc Archbishop of Canterbury debating the fate of his predecessor Ælfheah with Anselm. Ælfheah had been killed not to convert his Viking attackers to Christianity, nor to save Canterbury from attack, but to spare the city the humiliation of paying a ransom for him. Eadmer placed into the mouth of his patron Anselm a comparison to John the Baptist: 'he suffered as much for justice as the blessed John suffered for truth.'³⁹ Here, the significant aspect of death was not the reason for which the martyrs sacrificed themselves, but the suffering they endured. The hagiographical literature produced in England from the eighth to twelfth centuries produced numerous accounts of martyrs' physical suffering. For example, Bede's *Ecclesiastical History* recounted the martyrdoms of Alban and Oswald with reference to the violence that they knew they would face.⁴⁰

The martyrdom accounts associated with our case-study texts offered particularly visceral representations of saints undergoing extreme bodily suffering. Abbo represented Edmund's demise as the culmination of a long physical trial:

At the signal the enemies, in fury but also partly in sport, stabbed the darts of arrows into his whole body, multiplying the harshness of the pain [*acerbitatem cruciatus*] with close-packed blows of darts, so that wounds were imprinted into his wounds [*vulnera vulneribus imprimebant*] in the places where the points had stung. Thus it was done so that he bristled as he throbbed [*palpitans horreret*] with the spikes of the javelins dug into him everywhere, like a spikey hedgehog or a thistle covered with thorns, like the passion of the distinguished martyr Sebastian... This half-dead man

34, 121; Mills, *Suspended Animation*, pp. 120, 150; G. Tirnanić, 'Image in pain: icons, old bones, and new blood' in *Beholding Violence*, eds. Terry-Fritsch and Labbie, pp. 125-142 at pp. 125-6.

³⁹ Eadmer, *Life of Saint Anselm*, ed. R. W. Southern (Oxford, 1962), I.30, p. 53. See Ridyard, 'Condigna veneratio', pp. 200-1.

⁴⁰ Bede *HE*, I.7, p. 30, Alban, the first English martyr, was 'afflicted with piercing tortures [*tormentis afficeretur acerrimis*] but bore them patiently and even joyfully for the Lord;' III.12, p. 250, when Oswald King of Northumbria was 'encircled by the arms and the enemies [*armis et hostibus circumseptus*] and saw that he was about to be killed, he prayed for the souls of his army.' OE *HE*, I.7, pp. 36-38; III.10, p. 188.

[*seminecem*], whose vital heat had until now throbbed in a warm chest, so that he could at least survive, quickly tore the bloody stake, and when it was separated from him his ribs were revealed from their hiding-place by the bloody punctures made earlier [*præpunctionibus crebris*], as if they had been torn out by the torture rack...⁴¹

Edmund's torture in life was then followed by further destruction of his body after death.

Abbo described how the martyr king's decapitated head was taken to a wood and 'thrown a long way into a dense thicket of brambles' to prevent burial as a complete body.⁴² A similar

mode of narrating the body's pain and disfiguration was later used by the Becket

hagiographers.⁴³ The *Vita* texts described how Becket's head was sliced by the sword,

opening the skull and provoking a flow of 'white blood from the brain, the brain being no less red with blood, in the colours of the lily and the rose.'⁴⁴ The murder of the archbishop

was then followed by a further injury to his body. Providing more vivid detail than for the

mortal blow itself, the hagiographers recounted that the murderers continued to attack

Becket's open skull so that his brains and blood were further 'spewed' out onto the floor of

⁴¹ Abbo *Edmund*, ch. 10, pp. 78-79. This account made explicit use of accounts of the martyrdoms of Sebastian and Denis, on which see Gransden, 'The legends and traditions', pp. 4-7, and *idem*, 'Abbo of Fleury's *Passio sancti Eadmundi*,' pp. 29-39. Ælfric, *Life of Saint Edmund*, ed. Skeat, vol. 2, p. 322, lines 117-8, shortened this description, but kept many of Abbo's elements such as the comparison to the hedgehog and Saint Sebastian. On Ælfric's translation, see J. W. Earl, 'Violence and non-violence in Anglo-Saxon England', *Philological Quarterly* 78 (1999), pp. 125-149 at pp. 128-9, 132-4. Denis Piramus, *La Vie Seint Edmund le Rei*, ed. Russell, pp. 133-136, lines 2397-2498, translated Abbo's text with some added visual detail (such as listing the limbs which were struck by arrows) and some omissions (such as naming the model of Sebastian, and describing the exposure of Edmund's organs).

⁴² *Ibid.*, ch. 11, p. 80. Denis Piramus, *La Vie Seint Edmund le Rei*, ed. Russell, p. 138, lines 2565-2580, included this event in translation. N. Marafioti, *The King's Body: burial and succession in late Anglo-Saxon England* (Toronto, 2014), pp. 184-191, suggests that Abbo's account of a king's death and the disrespect shown to his body reflected contemporary concerns about the West Saxon King Edward the Martyr, who was murdered in 978, buried in a hidden grave, and moved to a suitable tomb a year later.

⁴³ D. Baraz, *Medieval Cruelty* (Ithaca NY, 2003), pp. 82-4.

⁴⁴ Edward Grim, *Vita sancti Thomæ*, ed. Robertson, ch. 82, p. 437, '*sanguis albens ex cerebro, cerebrum nihilominus rubens ex sanguine, lilii et rosæ coloribus.*' William FitzStephen, *Vita sancti Thomæ*, ed. Robertson, ch. 141, p. 142, 'he struck him with such force, that the sword crashed onto both his head and the paving of the church' [*et gladius ad caput eius et ad ecclesie pavimentum frangeretur*] and ch. 142, p. 142, 'the crown of his head was completely cut off' [*corona capitis tota ei amputata est*]. Garnier de Pont-Sainte-Maxence, *La Vie Saint Thomas*, ed. Thomas, vol. 1, p. 318, lines 5585-6, 'He gave him such a great blow by the sword, that the cut took off the crown' [*de l'espee grant colp li vait duner, / Si que de la corune le cupel enporta*]. 'Anonymous I', *Vita sancti Thomæ*, ed. Robertson, ch. 77, p. 77, 'he struck him forcefully from an angle onto the head, and cut off the top of his crown' [*amputavitque summitatem coronæ*]. Herbert of Bosham, *Vita sancti Thomæ*, ed. Robertson, VI.8, p. 506, played on the dual meaning of 'corona' as crown and top of the skull, describing Becket as '*decoronatus*' as he fell face-down when dying.

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the cathedral.⁴⁵ In these narrative representations, the broken heads of Edmund and Becket represented extreme forms of the bodily anxieties that were played out in miracle-cure accounts.

The nature of the saintly body, however, was such that it transcended the normal patterns of sickness, pain, and death. Even the most extreme cases of saintly suffering, the martyrdom accounts, concluded with a suspension of bodily norms. Abbo's account of the aftermath of Edmund's death expressed an idea of the body being reintegrated, which became central to later treatment of the martyr king's relics. The saint's head, which had been cast away by his killers, behaved miraculously to allow the reintegration of the body. Abbo seems to have combined two traditions to explain this event, recounting both that a tame wolf protected the head from predators, and that the head itself was miraculously reanimated in order to call out for help.⁴⁶ Herman referred back to this miracle in his account of Abbot Leofstan testing the strength of the reattachment during the translation of Edmund's relics in the mid-eleventh century. The Abbot 'took the head in both hands, and pulled: the

⁴⁵ John of Salisbury, *Vita sancti Thomæ*, ed. Robertson, ch. 26, p. 320, 'they pushed out the brain [*ejicerent cerebrum*] of the deceased and most cruelly sprinkled the paving with gore and bits of bone.' Edward Grim, *Vita sancti Thomæ*, ed. Robertson, ch. 82, p. 438, specified that this was done when a knight pressed his foot on to Becket's neck, 'scattering the brain and blood on to the pavement.' 'Anonymous II', *Vita sancti Thomæ*, ed. Robertson, ch. 46, p. 132, described the 'remains of the brain' [*cerebri residuum*] being extracted with the point of a sword. William of Canterbury, *Vita et passio sancti Thomæ*, ed. Robertson, ch. 40, p. 135, the point of a sword 'was stuck into the hole at the top of the head' [*vacuo vertice mucrone infixit*]. William FitzStephen, *Vita sancti Thomæ*, ed. Robertson, ch. 142, p. 142, described the brain being forced out by both the knight's foot and the point of the sword. Garnier de Pont-Sainte-Maxence, *La Vie Saint Thomas*, ed. Thomas, vol. 1, p. 320, lines 5632-4, followed FitzStephen's account and added that Hugh Mauclerc shouted, "he will never rise again!" [*jamais ne resurdra!*]. 'Anonymous I', *Vita sancti Thomæ*, ed. Robertson, ch. 77, p. 77, described how the use of the sword and foot 'sprinkled the brain onto the paving.' Herbert of Bosham, *Vita sancti Thomæ*, ed. Robertson, VI.8, p. 506, 'the point of the sword was stuck into the head of the saint and the brain extracted, and it flowed onto the paving of the church.'

⁴⁶ Abbo *Edmund*, ch. 12, p. 81, 'the head of the holy king, far away from his body, broke out in voice... it replied in the language of the country in order to mark its place, saying "here, here, here."' *Ibid.*, 'a huge wolf was found in this divine place of mercy, who lay down on the ground with the holy head held between its arms, keeping watch over the martyr.' Ælfric, *Life of Saint Edmund*, ed. Skeat, vol. 2, p. 324, lines 148-157, naturally gave no translation of the head's cry in English, 'her, her, her.' Denis Piramus, *Vie Seint Edmund le Rei*, ed. Russell, p. 142, lines 2720-2726 and p. 143, lines 2753-2756, translated both of these representations of the miraculous head. C. Cubitt, 'Sites and sanctity: revisiting the cult of murdered and martyred Anglo-Saxon royal saints', *EME* 9 (2000), pp. 53-83 at p. 64, suggests that these motifs had pagan origins.

whole body followed.⁴⁷ In the later twelfth century, the Bury chronicler Jocelin of Brakelond elaborated still further on this tradition, describing Abbot Samson taking the saint's head in his hands, and then touching Edmund's face, hands, and feet, 'which stood upright like a man who had died that day.'⁴⁸

The Becket narratives did not suggest that the archbishop's skull was ever reintegrated, and indeed the piece of bone broken from the top of the skull eventually became a separate relic site.⁴⁹ However, Herbert of Bosham described the archbishop's dead body in terms that suggested a return to health as it lay in the cathedral overnight:

after such a harsh fall, after being struck by such hard swords... after such a flow of blood... after all this, his face did not become pale, nor thin; his appearance did not cleave into dense wrinkles; the pupils of his eyes did not contract, his eyes did not become covered with a film; his neck did not collapse, nor his arms hang down; his fingers did not go stiff, nor his skin slack.⁵⁰

Herbert's focus on the appearance of Becket's face in particular suggests a move of narrative focus away from his disfigured skull. However, the concept of reintegration of the body was not as strong here as in the Edmund texts. In recounting a miraculous apparition of Becket to a mentally ill woman, Benedict of Peterborough described the saint as appearing with 'a cut

⁴⁷ Herman *Edmund*, ch. 22, p. 54. Goscelin *Edmund*, I.6, pp. 204-206, expanded on this account, noting that Leofstan 'had read in his *Passion*, that the head was joined to the body by sticking to it,' and portraying the pulling on the body as far more forceful: when a monk 'took hold of the blessed martyr's feet as tight as he could, the abbot placed one hand on top of the neck and the other on the chin, he pulled with such force that the monk pulling opposite him followed after the most holy body.' Samson *Edmund*, I.8, p. 134, followed Goscelin's version. All three texts recounted that Leofstan was punished for his lack of faith with paralysis of the hands. See M. Faulkner, "'Like a virgin": the reheading of Saint Edmund and monastic reform in late tenth-century England' in *Heads Will Roll*, eds. L. Tracy and J. Massey (Leiden, 2012), pp. 39-52 at pp. 44-7.

⁴⁸ Jocelin of Brakelond, *Chronicle*, ed. Butler, p. 114. Jocelin's phrase '*accipiens ergo caput inter manus suas*' followed Herman's text closely.

⁴⁹ On the later medieval reliquary bust of Becket, which might have contained the broken part of his skull, see: E. Hamer, 'Christ Church, Canterbury: the spiritual landscape of pilgrimage', *Essays in Medieval Studies* 7 (1990), pp. 59-69 at pp. 65-6; S. Blick, 'Reconstructing the shrine of St Thomas Becket, Canterbury Cathedral', *Konsthistorisk Tidskrift: Journal of Art History* 72.4 (2003), pp. 256-286 at pp. 264-6, 272-4.

⁵⁰ Herbert of Bosham, *Vita sancti Thomæ*, ed. Robertson, VI.14, pp. 519-520: '*post omnia hæc non facies pallidior, non macrior; non frontem sulcabant rugæ densiores, non oculorum orbis contractiores, non oculi plus reconditi, non collum plus exesum, non humerus demissior, non digitus rigidior, non cutis laxior est.*'

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of blood across his face on an angle, which we mentioned in our *Passion* of the saint.⁵¹

These differing views on the integration of the martyred body reflected the theological uncertainty of the nature of the resurrected body, which is discussed in Chapter Three.⁵² The bodies of the martyrs were associated with a sense of wholeness as reward for their bravery, but also a theory that they would carry the marks of their suffering as badges of honour.⁵³

The holy body's resistance to the normal processes of decay was part of a far broader concept of the saints remaining physically perfect after death.⁵⁴ Hagiographical descriptions of saints' bodies encapsulated the Pauline phrase: 'it is right that the corruptible covers itself in the incorruptible... Death, where is your victory?'⁵⁵ The early Cuthbert texts described such an effect when Cuthbert's tomb was opened eleven years after his burial:

the whole body was intact, which had been buried eleven years previously. The skin had not even become marked or aged, nor the nerves become dry; the body had not become tightly rigid and stiff. But instead the limbs rested as if full of life, moveable at the joints. The neck, even the head and the knees of the legs were like those of a living man.⁵⁶

⁵¹ Benedict Thomas, IV.37, p. 209: '*per obliquum faciei tractum illum sanguinis, de quo et in Passione eius fecimus mentionem.*'

⁵² See Chapter Three, Part III, pp. 121-33.

⁵³ Augustine, *De civitate Dei*, eds. B. Dombart and A. Kalb, *Sancti Aurelii Augustini Episcopi, De civitate Dei* (Stuttgart, 1981), XXII.19, vol. 2, p. 599, lines 22-7: 'We are so affected by love of the blessed martyrs, that when they reign we would like to see the scars of their wounds [*vulnerum cicatrices*] in their bodies, which they suffered for Christ; and perhaps we will see this. But indeed this will not be a deformity in them, but a mark of dignity, and it will shine with the beauty of glory.' See Walker Bynum, *The Resurrection of the Body*, pp. 43-51, 99-104.

⁵⁴ On the incorruptibility of saints' bodies in cross-cultural contexts, see: P. Geary, *Living with the Dead in the Middle Ages* (Ithaca NY, 1994), pp. 2-3, 168; C. Quigley, *The Corpse: a history* (Jefferson NC, 1996), pp. 255-6; N. L. Cantor, *After We Die* (Washington D.C., 2010), pp. 122-5; C. Freeman, *Holy Bones, Holy Dust* (New Haven CT, 2011), pp. 20-1; R. H. Greene, *Bodies Like Bright Stars* (DeKalb IL, 2010), pp. 20-4.

⁵⁵ 1 Corinthians 15:53-5.

⁵⁶ Anon. *Cuthbert*, IV.14, pp. 130-2: '*totum corpus tam integrum, quam ante annos xi deposuerunt. Non enim marcescente et senescente cute et arescentibus nervis strenue corpus erectum et rigidum est, sed membra plena vivaciter in articulis motabili requiescebant. Collum enim capitis et genua crurum sicut viventis hominis.*' Bede *Cuthbert* M, ch. 38, p. 122, re-wrote this as: 'neither hard nor rigid, [the body] was not as if oppressed by harsh death/ ... It was seen that the whole body was as flexible as it was complete' [*Nec durum ac rigidum saeva ceu morte gravatum/... Flexile iam tota corpus conpage videtur*]. Bede *Cuthbert* P, ch. 42, p. 292, and Bede *HE*, IV.30, p. 442, provided fewer details about Cuthbert's dead body, using the same phrase in both texts: the 'whole body was intact almost as if alive, and the joints of the limbs were flexible, much more like he was sleeping than dead' [*corpus totum quasi adhuc viveret integrum, et flexibilibus artuum compagibus multo*

This method of describing how the saintly body suspended death and decay was used by hagiographers throughout our period, and it was this tradition that provided Herbert of Bosham with a vocabulary for bringing a sense of wholeness to Becket's corpse. Abbo referred directly to the precedent of the Cuthbert cult in his preface to the *Passion of Edmund*, comparing the martyr king to Cuthbert 'awaiting the first day of the resurrection incorrupt [*incorrupto*].'⁵⁷ The wholeness of Æthelthryth's dead body was extended to the tumour on her neck, which was described as 'healed' [*curatum*] leaving only a 'trace of a scar' [*cicatricis vestigia*].⁵⁸ Abbo, Ælfric, and Herman recounted that Edmund's dead body was so lifelike that it continued normal bodily functions, obliging the relics' guardians to comb the king's hair and trim his nails.⁵⁹ Just as Abbo had used Cuthbert's body as a reference-point for describing the preservation of his patron saint, Edmund's toilette in turn provided a model for the Cuthbert cult in the late twelfth century, when Reginald of Durham recycled these descriptions of the living saint's body.⁶⁰ In all of these narratives, the human remains of saints were represented as subverting the normal break-down of the body. Offering a picture of everlasting health, these saints seemed to radiate the ultimate source of curative power through their own undefeated bodies.

dormienti quam mortuo similius]. Symeon of Durham, *Libellus de exordio*, I.11, p. 54, copied Bede's prose description of the body. OE *HE*, IV.31, pp. 374-6, translated the comparison to sleep as 'myccle gelicra slæpendum menn þonne deadum.'

⁵⁷ Abbo *Edmund*, Preface, p. 68.

⁵⁸ Bede *HE*, IV.19, p. 394. OE *HE*, IV.21, p. 322, and Ælfric, *Life of Saint Æthelthryth*, ed. Skeat, vol. 1, p. 438, line 93, both used the term 'gehæled' for 'curatum.' Bede *HE*, IV.20, p. 398, added in verse, 'the nourishing flesh of the virgin did not rot in the tomb' [*nec putet in tumulo virginis alma caro*]. Gregory *Æthelthryth*, Book I, p. 358, lines 234-40, 'Now the flesh that is corruptible appears incorrupt' [*Dum corruptibilis patet incorruptio carnis*]. *Ibid.*, p. 359, lines 247-50, followed Bede's account closely. See Chapter Four, p. 138, on this episode.

⁵⁹ Abbo *Edmund*, ch. 14, pp. 82-3, and Ælfric, *Life of Saint Edmund*, ed. Skeat, vol. 2, p. 328, lines 189-194, described how a woman called Oswen cared for the body. Herman *Edmund*, ch. 5, p. 18, and Goscelin *Edmund*, I.4, p. 148, and Samson *Edmund*, I.4, p. 116, attributed this task to a monk called Ælwine. Ælfric's version of this account added that the trimmings from the saint's body were 'placed in a box on the altar as holy objects' [*on scryne healdan to halig-dome on weofode*].

⁶⁰ Reginald *Cuthbert*, ch. 16, p. 29; ch. 26, p. 57.

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In the *Vita* and *Passio* texts examined here, the saints' posthumous healing power was apparently prefigured in their own lives and deaths. However, one of our case-studies was noticeably lacking such a link between the suffering body of supplicants and that of the saint. Swithun's early cult was marked by its focus purely on his posthumous miracles, rather than his life and bodily experiences. When the Anonymous hagiographer writing at the end of the eleventh century finally provided a *Vita* to match the four *Miracula* texts that had been written about the saint in the tenth century, ascetic control of the body was seemingly not a major concern. The greatest privations Swithun was portrayed as experiencing were walking barefoot and following a modest diet 'not to fill himself but to sustain himself.'⁶¹ As miracles were performed at his tomb, Swithun's corpse did not behave in any particularly life-like fashion. Wulfstan recounted that Bishop Æthelwold oversaw the translation of Swithun's relics in 971, but he described the saint's body through the metaphor of 'treasure' [*thesaurum*] rather than in physiological terms.⁶² Suffering saintly bodies were a powerful intertextual parallel for miracle cure accounts, but they were not a *sine qua non* for narratives in which sick and disabled people could be cured.

II Sin and Forgiveness

Hagiographers viewed their miracle accounts in a cosmic context. Prefatory sections of *Miracula* texts provided an ideal opportunity to emphasise the magnitude of the task in hand, drawing links between the miracles of the saints and God's power over the human race. At the turn of the twelfth century, two miracle texts - one possibly written by Goscelin of Saint-Bertin and the other more certainly attributed to him - expressed this idea in relation to the body. The *Miracles* of Æthelthryth were prefaced by the message that:

⁶¹ Anon. *Life of Swithun*, ch. 7, p. 636.

⁶² Wulfstan *Swithun*, I.5, p. 458; Anon. *Swithun*, ch. 4, p. 652, used the same term.

as scripture says, ‘there should be no specious praise in the mouth of a sinner’ [Ecclesiasticus 15:9], how can we offer worthy praises to God... we who do not apply the sweet medicine of penance [*fructuose medicamentum penitentie*] onto the wounds of our sins [*peccatorum vulneribus*], but we almost rot happily with the pus still flowing from the wounds? ... Let us endeavour to follow every step of the saints... Therefore I have committed to the page the glowing and extraordinary signs of miracles at the tomb of the most noble virgin Æthelthryth...⁶³

Here, the vulnerability of the human body was used as a metaphor for sin, linking the cures provided by the saint to the forgiveness of sin provided by God. Goscelin of Saint-Bertin’s preface to the second book of his version of Edmund’s miracles went further, suggesting that the role of the hagiographer was to provide redemption for sin by recounting cures for bodily ills:

If the veil that covers his most frequent miracles was to be silently drawn aside, their splendour would light up earthly minds... But who or what am I to sit grinding spices in the tavern of *medici*, mixing unguents [*in taberna medicorum sedens unguentum effusum*], that the name of Edmund might, like poured-out ointment, spread its odour in the house of God that is the catholic church?⁶⁴

These representations of the hagiographer’s work indicate that miracle cures were thought of in the context of beliefs about sin, penance, and divine mercy. A saint’s power to cure an impaired body appeared as a microcosm of the deity’s power to punish or forgive sins. The words used for ‘*cure*’ in our case-study texts often reflected this conceptual link, as ‘*sanus*’ (whole, healthy) and ‘*salvus*’ (saved, well) were often interchangeable terms for the positive outcome of cure narratives.⁶⁵

⁶³ Goscelin *Æthelthryth*, Proem, pp. 96-98. On the image of sins as wounds, see N. Bériou, ‘La confession dans les écrits théologiques et pastoraux du XIII^e siècle’ in *L’Aveu: antiquité et moyen âge* (Paris, 1986), pp. 261-282 at pp. 269-270; P. Biller, ‘Confession in the Middle Ages’ in *Handling Sin: confession in the Middle Ages*, eds. P. Biller and A. J. Minnis (York, 1998), pp. 3-33 at pp. 7-8; A. Cowen, ‘*Byrastas* and *bysmeras*: the wounds of sin in the *Sermo Lupi ad Anglos*’ in *Wulfstan, Archbishop of York*, ed. M. Townsend (Turnhout, 2004), pp. 397-411 at pp. 401-2.

⁶⁴ Goscelin *Edmund*, II.1, p. 242. See Chapter Four, p. 144, on the closely related metaphor of Christ and the saints as physicians.

⁶⁵ See for example Reginald *Cuthbert*, ch. 32, p. 72: ‘Health [*sanitas*] is in the wings of the blessed Cuthbert; for he is salvation [*salus*] and the most swift protection for all those who flee to him in his mercy.’ The idea of health in wings derives from a biblical metaphor, Malchias 4:2.

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As will be discussed in Chapter Three, hagiographical concepts of sickness and disability encompassed the soul just as much as the physical body. The relationship between body and soul, however, was not nearly so straightforward as Vivian Nutton's claim that it was 'a truth, universally acknowledged, that disease and sin were closely linked.'⁶⁶ The tradition of biblical cures bequeathed a mixed image of the influence of sin over the body. On the one hand, the healing Christ in the Synoptic Gospels cured a paralysed man by forgiving his sins: Jesus said, 'which is easier to say to the paralytic, "your sins are forgiven" or "get up, take your stretcher and walk" [*surge, tolle grabatum tuum, et ambula*]?'⁶⁷ On the other hand, in the Gospel of John, Jesus cured a blind boy and explicitly denied any role for sin as a cause of disability.⁶⁸ Bede's commentary on the Gospel of Mark identified five possible correlations between bodily suffering and morality: the 'merit-worthy' suffering of Job; the suffering that 'guards virtue' as in Paul's thorn in the flesh; suffering for 'the knowledge and correction of sins' seen in the cure of the paralytic; suffering 'for the glory of God' exemplified by John's account of the cure of the blind boy; and sickness as punishment as in the case of Herod.⁶⁹ A straightforward, causal link between sin and impairment might be temptingly comparable to modern concerns about the public shaming associated with HIV

⁶⁶ V. Nutton, 'Medicine in Late Antiquity and the early Middle Ages' in Conrad *et al.*, *The Western Medical Tradition*, pp. 71-87 at pp. 75-6. Comparable statements appear in, for example: W. D. Hand, 'Deformity, disease and physical ailment as divine retribution' in *Festschrift Matthias Zender*, eds. E. Ennen and G. Wiegelmann (Bonn, 1972), vol. 1, pp. 519-525 at p. 519; S. Brody, *The Disease of the Soul: leprosy in medieval literature* (Ithaca NY, 1974), pp. 107, 148, 197; A. Porterfield, *Healing in the History of Christianity* (Oxford, 2005), pp. 22, 34.

⁶⁷ Matthew 9:2-5; Mark 2:5-9; Luke 5:20-23.

⁶⁸ John 9:2-3.

⁶⁹ Bede, *In Marci evangelium expositio*, ed. Hurst, *Bedae Venerabilis opera, Pars 2 opera exegetica* vol. 3 (CCSL 120, 1960), pp. 431-648, at I.2, pp. 455-456, lines 731-753. See D. Melling, 'Suffering and sanctification in Christianity' in *Religion, Health, and Suffering*, eds. J. Hinnells and R. Porter (London, 1999), pp. 46-64 at pp. 48-9. Late Antique theologians expressed a similar variety of approaches to sickness and sin. See: B. Lançon, 'Attention au malade et téléologies de la maladie' in *Les Pères de l'Église face à la science médicale de leur temps*, eds. V. Boudon-Millot and B. Pouderon (Paris, 2005), pp. 217-230 at pp. 222-3; J. Bruno, 'Confessio chez Grégoire le Grand' in *L'Aveu*, pp. 169-190 at p. 188.

since the 1980s.⁷⁰ Medievalists studying sin and the body have had to explore the full theoretical nuances of the relationship in order to avoid such oversimplification. In the 1980s, Henri-Jacques Stiker described a ‘very fluid’ concept of sin as cause of disability; the medical historians Jerome Kroll and Bernard Bachrach suggested that ‘disease as divine punishment was selectively invoked.’⁷¹ In the last decade, Irina Metzler refuted the theory that there was ‘a direct causality between sin and illness’ in medieval culture; and Edward Wheatley suggested instead of a blame-culture, medieval texts understood disabilities such as blindness as a ‘spiritually pathological site of absence of the divine.’⁷² Instead of labelling sick and disabled people as moral failures, miracle-cure narratives explored the possibilities of how sin could be manifested in everyday life. In placing these issues in narrative form, hagiography allowed a more intimate reflection on the human condition than prescriptive texts about sin and redemption.

As discussed above, the suffering associated with sickness could be portrayed in spiritual terms as a purgative experience. Saints who suffered bodily discomfort gained an aura of stoic sanctity. In miracle-cure narratives, bodily suffering was sometimes represented as a test. The early compilations of Cuthbert's miracles alluded to this idea in the cure of Hildmer's wife. Whilst this woman was described as ‘religious’ and ‘virtuous,’ she was possessed by a demon as a ‘test’ [*temptatio* or *tormentum*].⁷³ Reginald of Durham likewise represented possession as a test of devotion to Cuthbert. In recounting that a young man who

⁷⁰ On the stigma associated with HIV, see: H. Deacon, *Understanding HIV/AIDS Stigma* (Cape Town, 2005), pp. 25-6; P. Gill, *Body Count: how they turned AIDS into a catastrophe* (London, 2006), pp. 10-15, 66, 74-5. The parallel between HIV-related moral censures and the theology of sin in healing narratives is noted by C. C. Grant, ‘Reinterpreting the healing narratives’ in *Human Disability and the Service of God*, eds. N. L. Eiesland and D. E. Saliers (Nashville TN, 1998), pp. 72-87 at p. 77; and B. L. Grigsby, *Pestilence in Medieval and Early Modern English Literature* (London, 2004), p. 3.

⁷¹ Stiker, *History of Disability*, p. 88; J. Kroll and B. Bachrach, ‘Sin and the etiology of disease in pre-Crusade Europe’, *JHMAS* 41 (1986), pp. 395-414 at p. 411.

⁷² Metzler, *Disability in Medieval Europe*, pp. 42-47, 150; Wheatley, *Stumbling Blocks*, p. 11.

⁷³ Anon. *Cuthbert*, II.8, pp. 90-92; Bede *Cuthbert* M, ch. 13, pp. 83-4; Bede *Cuthbert* P, ch. 15, pp. 204-6.

was ‘most devoted’ to the saint became possessed by a demon, Reginald gave the explanation that: ‘because no son escapes correction from the father, it happened that he was tested by an ignominious affliction of sickness.’⁷⁴ Both narratives presented suffering as a way to gain divine credit, to be weighed against any sins. It is striking that these two accounts revolved around a demonic interpretation of loss of control of the mind, blurring the boundaries between physical and spiritual suffering.

The early hagiographers of Cuthbert's cult particularly favoured attributions of sickness and disability to sin. The Anonymous hagiographer placed in Cuthbert's dialogue an explanation that he gave holy water to a sick servant ‘so that the Lord might forgive him for the faults of his sins on account of which he is afflicted.’⁷⁵ However, the relationship between sin and impairment was not always represented as direct cause and effect. In the accounts of Cuthbert's swollen knee being cured by an angel, the young saint's dialogue contained an image of himself ‘bound’ [*obligasset* or *retineret*] by the ‘knots’ [*nodi*] or ‘shackle’ [*compes*] of sickness ‘on account of his sins.’⁷⁶ In this narrative, the possibility of the saint himself having sinned to such a degree that he was punished by God was undermined by both the textual setting of a hagiography of Cuthbert, and the framing of this cure narrative with the presence of the angel. In this case, the ‘weight’ of Cuthbert's knee appeared as part of a general weighing down of mankind, rather than his personal burden. The early Cuthbert texts also narrated a cure that closely mirrored the Synoptic Gospels' account of the young man

⁷⁴ Reginald *Cuthbert*, ch. 44, p. 90: ‘*sed quia non est filius qui a patre non corripitur, contigit ut eius innocentia per quaedam infirmitatum ignominiosa supplicia probaretur.*’

⁷⁵ Anon. *Cuthbert*, IV.7, p. 120: ‘*ut Dominus ei indulgens delicta peccatorum suorum pro quibus afflictus est, aut in praesenti vita victuro aut in futuro saeculo obituro requiem laboris donaberit.*’

⁷⁶ Anon. *Cuthbert*, I.4, p. 66, ‘*nodibus infirmitatis pro peccatis... obligasset;*’ Bede *Cuthbert* P, ch. 2, p. 160, ‘*exigentibus culpis huius compede languoris retinerer.*’ Bede *Cuthbert* M, ch. 2, p. 64, described the ‘horrible shackles’ [*diro compede*] but omitted the explicit reference to sin. Ælfric *Cuthbert*, p. 82, lines 37-8, translated this as ‘bound with evil’ [*yfel gehæfd*].

being cleansed of sin and cured of paralysis.⁷⁷ The Anonymous Lindisfarne hagiographer attributed dialogue to the people who carried the young man on the ‘stretcher’ [*grabatus*]: they asked that the saint would ‘beg God for forgiveness for his sins [*peccati*], on account of which he had sustained this punishment of being bound [*ligatus*].’⁷⁸ Bede, by contrast, was more subtle in his evocation of sin. The term ‘*peccatum*’ was not used in either of Bede’s versions of this cure narrative, but his borrowing of biblical descriptions of the man arriving on a stretcher and parting with his friends, made the forgiveness of sin a clear subtext.⁷⁹ At the end of the period covered by our case-studies, the resonance of this Gospel cure of the paralysed man remained a useful short-hand for alluding to sin in a general way. Both *Miracula* texts of the Becket cult featured the curative words ‘*surge, tolle grabatum tuum et ambula,*’ in accounts that did not otherwise mention the sins of the sick and disabled.⁸⁰ In these cases, hagiographers associated sickness and disability with some general sense of sinfulness, but they stopped short of blaming people for their impairments.

Original sin was problematic for miracle-cure narratives, particularly those relating to congenital conditions. Original sin was grounded in the theory that mankind was inherently sinful and experienced physical degradation as part of the human condition inherited from Adam.⁸¹ Augustine of Hippo described the impact of original sin on the human body in terms of the humors, a medical theory which is discussed below in Chapter Five. He wrote that:

⁷⁷ The social aspects of the re-writing of this biblical narrative are discussed in Chapter Five, pp. 211-12.

⁷⁸ Anon. *Cuthbert*, IV.5, p. 118.

⁷⁹ Bede *Cuthbert* M, ch. 26, p. 103, described the man as confined to a ‘bed’ [*lecto*], and he went away ‘with his awe-struck companions’ [*sociis mirantibus addit*]. Bede *Cuthbert* P, ch. 32, p. 258, used the same term as the Gospels for the stretcher [*grabatum*], and described how Cuthbert ‘drove out the sickness by giving a blessing’ [*data benedictione pepulit pestem*].

⁸⁰ Benedict *Thomas*, II.38, pp. 87-88, recounted the cure of a man with a stiff neck; William *Thomas*, II.54, p. 216, recounted the cure of a man with leprosy.

⁸¹ C. Herzlich and J. Pierret (trans. E. Forster), *Illness and Self in Society* (Baltimore MD, 1987 - originally 1984), p. 139; D. W. Amundsen, *Medicine, Society, and Faith in the Ancient and Medieval Worlds* (Baltimore MD, 1996), pp. 187-8; J.-C. Larchet (trans. J. Bowden), ‘Illness, suffering and death as related to ancestral sin’ in *Illness and Healing*, eds. L.-M. Chauvet and M. Tomka (*Concilium* 5, London, 1998), pp. 49-57 at p. 49; G.

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[The elements are] contraries among themselves, and yet they preserve harmony for the safety of things. But when they disagree and oppose one another in the body, our health is disturbed [*valetudo turbatur*]. All this, like death itself, comes down to us from the propagation of that [original] sin. Indeed no one will say that we would have suffered [*passuros*] in the blessedness of paradise if no one had sinned.⁸²

The theology of baptism revolved around the washing away of original sin, suggesting that while new-borns had of course had no time to sin, they were still affected by inherited sin.⁸³

The vast majority of cure narratives among our case-studies simply stated that an impairment had been experienced ‘since birth,’ without allocating blame to the supplicant for cure, or mentioning sin.⁸⁴ The earliest Cuthbert texts did not feature any cures of conditions that had been experienced since birth. A section in Bede’s commentary on the Gospel of Mark by contrast interpreted childhood illness as the result of original sin. The biblical account of the cure of a possessed boy featured the boy’s father explaining to Jesus that he had been

B. Ferngren, *Medicine and Health Care in Early Christianity* (Baltimore MD, 2009), p. 61; Van Dam, *Saints and their Miracles*, pp. 87-9.

⁸² Augustine of Hippo, *Contra Iulianum*, ed. J.-P. Migne, *Sancti Aurelii Augustini Hipponensis episcopi, opera omnia* vol. 10 pars 1 (PL 44, 1865), V.7, part 28, col. 801-802. On Augustine’s theories of sin, see: P. Brown, *Augustine of Hippo: a biography* (London, 1967), pp. 365-7; 388-9; P. F. Beatrice (trans A. Kamesar), *The Transmission of Sin* (Oxford, 2013 - originally 1978), pp. 36, 42, 61-2. A similar application of humoral theory to Adam’s fall was proposed in early twelfth-century England by Petrus Alfonsi, the doctor of King Henry I: see I. M. Resnick, ‘Humoralism and Adam’s body: twelfth-century debates and Petrus Alfonsi’s *Dialogus Contra Iudæos*’, *Viator* 36 (2005), pp. 181-195 at pp. 182, 186, 191.

⁸³ S. Foot, ‘By water in the spirit: the administration of baptism in early Anglo-Saxon England’ in *Pastoral Care Before the Parish*, eds. J. Blair and R. Sharpe (Leicester, 1992), pp. 171-192 at pp. 172-3, 177; H. Gittos, *Liturgy, Architecture, and Sacred Places in Anglo-Saxon England* (Oxford, 2013), pp. 269-270.

⁸⁴ Lantfred *Swithun*, ch. 5, p. 288, a woman had ‘never seen light with her bodily eyes;’ Wulfstan *Swithun*, I.8, p. 466, followed this description closely; Anon. *Swithun*, ch. 6, p. 652, described her as ‘deprived of light... since birth.’ Lantfred *Swithun*, ch. 37, p. 330, described a man who had been ‘detained [*detentus*] since birth by the curvature of his body;’ Wulfstan *Swithun*, II.20, pp. 546-548 and Anon. *Swithun*, ch. 38, p. 674, omitted this reference to a congenital condition. Anon. *Swithun*, ch. 47, p. 682, described a boy as ‘blind from birth.’ Goscelin *Æthelthryth*, ch. 5, p. 116, described in verse the situation of a girl who was blind from birth: ‘unhappy birth [*infelix partus*], and indeed what an unhappy beginning [*infelix ortus*], / when one is born into this world without that light that is common to everyone.’ Gregory *Æthelthryth*, II.5, pp. 368-9, and *Liber Eliensis*, I.46, p. 59, simplified this account, describing the girl as ‘blind from the origin of her birth.’ *Liber Eliensis*, II.130, p. 210, recounted the cure of who men who were ‘mute from birth.’ Reginald *Cuthbert*, ch. 48, p. 98, described how a poor man had been ‘worn down by an indescribable sickness [*ineffabili languore detritus*] since he had been born from his mother’s womb.’ Samson *Edmund*, II.8, p. 179, recounted that a girl from Clare in Suffolk had ‘lived since the origin of her birth lacking comfort in almost all of her limbs.’ Benedict *Thomas*, II.76, p. 116, recounted that a boy was ‘blind from birth;’ *ibid.*, III.30, p. 125, a girl had ‘sinews that were contracted since birth.’ William *Thomas*, VI.115, p. 505, a young man was ‘deaf and mute from his mother’s womb.’

possessed by a demon ‘since childhood’ [*ab infantia*].⁸⁵ Bede interpreted this as demonstrating that ‘what else could this boy have had... other than being held by any chain of original sin [*originalis peccati vinculum*], when it is evident that he had been able to have no sins of his own at that time?’⁸⁶ In this passage, Bede prioritised the theology of original sin, but it is striking that he did not extend this theory to cure narratives in a hagiographical context. Writing in the 970s, the Winchester hagiographer Lantfred made a subtle allusion to original sin. He recounted that a hunchback man had a vision of two angels who asked him: “Do you wish to be made healthy, you who did not deserve to be born?” [*Visne sanus fieri, qui non meruit nasci*].⁸⁷ The phrase, ‘did not deserve to be born’ combined a criticism of the hunchback’s role in life, and a suggestion that he was sinful. ‘Birth’ had a spiritual meaning in the concept of baptism. For example, Augustine had used the phrase ‘did not deserve to be born’ in the context of his condemnation of Donatism, a theological position that suggested that forgiveness of original sin secured through baptism depended upon the moral purity of the presiding priest.⁸⁸ In Augustine’s use, this phrase meant that someone did not deserve to be spiritually re-born through baptism, rather than born in the biological sense.⁸⁹ When Lantfred quoted this phrase in the context of a curative miracle, he entwined the issue of being born disabled with fears of being so sinful that even baptism was not effective.

⁸⁵ Mark 9:20.

⁸⁶ Bede, *In Marci*, ed. Hurst (CCSL 120), III.9, p. 548, lines 260-263.

⁸⁷ Lantfred *Swithun*, ch. 2, p. 268. Wulfstan *Swithun*, I.2, p. 424, omitted the reference to sin, with the angels asking simply, ‘Do you wish to be cured [*esse sanus*] by the coming of a remedy [*medela*]?’ *Epitome Swithun*, ch. 7, pp. 566-568, and Anon. *Swithun*, ch. 2, p. 648, omitted dialogue from the account of the vision.

⁸⁸ On Donatism, see: W. H. C. Frend, *The Donatist Church* (Oxford, 1951), pp. 228-30, 236-8; Brown, *Augustine of Hippo*, pp. 215-225; Beatrice, *The Transmission of Sin*, p. 17.

⁸⁹ Augustine of Hippo, *Contra litteras Petilianus*, ed. M. Petschenig, *Sancti Aureli Augustini opera*, section 7, part 2 (CSEL 52, 1909), pp. 3-227 at I.16, p. 14, line 10, and II.7, p. 27, line 22. See *Brill’s New Pauly* entry on ‘Petilianus’ [date of access 13th August 2015]. Lapidge, *Anglo-Saxon Library*, p. 197, notes that Bede quoted from this Augustinian tract, but he did not find any tenth-century Anglo-Saxon citations. Lantfred’s use of this phrase does not necessarily indicate that he had the anti-Donatist tract, but might simply be a looser allusion to a theological condemnation.

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Our case-studies of the twelfth century suggest that a new conception of inherited sin was debated. Whereas original sin was thought of as inherited through all of the human race, another form of inherited sin focused on direct transmission from parents to children. At the start of the twelfth century, Anselm of Canterbury argued that the sins of parents were not manifested in children, and that even original sin was not a likely cause of bodily difference:

the reason that children are born in sin is Adam, not their other ancestors [*parentibus*]... Therefore I understand original sin to be that which is in a child, as soon as it has a rational soul, whatever might have happened in the body before he was thus animated - such as some corruption of the limbs [*membrorum aliqua corruptio*].⁹⁰

However, alternatives to this taxonomy were aired in miracle-cure narratives written over the following decades. Goscelin of Saint-Bertin, writing just a few years after Anselm, engaged with the concepts of original and parental sin on equal footing, but dismissed both as potential causes of congenital disability. Re-writing Herman's account of the cure of a paralysed woman, Goscelin added to the narrative this reflection on sin:

But what crimes [*crimen*] had been committed, that she was born thus configured? Did she contract this debility [*debilitas*] from her mother's womb either because of some guilt [*reatus*] of her parents or of her own? If the parents are considered [to be at fault], we would not be listening to what the Lord proclaimed through the prophet, 'The son will not carry the guilt of the father, nor the father that of the son.' [Ezekiel 18:20]... But if it was her own sin, that is the original sin, ought it not to have been dissolved in baptism, through which that sin and any others that there might be are washed away?... 'Neither this man nor his parents have sinned, but this happened so that God's work might be manifested in him.' [John 9:3] Behold the explanation... Without doubt, the same gesture has now taken place in this woman.⁹¹

Here the model of John's Gospel, the idea that sin plays no role in the impairments of children, outweighed the other available models. Later in the twelfth century, cure narratives associated with the Becket cult associated parental sin instead of original sin with congenital

⁹⁰ Anselm of Canterbury, *De conceptu virginali et de originali peccato*, ed. F. S. Schmitt, *Sancti Anselmi opera omnia* (Edinburgh and Rome, 1946-1961) vol. 2, pp. 139-173 at ch. 26-27, p. 169, line 27 - p. 170, line 8. R. W. Southern, *Saint Anselm: a portrait in a landscape* (Cambridge, 1990), pp. 410-11, dates this text to 1099-1100.

⁹¹ Goscelin *Edmund*, I.5, p. 166. This account was a much-expanded version of Herman *Edmund*, ch. 16, pp. 34-36, which made no reference to sin or for how long the woman had been paralysed.

conditions. Laying particular emphasis on the moral state in which children were conceived, Benedict of Peterborough and William of Canterbury recounted the cures of three children whose impairments were attributed to their parents' illegitimate relationships.⁹² Benedict also portrayed a father helping his disabled daughter by confessing his own sins publically, suggesting that parental sin had come to be conceived of as socially shameful.⁹³

Some miracle narratives moved beyond these debates about general human sinfulness to explore personal culpability as a direct cause of impairments. Bede's account of Æthelthryth's life associated the tumour on her neck with the 'guilt' of wearing necklaces on that part of her body while she was Queen of Northumbria.⁹⁴ Æthelthryth's endurance of the punishment added to the image of her sanctity, but the correlation between the tumour and the place where she exhibited her wealth suggests a direct relationship of cause and effect: sin resulted in a matching impairment. *Penitentials* offered potential intertextual parallels for narrative representations of specific sins. These were prescriptive texts outlining what specific behaviours were considered to be sins weighing on the soul of an individual.⁹⁵ The Swithun cult of the tenth century included a miracle account that represented both bodily

⁹² Benedict *Thomas*, II.47, p. 94, recounted that the son of Matilda and Roger became sick a few days after his birth, 'which was the due punishment for fornication' [*fornicationis poenas reposceretur*]. William *Thomas*, II.43, p. 204, when a priest had a son from an illicit relationship, the child was pale and appeared lifeless, 'no parents could be uncertain on seeing this portentous creature, that his sin [*peccatus*] and their seeking to hide their shame [*pudor*] in darkness was displayed, they who hold the concept of the law of marriage in contempt.' *Ibid.*, VI.40, p. 449, quoted a letter from the priest William, whose baby boy became blind: "who, indeed, would not attribute the darkness of the son to the sins of the father, whose marriage was not allowed to be conducted?" *Ibid.*, III.57, p. 310, commented that 'one sinned, and all are punished' [*unus peccavit, et omnes puniuntur*].

⁹³ Benedict *Thomas*, III.10, pp. 125-6, the daughter had contracted fingers, and when her father took her on pilgrimage to Canterbury, he 'made confession for his sins [*præcaverat per peccatorum suorum confessionem*] to the satisfaction of the congregation, lest his own sins or those of the girl hindered cure.'

⁹⁴ See footnote 13 of this chapter, p. 62.

⁹⁵ On the *Penitentials*, see: P. J. Payer, *Sex and the Penitentials: the development of a sexual code* (Toronto, 1984), pp. 5, 119; R. Meens, 'The frequency and nature of early medieval penance' in *Handling Sin*, eds. Biller and Minnis, pp. 35-61 at pp. 39, 51-2; B. Bedingfield, 'Public penance in Anglo-Saxon England', *ASE* 31 (2002), pp. 223-255 at pp. 229-233; S. Hamilton, 'Remedies for "great transgressions": penance and excommunication in Late Anglo-Saxon England' in *Pastoral Care in Late Anglo-Saxon England*, ed. F. Tinti (Woodbridge, 2005), pp. 83-105 at pp. 87-92; A. J. Frantzen, *The Literature of Penance in Anglo-Saxon England* (New Brunswick NJ, 1983), pp. 7-18; *idem*, 'Spirituality and devotion in the Anglo-Saxon *Penitentials*', *Essays in Medieval Studies* 22 (2005), pp. 117-128 at pp. 121, 124-5; C. Cubitt, 'Bishops, priests and penance in late Saxon England', *EME* 14 (2006), pp. 41-63 at pp. 42-3.

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healing and the forgiveness of sin. Lantfred and Wulfstan described how a man who had murdered a family member undertook such extreme penitence that he sustained injuries. Lantfred described how metal bands placed around his body ‘cut across his stomach, so much that it penetrated his internal organs,’ and ‘with great torture afflicted his arm, so much that the swelling flesh covered [the band] with flesh and blood’.⁹⁶ Swithun’s miraculous intervention broke these iron bands off the man’s body, which represented both relief from these injuries and the conclusion of the murderer’s nine years’ of penance.⁹⁷ Three vernacular *Penitential* texts were composed or in circulation when Lantfred and Wulfstan recounted this miracle account in the 970s and 990s respectively.⁹⁸ Wulfstan recounted that the murderer went on a penitential pilgrimage to Rome, which mirrored a canon in the tenth-century *Old English Penitential*: when a layman killed a ‘close relative’ [*nehstan mæg*], the penitent was to ‘leave his land and possessions and go to Rome to the Pope, and then do as he directs.’⁹⁹

⁹⁶ Lantfred *Swithun*, ch. 24, p. 307: ‘*ventrem secabat circulus - in tantum ut vitalia iam penetraret intima... affligebat brachium hominis illius - quoniam turgescente carnis vulnere totus iam sanie tegebatur ac sanguine.*’ Wulfstan *Swithun*, II.7, p. 506, paraphrased these descriptions, with the first band ‘cutting into the organs of his stomach’ [*secuit ventris vitalia*] and the second was ‘covered totally with a livid wound’ [*totus sanie livoris opertus*]. Anon. *Swithun*, ch. 25, pp. 664-666, did not describe the effects of the ‘iron rings’ on the man’s body. *Epitome Swithun* and Ælfric *Swithun* omitted this account. Goscelin of Saint-Bertin, *On the Feast of Saint Eormenhild*, ed. Love, *Hagiography of the Female Saints of Ely*, pp. 12-22 at ch. 7, p. 18, similarly described a man from Saxony who came to Eormenhild’s tomb at Ely ‘bound in iron’ [*ferro cinctus*] and when he prayed ‘the iron was cast off his worn-away arm’ [*ferrum de exceso brachio... excussum est*].

⁹⁷ Lantfred *Swithun*, ch. 24, p. 306, specified that the man had nine metal bands on his body and had undertaken this penance for the nine years. The text only recounted the breaking of two metal bands, but the conclusion that his ‘torment of constant pain abated’ suggests that the man was then free of this penitential punishment. Wulfstan *Swithun*, II.7, p. 506, added that this punishment for nine years was ordered by ‘the bishop of the city.’

⁹⁸ The Old English *Scriftboc* and *Penitential* were written in the tenth century, with the *Scriftboc* almost certainly the oldest of the two. The *Old English Handbook* is dated to the end of the tenth century or start of the eleventh. See A. J. Frantzen, ‘The tradition of *Penitentials* in Anglo-Saxon England’ *ASE* 11 (1982), pp. 23-56 at pp. 30, 39-50; *idem*, *Literature of Penance*, pp. 133-141. A *Penitential* text attributed to Bede was more likely composed in Continental Europe rather than Anglo-Saxon England: see Frantzen, *Literature of Penance*, pp. 69-77; *idem*, ‘The traditions of *Penitentials*,’ pp. 32-35, and *idem*, ‘The *Penitentials* attributed to Bede,’ *Speculum* 58 (1983), pp. 573-597 at pp. 586, 591. Cubitt, ‘Bishops, priests and penance’, pp. 56-62, identifies both episcopal and monastic contexts for these manuscripts, and follows Frantzen’s dating. References to the *Penitentials* are to the digitised texts available at: <http://www.anglo-saxon.net/penance/index.php> [date of access 13th August 2015].

⁹⁹ Wulfstan *Swithun*, I.7, p. 506, the man was at ‘*limina Petri.*’ Lantfred *Swithun*, ch. 24, p. 306, merely described him as being ‘*transmarinis.*’ *Old English Penitential*, Canon Y44.02.01: ‘*forlæte his eard, his æhta, und fare to rome to þam papan, syððan und swa he him wisige.*’ Comparably, the *Old English Handbook*,

However, in describing the murderer's penitential discipline of his body, the hagiographers did not follow the behaviours suggested by the *Penitentials*. Whereas prescriptive texts called for seven years of fasting in this situation, the hagiographical narratives instead described self-discipline through more direct means, with the penitent's skin and flesh cut open.¹⁰⁰ The *Penitential* texts do not necessarily represent a systematic tariff-scheme of penances for use across Anglo-Saxon England, but the reference to seven years' of fasting in the three tenth-century *Penitential* texts suggests that it was a well-known concept.¹⁰¹ In prescribing this punishment, the tenth-century penance guides were quoting the authority of the early eighth-century *Penitential* associated with Theodore, Archbishop of Canterbury.¹⁰² Wulfstan's reference to going to Rome as penance for killing a family member demonstrates that he was familiar with the details of the *Old English Penitential*, and therefore that he chose not to follow its orders for fasting. The Winchester hagiographers presented their narratives in the framework of contemporary regulations for sinners, but chose to give additional emphasis to the damage that could be inflicted on the body in atoning for serious sins.¹⁰³

In the twelfth century, a *Penitential* compiling excerpts from patristic authors and ecclesiastical councils was produced within the elite network of the clerics who promoted the

Canon D55.10.01, described how a penitent might 'wander widely barefoot' [*weallige bærfot wide*], but this was not associated with any particular crime.

¹⁰⁰ *Scriftboc*, Canon X17.01.01: 'fast for four years, some say seven.' *Old English Penitential*, Canon Y42.01.01: 'fast for seven years, the first three on bread and water, the other four as his confessor directs.' *Old English Handbook*, Canon C54.05.01, followed the text of the *Old English Penitential* here.

¹⁰¹ Bedingfield, 'Public penance', p. 232: 'the nature and intended use of penitentials in general did not demand any sort of clean synthesis.' Also see R. Price, 'Informal penance in early medieval Christendom' in *Retribution, Repentance and Reconciliation*, eds. K. Cooper and J. Gregory (*SCH* 40, 2004), pp. 29-38 at p. 37.

¹⁰² *Canons of Theodore*, Canon B76.02.01: 'fast for seven years, for the first three without meat or ale;' *Ibid.*, Canon S76.02.06: 'fast for seven years or for ten; if he makes an offering the fast should be halved.' On the reception of the Theodore text, see: Frantzen, *Literature of Penance*, pp. 122, 131-132; R. Meens, 'Penitentials and the practice of penance in the tenth and eleventh centuries,' *EME* 14 (2006), pp. 7-21 at pp. 16-17.

¹⁰³ S. Hamilton, *The Practice of Penance, 900-1050* (Woodbridge, 2001), p. 174, footnote 5: 'Whilst penitential pilgrimage was sanctioned by canon law, the imposition of chains was not, although it is frequently mentioned in *Vitæ*.'

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Becket cult.¹⁰⁴ The author of this text, Bartholomew Bishop of Exeter, corresponded with John of Salisbury.¹⁰⁵ Bartholomew was also intimately connected with the response to Becket's murder and the development of the saint's cult: he issued penance to one of the murderers, preached at the mass to celebrate the re-opening of Christ Church in December 1171, and Benedict of Peterborough's *Miracles* of Becket included an account of Bartholomew experiencing a vision of the saint.¹⁰⁶ Read in parallel with Bartholomew's *Penitential*, one of Benedict's miracle-cure accounts presented the sin of familial murder in a very different form to the tenth-century accounts. Benedict described how a woman called Matilda was brought to Becket's tomb in a condition of violent 'insanity' [*insanies*]. She had a vision of the martyred archbishop and became calm when a 'dishonest, wicked spirit left her' [*spiritus nequam inhonesta*].¹⁰⁷ Benedict then explained the background to Matilda's pilgrimage:

When we asked her to explain to us how she had been driven to insanity, she narrated that her brother killed the young man whom she loved totally. Then she herself was driven out of her mind, and grabbed her little boy, who had been baptised the day

¹⁰⁴ A. Morey, *Bartholomew of Exeter, Bishop and Canonist* (Cambridge, 1937), pp. 3, 11, 20-3, 31, 39. There are no internal indications of the date at which the *Penitential* was written, but on p. 108, Morey suggests that it is most likely to have been started either before or soon after Bartholomew was made Bishop of Exeter in 1161. See also F. Barlow, *DNB* entry 'Bartholomew, Bishop of Exeter' [date of access 13th August 2015].

¹⁰⁵ John of Salisbury, *Letters*, vol. 1, eds. W. J. Millor and H. E. Butler (London, 1955): Ep. 118, pp. 193-195; Ep. 133, pp. 240-244; Ep. 128, pp. 221-223 was written on behalf of Archbishop Theobald to Becket while he was royal chancellor, securing his support to have Bartholomew promoted from archdeacon to bishop of Exeter. John of Salisbury, *Letters*, vol. 2, eds. Millor and Brooke, Ep. 150, p. 48; Ep. 168, pp. 100-116; Ep. 171, pp. 122-126; Ep. 174, pp. 138-152; Ep. 288, pp. 636-648.

¹⁰⁶ Herbert of Bosham, *Life of Saint Thomas*, ch. 9, pp. 512-513, recounted that William de Tracey confessed his role in the murder to Bartholomew, but did not specify what the bishop set as penance after the confession. Bartholomew's role in the reconsecration mass was described in: Gervase of Canterbury, *Chronicle*, ed. Stubbs, *Gervasii Cantuariensis*, vol. 1, pp. 84-594, at p. 236; and Ralph de Diceto, *Imagines Historiarum*, ed. W. Stubbs, *The Historical Works of Master Ralph de Diceto* (RS 68, 1876), vol. 1, pp. 267-440 at p. 349. Benedict Thomas, I.1, pp. 28-29, described Bartholomew as 'greatly saddened by [Becket's] death' until he had a vision of a 'certain man in a dream' who told him that Becket might be dead but 'his hands and arms live.'

¹⁰⁷ Benedict Thomas, IV.37, pp. 208-209. N. Archambeau, 'Tempted to kill' in *Emotions and Health, 1200-1700*, ed. E. Carrera (Leiden, 2013), pp. 47-66 at pp. 60-3. On the relationship between insanity and the demonic in this and other miracle-cure narratives, see Chapter Three, pp. 98-100.

before, beat him with her fist and killed him. She therefore left the martyr sane and happy, having been pardoned for the crimes that worried her so much.¹⁰⁸

Matilda had committed the serious sin of killing her baby, but Benedict's account of her crime was placed in the broader context of her distress, both before and after killing the child. In this account of familial murder, Matilda's mental condition was described first, casting her in the role as a supplicant for cure rather than a sinner. The murder of the baby emerged only as a subsequent explanation of why Matilda had been so distressed, rather than the main motivation of her pilgrimage to Canterbury. Benedict therefore represented Matilda first and foremost as a sufferer, and secondly as a sinner. This parallels an innovation in Bartholomew of Exeter's *Penitential*, not found in the tenth-century Anglo-Saxon texts. Bartholomew's *Penitential* set out penance regulations for mothers who accidentally crushed or drowned their children, separate from the penances for murder.¹⁰⁹ A comparable theory of the mitigating factors surrounding a very serious sin underlay Benedict's miracle account. Matilda's insanity was in a sense the result of her sin, but not in the direct sense of it being a punishment from God or an act of penance. New theories of the accidental nature of some sins shaped this more sympathetic hagiographical portrait of a disturbed person requesting the help of the saint.

References to personal sins in cure narratives found a further intertextual relationship with their opposites among miracle narratives. Many of our hagiographical case-studies contained miracle accounts that demonstrated the power of the saints to inflict sickness and

¹⁰⁸ Benedict Thomas, IV.37, p. 209: '*Quærentibus etiam nobis qualiter in insaniam conversa fuisset, narravit quod fater suus iuvenem, qui eam temere diligebat, occiderit; unde et seipsam amentia correptam pævulum suum, die præcedenti baptizatum, pugno percussisse et sustulisse de medio. Discessit igitu a martyre sana et læta, criminis sui tantum veniæque sollicita.*'

¹⁰⁹ Bartholomew of Exeter, *Penitential*, ed. A. Morey, *Bartholomew of Exeter* (Cambridge, 1937), pp. 175-300 at ch. 59, p. 224. The main section on murder can be found at ch. 41-44, pp. 210-212.

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disability, as well as to cure.¹¹⁰ Some such narratives were complete inversions of the concept of cure, in which the saint's victim was left permanently punished by impairment or even death. Among texts associated with Cuthbert, Edmund and Æthelthryth, looking back to the ninth and earlier tenth centuries, punishment miracle narratives were particularly associated with warnings about invading non-Christians. These cults featured accounts of saints inflicting sickness, disability, and in many cases eventually death, on Vikings as a punishment for desecrating the saint's holy space.¹¹¹ These narrative explanations of impairment combined the general inferiority of non-Christians with the specific acts of trespassing in the land dedicated to saints or around their tombs. Such texts made an allusion to biblical laws for keeping the sanctuary of the temple ritually pure.¹¹² Narratives in which Christians were punished for insulting the sanctuary of the saints gave greater emphasis to personal failure as the cause of impairment. The Edmund *Miracula* texts included several such narratives of Bury's own monks suffering the saint's punishment for meddling with his

¹¹⁰ B. Abou-el-Haj, *The Medieval Cult of Saints* (Cambridge, 1994), p. 56; Bartlett, *Why Can the Dead Do Such Great Things?*, pp. 401-409; Wheatley, *Stumbling Blocks*, pp. 158, 161-4.

¹¹¹ Among the Cuthbert texts, see: *Historia de Sancto Cuthberto*, ed. T. South (Cambridge, 2002), ch. 12, p. 52: as Halfdan the Dane sailed up the River Tyne, 'the wrath of God and the holy confessor struck him. He began to be insane and to smell [*insanire et foetere*] so that his whole army drove him from its midst.' *Ibid.*, ch. 23, pp. 60-62: King Rægnald made an unflattering comparison between Cuthbert and his own gods Thor and Odin, so 'just as he placed one foot over the threshold [of the church], he felt as if an iron bar was fixed deeply into the other foot. With this pain transfixing his diabolical heart, he fell, and the devil put his sinful soul into hell.' Symeon of Durham, *Libellus de exordio*, ed. D. Rollason (Oxford, 2000), II.13, pp. 120-122, closely followed the *Historia de Sancto Cuthberto* account of Halfdan's punishment, but omitted the punishment of Rægnald. Reginald *Cuthbert*, ch. 13, pp. 19-20, implied that raiders attacking Lindisfarne were blind and deaf when they could not find a cleric who took shelter by Cuthbert's tomb: 'they could neither hear nor see him,' but this did not necessarily represent general impairment. See Part I of this chapter, pp. 68-70, on Abbo's representation of the violence with which Hinguar's Viking army killed Edmund. Also, Abbo *Edmund*, ch. 15, p. 83, recounted that in the first half of the tenth century, a group of men were punished for breaking into Edmund's church: 'the holy martyr tied them by his own endeavor, so that they could neither put a move a foot nor undertake their stealthy mission.'

¹¹² Leviticus 16:1-24. On the architecture of sanctuary spaces in churches, see R. Gem, 'How much can Anglo-Saxon buildings tell us about liturgy?' in *Liturgy of the Late Anglo-Saxon Church*, eds. Gittos and Bedingfield, pp. 271-289 at pp. 276, 286. On the possible restriction of female access to Cuthbert's tomb, see Chapter Five, p. 195.

relics.¹¹³ Two sets of miracle narratives recounted the punishments meted out when Æthelthryth's tomb was desecrated, first by a Viking who struck a hole in it with his axe, and then by a priest who poked a candle and a stick of into the same hole in the marble tomb. The saint's reaction to the crime of the Christian was markedly more direct, as the hagiographer described her moving within the grave to snatch back her shroud. Both invaders of Æthelthryth's space were punished with blindness and death, but the priest's whole household was further punished by a 'terrible plague' [*pestis acerba*].¹¹⁴ It is also in the context of respect for the shrine that we find the only two accounts among our case-studies in which the saint refused to perform a miracle. Benedict of Peterborough recounted that a paralysed boy and a blind boy were each taken to Becket's tomb in the hope of cure. Both boys fell asleep on the tomb, and Becket appeared in visions to chastise them, saying "Why are you lying on me? You will have no cure, go away, I will do nothing for you."¹¹⁵ In the context of hagiography, respect for the saint was the primary virtue required for heavenly help.

¹¹³ Herman *Edmund*, ch. 22, p. 54, Abbot Leofstan's 'hands were held in perpetual paralysis' [*manibus torpore perpetuo captis*] after he tugged on the saint's head. Goscelin *Edmund*, I.8, p. 206, expanded upon this account, describing how Leofstan's sight and speech were also limited as punishment, and commenting that 'it is taught from his example that to doubt is a sin [*nefas*].' *Ibid.*, II.5, applied similar punishment narratives to the sacrist Tolinus and the monk Herman (possibly the hagiographer of the earlier *Miracula*): p. 282, after confessing that he had secretly looked at Edmund's body, Tolinus fell from scaffolding and 'he was crushed with that tough collision of the limbs' [*acerba membrorum collisione conquassatur*] so that he died; p. 288, Herman showed the saint's bloody robes to laypeople and p. 294, 'he was struck by the sickness for avenging crimes' [*morbo illicitorum vindice corripitur*] and died.

¹¹⁴ Goscelin *Æthelthryth*, ch. 2, pp. 108-110, the 'enemy idolator' who first broke into Æthelthryth's tomb was 'deprived of the light in both eyes' and died. Gregory *Æthelthryth*, II.2, p. 365, lines 104-5, introduced this narrative with a play on words based on the Viking's blindness: he was 'motivated by the noxious plague [*noxia pestis*] of greed' and 'blinded by gold' [*cæcatur avarus*]. *Ibid.*, p. 366, lines 120-2, then followed the prose text in describing him as 'deprived of light.' *Liber Eliensis*, I.41, pp. 55-56, rewrote this account so that the punishment was that 'his eyes were plucked from his head.' Goscelin *Æthelthryth*, ch. 8, pp. 122-128, the priest who subsequently interfered with the tomb was made blind when he inserted the candle, and a 'terrible plague' [*pestis acerba*] followed afterwards. Gregory *Æthelthryth*, II.8, p. 371, lines 333-4 'he saw nothing on account of the injury' [*nulla videretur lesio*] and p. 372, line 348, the '*pestis acerba*' struck his household. *Liber Eliensis*, I.43, pp. 57-8, and I.49, pp. 60-61, split this narrative, but the latter chapter kept the details of the priest losing his sight and 'the fire of plague' tearing through his household. On the gendered aspects of the covering and exposure of Æthelthryth's relics, see Karkov, 'The body of Saint Æthelthryth' in *The Cross Goes North*, ed. Carver, pp. 400, 408-410.

¹¹⁵ Benedict *Thomas*, II.16, p. 67: "*Quid iaces super me? sanitatem minime habebis; discede, nihil tibi facturus sum.*"

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Some miracle narratives combined ideas of the saints inflicting impairments on the bodies and curing the soul.¹¹⁶ Such narratives followed the basic tenet of the theology of sin that in judgement God could both punish and forgive. Herman of Bury expressed this idea in a conversion narrative. A Dane called Osgod Clappa initially followed the template of the unbelieving Viking who violated the saint's space and met the wrath of the saint via impairment. Osgod Clappa approached Edmund's tomb while drunk and carrying his axe, so the saint induced a fit 'like mania' [*velut mania*].¹¹⁷ When the 'possessed' [*energuminus*] Osgod was carried to Edmund's tomb, he recovered and 'having thus been saved, the man acknowledged himself as a sinner' [*se peccasse recognoscit*].¹¹⁸ Herman quoted the two Gospel models for sin and cure, explaining that Osgod's experience could have been either a demonstration of God's power, or 'because God and his saint wanted to punish him.'¹¹⁹ Goscelin added to this account a life-long moral reminder in Osgod's body. Edmund distorted one of Osgod's hands 'as a mark of his weakness' [*nevus debilitatis*] so that 'through this continual punishment he might always be reminded not to be high-minded but afraid.'¹²⁰ This moralising narrative structure, in which the experience of impairment improved the outlook of the sinner, was applied by hagiographers to a large range of misdemeanors. Ælfric recounted that a man who pretended to be the spirit of Swithun at a funeral fell unconscious, but when he acknowledged that he had been 'foolish' [*dyslic*] he

¹¹⁶ O. Redon, and J. Gélis, 'Pour une étude du corps dans les récits des miracles' in *Culto dei Santi, istituzioni e classi sociali in età preindustriale*, eds. S. Boesch Gajano and L. Sebastiani (Aquila, 1984), pp. 563-572 at p. 570; C. Rawcliffe, *Leprosy in Medieval England* (Woodbridge, 2006), p. 112; C. Lee, 'Body and soul: disease and impairment' in *The Material Culture of Daily Living in the Anglo-Saxon World*, eds. M. Clegg Hyer and R. Owen-Crocker (Exeter, 2011), pp. 293-309 at p. 297.

¹¹⁷ Herman *Edmund*, ch. 23, pp. 56-58.

¹¹⁸ *Ibid.*, p. 58.

¹¹⁹ *Ibid.*, p. 58.

¹²⁰ Goscelin *Edmund*, II.9, p. 211.

was ‘healed’ [*gehæled*].¹²¹ The Anonymous Sherborne hagiographer, the compiler of the *Liber Eliensis*, and Reginald of Durham all recounted that those who worked on holy days sustained accidents which could only be cured by the saints.¹²² In these accounts, the sick and disabled were not simply cast as a group of liabilities, constantly slipping into daily sin. The experience of becoming sick or disabled through any number of sins, but also of recovering and receiving forgiveness, was made universal in these stories. Humanity’s vulnerability to sin was mirrored in the human body’s vulnerability to impairments, but so to was the possibility of hope in penance and in cures.

Conclusion

Concepts of sickness and disability are as complex as any culture that expresses them. This thesis focuses on the ideas of bodily difference reflected in miracle-cure narratives, but these narratives themselves were surrounded and informed by other texts, other discourses. As the anthropologists Oliver J. T. Harris and John Robb put it:

We cannot comprehend how people understand the body ontologically from a single moment of experience; the body is a complex thing with a complex life... All groups have more than one way of engaging with their bodies.¹²³

Two of the most central ideas in medieval Christianity formed a vital contexts for miracle-cure narratives: namely, the idea that God could be represented through saints whose bodies

¹²¹ Ælfric *Swithun*, ch. 19, p. 600. Anon. *Swithun*, ch. 41, p. 676, attributed this foolish joke to the influence of the devil [*inimico*].

¹²² *Ibid.*, ch. 46, pp. 680, a man trying to remove thorns from a field on a Sunday pricked his hand on one, and it was swollen until he prayed to Swithun. *Liber Eliensis*, III.58, pp. 305-6, a man who had a wooden stake ‘driven between his vertebrae’ while working on Æthelthryth’s feast day was cured when he promised to observe her feast every year. Reginald *Cuthbert*, ch. 108, pp. 243-244, a girl who tried to bake bread on the feast of Saint Laurence was punished with a paralysis of her hand. Cuthbert intervened to calm Laurence and restore the hand.

¹²³ O. J. T. Harris and J. Robb, ‘Multiple ontologies and the problem of the body in history’, *American Anthropologist* 114 (2012), pp. 668-679 at p. 669.

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behaved in unusual ways, and that God had control over the souls contained in all human bodies. This chapter has demonstrated that such ideas were closely connected to the concept of a miracle cure itself. The saint's body was thought of as fluid, broken in martyrdom or emaciated by asceticism, and then healed in death, resisting natural decay. Such fluidity set an example for the fluidity of the bodies of supplicants for cure, which in miracle-cure narratives could be transformed instantly by the power of the saint. Similarly, the soul was described as being in a state of flux, damaged by sins but potentially healed by divine forgiveness. The pattern of miracle-cure narratives was tied to the fundamental patterns of Christian belief. This strengthened the symbolism of stories that recounted changes to sick and disabled bodies, embedding them in the religious culture of England in the medieval period. This thesis now turns to consider how the symbolism of miracle-cure narratives shaped specific concepts of bodily difference, and how these concepts changed over the period c. 700 to c. 1200.

Chapter Three

Soul

Introduction

Sickness and disability affect not just the body but also a person's sense of self. In modern terminology, we speak of the psychological consequences of an impairment. In medieval texts, a parallel concept can be found in the *anima*, which we would now translate as 'soul.'¹ Miracle-cure narratives among our hagiographical case-studies demonstrate how the body was tied to this spiritual concept of the self. For example, a narrative added to the tradition of the cult of Edmund at the end of the twelfth century described how the saint cured a sinful knight:

Then the blessed martyr, in dual defence of the body [*corpus*] and the soul [*anima*], by a work of divine mercy restored him to health.²

As explained in Chapter Two part II, all miracle-cures evoked the fate of Christian souls in judgement. The phrase of the Bury hagiographer indicates that both before and after cure, sickness and disability were thought of in terms of the soul. People with serious sicknesses or disabilities were thought of as having distinct spiritual experiences.

Religion and bodily difference have been the focus of recent scholarship that combines the disciplines of theology and disability studies. Nancy Eiesland, an American

¹ See H. Foxhall-Forbes, *Heaven and Earth in Anglo-Saxon England: theology and society in an age of faith* (Farnham, 2013), pp. 268-9, 321; L. Lockett, *Anglo-Saxon Psychologies* (Toronto, 2011), pp. 17-19, 35.

² Samson *Edmund*, II.13, p. 189: '*Quem beatus martyr, duplicata sospitate corporis et animæ, divinæ miserationis ope sanitati restituit.*'

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theologian who had a congenital bone condition, gave impetus to such studies in her reading of the crucified Christ's damaged body as a disabled body.³ In the manner that liberation theology has looked for an empathetic reflection of poverty in the biblical Jesus, Eiesland thought of a deity that reflected disabled experiences. When modern theology and disability studies intersect in this way, new questions arise about how religious discourses influence descriptions of sickness and disability. This has laid the ground for re-readings of the Gospel narratives of miracle-cures. For example, Louise Lawrence structured her reading of Gospel cures of sensory disabilities around modern debates about how disabled people express themselves.⁴ Such an approach asks not just how modern people with impairments could use their own spiritual experiences for empowerment, but also how the early Church grappled with issues of the body via the figure of Jesus. As the editors of a cross-cultural study of disability in the Abrahamic faiths put it:

The diverse ways that religions interpret, theorise, and respond to disability and/or chronic illness play an important role in determining how disability is understood and how persons with disabilities are treated or mistreated in a given historical-cultural context.⁵

This approach underpins this chapter, which asks how the spiritual conception of human beings influenced ideas of sickness and disability in medieval England.

This chapter will address three forms of narrative structure that represented distinct relationships between the soul and the impaired body. The first section explores the aspect of this topic that has so far received the most scholarly attention, namely the possibility

³ N. L. Eiesland, *The Disabled God: toward a liberatory theology of disability* (Nashville TN, 1994), p. 99: 'in the resurrected Jesus Christ, they saw not the suffering servant for whom the last and most important word was tragedy and sin, but the disabled God who embodied both impaired hands and feet and pierced side and the *imago Dei*.'

⁴ L. J. Lawrence, *Sense and Stigma in the Gospels* (Oxford, 2013), p. 2: 'a quest to refigure characters with sensory disabilities featured in the gospels and [to] provide alternative interpretations of their conditions and social interactions.' See also: B. G. Epperly, 'Healing and hospitality in Jesus' ministry', *Journal of Religion, Disability and Health* 7 (2003), pp. 81-93 at pp. 83, 87; G. W. Monteith, *Deconstructing Miracles* (Glasgow, 2005), pp. 14, 20-21; Porterfield, *Healing in the History of Christianity*, pp. 21-2.

⁵ D. Schumm and M. Stoltzfus, 'Introduction' in *Disability in Judaism, Christianity and Islam: sacred texts, historical traditions, and social analysis*, eds. eadem (Basingstoke, 2011), pp. xi-xxii at p. xii.

that people lacking control over their behaviour were under the control of evil spirits. This issue raises major risks of anachronistic diagnosis of mental illness as it is understood today in the modern West. In their religious context, such narratives evoked broader fears that people who behaved uncontrollably had lost some of their sense of self, or control over the soul. As the first part of this chapter will demonstrate, many hagiographers writing in England from the eighth to the twelfth centuries used exorcism-cures to explore the uncertainties of how madness and possession overlapped, and how experiences of possession-type behaviour could vary. The second part of the chapter turns to the mirror-image of possession narratives. Besides the malignant spirits that modern scholarship has been drawn to, sick and disabled people were often represented encountering positive spiritual beings. In vision narratives, hagiographers situated the sick and disabled in an abstract spiritual environment, through which they could expand upon the relationship between the saints and supplicants for their help. Sensory descriptions, dialogue, and gestures, all contributed to a representation of the imagined world of sickness and disability. Finally, this chapter will consider miracle-cure narratives that were recounted with an additional miraculous aspect, the resurrection of the dead. Our case-studies often evoked death in relation to sicknesses and disabilities that severely restricted bodily movement. This had a dual affect upon the form of the miracle account. On the one hand, the seriousness of the sick or disabled person's condition was emphasised, and their identity consisting of body, mind and soul was briefly described as disintegrating. On the other hand, the restoration not just of health but of life further emphasised the transformatory nature of miracle cures.

I Demons

Benedict of Peterborough and the glass-workers of Christ Church Canterbury employed a range of theories to explain the distress of a woman called Matilda. Benedict described her as ‘filled with a demon’ [*plenam daemónio*] and counted himself among the people who were ‘horrified by her remarkable insanity [*mire insanientem*] when she was in our presence.’⁶ When Matilda was cured, Benedict recounted that she was able to explain her background to him, describing how her brother murdered her lover, and she, ‘out of her mind’ [*amentia*], killed her baby boy.⁷ The glass-workers, basing their images on Benedict’s narrative but using only short extracts of text, had to rely on visual symbols to convey Matilda’s behaviour.⁸ In the three images representing Matilda’s experience, she was depicted in relation to the men around her, who beat her with sticks and gestured towards her as she prayed at Becket’s tomb.⁹ The glass contained neither an image of, nor a textual reference to, a demon. Instead, Matilda’s deviant behaviour was represented via the reactions of the people around her. This contrast between the written account of Matilda’s cure and the equivalent visual representation reveals many of the tensions in hagiographical concepts of deviant behaviour. For Benedict, theories of the demonic and mental illness provided two suitable explanations for Matilda’s state, but for the Trinity Chapel artists the actions of Matilda and those around her were of greater significance. These demonic, medical, and social explanations for appeals to saintly help were

⁶ Benedict *Thomas*, IV.37, p. 208.

⁷ *Ibid.*, p. 209. See Chapter Two, pp. 86-7, on the issue of Matilda’s sin.

⁸ Caviness, *The Windows of Christ Church Cathedral Canterbury*, pp. 196-7, reconstructs the inscriptions in the glass as: ‘*alternat gestum nunc sa[n]um n[un]cque molestum*’; ‘*stat modo iocunda modo lapsa iacet moribunda*’; and ‘*amen clamat -a redit ad sua sa[na]*.’ None of these phrases were taken from Benedict’s text.

⁹ Image redacted.

employed in various combinations in our hagiographical case-studies, and together they built up images of the most complex varieties of behaviour.

Historical studies of possession narratives have been framed primarily according to anthropological models, resulting in disparate and occasionally conflicting views. As the anthropologist Janice Boddy pointed out in 1994, research on possession has been marked by a ‘fundamental tension’ between medical and socio-cultural approaches.¹⁰ Medical readings of historical accounts of the demonic would ascribe modern psychological or neurological conditions to people in the past, which is open to criticism of anachronism.¹¹ The socio-cultural approach, linked to scepticism about modern psychiatry, interprets demonic episodes as cultural performance.¹² Following this model, historians risk cynicism about the sufferings of people in the past: for example, Michel Foucault argued that a distressed person ‘imposes on his brain a certain image of this demon,’ suggesting that demonic states were deliberately enacted.¹³ Both approaches have been so closely tied to anthropology that historians have treated the subject as if they too could observe

¹⁰ J. Boddy, ‘Spirit possession revisited: beyond instrumentality’, *Annual Review of Anthropology* 23 (1994), pp. 407-434 at p. 410.

¹¹ E. H. C. Midelfort, ‘Charcot, Freud, and the demons’ in *Werewolves, Witches and Wandering Spirits*, ed. K. A. Edwards (Kirksville MO, 2002), pp. 199-215 at pp. 199-200; A. Crislip, ‘The sin of sloth or the illness of demons?’, *Harvard Theological Review* 98 (2005), pp. 143-169 at p. 145; B. P. Levack, *The Devil Within* (New Haven CT, 2013), pp. 26-7. Comparably, Caroline Walker Bynum refused to apply the concept of anorexia to medieval fasting: *Holy Feast and Holy Fast*, pp. 5, 205. Medical readings of the demonic can be found in: G. Rosen, *Madness in Society* (London, 1968), pp. 12-13, 16; B. Clarke, *Mental Disorder in Earlier Britain* (Cardiff, 1975), pp. 24, 28, 42.

¹² T. Szasz, *The Myth of Mental Illness* (New York NY, rev. ed., 1974), p. 1, encapsulated such approaches: ‘there is no such thing as “mental illness.”’ See also: W. F. Bynum, R. Porter and M. Shepherd, ‘Introduction’ in *The Anatomy of Madness* (London, 1985-8), vol. 1, pp. 1-24 at pp. 4-7; S. Clark, *Thinking with Demons* (Oxford, 1997), pp. 394-8; K. C. Uszkalo, ‘Rage possession: a cognitive science approach to early English demon possession’ in *Bodies of Knowledge*, eds. Crawford and Lee, pp. 5-17 at pp. 6-8.

¹³ Foucault, *Madness and Civilisation*, pp. 96-7. See also: R. Porter, *A Social History of Madness* (London, 1987), pp. 5, 88-9; F. Chave-Mahir, ‘Les cris du démoniaque’ in *Haro! Noël! Ové!*, eds. D. Lett and N. Offenstadt (Paris, 2003), pp. 131-140 at pp. 133, 137; N. Caciola, *Discerning Spirits: divine and demonic possession in the Middle Ages* (Ithaca NY, 2003), pp. 80-7. The risk of a concept of deliberate possession is raised in: M. Lambek, ‘From disease to discourse’ in *Altered States of Consciousness*, ed. C. A. Ward (Newbury Park CA, 1989), pp. 36-63 at pp. 36-7.

possessed behaviour, either as a sickness or as social theatre.¹⁴ As Peregrine Horden put it, demonic possession was fundamentally ‘an idiom for describing, and making intelligible’ psychological experiences; an idiom, moreover, ‘appropriate to a considerable range of both physical and mental conditions.’¹⁵ Located in the broader structure of miracle-cure narratives, possession accounts such as that of Matilda should be analysed in a literary context.

Readings of possession narratives as expressions of *either* medical misunderstanding *or* social dynamics overlook the tendency of hagiographers to combine these elements in their demonic cure narratives.¹⁶ The hagiographers of the early Cuthbert cult described how Hildmer’s wife was ‘vexed by a demon’ [*a demonio vexabatur*] and ‘the affliction was insanity’ [*calamitas esset insaniae*].¹⁷ In passages relating general praise of the saint, the Lindisfarne Anonymous and Bede also followed the Gospel model of listing exorcism of the possessed alongside miracle cures: for example, Cuthbert ‘put demons to flight and healed the insane by his prayers.’¹⁸ This phrase was unclear about whether the two were separate activities, or combined efforts to help the same group of people. Later hagiographers played off the medical, social and spiritual aspects of

¹⁴ On this issue, see Chapter One p. 42-4.

¹⁵ P. Horden, ‘Responses to possession and insanity in the earlier Byzantine world’, *SHM* 6 (1993), pp. 177-194 at pp. 184-5. A similar point is made by R. Raiswell and P. Dendle, ‘Demon possession in Anglo-Saxon and Early Modern England’, *Journal of British Studies* 47 (2008), pp. 738-767 at pp. 739-43.

¹⁶ J. Kroll and B. Bachrach, ‘Visions and psychopathology in the Middle Ages’, *Journal of Nervous and Mental Disease* 170 (1982), pp. 41-49 at p. 41; F. Chave-Mahir, *L’Exorcisme des possédés dans l’Église d’Occident* (Turnhout, 2011), p. 23; A. Boureau (trans T. L. Fagan), *Satan the Heretic* (Chicago IL, 2006), pp. 122-3, 140, argues that there was little distinction between possession and medical conditions until the rise of scholasticism in the fourteenth century.

¹⁷ Anon. *Cuthbert*, II.8, pp. 90-92; Bede *Cuthbert P*, ch. 15, p. 204, she was ‘*a demone acerrime coepit vexari*’ and ‘*insanam*.’; Bede *Cuthbert M*, ch. 13, pp. 83-5, described the woman as ‘*sensu fugiente*’ and ‘*daemonis... incumbere poenis*.’ Bede *Cuthbert P*, ch. 41, p. 288, similarly described a possessed boy as ‘*demone vexari*’ and ‘*insanus*.’ Ælfric *Cuthbert*, p. 89, lines 274, removed the demonic from his translation, referring only to a ‘most miserable disease’ [*earmlicere code*].

¹⁸ Anon. *Cuthbert*, I.7, p. 72; IV.18, p. 138. Bede *Cuthbert P*, ch. 16, pp. 208-210; Bede *Cuthbert M*, ch. 28, p. 104. These passages echoed Matthew 4:24; 8:16; Mark 1:32-4; 3:15; Luke 9:1. See G. H. Twelftree, *Jesus the Exorcist* (Tübingen, 1993), pp. 128-9. E. Langton, *Essentials of Demonology* (London, 1949), pp. 150-1, highlighted the similar language of cure and exorcism in the Synoptic Gospels.

possession, creating further ambiguity about the causes of demonic-type behaviour.¹⁹ The Swithun hagiography contained only one demonic narrative, in which a man from Winchester was attacked and left paralysed by ‘furies’ [*Furiæ*].²⁰ In the tenth-century accounts, this demonic attack left the man with physical impairments, ‘*immobilis*’ or ‘*debilitatus*.’²¹ The Anonymous hagiographer writing in Sherborne at the turn of the twelfth century introduced an association between the demonic and mental illness: the man was ‘reduced to the semblance of insanity [*similem... insano*].’²² The hagiographers of Edmund’s cult combined possession and mental illness in their accounts of transgressions against the saint. The crooked judge Leofstan was ‘out of his mind’ [*alienatione mentis*] and ‘possessed by a demon’ [*a demone possideri*].²³ Likewise these texts described how the disrespectful Dane Osgod Clapa ‘fell to the ground out of his mind, rolling on the floor as if struck by mania’ [*amens prosilit ad terram, volutans humo velut maniam passus*] and was described by a Bury monk as ‘possessed’ [*energuminus*].²⁴

In miracle-cure narratives written at the end of the twelfth century, such combinations of medical, spiritual and social strands were fundamental to possession narratives. In recounting the cure of a foreigner living in Ely, the compiler of the *Liber Eliensis* gave some priority to the influence of demons, but in combination with a medical

¹⁹ Caciola, *Discerning Spirits*, pp. 32-3.

²⁰ Lantfred *Swithun*, ch. 3, pp. 274-6; Wulfstan *Swithun*, I.3, pp. 436-8. Michael Lapidge identifies Lantfred’s classical sources for the furies as Vergil’s *Aeneid* and possibly an allusion to Tacitus’s *Annales*.

²¹ Lantfred *Swithun*, ch. 3, p. 276, and Wulfstan *Swithun*, I.3, p. 438, both used the term ‘*immobilis*.’ *Epitome Swithun*, ch. 8, p. 568, described the man as ‘*debilitatus*.’

²² Anon. *Swithun*, ch. 3, p. 650.

²³ Herman *Edmund*, ch. 3, p. 12. Goscelin *Edmund*, I.3, p. 144, Leofstan ‘was tortured by excruciating pain as a demon possessed him.’ Samson *Edmund*, I.3, p. 113, followed Goscelin’s text. Abbo *Edmund*, ch. 16, p. 85, described Leofstan as driven to ‘madness’ [*amentia*], but did not refer to demons. Ælfric, *Life of Saint Edmund*, ed. Skeat, p. 330, line 237, described Leofstan’s ‘bloodthirsty cry’ [*wælhreowlice grymetede*].

²⁴ Herman *Edmund*, ch. 23, pp. 56-58; Goscelin *Edmund*, I.9, pp. 208-210, emphasised the demonic earlier in the narrative, describing Osgod’s initial fall as: ‘having been possessed by a demon, he fell to the ground giving out wretched cries’ [*correptus a demonio, miseris emittens voces in terram eliditur*]. Samson *Edmund*, I.9, pp. 135-136, followed Goscelin.

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explanation of his condition: ‘through many pains of the body he experienced a frenzy [*vesanium*] of the mind, completely brought about by demons.’²⁵ The Becket and Cuthbert hagiographers of the same period favoured a greater equilibrium between medical and spiritual descriptions of unusual mental states. According to Benedict of Peterborough, Becket saved Elward from both ‘insanity of the mind’ [*mentis insania*] and ‘the enemy of the human race’ [*humani generis hostis*].²⁶ William of Canterbury explained that a man was ‘vexed by a demon’ [*a daemónio fuisse vexatus*] but by the power of Becket he was ‘returned to his mind’ [*ad mentem reductus*].²⁷ Reginald of Durham employed this dual explanatory structure in several cure narratives: a boy suffered from an ‘*infirmitas*’ and was cured when relics drove out an ‘impure spirit’ [*immundus spiritus*] from his body; a soldier behaved ‘in the manner of the insane’ [*more insanientibus*] and ‘saw demons [*daemonum*] flying around him;’ a woman ‘suffered from a plague [*pestis*]’ and after Cuthbert’s intervention she ‘remained free... from diabolic influence [*impulsu diabolico*].’²⁸ Each of these episodes blurred the distinction between a mental impairment and negative spiritual influence, placing the supplicant for cure in an ambiguous state.

Encounters with demons were framed in two distinct narrative forms.

Hagiographers could express the demonic relationship with sickness and disability as either the presence of a demon inside an individual (possession), or an attack from the outside (obsession).²⁹ Following biblical models, texts of the early Cuthbert cult located

²⁵ *Liber Eliensis*, III.131, p. 380: ‘*hic per multam corporis molestiam incurrit vesaniam mentis, totus demonicus effectus.*’

²⁶ Benedict *Thomas*, II.31, p. 82.

²⁷ William *Thomas*, VI.86, pp. 480-1.

²⁸ Reginald *Cuthbert*, ch. 44, p. 90; ch. 114, pp. 255-6; ch. 124, p. 270.

²⁹ This distinction between possession and obsession is outlined by Simon Kemp: ‘“Ravished of a fiend”: demonology and medieval madness’ in *Altered States*, ed. Ward, pp. 67-78 at pp. 70-1.

demons firmly inside the body.³⁰ The Anonymous hagiographer described a boy brought to Lindisfarne by his father as ‘*demonioso*’ – ‘full of a demon.’³¹ Bede’s prose re-writing of the text labelled the boy with the Greek term for a person possessed by a spirit, ‘*energuminum*.’³² In their accounts of the cure of Hildmer’s wife, both hagiographers put dialogue into the mouth of the saint explaining that the demon would be “put to flight,” suggesting that it was inside the woman.³³ The hagiographers of the Swithun cult by contrast employed the mode of obsession in their accounts of the ‘furies’ paralysing a man. Lantfred and Wulfstan located the furies in the landscape of the countryside around Winchester, describing how they sat by the bank of a river and leapt into the water.³⁴ The Anonymous hagiographer re-writing these accounts at the turn of the twelfth century gave still more emphasis to the material existence of the furies, changing the tenth-century accounts of the man being injured by the draft caused by a fury’s sleeve, to a description of how they ‘held him in their grasp.’³⁵

³⁰ Internal demons were described in: Matthew 8:28-34; 9:32-4; 15:21-8; 12:22-30; 17:14-21; Mark 1:21-8; 3:22-7; 5:2-13; 7:24-30; 9:14-19; Luke 4:31-7; 8:26-39; 9:37-43; 11:14-25. See Twelftree, *Jesus the Exorcist*, pp. 60, 75-7, 95-6. The only external demons in the early Cuthbert texts were described in general miracles rather than healing cures: Anon. *Cuthbert*, II.6, p. 88; III.1, p. 96; Bede *Cuthbert P*, ch. 13, p. 198; ch. 17, pp. 214-6; Bede *Cuthbert M*, ch. 11, pp. 81-2; ch. 15, pp. 87-8.

³¹ Anon. *Cuthbert*, IV.15, p. 132.

³² Bede *Cuthbert P*, ch. 41, p. 288. Bede *Cuthbert M*, ch. 40, p. 124 referred to ‘*dæmonis ira*’ harming the boy, but thereafter described him simply as ‘*puer*.’ ‘*Energumen*’ was employed by Aldhelm among a list of conditions cured by saints Cosmas and Damian, in his prose *De virginitate*, ed. S. Gwara (CCSL 124A, 2001), ch. 34, p. 447, line 23. Bede used the same word in his commentaries on Mark and Samuel: *In Marci*, ed. Hurst (CCSL 120), II.6, p. 506, line 689; *In primam partem Samuhelis libri IV. Nomina locorum*, ed. D. Hurst, *Bedæ Venerabilis opera, Pars 2 opera exegetica* vol. 2 (CCSL 119, 1962), pp. 5-287, at III.20, p. 187, line 2146; III.21, p. 203, line 2814. See DMLBS entry on ‘*energumenus*.’ The same term was used in some of our later case-studies: Herman *Edmund*, ch. 23, p. 58; Goscelin *Edmund*, I.9, p. 210; Samson *Edmund*, I.9, p. 136; William *Thomas*, III.51, p. 306; VI.130, p. 519; Reginald *Cuthbert*, ch. 17, pp. 33, 35.

³³ Anon. *Cuthbert*, II.8, p. 92, ‘*effugata demone*’; Bede *Cuthbert P*, ch. 15, p. 206, ‘*fugato demonio*’; Bede *Cuthbert M*, ch. 13, p. 85, placed this in the main description of cure, ‘*fugit efferus anguis*.’

³⁴ Lantfred *Swithun*, ch. 3, pp. 274-6; Wulfstan *Swithun*, I.3, pp. 436-8.

³⁵ Lantfred *Swithun*, ch. 3, p. 276; Wulfstan *Swithun*, I.3, p. 438; Anon. *Swithun*, ch. 3, p. 650. *Epitome Swithun*, ch. 8, p. 568, was vague about the internal or external place of the demons: the man was ‘*demonicis deceptionibus omnibus membris miserabiliter debilitatus est*.’

In several cases, the authors of our later case-studies employed the models of internal and external possession alongside each other in the same works. The *Liber Eliensis* included accounts of an onlooker spotting a ‘black thing, like a boy’ [*nigrus quidam, quasi puer*] clinging on to a possessed monk, and of a man who behaved as a ‘*totus demoniacus*’ without any external sign of the demon.³⁶ It is perfectly possible that the copyist of this compilation saw no contradiction in the use of the two models. William of Canterbury employed the term ‘*energumen*’ to describe a woman who was seemingly inhabited by a demon that gave her the ability to speak Latin and German.³⁷ By contrast, he also recounted the demonic encounter of a woman called Adelia in the external frame, describing how she saw the harmful spirit in the form of a ‘black dog.’³⁸ Likewise, Benedict of Peterborough presented negative spiritual presences as both assaults on the mind and external visions, such as a ‘giant man of horrible appearance.’³⁹ Reginald of Durham combined the modes of possession and obsession within cure narratives, with demons moving in and out of the bodies of those appealing to Cuthbert for help. For example, he recounted that Walter was attacked by a ‘dark black dog’ [*canis nigerrimus*], which entered his mouth, was removed by an exorcism ritual, and afterwards spoke to him through the door of his house.⁴⁰ These flexible hagiographical conventions for describing relationships between the human mind and unwanted spirits suggest a loosely defined concept of what we would now identify as psychology. Leslie Lockett’s study of the mind

³⁶ *Liber Eliensis*, II.129, p. 209; III.131, p. 380.

³⁷ William Thomas, VI.130, p. 519.

³⁸ *Ibid.*, III.5, p. 262.

³⁹ Benedict Thomas, II.31, pp. 82-3: ‘it seemed to him that however he turned himself, the enemy of the human race met against his forehead’ [*quocunque se vertebat, humani generis hostem opposita fronte sibi occurrere putabat*]. *Ibid.*, II.25, pp. 74-5, ‘*staturæ grandis homo vultusque terribilis.*’

⁴⁰ Reginald Cuthbert, ch. 17, pp. 33-7. See also *ibid.*, ch. 44, p. 91, a possessed boy vomited and saw the demon that had been in him, the ‘*antiqui versutia serpentis,*’ as it fled; ch. 114, pp. 256-7, a young soldier ‘saw a swarm of demons flying around him’ and they ‘fiercely infested [*infestabant*] his head one after another.’

in Old English poetry identified a specific association of the chest-cavity with control of the self, which is reflected in the early Cuthbert texts' emphasis on the presence of demons within the body.⁴¹ The later hagiographical tradition dissolved this sense of inner-self, locating the force of demons over the mind in a broader space around the suffering person.

In cure narratives featuring the demonic, resolution was found not in a miraculous change to the body, but in a saintly intervention to restore the individual to "normal" behaviour.⁴² Particularly in accounts of internalised demons, the violence of the possessed often threatened to destabilise communities.⁴³ The early accounts of Cuthbert's exorcisms emphasised the fear of onlookers. According to the Anonymous Lindisfarne hagiographer's narrative of the possession of a young boy, 'the demoniac [*demoniosus*] cried and shouted and this affected [*invasit*] many with dread [*horror*].'⁴⁴ The use of the term '*invasit*' echoed the penetration of the body by the demon, suggesting that violent behaviour spread the influence of demonic power to bystanders. Later possession narratives introduced descriptions of the reciprocal violence inflicted on the possessed by others. Several of Reginald's demonic cures described physical restraint of the possessed. When Walter was troubled by the black dog demon, his shouting and uncontrollable movements prompted his household [*familia*] to 'tie him very tightly' [*strictius colligavit*]

⁴¹ Lockett, *Anglo-Saxon Psychologies*, pp. 4-6.

⁴² Peter Brown described this as 'the rhythm of possession and exorcism': *The Cult of the Saints*, p. 108.

⁴³ Political violence is analysed in: G. Halsall, 'Violence and society in the early medieval West: an introductory survey' in *Violence and Society in the Early Medieval West*, ed. *idem* (Woodbridge, 1998), pp. 1-45 at pp. 4, 7-8, 16-17, 35; M. D. Meyerson, D. Thiery and O. Falk, 'Introduction' in "*A Great Effusion of Blood*"?, eds. *eadem*, pp. 3-16 at pp. 4-6, 10-11. Demonic violence is discussed in: J.-C. Schmitt, *La raison des gestes dans l'occident médiéval* (Paris, 1990), pp. 127-8; Chave-Mahir, 'Les cris', p. 133.

⁴⁴ Anon. *Cuthbert*, IV.15, p. 132. Bede *Cuthbert M*, ch. 40, p. 124, referred to a frightening aspect of the boy's behaviour, '*perhorrens*,' not in the context of violence but in relation to his 'tears and cries' [*fletus vagitumque*]. Bede *Cuthbert P*, ch. 41, p. 288, described similar possessed behaviour, 'crying and grinding teeth' but Bede used the term '*concuteret*' to describe the effect of onlookers, indicating that they were 'struck' or 'shaken' by what they saw. In the cure of Hildmer's wife, Bede described how the possessed woman's behaviour 'inspired horror [*incurteret horrorem*] in those who saw or heard her,' Bede *Cuthbert P*, ch. 15, p. 204. Anon. *Cuthbert*, II.8, p. 90, and Bede *Cuthbert M*, ch. 13, pp. 83-4, did not refer to fear of violence in this episode. See Raiswell and Dendle, 'Demon possession', p. 745.

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to a wooden bed with shackles; in the case of a possessed boy, ‘five or six very strong men were able to restrain [*retinere*] him.’⁴⁵ The *Liber Eliensis* mirrored the possessed behaviour of the monk Edwin, ‘striking [his master Siward] with a board,’ with the response of the other monks, who ‘took him into custody under compulsion [*districta*].’⁴⁶ In the Becket tradition, the written *Miracula* and the visual representations in stained glass diverged in their approaches to demonic and restraining violence. Benedict of Peterborough’s text was clear that the possessed woman Matilda hurt those around her: ‘she struck a blow with unfeigned strength.’⁴⁷ The glass-workers, by contrast, represented Matilda as the recipient of such violence, as two men restrained her cowering body.⁴⁸ A parallel contrast emerged in representations of the cure of Henry of Fordwich, whose violent behaviour alluded to possession. Benedict recounted that Henry hit his friends: ‘he inflicted unexpected sore injuries on his friends.’⁴⁹ Once again, in a visual medium, the deviant or possibly possessed person changed from the aggressor to the recipient of blows.⁵⁰

Hagiographical narratives resolved these accounts of demonic violence with a return to stability within the possessed person. Following the miraculous intervention of the saint, the possessed and those who were frightened by their behaviour were typically presented as a harmonious group. The early Cuthbert accounts of Hildmer’s possessed wife quoted the Gospel cure of Peter’s mother-in-law, with the grateful recipient of cure

⁴⁵ Reginald *Cuthbert*, ch. 17, p. 33; ch. 44, p. 91.

⁴⁶ *Liber Eliensis*, II.129, pp. 208-9.

⁴⁷ Benedict *Thomas*, IV.37, p. 208: ‘*non fictis viribus alapam impegit.*’

⁴⁸ Image redacted. Caviness, *The Windows of Christ Church Cathedral Canterbury*, pp. 196-7.

⁴⁹ Benedict *Thomas*, II.13, p. 66: ‘*amicis suis inopinatum doloris vulnus inflixerat.*’

⁵⁰ Image redacted. Caviness, *The Windows of Christ Church Cathedral Canterbury*, p. 184.

thanking the holy man by ‘ministering to them.’⁵¹ Similar accounts of social reintegration after extreme behaviour appeared in later possession texts, particularly those set in the monastic community. Once liberated from the black dog demon, Walter became a monk and Reginald of Durham claimed to have heard at first-hand of his virtue.⁵² The *Liber Eliensis* account of a young monk called Edwin being possessed and attacking his master, was resolved with his reintegration into monastic life: Edwin ‘prayed most devotedly with the community’ after being freed from possession.⁵³ Benedict of Peterborough used a similar formula of resolving a demonic episode with a description of lay communal devotion. He concluded his account about Matilda of Cologne by recounting his own conversation with her, creating an image of community relations around the Becket shrine, and implied that such tranquillity continued by referring to Matilda’s departure on an additional pilgrimage to Compostella.⁵⁴

These narratives of possession-based deviance turning to peace alluded particularly strongly to concepts of sin and forgiveness, as discussed in Chapter Two.⁵⁵ Possessed or obsessed minds could be framed as particularly susceptible to sinful influence. Bede explained a link between the presence of a demon and undeclared sins in his commentary on the Gospel of Luke, in a section on the story of the Gerasene demoniac.⁵⁶ Describing the possession experience of a nun ‘in our time,’ he claimed that a priest was not able to remove the demon from her body ‘until nothing remained before her with which she could

⁵¹ Anon. *Cuthbert*, II.8, p. 92; Bede *Cuthbert* M, ch. 13, p. 85; Bede *Cuthbert* P, ch. 15, p. 206. The cure of Peter’s mother-in-law: Matthew 8:15; Mark 1: 31; Luke 4:39.

⁵² Reginald *Cuthbert*, ch.17, p. 36.

⁵³ *Liber Eliensis*, II.129, p. 209.

⁵⁴ Benedict *Thomas*, IV.37, p. 209.

⁵⁵ See Chapter Two, Part II, pp. 74-91.

⁵⁶ Luke 8:26-40. The biblical account is also found in Mark 5:1-20 and Matthew 8:28-33.

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make confession.⁵⁷ The hagiographers of the Edmund cult reserved demonic possession as a punishment for those who committed the grave sin of violating the sanctuary of their martyr king.⁵⁸ The compiler of the *Liber Eliensis* did the same in adapting the early twelfth-century description of the desecration of Æthelthryth's tomb, adding the demonic to an account that originally described sinful behaviour.⁵⁹

A more complex relationship between demonic possession and sin emerged in a possession narrative in the *Liber Eliensis*. This account, set during the abbacy of Simeon (d. 1093), recounted the violent behaviour of a young monk called Edwin. He became possessed during compline and started to attack other monks.⁶⁰ A monk visiting from Winchester announced that he could see the demon, the 'small black thing, like a boy,' holding the young monk's hood firmly by its hand.⁶¹ After Edwin was locked away and calmed down, he seemed to have been released from possession, but then underwent an unpleasant bodily experience:

He was taken to the latrine, and such an effusion passed from him that is was as if all of his bowels were being poured out [*effusionem ac si omnia viscera funderentur*], and after the ejection of that fury of the mind, so a stench of the stomach was ejected, so much so that through all the surrounding areas the air was barely tolerable.⁶²

This description of Edwin's inner body alluded closely to conventions of describing the ejection of the innards of sinners. Exegetical tradition expanded graphically on the

⁵⁷ Bede, *In Lucæ evangelium expositio*, ed. D. Hurst, *Bede Venerabilis opera, Pars 2 opera exegetica* vol. 3 (CCSL 120, 1960), pp. 5-425 at III.5, p. 184, lines 732-4: '*feminam a dæmonio curare coepisse sed quamdiu res latebat nihil apud eam proficere potuisse confesso.*'

⁵⁸ See above, p. 99, notes 23 and 24.

⁵⁹ *Liber Eliensis*, I.43, p. 58, '*instinctu fraudis demoniace.*' This account was based on Goscelin *Æthelthryth*, ch. 8, pp. 122-8, and Gregory *Æthelthryth*, II.8, pp. 370-2, which did not mention the demonic. See Chapter Two, p. 89, on this episode.

⁶⁰ *Liber Eliensis*, II.129, p. 208.

⁶¹ *Ibid.*, p. 209.

⁶² *Ibid.*, p. 209: '*Ductus ergo ad locum necessarium, tantam illico passus est effusionem ac si omnia viscera funderentur et post eiectum furorem mentis tantus eicitur fetor ventris, ut per omnes proximas officinas vix esset aer tolerabilis.*'

description in Acts of Judas's body splitting open when he hanged himself after betraying Jesus.⁶³ Histories of the early Church, written in Greek and later translated into Latin, recounted that the heretic Arius suffered a humiliating death resulting from anal prolapse.⁶⁴ The closest linguistic matches for the *Liber Eliensis* passage are found in the accounts of the death of Arius in the Cassiodorus-Epiphanius translation of the *Ecclesiastical History* of Socrates Scholasticus, and Rufinus's continuation of Eusebius's *Ecclesiastical History*.⁶⁵ This conceptual link between the possessed mind and the polluted bodies of prominent sinners was echoed by Reginald of Durham. In his account of the black-dog demon possessing Walter by entering his mouth, Reginald explained that this was a suitable representation of the filth of sin. Just as the dog-demon entered Walter's mouth head-first and made for the rest of his digestive tract, 'so [the devil] has always hidden himself at leisure in the stench of sin and the perpetual filth of the latrine.'⁶⁶ Reginald's association between demonic control of the mind and the impure parts of the body might have been enough to evoke Arius. Allusions to renegade figures in Church

⁶³ Bede's commentary on Acts 1:18 and 1:20 described how Judas hung himself, '*ut viscera quæ dolum proditionis conceperant rupta caderent at vacuas evoluerentur in auras*' and compared this to how Arius died with '*ventre vacui*.' See Bede, *Expositio Actuum Apostolorum*, ed. M. L. W. Laistner, *Beda Venerabilis opera, Pars 2 opera exegetica* vol. 4 (CCSL 121, 1983), pp. 6-99 at pp. 12-13, lines 189-209.

⁶⁴ On Arius, see: R. Williams, *Arius: heresy and tradition* (London, rev. ed., 2001), pp. 29-32, 73-81; Stead, 'Arius in modern research', *Journal of Theological Studies* 45 (1994), pp. 24-36 at pp. 24, 27-8.

⁶⁵ Similarities with the *Liber Eliensis* text are marked here in bold. Cassiodorus and Epiphanius, *Historia Ecclesiastica*, eds. W. Jacob and R. Hanslik, *Cassiodori-Epiphani, Historia Ecclesiastica Tripartita* (CSEL 71, 1952), III.10, p. 151, lines 45-54: '*... conscientiæ secreto constrinxit, et cum formidine secuta est ventris effusio. Percontatusque, si secessum esset in proximo, et agnoscens esse post Constantini forum perrexit illic. Quo facto defectus eum quidam cum effusione corripuit, et una cum stercoreibus meatus quoque prolapsus est. Tunc ergo concidit, et sanguinis multitudo cum subtilibus intestinis subsequenter effluxit, decurrebantque pariter cum splene etiam interna iecoris. Et ita factum est, ut repente sequeretur et mors.*' Rufinus, *Eusebii Cæsariensis Historia Ecclesiastica, Rufini continuatio*, eds. E. Schwartz and T. Mommsen, *Eusebii Werke: Die Kirchengeschichte* vol. 2 part 2 (Berlin, 1908), pp. 957-1040 at X.14, p. 979, lines 18-21: '*...humanæ necessitatis causa ad publicum locum declinat. Ubi cum sederet, intestina eius atque omnia viscera in secessu cuniculum defluxere; ita tali in loco dignam mortem blasphemæ et foetidæ mentis exsolvit.*'

⁶⁶ Reginald *Cuthbert*, ch. 17, p. 33: '*ita semper in peccati stercore et latrina immunditiæ continuata sibi requie delitescit.*'

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history associated the possessed with signs of sin.⁶⁷ However, the accounts of Edwin and Walter's possession experiences also inverted the Arius narrative. Edwin's experience in the latrine came after the demon had apparently left him, suggesting that his body was simply purging the last impurities. Reginald described Walter's recovery with divine imagery: Christ overcame Belial, light drove away the shadows.⁶⁸ Fundamentally, both accounts concluded not with damning death but with a restitution of control over the soul.⁶⁹ As discussed in Chapter Two, the association between impairments and sin was anything but straightforward.⁷⁰

In keeping with the theological ambiguities of the demonic, moral failings did not account for all narratives of possession. Bede's theory of sin and possession in his exegetical writings was abandoned in his hagiographical work. In the cure of Hildmer's wife in his Prose *Life of Cuthbert*, he attributed new dialogue to the saint, explaining that: "even the innocent in this world are taken captive by the devil, not only in body but also in mind."⁷¹ This understanding of possession as a spiritual test was transmitted to the later Cuthbert cult. Reginald of Durham perhaps alluded to Bede in his narrative about a boy who was particularly devoted to Cuthbert's cult: 'his innocence was tested' [*eius innocentia... probaretur*] by possession.⁷² The Becket cult was marked by a narrative template of explaining that individuals should not be blamed for the deviant social

⁶⁷ On the association of sin with excrement, see S. S. Morrison, *Excrement in the Late Middle Ages* (Basingstoke, 2008), p. 25.

⁶⁸ Reginald *Cuthbert*, ch. 17, p. 34.

⁶⁹ *Liber Eliensis*, II.129, p. 209, Edwin 'taught [the community] from his example.' Reginald *Cuthbert*, ch. 17, p. 36, recounted that Walter died in 1165, but was commemorated by the Durham community. M. Bayliss, *Sin and Filth in Medieval Culture* (Abingdon, 2012), pp. 136-7, interprets the *Liber Eliensis* account as a 'diabolical death' punishing Edwin for leaving compline, overlooking the setting of this scene in a miracle narrative which concludes that Æthelthryth saved the monk.

⁷⁰ See Chapter Two, pp. 77-91

⁷¹ Bede *Cuthbert P*, ch. 15, p. 206: '*neque enim tali tormento soli subiciuntur mali, sed occulto Dei iuridicio aliquotiens etiam innocentes in hoc sæculo non tantum corpore sed et mente captiuntur a diabolo.*'

⁷² Reginald *Cuthbert*, ch. 44, p. 90.

behaviour associated with possession. William of Canterbury indicated that a possessed woman was not to blame for violence towards her community: the exhaustion of the ‘guardians’ [*custodibus*] who took care of her was to be attributed ‘not to her, but to that which ran riot [*grassabatur*] in her.’⁷³ Benedict of Peterborough and William of Canterbury attributed the only narratives of suicide found in these case-studies to demonic influence. As a human act, suicide could be framed as sin, but if it was understood as the work of a demon, blame lay in the spiritual world instead.⁷⁴ Both hagiographers recounted that young girl called Salerna threw herself into a well, which implies an attempt to end her life. Benedict cited the influence of an apparition of a ‘certain deformed man’ [*hominem quendam deformem*], indicating that Salerna was coerced into this behaviour.⁷⁵ William explained that the spirit of Thomas Becket had to confront ‘Zabulus’ to restore the girl to life.⁷⁶ William of Canterbury recounted another miracle of resurrection after suicide, in which a woman hanged herself because of ‘*causam diabolicam*,’ but she too was restored through the help of the martyred archbishop.⁷⁷

These narratives indicate that there was little theological consensus among the hagiographers of this period when dealing with demonic invasions of the soul. This was a problematic concept for describing the most complex aspects of human behaviour. Some hagiographers avoided the issue altogether, such as Ælfric, who removed the demonic

⁷³ William Thomas, III.52, p. 307.

⁷⁴ Murray, *Suicide in the Middle Ages* (Oxford, 1998-2000), vol. 1, pp. 24-5, 32; Foxhall Forbes, *Heaven and Earth*, pp. 300-4; M. Clayton, ‘Suicide in the works of Ælfric’, *Review of English Studies* (2009), pp. 339-370 at pp. 343-4, 346, 358-9. Byrhtferth of Ramsey, *Life of St Oswald*, ed. M. Lapidge, (Oxford, 2009), pp. 2-203 at V.2, p. 148, recounted that a monk called Huna fell from a wall and died, and appeared to Oswald in a vision to thank him for releasing his soul into ‘salvation’ through prayer. Foxhall Forbes, *Heaven and Earth*, pp. 306-7, suggests that this was an account of a suicide, albeit in a ‘problematic’ source.

⁷⁵ Benedict Thomas, VI.2, pp. 263-266.

⁷⁶ William Thomas, III.3, pp. 258-261.

⁷⁷ *Ibid.*, VI.141, p. 524.

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from the Swithun *Miracula* in his vernacular version.⁷⁸ The cures from demonic possession among our case-study texts suggest that we need to break out of the binary view of possession as either a persecution of the mentally ill or as a useful ritual performance.⁷⁹ Hagiographers employed the full symbolic range of demonic narratives as a flexible starting-point for grappling with complex human behaviour.

II Visions

The *Lives* of Cuthbert presented the saint as a disabled boy in esteemed spiritual company. Suffering from a swollen knee, the young Cuthbert was carried outside by servants to lie in the sun. When a mysterious man approached him, Cuthbert was ‘greeted’ by this guest, and he then described his impairment in his own words. As was discussed in Chapter Two, the hagiographers portrayed the saint as viewing his disability as a punishment for his sins.⁸⁰ However, the structure of this narrative belied the saint’s own humility about his moral failings. The hagiographers framed this episode as a positive spiritual encounter: Cuthbert was granted dialogue with an angel to explain his experience of disability, and this resulted in his cure. The spiritual prestige of this episode was emphasised by

⁷⁸ Ælfric *Swithun*, ch. 8, p. 594, removed the demons found in all other accounts of the cure of a Winchester man at Swithun’s tomb, saying simply that he was ‘made sick by some evil affliction’ [*geuntrumod swiðe yfelum broce*]. Horden, ‘Responses to possession’, p. 187, describes this as ‘anti-possession: the avoidance of the idiom of possession.’

⁷⁹ On the issue of persecution, see: N. Cohn, *Europe’s Inner Demons: an enquiry inspired by the great witch-hunt* (London, 1975), p. 69; V. I. J. Flint, *The Rise of Magic in Early Medieval Europe* (Oxford, 1991), pp. 105, 146; Kroll and Bachrach, ‘Sin and the etiology of disease’, pp. 396, 411; A. Solomon, *The Noonday Demon* (London, 2001), pp. 285, 292-4; Chave-Mahir, ‘Les cris’, p. 131. On performance, see: Clarke, *Mental Disorder*, p. 113; M. Rubellin, ‘Le diable, le saint et le clerc’ in *Haut moyen âge: culture, éducation et société, études offerts à Pierre Riché*, ed. M. Sot (Paris, 1990), pp. 265-272 at pp. 267-8; Chave-Mahir, *L’Exorcisme*, pp. 15, 26.

⁸⁰ Anon. *Cuthbert*, I.4, pp. 66-68; Bede *Cuthbert M*, ch. 2, p. 64; Bede *Cuthbert P*, ch. 2, p. 160; Ælfric *Cuthbert*, p. 82, lines 28-47. See Chapter Two, p. 61.

comparison to the Old Testament cure of Tobias at the hands of the archangel Raphael.⁸¹ Helpers from the spiritual world were cast in these encounters as a powerful variation in miracle-cure narrative structures.

The role of vision narratives in shaping representations of sickness and disability has been caught between two fields of research. Historians of medicine have prioritised more “tangible” aspects of medieval sickness and disability, often approaching accounts of dreams in terms of the provision of overnight shelter for the vulnerable.⁸² The place of dreams and visions in intellectual and cultural history has been framed in terms of the reception of classical texts and philosophical theory, leaving little room for the humbler spiritual experiences of the sick and disabled.⁸³ However, some scholars have recognised the potential that accounts of dreams and visions hold for socio-cultural history.⁸⁴ In relation to sickness and disability, visionary experiences provide an opportunity to examine how the soul and body were interconnected. Isidore of Seville’s *Etymologies* indicates how tangible visions were thought to be. Isidore defined three types of vision:

⁸¹ Anon. *Cuthbert*, I.4, p. 68; Bede *Cuthbert M*, ch. 2, p. 65; Bede *Cuthbert P*, ch. 2, p. 160; Ælfric *Cuthbert*, p. 82, lines 46-7. The comparison is to Tobias, 11:7-15.

⁸² Finucane, *Miracles and Pilgrims*, pp. 76-7, 84-5; Metzler, *Disability in Medieval Europe*, p. 178-9, 181; H. Mayr-Harting, ‘Functions of a twelfth-century shrine: the miracles of Saint Frideswide’ in *Studies in Medieval History presented to R. H. C. Davis*, eds. *idem* and R. I. Moore (London, 1985), pp. 193-206 at p. 195; Sigal, *L’homme et le miracle*, pp. 138-9, 144; T. S. Miller, ‘Hospital dreams in Byzantium’ in *Dreams, Healing and Medicine*, ed. Oberhelman, pp. 199-215 at pp. 199, 206, 209. I. Csepregi, ‘Who is behind incubation stories?’ in *ibid.*, pp. 161-187 at p. 163, calls for a more literary approach to Byzantine dream miracles. Wheatley, *Stumbling Blocks*, pp. 158-9, 162-4, provides literary analysis of apparitions, but only in the context of divine punishment.

⁸³ H. R. Patch, *The Other World* (Cambridge MA, 1950), pp. 2-3; P. Dinzelsbacher, *Vision und Visionsliteratur im Mittelalter* (Stuttgart, 1981), pp. 229-32; A. Gurevich (trans. J. M. Bak and P. A. Hollingsworth), *Medieval Popular Culture* (Cambridge, 1988 - originally 1981), pp. 109-111; S. F. Kruger, *Dreaming in the Middle Ages* (Cambridge, 1992), pp. 58, 124-5; A. Micha, *Voyages dans l’au-delà* (Paris, 1992), pp. 7-8; C. Carozzi, *Le voyage de l’âme dans l’au-delà* (Rome, 1994), pp. 568, 577; P. Brown, ‘The decline of the empire of God’ in *Last Things*, eds. C. Walker Bynum and P. Freedman (Philadelphia PA, 2000), pp. 41-59 at pp. 55-6. W. S. van Egmond, ‘Saintly images: visions of saints in hagiographical texts’ in *Reading Images and Texts*, eds. M. Hageman and M. Mostert (Turnhout, 2005), pp. 221-237 at p. 222, and J. Keskiäho, ‘The handling and interpretation of dreams’, *EME* 13 (2005), pp. 227-248 at p. 227, draw attention to this imbalance.

⁸⁴ P. Burke, ‘The cultural history of dreams’ in *Varieties of Cultural History* (Cambridge, 1997), pp. 23-42 at pp. 25, 27-9; H. Mayr-Harting, *Perceptions of Angels in History* (Oxford, 1998); N. Partner, ‘The Hidden Self’ in *Writing Medieval History*, ed. *idem*, pp. 42-64 at pp. 51-2.

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one ‘is observed with the eyes of the body;’ another ‘is observed in the spirit, which is imagined to be felt in the body;’ the third is ‘neither felt in the body nor in that part of the soul that captures images physically, but is discerned through the intuition of the mind.’⁸⁵

The first two categories of vision were the basis of hagiographical accounts of saints appearing to supplicants, as the saint’s genuine presence was itself part of the miraculous nature of the narratives. As Jacques Le Goff put it, ‘the study of dreams offers... precious information on the place of the body... in the medieval world-view.’⁸⁶

Visions were highly personal spiritual experiences. Textual accounts of visions purported to be based on an account given by the person who had experienced the vision.⁸⁷ This was the narrative frame of the chief vision narratives of early Anglo-Saxon England, the visions of Fursey, Drythelm, and the monk of Wenlock.⁸⁸ These three accounts of dramatic out-of-body experiences were recounted as the recollections of holy men whose souls left their bodies during sickness. Such texts attributed divine knowledge to the sick, not to the most learned members of society. This underlay the hesitancy with which Ælfric approached dreams and visions in his hagiography of Swithun. Ælfric omitted several vision-narratives from the Swithun tradition and issued a warning to anyone who might experience such dreams, that ‘God himself forbade that we pay heed to dreams, lest the

⁸⁵ Isidore of Seville, *Etymologiarum sive originum libri XX*, ed. W. M. Lindsay (Oxford, 1911), VII.8, parts 36-40.

⁸⁶ J. Le Goff, ‘Les rêves dans la culture et la psychologie collective de l’Occident médiéval’ in *Pour un autre moyen âge: temps, travail et culture en Occident* (Paris, 1977), pp. 299-306 at p. 302. See also *idem*, *L’Imaginaire médiéval* (Paris, 1985), p. 282.

⁸⁷ See J.-C. Schmitt, ‘Les dimensions multiples du voir’ in *La Visione e lo Sguardo nel Medio Evo* vol. 2 (*Micrologus* 6, Turnhout, 1998), pp. 1-27 at p. 10: ‘Le témoin principal y est aussi le juge de ses propres rêves: nul n’est mieux placé que le sujet pour dire le vrai d’une expérience ineffable par tout autre.’

⁸⁸ Bede *HE*, III.19, pp. 268-276 (the vision of Fursey); *ibid.*, V.12, pp. 488-498 (the vision of Drythelm); Boniface, Ep. 10, in *Die Briefe des heiligen Bonifatius und Lullus*, ed. M. Tangl (MGH Epistolæ Selectæ 1, 1916), pp. 8-15 (the vision of the monk of Wenlock).

devil delude us.’⁸⁹ However, vision sequences were useful additions to miracle-cure narratives, as they rendered the spiritual experience of cure as a tangible experience that could be turned into a clear narrative about how the saint operated. In some miracle-cure accounts, this included a representation of the reduced sensory capacity of supplicants for cure. As the term ‘vision’ [*visio*] suggests, the presence of the saint or an angel was typically recounted through descriptions of their visual appearance.⁹⁰ Among our case-studies, accounts of angels and saints appearing to the sick and disabled marked their holiness by describing their glowing clothing and liturgical vestments.⁹¹ However, in the case of blind people experiencing such encounters, hagiographers could choose to represent the vision in other ways. Benedict of Peterborough emphasised the limited sight of some blind “visionaries.” He recounted that a blind woman experienced the reassurance of the saint when she spoke a vow to Becket and ‘almost immediately, by the voice of the Lord the martyr replied to her as if they were in conversation, “O woman, your faith is great...”’⁹² A blind young man poured relic water into his left eye, through which he could not see, and he felt something trickling down his face. Benedict recounted that he fell

⁸⁹ Ælfric *Swithun*, ch. 24, p. 604: ‘*God sylf forbead þæt we swefnum ne folgion, þy læs ðe se deofol us bedydrian mæge.*’ Godden, ‘Ælfric’s *Saints’ Lives* and the problem of miracles’, p. 86, describes this passage as a sign of ‘Ælfric’s essential ambivalence about miracle stories.’ See also Gretsch, *Ælfric and the Cult of Saints*, pp. 188-91.

⁹⁰ On the theories of visions and sight, see S. Biernoff, *Sight and Embodiment in the Middle Ages* (Basingstoke, 2002), pp. 136-140.

⁹¹ Angels appeared to the sick and disabled in bright garments in: Anon. *Cuthbert*, I.4, p. 66; Bede *Cuthbert P*, ch. 2, p. 160; Bede *Cuthbert M*, ch. 2, p. 64; Ælfric *Cuthbert*, p. 82, lines 32-3; Lantfred *Swithun*, ch. 2, p. 266; ch. 35, p. 324; Wulfstan *Swithun*, I.2, p. 422; II.18, p. 539; Anon. *Swithun*, ch. 36, p. 672; Benedict *Thomas*, IV.2, p. 178; William *Thomas*, III.5, p. 263. Staffs of office and liturgical dress featured in these apparitions: Lantfred *Swithun*, ch. 35, p. 326; Wulfstan *Swithun*, II.18, p. 540; Ælfric *Swithun*, ch. 23, p. 602; Anon. *Swithun*, ch. 53, p. 686; Reginald *Cuthbert*, ch. 108, p. 244; ch. 112, p. 252; *Liber Eliensis*, II.133, p. 214; William *Thomas*, VI.111, p. 503; Benedict *Thomas*, IV.37, p. 243. Edmund was described as approaching the sick dressed in armour in Samson *Edmund* II.18, pp. 200-201. On the significance of these aspects of personal appearance, see: J. Véronèse, ‘Quand s’ouvre un ciel nouveau’, *Cahiers de recherches médiévales* 17 (2009), pp. 387-407 at p. 392; Keskiäho, ‘Handling and interpretation of dreams’, p. 239; R. E. Reynolds, ‘Clerical liturgical vestments and liturgical colours in the Middle Ages’ in *Clerics in the Early Middle Ages* (Aldershot, 1999), no. 6 at p. 1.

⁹² Benedict *Thomas*, I.8, p. 38.

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asleep and Becket ‘woke him by shaking his arm, and said, “Get up, proceed.”’⁹³ In these cases, Benedict described encounters with Becket only through sound or touch, with no description of what the saint looked like; the text’s audience was thus placed in the sensory world of the blind.

Benedict of Peterborough was unusual among our case-studies in recounting the spiritual perception of the disabled in this particular framework. Other hagiographers used a simpler narrative technique to represent how the body of the sick and disabled remained fixed in the physical world while the soul encountered the spiritual world. This was achieved by describing the perspective of onlookers during the visionary experience. In Herman’s *Miracula* of Edmund, William FitzAsketil talked with Edmund in his vision but ‘those who were present heard these words but considered him to be out of his mind’ [*alterius mentis*].⁹⁴ According to both Becket hagiographers, after Ailward had a vision of Thomas Becket, a girl told him that she had witnessed him talking in his sleep.⁹⁵ In the twelfth-century Cuthbert *Miracula*, Reginald recounted that when a young man was taken to Cuthbert’s shrine by his friends and family, the saint appeared in the church but ‘no one but the youth was able to see the holy bishop.’⁹⁶ This emphasis on the strangeness of the behaviour witnessed during vision episodes perhaps echoed the hagiographical trope of describing the social disturbance caused by people in a state of demonic possession (see above). Such an allusion created some ambiguity around narratives of dreams and visions. While they were rooted in their impaired bodies and communities that did not share their

⁹³ *Ibid.*, II.9, p. 63.

⁹⁴ Herman *Edmund*, ch. 33, p. 94. In Goscelin *Edmund*, I.12, p. 220, the onlookers heard William speak, but Goscelin omitted the comparison to madness. Samson *Edmund*, I.12, p. 142, followed Goscelin’s text.

⁹⁵ Benedict *Thomas*, IV.2, p. 179 the girl said that Ailward appeared ‘*insanis*’; William *Thomas*, II.3, p. 158, the girl was more involved in the dream, saying “*videbam in somnis... te visum recuperasse.*”

⁹⁶ Reginald *Cuthbert*, ch. 70, p. 144.

spiritual experiences, sick and disabled people experiencing visions were aligned still more closely with the spiritual world which had opened up to them.

A spiritual encounter was not, however, tied to the material constraints of the natural world. In many more of our case-study texts, the authors used vision narratives to suspend the reality of bodily impairments. The tenth-century accounts of Swithun's miracles described how a paralysed man was visited by two angels. When they asked him to go with them, the man asked, "Now how could I run, I who have not been able to get out of bed for nine years without the support of walking sticks and my servants?"⁹⁷ Yet he was able to 'run' with the angels, and when he became tired to 'fly' with them.⁹⁸ In this case, the true moment of cure only came with the conclusion of the dream and a pilgrimage to Winchester, but the effects of cure were described in the dream itself. The Anonymous hagiographer adding to the Swithun tradition at the turn of the twelfth century framed another miracle-cure account in this way. This narrative explained how a man whose limbs were deformed in some way [*contractus*] dreamt that he dropped a piece of cheese that Swithun had given to him, and he was able to run after it.⁹⁹ Goscelin of Saint-Bertin expanded on an account of Edmund curing a blind boy to introduce a suspension of impairment in a vision. Goscelin's portrayal of the saint asked the boy "Do you see me?" [*ne me vides?*] and "what do I hold in my hand?" [*quid est quod manu teneo?*] while holding a candle, giving the boy the chance to answer correctly and demonstrate his

⁹⁷ Lantfred *Swithun*, ch. 35, p. 324; Wulfstan *Swithun*, II.18, p. 538, and Ælfric *Swithun*, ch. 23, p. 602, followed Lantfred closely in turning the man's dialogue into verse and the vernacular respectively, maintaining the details about being unable to get up for nine years.

⁹⁸ Lantfred *Swithun*, ch. 35, p. 326; Wulfstan *Swithun*, II.18, p. 538. Ælfric *Swithun*, ch. 23, p. 602, used the term '*faran*,' meaning 'travel' in general, and then 'they flew through the air' [*flugon hi geond þa lyfl*]. Anon. *Swithun*, ch. 36, p. 672, reduced the emphasis on mobility, recounting merely that the man 'left his house' [*de domo sua... exisse*].

⁹⁹ Anon. *Swithun*, ch. 53, pp. 686-8.

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sightedness even before his eyes suppurred.¹⁰⁰ Such previews of cure in the context of visions became more common among later twelfth-century texts. Reginald of Durham recounted that a mute cleric spoke to Cuthbert in a vision.¹⁰¹ Reginald and the *Liber Eliensis* both shaped vision narratives as moments of calm and clarity for the possessed, in which they were able to understand the saints when the rest of the world did not make sense.¹⁰² This potential of the vision to undo impairment would seem to have been subject to debate at Canterbury. Whilst Benedict of Peterborough adjusted vision narratives for cases of blindness, William of Canterbury favoured the suspension of impairment: he recounted three narratives of blind people who were able to see details of the saint's apparitions. For example, a man called Roger had been blinded and castrated as a judicial punishment, but Becket 'appeared' [*apparuit*] to him, holding three candles and wearing red clothes.¹⁰³ A poisoned doctor lay in bed 'without any memory, without sight', but William described in the next sentence how Becket 'miraculously appeared, shining and vested [for liturgy].'¹⁰⁴ In these accounts, visionary sections of the narratives prefigured the cure that was to follow.

A visionary experience was a more intimate encounter between the saint and supplicant than the more general miracle structure set around the relics or tomb of the saint. In many vision narratives among our miracle-cure accounts, the encounter involved physical contact, with the saint reaching out to the sick or disabled person. The only

¹⁰⁰ Goscelin *Edmund*, I.14, p. 226. This was based on Herman *Edmund*, ch. 35, p. 100, which simply stated that the blind boy was 'cured by divine power in his sweet sleep.' Samson *Edmund*, I.14, p. 146, followed Goscelin's text.

¹⁰¹ Reginald *Cuthbert*, ch. 112, pp. 250-253.

¹⁰² *Ibid.*, ch. 114, p. 255-259; *Liber Eliensis*, III.131, p. 380.

¹⁰³ William *Thomas*, VI.10, p. 420-421.

¹⁰⁴ *Ibid.*, VI.101, p. 497. Compare the additional details about Becket's clothing in *ibid.*, VI.127, pp. 516-517, in which a blind monk 'claimed that he saw [a person] vested in purple clothes in the manner of an archbishop.'

apparition of Cuthbert in the early stage of his cult took the form of a comforting gesture: in his *Ecclesiastical History*, Bede recounted that a monk who became paralysed on one side of his body fell asleep in front of the saint's tomb and 'felt a great broad hand touch his head where the pain lay.'¹⁰⁵ In the last quarter of the twelfth century, a manuscript containing Bede's prose *Vita* of Cuthbert and the Cuthbert miracles from the *Ecclesiastical History* represented this scene literally, with a hand stretching out of the tomb to touch the monk.¹⁰⁶ In later miracle collections, hagiographers employed this gesture of reaching out a hand to the sick and disabled in accounts of visible apparitions of saints. For example, Herman recounted that an apparition of Edmund reached out two fingers and opened the eye-lid of an unconscious man.¹⁰⁷ Æthelthryth was portrayed several times in the *Liber Eliensis* as wiping the foreheads of the sick with her sleeve.¹⁰⁸ The twelfth-century additions to the Swithun miracles included a leper's vision of his diseased skin being 'removed by the holy hand' of the saint.¹⁰⁹ The most intimate account of a saint touching the sick is to be found in William of Canterbury's description of Becket helping a monk who regretted castrating himself by 'touching the place of the infirmity.'¹¹⁰ In all of these cases, the saint did not marginalise the sick or disabled body.

¹⁰⁵ Bede *HE*, IV.31, p. 446. OE *HE*, IV.32, p. 380. Sigal, *L'homme et le miracle*, p. 140; Van Dam, *Saints and their Miracles*, pp. 104-5.

¹⁰⁶ Image redacted. M. Baker, 'Medieval illustrations of Bede's *Life of St Cuthbert*', *Journal of the Warburg and Courtauld Institutes* 41 (1978), pp. 16-49 at pp. 21-2, 34-7.

¹⁰⁷ Herman *Edmund*, ch. 37, p. 106. Goscelin *Edmund*, I.16, pp. 228-234, prefaced this account with an explanation of the theory of visions, which could be either 'illusions or revelations.' *Ibid.*, p. 234, paraphrased Herman closely, describing how the saint used two fingers to gently open the eye-lid. Samson *Edmund*, II.2, pp. 161-2, omitted the theory of visions found in Goscelin's text, but reverted to his description of the saint opening the man's eye.

¹⁰⁸ *Liber Eliensis*, II.133, p. 215; III.61, p. 313; III.130, p. 379. *Ibid.*, III.131, p. 380. Æthelthryth instead wrapped her clothing around a possessed man's head.

¹⁰⁹ Anon. *Swithun*, ch. 44, p. 680; after this vision, a 'scab' of leprosy fell off the man's chest.

¹¹⁰ William *Thomas*, VI.134, p. 520.

Contact between the visionary's body and the spiritual apparition was not always conceived of as gentle. Perhaps alluding to the Old Testament physicality of angels who could wrestle with humans, some hagiographers among our case-studies imagined the human body to be subject to considerable force during visions.¹¹¹ The early Swithun texts recount that a man who had been injured by 'furies' felt that someone 'tugged on his leg' when he was cured, suggesting that the saint forcefully reanimated the man's paralysed body.¹¹² It was not only demons who could manipulate the body, but also saints. Benedict of Peterborough's Thomas Becket breathed into the mouth of a leper, suggesting at first a gentle gesture, but then resorted to greater force by hitting him between the shoulder-blades with his episcopal staff.¹¹³ These visionary encounters with the saints were nonetheless providing cure, with the forceful actions of the saints fixing the body rather than punishing the impaired individual. Only two episodes among our case-studies explicitly stated that the initiation of cure during a vision was painful.¹¹⁴ Reginald of Durham described how a young girl 'cried out to her mother for help' when Cuthbert squeezed her paralysed hand in order to restore motion to her fingers.¹¹⁵ The physical threat posed by a saintly apparition was deployed symbolically in the stained glass of the Trinity Chapel in Canterbury Cathedral. Becket appeared holding a sword above the family of Jordan FitzEisulf as a reminder that they should thank him for curing their

¹¹¹ Genesis 32:24-30 and Hosea 12:3-4.

¹¹² Lantfred *Swithun*, ch. 3, p. 282; Wulfstan *Swithun*, I.3, p. 448. *Epitome Swithun*, ch. 8, p. 568, and Ælfric *Swithun*, ch. 8, p. 594, changed this description of violence to a sensation that someone approached the man and 'took one shoe off his foot.' Anon. *Swithun*, ch. 3, p. 650, omitted this detail, but portrayed similar force in other visions: see ch. 45, p. 680, in which a paralysed woman had a vision of Swithun who pointed his crozier at her 'as if about to strike her with it;' and ch. 54, p. 690, in which a paralysed man felt that he was 'pulled his way and that.'

¹¹³ Benedict *Thomas*, IV.73, p. 243.

¹¹⁴ On the issue of pain in miracle-cure narratives, see Chapter Four, pp. 168-70.

¹¹⁵ Reginald *Cuthbert*, ch. 108, p. 244: '*voce elata matris auxilium implorabat, et quia vir aliquis manum dolentis comprimeret proclamabat.*'

household of plague.¹¹⁶ This portrayal of saintly violence was not, however, derived from the written Becket *Miracula*.¹¹⁷ The concept of a saintly apparition threatening the sick and disabled was in this case a visual short-hand for the Canterbury artists faced with the complex narrative of how the FitzEisulf family eventually recalled their duty to go on pilgrimage. The *Miracles* of Edmund contained comparable descriptions of the saint appearing to the sick and disabled with his weapons, but this was a general symbol of his martyrdom as a warrior.¹¹⁸ In one such narrative, the sick visionary at first interpreted Edmund as ‘like a soldier threatening to kill him from above,’ but the saint was in fact approaching to make the sign of the cross over the sick man’s head.¹¹⁹ Violence featured in curative visions, but not in a punitive sense.¹²⁰

Dialogue attributed to saints and angels created a similar range of relations between the impaired and their spiritual visitors. As with gestures of touch, the most common form of dialogue in vision narratives was an expression of care from angels and saints.¹²¹ The Lindisfarne Anonymous attributed perfunctory medical instructions to the angel visiting the young Cuthbert, but Bede’s Prose rewriting of this account shaped it as a friendly discussion: the angel spoke to the boy ‘as if he were joking’ when he first arrived, and his parting words were “you will be cured.”¹²² Ælfric’s homily on Cuthbert followed

¹¹⁶ Image redacted. Caviness, *The Windows of Christ Church Cathedral Canterbury*, p. 199.

¹¹⁷ Neither Benedict *Thomas*, IV.54, pp. 229-234, nor William *Thomas*, II.5, pp. 160-162, referred to such an apparition.

¹¹⁸ Samson *Edmund*, II.18, pp. 200-1. Edmund showed the monk the engraving on the sword: ‘this is the victory by which Edmund conquered the world.’

¹¹⁹ Herman *Edmund*, ch. 34, p. 96: ‘*velut miles ei desuper intentaverit mortem.*’

¹²⁰ On violent visions in general, see P. E. Dutton, *The Politics of Dreaming in the Carolingian Empire* (Lincoln NE, 1994), pp. 4, 64-5; Van Egmond, ‘Saintly images’, p. 225.

¹²¹ Dinzelbacher, *Vision und Visionsliteratur*, p. 155 describes dialogue in visions as ‘*verbalen Liebkosungen*’ – ‘verbal caresses.’

¹²² Anon. *Cuthbert*, I.4, p. 68; Bede *Cuthbert* P, ch. 2, p. 160; Bede *Cuthbert* M, ch. 2, pp. 64-5, stayed closer to the basic dialogue of the Lindisfarne hagiographer.

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the Bedan prose text, describing how the angel ‘greeted him with sweet words.’¹²³ Lantfred and Wulfstan, Swithun’s first two hagiographers, portrayed the saint affectionately addressing the man who had been attacked by furies, calling him “son” [*filius*] and “beloved” [*dilectus*] respectively.¹²⁴ Herman’s Saint Edmund cured the paralysed William FitzAsketil with the encouraging words: “get up healed and joyful” [*surge iam sanus et exhilarans*].¹²⁵ This statement echoed the words of Christ on curing a paralysed man, and Benedict of Peterborough went so far as to place this biblical quotation verbatim into the mouth of Thomas Becket.¹²⁶ In some later twelfth-century texts, sympathetic descriptions of impairment were added to the dialogue of visions. In the *Liber Eliensis* Æthelthryth addressed a sick oblate as “pitiful” [*miser*] because he had been “caught up horribly by the knot of sickness” [*infirmitatis nodo graviter astrictus*].¹²⁷ Reginald recounted that Cuthbert told an injured man that he “appears desperate, having been painfully abandoned to suffering and a hardly curable sickness” [*gravi desolationis miseria detorqueris et pene morbo insanabili desperatus existis*].¹²⁸ The clearest case of a combination of supportive conversation and a reflection on the state of impairment can be found in William of Canterbury’s *Miracula*. William recounted that Becket examined the paralysed fingers of a young girl and said, “your hand is my hand” [*manus tua manus mea*

¹²³ Ælfric *Cuthbert*, p. 82, line 34, ‘wordum swæslice grette.’

¹²⁴ Lantfred *Swithun*, ch. 3, p. 280; Wulfstan *Swithun*, I.3, p. 442.

¹²⁵ Herman *Edmund*, ch. 33, p. 94; Goscelin *Edmund*, I.12, p. 220, paraphrased this as “get up unhurt and return to your own home rejoicing” [*surge ergo iam incolumis, ad propria festinans regredi*]. Samson *Edmund*, I.12, p. 143, followed Goscelin’s text.

¹²⁶ Matthew 9:6; Mark 2:11; Luke 5:24; John 5:8. Benedict *Thomas*, II.38, p. 88. See Chapter Two, p. 76, on the theological implications of this biblical model.

¹²⁷ *Liber Eliensis*, III.130, p. 379.

¹²⁸ Reginald *Cuthbert*, ch. 104, p. 233.

est].¹²⁹ Just as descriptions of spiritual apparitions reaching out to touch the sick and disabled brought together the impaired and the holy body, this use of dialogue brought together the identities of saint and supplicant.

Visionary experiences provided a context for the sick and disabled to speak for themselves more freely. The early eighth-century accounts of Cuthbert discussing his knee with an angel provided a model for attributing self-diagnosis to supplicants for cure.¹³⁰ Some twelfth-century hagiographers adapted this narrative structure so that the sick and disabled initiated discussion without deferentially waiting for the spiritual visitor to address them as Cuthbert had done. The late twelfth-century Bury hagiographer employed this structure in his account of a paralysed knight initiating conversation with St Edmund by explaining that he had been “shaken by troubles and afflicted by torments” [*molestiis quator... undique tormentis affligor*].¹³¹ Reginald recounted that a young man responded to Cuthbert’s miraculous apparition by immediately asking the saint to “rescue me from the attacks of these demons” [*ab istorum insidiis diabolorum me eripe*].¹³² In William of Canterbury’s *Miracula*, a woman with a ‘flow of blood’ told Thomas Becket “I am dying” [*mortua sum*].¹³³ Appeals to the saints in the context of visions were characterised by a greater self-reflection on the part of the sick and disabled than prayers to the saints in general. Narrative attention was shared between the spiritual visitor, and the previous experience of the supplicant.

¹²⁹ William *Thomas*, II.36, p. 194. Benedict *Thomas*, III.73, p. 164, gave an equivalent account of this cure, but without the visionary experience.

¹³⁰ Anon. *Cuthbert*, I.4, pp. 66-8; Bede *Cuthbert M*, ch. 2, p. 64; Bede *Cuthbert P*, ch. 2, p. 160, Ælfric *Cuthbert*, p. 82, lines 36-8.

¹³¹ Samson *Edmund*, II.17, p. 198.

¹³² Reginald *Cuthbert*, ch. 114, p. 258.

¹³³ William *Thomas*, VI.111, p. 503.

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In contrast to the demonic encounters discussed above, these visionary narratives represented the souls of the sick and disabled as liberated and enlightened. Narratives of the saints appearing to their supplicants created a special relationship between people with impaired bodies and the spiritual world. Even if the visionary experience was described in a way that highlighted the sensory limitations of the supplicant, or described their physical experience as uncomfortable, the vision narrative was a powerful sign that the faith of the soul strengthened the body. By prefacing cures with visionary experiences, hagiographers set the sick and disabled in a spiritual world that offered support.

III Resurrection

Let us discuss next the theory of the resurrection of the dead; for there is a type of miracle which the martyr, through his virtues, interspersed among other types of his miracles, with rays of brightness, and it impressed people many times. For as he helped the faithful (as is recalled by sharp minds), since we are thus reminded of our alteration and our future glory, let us refrain from sin. If indeed we were not to believe in the resurrection of the dead, we would wander by unbridled licentiousness into some unpleasant state.¹³⁴

This argument for the importance of belief in miracles and the resurrection prefaced William of Canterbury's account of the miraculous story of a baby called Thomas, who died on the day he was born, but was revived when his parents prayed to Thomas Becket.¹³⁵ As discussed in Chapter Two, theories of sin and redemption underlay many cure narratives written in England from the eighth to the twelfth centuries. A further aspect of this intellectual landscape was the belief that bodies were ultimately subject to

¹³⁴ William Thomas, IV.49, p. 360: '*De resurrectione quorundam rationalium mortuorum consequenter disputemus; quod genus miraculi martyr virtutibus aliis suis tanquam radios fulgoris frequenter interserit, et multotiens inculcat; quod fidei subvenit, ut mentibus arctius infigat, quatenus dum immutationis nostrae et futurae gloriae reminiscimur, a peccato temperemus. Si enim mortuos resurgere non credimus, effraenata licentia ad noxia quaeque pervagamur.*'

¹³⁵ *Ibid.*, pp. 361-2.

the control of God at the resurrection. With reference to biblical models such as the resurrection of Lazarus, some miracle-cure accounts grappled with the theology of mortal sickness.¹³⁶

Miracle narratives in which people were described as dying, before being revived and healed by the power of the saints, placed the sick and disabled body in the context of contemporary ideas about the fate of the body in the afterlife. Patristic sources, read and commented upon in England throughout this period, asked fundamental questions about whether bodies would be impaired in heaven.¹³⁷ Augustine of Hippo's *Enchiridion* gave the example of the bodies of wondrous people in the East: he said that even if people had only two limbs, or if two people were conjoined, if they had additional or missing body parts, 'or if they had however great a deformity [*deformitas*], if they might be called monsters [*monstrum*], they will be recalled to the natural human form [*humanae naturae figuram*] at the resurrection.'¹³⁸ In more general terms, his *City of God* explained a perfect body of the resurrection, which might or might not be of the height and weight of the person in life but from which 'all deformity [*deformitas*] would be removed, all illness [*infirmitas*].'¹³⁹ A homily of Gregory the Great illustrated the effectiveness of the bodily

¹³⁶ John 11:1-45.

¹³⁷ Metzler, *Disability in Medieval Europe*, pp. 55-61, discusses the role of resurrection theology in shaping 'the identity of impaired people.' For textual approaches to the body after death, see: P. Camporesi (trans. T. Croft-Murray), *The Incorruptible Flesh* (Cambridge, 1988 - originally 1983), p. 25; Walker Bynum, *The Resurrection of the Body*, p. 4; V. Thompson, *Dying and Death in Later Anglo-Saxon England* (Woodbridge, 2004), pp. 6, 27; P. Dronke, 'The completeness of heaven' in *Envisaging Heaven in the Middle Ages*, eds. C. Muessig and A. Putter (Abingdon, 2007), pp. 44-56 at p. 49; M. Smyth, 'The body, death, and resurrection: perspectives of an early Irish theologian', *Speculum* 83 (2008), pp. 531-571 at pp. 534, 562; Lockett, *Anglo-Saxon Psychologies*, pp. 21-2. For archaeological approaches, see: B. Effros, *Caring for Body and Soul* (University Park PA, 2002), pp. 6, 144; Thompson, *Dying and Death*, pp. 108, 123-4; H. Williams, *Death and Memory in Early Medieval Britain* (Cambridge, 2006), pp. 84-5.

¹³⁸ Augustine, *Enchiridion ad Laurentium*, ed. E. Evans, *Aurelii Augustini opera pars 13* vol. 2 (CCSL 46, 1969), pp. 23-114 at ch. 23, part 87, p. 96, lines 34-49: '*quadam nimia deformitate, monstra dicuntur, ad humanae naturae figuram resurrectione revocabuntur.*' Augustine here referred to Jerome's letter *Ad Vitalem*, and Jerome himself referred to 'ancient Greek and Latin authors.' See Jerome, *Epistulae*, ed. I. Hilberg (CSEL 55, 1996), Ep. 72, vol. 2, p. 9, lines 19-20.

¹³⁹ Augustine, *De civitate Dei*, eds. Dombart and Kalb, XXII.20, vol. 2, p. 602, lines 2-5: '*tantum absit omnis deformitas, omnis infirmitas, omnis tarditas omnisque corruptio, et si quid aliud illud nno decet*

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resurrection with the example of a person eaten by a wolf, in turn eaten by a lion: ‘in the resurrection of the dead omnipotent God can distinguish the flesh of man [*carnem hominis*] from the flesh of beasts,’ and the body is restored correctly.¹⁴⁰ Bede’s commentary on Genesis argued that baptism offered ‘the grace of regeneration [*regenerationis*]’ at the resurrection.¹⁴¹ Ælfric introduced the disabled body into this abstract tradition of explaining the resurrection: his sermon for the Octave of Pentecost stated that ‘though he was previously lame [*lama*] in his life, at his shining he shall be all sound.’¹⁴² However, as was the case with biblical representations of sin as a cause of impairment, there was not a full theological consensus on the state of the resurrected body. The *Dialogues* associated with Gregory the Great described how the souls in heaven would ‘rejoice in the flesh,’ but until the final judgement they would have to rest and wait on earth.¹⁴³ Descriptions of souls lingering in purgatory or roaming the earth as ghosts

regnum.’ See: G. O’Collins, ‘Augustine on the resurrection’ in *Saint Augustine the Bishop*, eds. F. Le Moine and C. Kleinhenz (New York NY, 1994), pp. 65-75 at pp. 71-2; Walker Bynum, *The Resurrection of the Body*, pp. 95-104; K. Upson-Saia, ‘Resurrecting deformity’ in *Disability in Judaism, Christianity, and Islam: sacred texts*, eds. Schumm and Stoltzfus, pp. 93-122 at pp. 97-9, 104, 108-110; Foxhall Forbes, *Heaven and Earth*, pp. 268-9.

¹⁴⁰ Gregory the Great, *Homiliae in Hiezechihelam Prophetam*, ed. M. Adriaen (CCSL 142, 1971), Book II, Homily 8, ch. 8, p. 342, lines 237-265: ‘*quid mirum si possit omnipotens Deus in illa resurrectione mortuorum carnem hominis distinguere a carne bestiarum... et tamen resurgat in quantum pulvis est hominis?*’ See Walker Bynum, *The Resurrection of the Body*, p. 292. *Blickling Homily VII*, ed. R. Morris (EETS 58, 63, and 73, 1874-1880), vol. 1, p. 95, also referred to this concept: St Michael will ‘raise up all bodies from the dead [*awecceap ealle þa lichoman of deap*], though they were... devoured by wild animals, or carried off by birds, or torn to pieces by fish.’

¹⁴¹ Bede, *Libri quatuor in pricipium Genesis*, ed. C. W. Jones, *Bedæ Venerabilis opera, Pars 2 opera exegetica* vol. 1 (CCSL 118A, 1967), Book IV, XVII.12, p. 205, lines 420-2: ‘*significat gratiam regenerationis et immortalitatis ad omnes pertinere fideles, sive ex stirpe Abraham seu aliunde originem ducant.*’

¹⁴² Ælfric, Homily XI *In Octavis Pentecosten*, ed. J. C. Pope, *Homilies of Ælfric: a supplementary collection* (EETS 259, 1967) vol. 1, p. 432: ‘*þeah ðe he ær wære lama on his life, ac his lima beoð him ealle ansunde.*’ See M. B. Bedingfield, ‘Anglo-Saxons on fire’, *Journal of Theological Studies* 52 (2001), pp. 658-677 at pp. 670, 676; Thompson, *Dying and Death*, p. 124.

¹⁴³ Gregory the Great, *Dialogues*, ed. A. de Vogüé (Paris, 1978-1980), IV.26, vol. 3, p. 86, lines 25-36. See M. Dunn, ‘Gregory the Great, the *Vision of Fursey*, and the origins of purgatory’, *Peritia* 14 (2000), pp. 238-254 at pp. 240, 253; F. Clark, *The Pseudo-Gregorian Dialogues* (Studies in the History of Christian Thought 37, Leiden, 1987), vol. 1, pp. 5, 10-30.

revealed an uncertainty about the place of the dead in both body and spirit.¹⁴⁴ In combining miracle-cure narratives with accounts of resurrection, hagiographers engaged with this variety of ideas about the fate of the soul.

In some accounts of sickness, death, and then resurrection, hagiographers gave details of the bodily markers of death. This shaped the moments before resurrection as a physical experience, rather than presenting death as merely a state of non-existence. The early Cuthbert cult focused on the breathing of a gesith's servant to explain that he was dying: the Lindisfarne Anonymous referred to him 'gasp[ing] for breath' [*spiritum anhelantem*]; and Bede recounted that 'he was seen to draw in only a little breath through his mouth and nose.'¹⁴⁵ The Swithun hagiographers also referred to respiratory failure in the moment of death: Lantfred and Wulfstan described how a French noblewoman could neither speak nor eat, and 'it was as if her body lay there dead without breath [*absque spiramine*].'¹⁴⁶ However, the twin narrative of this miracle, about another French noblewoman brought to Winchester, omitted the role of breathing in the appearance of death, suggesting that the social impairments of being unable to eat solid food and to talk in an 'intelligible' manner made the woman 'more dead than alive' [*plus mortua quam*

¹⁴⁴ Bede *HE*, V.12, pp. 488-298, described an intermediary space for souls of the dead. On purgatory, see J. le Goff, *La naissance du purgatoire* (Paris, 1981), pp. 10, 16, 154-8; B. P. McGuire, 'Purgatory, the communion of saints, and medieval change', *Viator* 20 (1989), pp. 61-84 at pp. 65, 67, 73; S. Foot, 'Anglo-Saxon "purgatory"' in *The Church, the Afterlife and the Fate of the Soul*, eds. P. Clarke and T. Claydon (SCH 45, 2009), pp. 87-96 at pp. 88-9, 96. The hagiography of Edmund's cult described the judge Leofstan as a wandering corpse: Herman *Edmund*, ch. 3, p. 12; Goscelin *Edmund*, I.3, p. 144, Samson *Edmund*, I.3, p. 114. Similarly, see the twelfth-century accounts in the hagiography of Geoffrey of Burton, *Vita Sanctæ Modvennæ Virginis*, ed. R. Bartlett (Oxford, 2002), ch. 47, pp. 194-198; and Orderic Vitalis, *Historia Ecclesiastica*, ed. M. Chibnall (Oxford, 1969-1980), VIII.17, vol. 4, pp. 236-250. On revenants, see: J.-C. Schmitt, *Les revenants* (Paris, 1994), pp. 224-5; A. G. Hornaday, 'Visitors from another space' in *Meeting the Foreign in the Middle Ages*, ed. A. Classen (London, 2002), pp. 71-95 at p. 80; C. Watkins, *History and the Supernatural in Medieval England* (Cambridge, 2007), pp. 173, 178; J. Blair, 'The dangerous dead in early medieval England' in *Early Medieval Studies in Memory of Patrick Wormald*, eds. S. Baxter *et al.* (Farnham, 2009), pp. 539-559 at pp. 542-3.

¹⁴⁵ Anon. *Cuthbert*, IV.7, p. 120; Bede *Cuthbert* P, ch. 25, p. 240. Colgrave noted that Bede's Prose version added the description '*extrema... corporis parte præmortua*,' drawing on Gregory the Great, *Dialogues*, ed. Vogüé, IV.40, vol. 3, p. 140, lines 18-19.

¹⁴⁶ Lantfred *Swithun*, ch. 32, p. 320; Wulfstan *Swithun*, II.15, p. 534, '*quasi nec spiramen haberet*.' Anon. *Swithun*, ch. 33, p. 670, reversed the description so that breathing was one of the few signs of life rather than death: '*anhelitu solo poterat quod viveret deprehendi*.'

vivens].¹⁴⁷ This association between the inability to eat and approaching death resurfaced in two resurrection miracles in William of Canterbury's *Miracula* of Thomas Becket. A boy who had fever 'did not taste any food for a full week,' at which point a priest began to organise his funeral.¹⁴⁸ Another boy 'wasted away' [*decoctus*] without food for eight days, but later 'returned from death.'¹⁴⁹ Some later accounts of death before resurrection moved away from this tradition of describing the escalating impairments of sick people as they approached their last moments, and focused instead on the physical state of the body as it slipped into the status of a corpse. Reginald of Durham, writing a resurrection narrative in the first section of his *Miracula* of Cuthbert, described how a man's 'cold limbs [*gelidos artus*] began to contract' when became seriously sick.¹⁵⁰ The Becket hagiographers frequently employed such descriptions in their resurrection narratives, suggesting a tactile approach to the dead body. They recounted how a mother realised that her son was dead in his cradle when she 'put her hand on him;' a dead baby boy lay 'totally cold [*refrigeratus*];' and a girl suffering from a cancerous tumour had 'rigid limbs, a cold body' [*membris rigidis, frigido corpore*].¹⁵¹ In representing death, our case-studies consistently focused on small details about the body, but the later texts envisaged an increasing proximity to the corpse.

The narrative structure of resurrection miracles was flexible, blurring the boundaries between life and death in a way that is now re-emerging with the development

¹⁴⁷ Lantfred *Swithun*, ch. 33, p. 322; Wulfstan *Swithun*, II.16, p. 536, '*quasi mortua*;' Anon. *Swithun*, ch. 35, p. 672, omitted the comparison to death in this narrative.

¹⁴⁸ William *Thomas*, II.39, p. 200.

¹⁴⁹ *Ibid.*, V.36, p. 403. C. Lee, *Feasting the Dead* (Woodbridge, 2007), pp. 89-91, suggests that archaeological finds of food or vessels in graves might have been a symbolic offering of food for the dead.

¹⁵⁰ Reginald *Cuthbert*, ch. 70, p. 143.

¹⁵¹ William *Thomas*, VI.90, p. 484; Benedict *Thomas*, II.47, p. 94; *ibid.*, IV.65, p. 235. William *Thomas*, II.35, p. 191, contained an almost identical account, but with this passage shortened to 'rigid limbs and wide-open eyes' [*rigidis membris et patulis oculis*].

of life-support technologies.¹⁵² Comparisons of sicknesses to death were particularly characteristic of the early Cuthbert cult. The cure of a baby with plague via a kiss from the saint blurred the boundaries between severe sickness and death.¹⁵³ The model for this account, Augustine's miracle performed by Saint Stephen, described a child who was 'irretrievably lost' [*irreparabiliter perditum*], who had 'perished' [*perisse*], and was 'deceased' [*mortuum*].¹⁵⁴ The Lindisfarne Anonymous instead described how the boy blessed by Cuthbert was '*semimortuum*,' although his brother had already died.¹⁵⁵ Likewise, according to Bede, this second son was '*seminecis*,' or 'close to death' [*iam morti proximum*].¹⁵⁶ Writing soon after the early Cuthbert hagiographers, Stephen of Ripon reverted to Augustine's account of a dead child.¹⁵⁷ The two compilers of Cuthbert's miracles therefore made a conscious decision to put the recipient of cure in a more ambiguous state than that described by Augustine. This idea of an ambiguous near-death state also featured in accounts of Cuthbert curing Hemma's wife: she had been taken 'to the point of death through sickness' [*usque ad mortem infirmitatis*].¹⁵⁸ The monk Walhstod was 'half given up to death' [*quasi morti addictus*].¹⁵⁹ In Bede's account of the cure of Hildmer, he was 'seen already to be about to die' [*iam iamque uideretur esse*

¹⁵² Cantor, *After We Die*, p. 21, explains the distinction between cardio-pulmonary failure and brain-death, and argues that 'there is no way to fix a moment of death.'

¹⁵³ See Chapter Five, pp. 192-3.

¹⁵⁴ Augustine, *Sermones ad populum*, ed. Migne (PL 38), no. 324, col. 1447.

¹⁵⁵ Anon. *Cuthbert*, IV.6, p. 118.

¹⁵⁶ Bede *Cuthbert M*, ch. 27, p. 104; Bede *Cuthbert P*, ch. 33, p. 260. Ælfric *Cuthbert*, p. 89, line 287, translated this as 'half-alive' [*samcuce*].

¹⁵⁷ Stephen of Ripon, *Vita Wilfridi*, ed. Colgrave, ch. 18, p. 38: the baby was twice described as '*mortuum*' and his body was '*cadaver mortui*.'

¹⁵⁸ Anon. *Cuthbert*, IV.3, p. 114; Bede *Cuthbert P*, ch. 29, '*quasi proxima morti*.' Bede *Cuthbert M*, ch. 23, p. 101 omitted the reference to death – the wife was simply '*languida*.'

¹⁵⁹ Anon. *Cuthbert*, IV.12, p. 128; Bede *Cuthbert P*, ch. 38, p. 280, he had been 'about to die' [*moriturus*].

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moriturus].¹⁶⁰ These descriptions of anticipated death might have made recognisable allusion to the Hippocratic and Galenic practices of prognosticating death or recovery for the sick.¹⁶¹ In any case, the reference to death in relation to the supplicant for the saint's help suggested that Cuthbert's miraculous intervention was both a cure and resurrection.

Later hagiographical resurrection narratives employed descriptions of death in a metaphorical sense.¹⁶² The Winchester hagiographers Lantfred and Wulfstan recounted that a man attacked by furies fell 'lifeless like a corpse' [*ceu cadaver exanime*].¹⁶³ Herman, writing his *Miracula* of St Edmund in the last decade of the eleventh century, described how Wulmar lay in bed 'with his eyes closed as if in death' [*clausis oculis velut in mortem*].¹⁶⁴ This elision between sleep and death played on Gospel accounts of Jesus restoring Jairus's daughter by saying 'she is not dead, but sleeps.'¹⁶⁵ Benedict of Peterborough employed a visual metaphor of death in his account of a miracle saving Geoffrey, a young boy who lay in his cradle when a wall collapsed on to it. He described how when the wall fell, it 'buried [him] in a tomb of stones' [*cæmenti tumulo sepelivit*].¹⁶⁶

¹⁶⁰ Bede *Cuthbert* P, ch. 31, p. 256.

¹⁶¹ On the prediction of death in medical prognosis, see: F. S. Paxton, 'Signa mortifera: death and prognostication in early medieval monastic medicine', *BHM* 67 (1993), p. 631-650 at pp. 631-3, 644-5; F. Wallis, 'Signs and senses: diagnosis and prognosis in early medieval pulse and urine texts', *SHM* 13 (2000), pp. 265-278 at pp. 273-4; L. E. Demaitre, 'The art and science of prognostication in early university medicine', *BHM* 77 (2003), pp. 765-788 at p. 779; D. Jacquart, 'Le difficile pronostic de mort', *Médiévales* 46 (2004), pp. 11-22 at pp. 12-13.

¹⁶² Walker Bynum, *The Resurrection of the Body*, pp. 6-9, 96-9, 121-3, analyses bodily metaphors used to describe resurrection, but does not consider resurrection as a metaphor for bodily impairment.

¹⁶³ Lantfred *Swithun*, ch. 3, p. 276. Wulfstan *Swithun*, I.3, p. 438, followed this closely: 'he fell flat on his face as if he was dead' [*protinus in faciem quasi mortuus occidit*]. There were no comparisons to death in *Epitome Swithun*, ch. 8, p. 568, and Anon. *Swithun*, ch. 3, p. 650. Ælfric *Swithun*, ch. 8, p. 594, described how the man 'despaired of his life' [*orwene his lifes*], establishing a looser link to death.

¹⁶⁴ Herman *Edmund*, ch. 37, p. 104. Goscelin *Edmund*, I.16, p. 232, and Samson *Edmund*, II.2, p. 161, omitted this comparison to death.

¹⁶⁵ Matthew 9:18-25; Mark 5:22-43; Luke 8:41-56.

¹⁶⁶ Benedict *Thomas*, IV.88, p. 253. William *Thomas*, II.45, pp. 206-7, closely followed Benedict's account, but changed the description of the moment at which Geoffrey was buried: '*nonnulla quoque fragmenta humi pessum infossa sunt*.'

After Geoffrey's parents prayed to Thomas Becket, he emerged 'laughing' from this 'tomb.' In this account, the exact nature of the miracle was ambiguous: Thomas Becket's intervention could have saved the already laughing child, healed him of expected injuries, or resurrected him from true death. The metaphor of the collapsed wall as a tomb combined all of these elements in the experience of the miracle.

Hagiographical accounts of resurrection (or metaphorical death and resurrection), like other miracle-cure narratives, were based on a concept of ritual transition. During the period covered by this study, ritual treatment of the dying came to be described as distinct from curative rituals. In Bede's accounts of Hildmer being brought close to death, the intervention of the saint was secured when some of his friends gave him a drink of water in which they had soaked 'bread which Cuthbert the man of God had blessed.'¹⁶⁷ The use of water appeared in other cure narratives of the early Cuthbert cult, but speech attributed to the friends created a sense of particular reverence for this ritual: 'I believe that once he has drunk this, if the tardiness of our faith does not prevent it, he will receive the healing of salvation'.¹⁶⁸ By the turn of the twelfth century hagiographers among our case-studies were able to describe a distinct ritual of the viaticum. Herman described how when Wulmar was critically ill, the parish priest 'gave him the saving viaticum [*viaticum salutis*], and fortified him with every Christian custom except for anointing.'¹⁶⁹ Herman's reference to other possible rituals suggests that the spiritual care for the dying was thought of as a series of rituals, rather than just the Eucharist. Later texts focused on the viaticum as a ritual that was closely associated with preparing for death. The *Liber Eliensis* contains

¹⁶⁷ Bede *Cuthbert M*, ch. 25, p. 102; Bede *Cuthbert P*, ch. 31, p. 256. Ælfric *Cuthbert*, p. 89, lines 278-9 described how the friends produced 'holy bread' [*haligne hlaf*].

¹⁶⁸ The angel's poultice: Anon. *Cuthbert*, I.4, pp. 67-69; Bede *Cuthbert P*, ch. 2, pp. 159-161; Bede *Cuthbert M*, ch. 2, pp. 64-5; Ælfric *Cuthbert*, p. 82, line 41. The demoniac's water: Anon. *Cuthbert*, IV.15, pp. 132-4; Bede *Cuthbert M*, ch. 40, pp. 123-4; Bede *Cuthbert P*, ch. 41, pp. 288-290.

¹⁶⁹ Herman *Edmund*, ch. 37, p. 104; Goscelin *Edmund*, I.16, p. 232, 'he asked for an received the viaticum, despairing of his life;' Samson *Edmund*, II.2, pp. 161, followed Goscelin.

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what purports to be a first-person account of receiving the viaticum in anticipation of death, but then being saved by saintly intervention. The monk Thomas is the narrative voice of the account, describing how he received the ‘viaticum, in order to more securely be moved beyond this life in celebration.’¹⁷⁰ He then prayed to Æthelthryth, asking her to ‘be the mediator’ between himself and God, and this display of devotion to the saint was rewarded with an apparition of Æthelthryth in the church at Ely, and Thomas’s cure.¹⁷¹ By the late twelfth century, this ritual for the dying was represented as vital for the soul. William of Canterbury recounted that the bishop of London, Gilbert Foliot, was given the Eucharist ‘lest he be deprived of life without the viaticum,’ but was in any case cured on making a vow of pilgrimage to Canterbury.¹⁷²

Narratives of resurrection also located the dead and dying in representations of communal grief, described through the rituals of lament and burial.¹⁷³ Unlike the general representations of community sympathy and support for the sick which will be discussed in Chapter Five, a funerary ritual separated the critically-ill person from the society of the living. In the early eighth-century Cuthbert texts, accounts of the woman crying with her dying baby presented her in the action of mourning for her two sons, ‘weeping and wailing.’¹⁷⁴ The mother was not, however, joined in her lament. The hagiographers described Cuthbert as intending to ‘preach to and bless’ [*prædicans et benedicans*] the

¹⁷⁰ *Liber Eliensis*, III.61, p. 312.

¹⁷¹ *Ibid.*, pp. 313-4.

¹⁷² *William Thomas*, II.91, p. 251.

¹⁷³ On funerary rituals, see: A. J. Kabir, *Paradise, Death and Doomsday in Anglo-Saxon Literature* (CSASE 32, 2001), pp. 113-122; Effros, *Caring for Body and Soul*, pp. 182-5; Williams, *Death and Memory*, pp. 3-4, 14; Thompson, *Dying and Death*, pp. 31; M. McLaughlin, *Consorting with Saints: prayer for the dead in early medieval France* (Ithaca NY, 1994), pp. 20, 45. Ælfric introduced into the Swithun tradition an account of the saint taking revenge on a man who disrespected him, which was set at a funeral: Ælfric *Swithun*, ch. 19-20, pp. 600-602; Anon. *Swithun*, ch. 41, p. 676. See Thompson, *Dying and Death*, p. 84.

¹⁷⁴ Anon. *Cuthbert*, IV.6, p. 118; Bede *Cuthbert M*, ch. 27, pp. 103-4; Bede *Cuthbert P*, ch. 33, p. 260.

sick, rather than help to bury the dead in a time of plague.¹⁷⁵ The hagiography of the Swithun cult gave a new emphasis to the role of clergy in rituals of death.¹⁷⁶ Lantfred recounted that he himself advised a mourning husband to dedicate a candle to Swithun and engraved a prayer upon it.¹⁷⁷ This candle then proved to be a sufficient offering to secure a cure from Swithun, and the woman was revived. However, the Swithun hagiographers did not present mourning rituals as the exclusive preserve of clergy. The miracle narrative preceding this one recounted that an ealdorman lamented for a boy in his retinue when he thought he was dying after an accident, apparently alone.¹⁷⁸ Later texts demonstrated a similarly mixed view of the extent to which post-mortem rituals were to be mediated through the actions of priests. The *Liber Eliensis*, written as a house history with some hagiographical episodes, unsurprisingly emphasised the role of clergy in resurrection narratives, locating many of its miracles within the monastery itself and thus framing the monks as both mourners and ritual overseers of funerals. During a time of plague the monk Godric ‘kept night vigils’ whilst other monks were on the point of death.¹⁷⁹ The account of Thomas’s sickness described how ‘the brothers gathered around, scared of

¹⁷⁵ Anon. *Cuthbert*, IV.6, p. 118; Bede *Cuthbert* P, ch. 33, p. 260, Cuthbert’s dialogue suggested that the clerics’ work is ‘*visitatione et allocutione*.’ See: A. Thacker, ‘Monks, preaching and pastoral care in early Anglo-Saxon England’ in *Pastoral Care Before the Parish*, eds. Blair and Sharpe, pp.137-170 at pp. 148, 165; Effros, *Caring for Body and Soul*, p. 144.

¹⁷⁶ P. Binski, *Medieval Death: ritual and representation* (London, 1996), p. 32, describes priests as ‘the technocrats of death.’ See also McLaughlin, *Consorting with Saints*, p. 45.

¹⁷⁷ Lantfred *Swithun*, ch. 32, pp. 320-2, and Wulfstan *Swithun*, II.15, p. 534, recounted that Lantfred himself engraved a prayer to Swithun on the candle, but the husband was the one to ‘implore’ or ‘exhort’ God. Anon. *Swithun*, ch. 33, p. 670, removed the role of the priest with the candle, portraying Lantfred (here unnamed) simply giving instructions to the husband to pray. On Lantfred’s protestation to this husband that he had no medical knowledge, see Chapter Four, p. 149.

¹⁷⁸ Lantfred *Swithun*, ch. 31, p. 320, described the master’s prayers as ‘*sermonibus*’, suggesting that he had taken on a clerical role. Wulfstan *Swithun*, II.14, pp. 530-2 changed this to ‘*pio rogat*,’ and in Ælfric *Swithun*, ch. 22, p. 602, the master ‘called out’ [*clypode eac*] to the saint. Anon. *Swithun*, ch. 32, p. 670, attributed this prayerful lament to ‘all who were there,’ and their prayers were accompanied by cries: ‘*rogant Deum cum magno et multo eiulatu*.’

¹⁷⁹ *Liber Eliensis*, II.133, p. 213.

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undertaking the funeral rites [*funere fiunt*].¹⁸⁰ The Becket hagiographers provided numerous accounts of priests starting to prepare funerals for the dying, but with some circumspection about the value of this formalised grief.¹⁸¹ Benedict and William both included in their texts an account of a father who refused to cooperate with a priest preparing his son's body for burial.¹⁸² The resulting resurrection miracle suggested that the father's informal grief, when he cried out to the saint for help, was of greater spiritual value than the ritualised grief offered by the priest. Similarly, in his account of a young man who suddenly became sick, Reginald of Durham recounted that his parents 'began to await only the funeral rites, full of dread [*solas funeris exequias formidolosius exspectare*].'¹⁸³ The focus of this narrative lay on the grief of community as they took leave of the dead, rather than the spiritual benefit of official rites. Such framing of death in resurrection narratives presented terminal sickness as a negative removal from human society, rather than as a spiritually optimistic journey towards heaven.

This emphasis on life-threatening impairment as a removal from the community raises the issue of whether resurrection narratives portrayed the sick and disabled as "liminal."¹⁸⁴ Chapter Five will demonstrate that the social representation of the sick and

¹⁸⁰ *Ibid.*, III.61, p. 312.

¹⁸¹ Accounts of funeral rituals can be found in: Benedict *Thomas*, III.49, p. 152; III.52, p. 155; IV.65, p. 235; William *Thomas*, II.19, p. 176; II.35, pp. 190-191; II.39, p. 200; IV.32, p. 345.

¹⁸² Benedict *Thomas*, IV.64, pp. 229-230, the father commanded, "by no means will my son be buried." William *Thomas*, II.5, p. 160, the father 'did not allow for him to be taken to the tomb.'

¹⁸³ Reginald *Cuthbert*, ch. 70, p. 143.

¹⁸⁴ The work of Victor Turner remains the foundation of liminality theory. See: V. W. Turner, *The Ritual Process* (New York NY, 1969), pp. 95-103; *idem* and E. Turner, *Image and Pilgrimage in Christian Culture* (Oxford, 1978), pp. 4, 11, 35. Liminality theory is cited in relation to death by: F. S. Paxton, *Christianising Death* (Ithaca NY, 1990), pp. 5-7; P. Binski, *Medieval Death* (London, 1996), p. 29. Both scholars reflect the theories of A. van Gennep (trans. M. B. Vizedom and G. L. Caffee), *The Rites of Passage* (London, 1960 - originally 1909) and R. Hertz (trans. R. and C. Needham), *Death and the Right Hand* (Aberdeen, 1960 - originally 1907-9). Such approaches have been criticised by Brown, 'The decline of the empire of God' in *Last Things*, eds. Walker Bynum and Freedman, pp. 44-5, and Thompson, *Dying and Death*, pp. 97, 123-4.

disabled in miracle narratives rarely located them on the boundaries of communities.¹⁸⁵ The structure of resurrection miracles by its very nature had to include the crossing of spiritual and biological boundaries. In some cases, hagiographers seem to have played on this movement to and fro, between life and death. Bede's prose version of the cure of Bishop Clement of Frisia described his condition as intermediary: 'he could neither live nor die' [*nec mori nec vivere posse*].¹⁸⁶ Wulfstan, writing in the late tenth century, added to Lantfred's account of a boy in mortal danger after a riding accident, that he 'lay on the boundary of death [*limen mortis*].'¹⁸⁷ However, even in the cases of these apparently "liminal" states, the dead or dying were restored to a firm status with the conclusion of these narratives. Bede described Bishop Clement getting up from Cuthbert's tomb 'without difficulty' and Wulfstan similarly described the injured boy being 'safe and sound' after Swithun's intervention.¹⁸⁸ Fundamentally, the precarious state of the dead or dying was not as significant to these hagiographers as the secure state of life and faith that the saints provided through miracle-cures.

Conclusion

Miracle-cure narratives integrated sick and disabled people into their spiritual landscape. Supplicants for cure were described not just in terms of their physical states, but were placed in narrative forms that explored their personal experiences. Miracle-cure narratives enabled a process of imagining how the body and soul interacted. An impairment,

¹⁸⁵ Chapter Five, pp. 204-7, 225-8.

¹⁸⁶ Bede *Cuthbert P*, ch. 44, p. 296.

¹⁸⁷ Wulfstan *Swithun*, II.14, p. 532. This concept of the 'boundary' was not referred to in any other versions of this narrative: Lantfred *Swithun*, ch. 31, p. 320; Ælfric *Swithun*, ch. 22, p. 602; Anon. *Swithun*, ch. 32, p. 670.

¹⁸⁸ Bede *Cuthbert P*, ch. 44, p. 298; Wulfstan *Swithun*, II.14, p. 532.

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experienced either as a loss of control of the body or a specific sense of dissatisfaction with it, indicated that the spiritual world was at work. In cases of demonic possession and resurrection-miracles, the spiritual experience was negative because it drew the soul away, either into the hands of the devil or towards the afterlife. Accounts of visions of angels and saints demonstrated that the spiritual world was thought to be receptive to the appeals of sick and disabled people. The resolution of the three varieties of narrative examined here demonstrated that cure involved an elevation of the supplicant's soul, closer to the saints.

Accounts of people being confronted with demons, conversing with saints, or facing death, focused on the internal perception of a serious bodily ailment. These varieties of miracle-cure gave a prominent role to sick and disabled people in the narratives. The premise of such texts was that the insight into the spiritual world was experienced only by the person who was eventually cured, making sick and disabled people essentially the narrative voices of the *Miracula*. Even if the spiritual symbolism of their experience was negative, as in the cases of demonic encounters, the supplicant for cure had an authoritative role within the text. Hagiographers were not necessarily interested in hearing the psychological experiences of other people by oral report, but they wrote texts dependent on the idea that such experiences had taken place, and were of importance.

Chapter Four

Body

Introduction

There was in the region of Périgord a not unknown *medicus* who was called Peter. Whilst he cured the sick, he began to become sick himself. There are four types of dropsy, of which two are curable and the others incurable, and he developed one of the incurable types and the hand of man could not deal with it... One day he was confined to bed and was despaired of as close to death, but he had faith in the blessed martyr Thomas, whom he called upon with constant prayers. Then, after many prayers, the blessed mother of God appeared to him... The blessed virgin retreated from the sick man, and then there approached the blessed Thomas, with his companions the blessed Cosmas and Alexander the physician. When they had examined the sick man, Thomas said: ‘take him from the bed and lay him out on this box.’ They followed this instruction, and then Thomas ordered that they cut open the stomach and remove the liver, and wash it. It was done as he had said. They took it away to a washing bowl of wondrous brightness and beauty, so that the sick man marvelled, and he wished that the departing saints would stay with him. Then once the liver was washed, the saint ordered that it be replaced in its proper location, and the stomach sown together. The sick man therefore felt the pricks of curative medicine [*medicinalis curæ puncturas*]...¹

This story, told by William of Canterbury in the 1170s, imagined cure as a physical transformation. The narrative of the saint opening up Peter’s body brought together the

¹ William Thomas, III.4, pp. 261-2: ‘*Fuit in pago Petragoricensi non ignoti nominis medicus, vocabulo Petrus. Qui dum mederetur ægrotis, ægrotare cæpit. Cumque sint quatuor hydropis species, duæ curabiles et totidem incurabiles, alteram earum incurrit quæ incurabilis est, et manum humanam non agnoscit.... Cum itaque diu lecto affixus et leto proximus desperaretur, sperabat tamen in beato martyre Thoma, quem precibus assiduis interpellabat. Unde post multas ei preces beatæ Dei genetrrix apparuit... Regrediente autem ab ægro beata virgine, subingressus est beatus Thomæ, beato Cosma comitatus et physico Alexandro. Quibus intuentibus ægrum, ait beatus Thomas, “Extrahentes eum a lecto super archam extendite.” Obsequentibus illis, iussit quod inciso ventre hepar extraheretur, et ablueretur. Dixit et factum est. Attulerant autem in ministerium pelvim admirandi nitoris et decoris, adeo ut ægrotus miraretur, et optaret quod abeuntibus sanctis sibi reliqueretur. Tunc ablutum hepar iubet sanctus in locum suum reponi, et ventrem consui. Sensit igitur æger medicinalis curæ puncturas...*’

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theological concepts of sickness and disability discussed in the previous chapter, and ideas about how the human body was physically experienced. William's account of this visceral miracle interwove narrative motifs that had been developed among Anglo-Latin hagiographies over the previous centuries. The despair at an apparently incurable condition, the parallel between Peter's occupation as a medical practitioner and the saints who cured him, the opening and cleansing of his body, and his eventual physical reintegration, were all vital elements in the hagiographical understanding of bodily difference. This chapter will examine how such ideas developed among our case-study texts.

William of Canterbury's account of Thomas Becket curing a man via miraculous surgery might prompt a double-take for the modern reader. The attribution of sickness to a malfunction in an internal organ, and the process of correcting it via surgery, seems uncannily close to the practices of medicine in the modern West. However, we should be wary of seeing our own culture of the body projected onto that of the past. Comparative studies of medicine have demonstrated that knowledge of the body is culturally constructed. As the medical anthropologist Arthur M. Kleinman put it:

the medical system is an ordered, coherent body of ideas, values and practices embedded in a given cultural context from which it derives its signification. It is an important part of the cultural world and as such is constructed, like any other segment of social reality, by the regnant body of symbolic meanings.²

Kleinman's emphasis on the coherence of medical cultures ought to be questioned, but his concept of the symbolic meanings of medical thought underlies this chapter. In order to explore these symbolic meanings in medieval hagiography, this chapter will make thematic comparisons to modern disability studies, but without reducing the texts to our own terms of expression. For example, the role of a manager of the body, which we would today call that

² A. M. Kleinman, 'Medicine's symbolic reality', *Inquiry* 16 (1973), pp. 206-213 at p. 208. See also, D. Lupton, *Medicine as Culture* (London, rev. ed., 2003), p. 17: 'history provides a perspective which is able to show, as does the cross-cultural perspective offered by anthropology, that the conventions of Western biomedicine are no more "scientific" or "objective" than medical systems in other cultures or in other times.'

of a doctor, will be described using the word most commonly seen in our hagiographical case-studies, the '*medicus*.' This avoids the possibility of suggesting that the concepts of the sick and disabled body in these texts were just a stop-off on a teleological journey towards modern Western biomedicine.

This chapter will analyse the physical aspects of sickness and disability as represented in miracle-cure narratives. Unlike previous studies based on hagiography, this project takes a more holistic attitude to the textual material.³ The studies produced by Finucane and Metzler took modern definitions of the body as their starting point, and looked for them in medieval hagiography. This study, by contrast, examines how the hagiographical texts created their own concepts of the body. The first section will examine authority figures over the sick and disabled body, including the context of classical medical theory. Rather than focusing on the elite intellectual history of doctors or *medici*, this section will consider their role in relation to representations of the sick and disabled, especially the issue of submission of the body to authorities. The second section examines hagiographical descriptions of the impaired body in physical terms, particularly the symbolic conventions that developed for describing a body that was at risk through instability. The third section complements the second by looking at descriptions of the physical body in the process of cure. Miracle-cures were fundamentally spiritual experiences, as analysed in the previous chapter, but the power of the spiritual world was described through physical changes in the body.

³ Finucane, *Miracles and Pilgrims*, and Metzler, *Disability in Medieval Europe*. See Introduction, pp. 2-3, and Chapter One, pp. 32-3. See also M. H. Green, 'Integrative medicine: incorporating medicine and health into the canon of medieval European history', *History Compass* 7 (2009), pp. 1218-1245 at pp. 1219, 1229.

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I The Medicus

Bede's *Ecclesiastical History* recounted the translation of Æthelthryth's body via the testimony of a '*medicus*' called Cynefrith:⁴

'They ordered me,' he [Cynefrith] said, 'to cut her tumour, so as to drain the noxious humor [*noxius umor*] which was in it. After I had done this, she appeared to be a little better for two days, and many thought that she could be healed of this sickness [*sanari posset a languore*]. But on the third day she was oppressed by the previous pains and was soon taken from the world, exchanging all pains and death for perpetual salvation and life.'⁵

The relationship between *medicus* and patient shaped this narrative: Æthelthryth's body was described as seen by the person attempting to heal her, and the text noted the effects of Cynefrith's treatments. Bede also attributed to Cynefrith a spiritual explanation of Æthelthryth's passing, placing him in alignment with the saint's cult. This narrative closely interwove ideas of medicine and religion. Scholars of medieval medicine have now established a consensus that a modern binary between medicine and religion is not suitable for the study of past cultures.⁶ The deployment of a *medicus* figure in miracle-cure narratives offered one of many ways for different intellectual approaches to combine in depicting the impaired body.

⁴ OE *HE*, IV.19, p. 320, and Ælfric, *Homily on Saint Æthelthryth*, ed. Skeat, vol. 1, p. 436, line 61, both described Cynefrith as a '*læce*.' Two early twelfth-century prose *Vita S. Ætheldrethe* included the word '*medicus*' in their versions of Bede's account: see Love (ed.), *Hagiography of the Female Saints of Ely*, p. 200. Gregory *Æthelthryth*, Book I, p. 357, line 189, added that Cynefrith was 'a *medicus* learned in the art.' *Liber Eliensis*, I.21, pp. 38-9, added that Cynefrith was one of several '*medici*' consulted. S. Rubin, *Medieval English Medicine* (Newton Abbot, 1974), p. 99, identified Bede's Cynefrith as the earliest record of an English doctor, and Fell, 'St Æthelthryth', p. 28, describes this account as 'unique' among records of female monastics in this period.

⁵ Bede *HE*, p. 394. Blanton, *Signs of Devotion*, p. 43, describes this passage as 'the authoritative moment in Bede's *Vita*.'

⁶ Nutton, 'Medicine in Late Antiquity' in Conrad *et al.*, *The Western Medical Tradition*, pp. 72, 75; Amundsen, *Medicine, Society, and Faith*, pp.1-2, 7; Ziegler, 'Religion and medicine in the Middle Ages' in *Religion and Medicine in the Middle Ages*, eds. Biller and Ziegler, pp. 4, 8; Horden, 'What's wrong with early medieval medicine?', p. 13. For the early modern period, see D. Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester, 1998), pp. 182-94.

The structure of a miracle-cure narrative created a hierarchy of roles for those who intervened with the impaired body. An account of a person being healed by a *medicus* without recourse to the spiritual world could not have been included among these texts; by definition, it would not be a miracle.⁷ The *medicus* was represented as a prefiguration of the saint, who could try to intervene in the body but without ultimate success. Following this form, the Anonymous hagiographer of Lindisfarne and Bede recounted that Cuthbert cured a woman of pains in her head and down one side of her body when ‘no doctor’ [*nullus medicus*] could help.⁸ Bede’s prose text added an explanation that Cuthbert removed a paralysing ‘plague’ [*pestem*] from a boy when ‘the careful hands of doctors [*sollicita medicorum manus*] had been unable to do so.’⁹ These texts also associated the efforts of *medici* with the care offered for a paralysed boy who was brought to Lindisfarne:

[He] was carried from another monastery to our monastery in a wagon, to the learned doctors [*medicos edoctos*] of our monastery. They began to try to heal him with every treatment [*cura*], he who lay there dissolute with almost all of his limbs mortified. But nothing was working after their lengthy labour, and they gave up completely, despairing of curing him.¹⁰

Later texts among our case-studies portrayed *medici* encountering similar difficulties. In translating the eighth-century accounts of Cuthbert being cured by an angel, Ælfric added that the saint’s swollen knee was ‘not mitigated by any *læce*-work.’¹¹ Goscelin of St-Bertin

⁷ See Chapter One, pp. 41-3.

⁸ Anon. *Cuthbert*, IV.4, p. 116; Bede *Cuthbert P*, ch. 30, p. 254, re-wrote this as ‘she was despaired of by all *medici*.’

⁹ Bede *Cuthbert P*, ch. 32, p. 258, added this explanation of the limitation of *medici*, which did not feature in the two earlier versions of the Cuthbert texts: Anon. *Cuthbert*, IV.5, pp. 116-8; Bede *Cuthbert M*, ch. 26, p. 103.

¹⁰ Anon. *Cuthbert*, IV.17, p. 136; Bede *Cuthbert P*, ch. 45, p. 298, gave additional descriptions of the *medici* of Lindisfarne: they were considered ‘most learned’ [*peritissimos*] by the abbot of the other monastery, but when they had no success they were described as ‘doctors for the flesh’ [*carnalibus medicis*]. Bede *Cuthbert M*, ch. 43, p. 126, did not specify that this treatment was from *medici* at Lindisfarne, but the text did refer to the ‘ineffective medicine’ [*inrita... medicina*] that the boy tried. On care in monastic communities, see Chapter Five, pp. 221-22.

¹¹ Ælfric *Cuthbert*, p. 82, line 38: ‘*nan læcewyrht awiht geliðan.*’

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hinted at the involvement of *medici* when he explained that ‘tested medicines [*expertas medicinas*] were frustrated’ in trying to cure a knight’s fever.¹² In the later Cuthbert tradition, Reginald of Durham described how the ‘concern’ [*solicitudo*] of *medici* was not enough for cure, echoing Bede’s words about the boy with plague.¹³ The Becket hagiographers referred several times to the despair of *medici*.¹⁴ In all of these cases, attempts at medical intervention served the narrative of cure. The attention of *medici* highlighted the need of the impaired body for cure. Their efforts to provide a physical healing, and their inability to do so, defined the miracle cure as unnatural.¹⁵ In one account of a failed *medicus*, Benedict of Peterborough summed up their role as lesser helpers to the sick and disabled. A *medicus* considered himself unable to help a woman suffering from postpartum inflammation because ‘he was resigned to the burden of the human condition [*humanæ conditionis*].’¹⁶

¹² Goscelin *Edmund*, I.12, p. 218. Herman *Edmund*, ch. 33, p. 92-4, did not refer to any medical treatment. Samson *Edmund*. I.12, pp. 141-3, followed Goscelin.

¹³ Reginald *Cuthbert*, ch. 62, p. 122, ‘*medicorum industria sollicitior... frustra.*’ *Ibid.*, ch. 118, p. 263, ‘*quanto medicorum industria sollicitiore cura est adhibita.*’

¹⁴ Benedict *Thomas*, I.15, pp. 47-8, a boy went to London to consult *medici* about his fevers, but ‘no efforts of doctors [*medici*]... could cure him;’ II.23, p. 73, a paralysed man ‘had confidence in doctors [*medici*], in the sons of man, in whom there is no salvation.’ William *Thomas*, II.51, p. 212, ‘*desperatur a medicis;*’ *ibid.*, III.22, p. 280, ‘*chirurgici*’ examined a wound but it ‘did not allow for cure;’ *ibid.*, VI.6, p. 414, ‘neither the efforts nor the art of doctors could heal’ the fistula on a girl’s wrist. See R. Foreville, ‘*Les Miracula S. Thomæ Cantuariensis*’, *Actes du 97e congrès national des sociétés savants* (1979), pp. 443-468 at pp. 446, 457-9.

¹⁵ On the integration of medicine into miracle accounts, see: Amundsen, *Medicine, Society, and Faith*, p. 193; C. Pilsworth, ‘Medicine and hagiography in Italy, c. 800 - c. 1000’, *SHM* 13 (2000), pp. 253-264 at p. 263; D. Jacquart and M. Nicoud, ‘L’office du médecin entre intercession et médiation’ in *L’Intercession du moyen âge à l’époque moderne: autour d’une pratique sociale*, ed. J.-M. Moeglin (Geneva, 2004), pp. 195-214 at pp. 213-4; V. Nutton, *Ancient Medicine* (London, rev. ed., 2013), p. 313; H. Powell, ‘The “miracle of childbirth”: the portrayal of parturient women in medieval miracle narratives’, *SHM* 25 (2012), pp. 795-811 at p. 810; L. E. Wilson, ‘Miracle and medicine: conceptions of medical knowledge and practice in thirteenth-century miracle accounts’ in *Wounds in the Middle Ages*, eds. A. Kirkham and C. Warr (Farnham, 2014), pp. 63-86 at pp. 70-73. This raises an interesting parallel with miracle cures investigated by the modern Catholic Church, on which see: J. Ziegler, ‘Practitioners and saints’, *SHM* 12 (1999), pp. 191-225 at pp. 191-2; R. Harris, *Lourdes: body and spirit in the secular age* (London, 2000), pp. 320-326; J. Duffin, *Medical Miracles: doctors, saints and healing in the modern world* (Oxford, 2009), pp. 116-7, 142-3.

¹⁶ Benedict *Thomas*, III.26, p. 136.

Human *medici* were framed as a flattering comparison for saintly healers.¹⁷ Critical views of human *medici* evolved in two strands. Some hagiographers posited that human intervention in the body could exacerbate impairments, rather than helping. The financial aspect of medical treatment also drew criticism, as hagiographers often suggested that *medici* would swindle their patients. The texts about Swithun demonstrate how these two critiques of the *medicus* crystallised. Lantfred, writing in the early 970s, recounted that a blind prior called Byrhtferth underwent ‘many medical treatments [*medicaminibus*]’ including cauterisation, but ‘they did him little good, indeed they hurt him a great deal.’¹⁸ The unsuccessful cauterisation treatment was contrasted with Byrhtferth’s cure after keeping a night vigil at Swithun’s tomb, but Lantfred did not attribute this harmful treatment to anyone in particular. It was only when Wulfstan re-wrote this text in verse in the last decade of the tenth century that the pain of the cautery was attributed to failing *medici*: ‘the burn was inflicted on his head by doctors [*medici*].’¹⁹ The Anonymous hagiographer writing at the turn of the twelfth century added a financial issue to the narrative: the blind man ‘paid to *medici* everything which he could avail himself of,’ only to then undergo the unsuccessful cauterisation.²⁰ In the re-writing of this particular narrative, the physical risk of medical intervention was paramount, and financial anxieties were added later in the development of the cult.

¹⁷ P. Skinner, ‘A cure for a sinner: sickness and healthcare in medieval Southern Italy’, in *The Community, the Family, and the Saint*, eds. J. Hill and M. Swan (Turnhout, 1998), pp. 297-309 at pp. 302-3; V. I. J. Flint, ‘The early medieval “*medicus*”, the saint - and the enchanter’, *SHM* 2 (1989), pp. 127-145 at p. 134. See also: E. J. Kealey, *Medieval Medicus: a social history of Anglo-Norman medicine* (Baltimore MD, 1981), p. 14; J. Agrimi and C. Crisciani, ‘Charity and aid in medieval Christian civilisation’ in *Western Medical Thought*, ed. Grmek, pp. 170-196 at p. 176.

¹⁸ Lantfred *Swithun*, ch. 8, p. 316: ‘*nihil ei prorsus profuerunt, veram multo magis obfuerunt.*’

¹⁹ Wulfstan *Swithun*, II.11, p. 526: ‘*in caput a medicis infertur adustio cæci; / nec habuit melius, nocuit sed adustio peius.*’

²⁰ Anon. *Swithun*, ch. 29, p. 668.

This template of a miracle-cure following botched medical intervention did not feature among the earliest hagiographical texts of the Cuthbert cult, but once established in the Anglo-Latin tradition it was used regularly. The two early twelfth-century *Miracula* of Æthelthryth emphasised the financial cost of medical care by claiming that *medici* charged even before treatment had started. When a woman was paralysed, ‘*medici* came, taking their fees, mixing antidotes...’²¹ They ‘pledged that through hope in profit, they would help her to be healed.’²² Reginald of Durham, writing in the later twelfth century, expressed the same suspicion about cauterisation as the Swithun hagiographers. A woman who underwent cautery on her groin [*circa ipsa ylia cauteriata*] as treatment for a stomach sickness suffered as a consequence of her doctors’ lack of knowledge. Reginald commented that the cautery was not only painful in itself, but also exacerbated the heat which lay at the root of her condition.²³ He also described how the pharmaceutical ‘mixtures of doctors’ [*medicorum condimenta*] given to a young man with gout actually ‘caused his deterioration.’²⁴ Perhaps the greatest sense of disillusionment with *medici* appeared in the late twelfth-century additions to the Edmund *Miracula*. The hagiographer described how *medici* ‘flocked’ to the bedside of a man with fever, ‘promising great remedies;’ he added immediately, ‘they lied.’²⁵ Such complaints about doctors were clearly recognisable criticisms even beyond

²¹ Goscelin *Æthelthryth*, ch. 3, p. 110. This was re-written in *Liber Eliensis*, I.44, p. 58: ‘she paid out money to many *medici* without a cure.’

²² Gregory *Æthelthryth*, II.3, p. 366, line 147: ‘*Spondent spe lucri sese prodesse saluti.*’

²³ Reginald *Cuthbert*, ch. 119, p. 264: ‘*Proinde igitur ægritudinis intestinæ sæviante gravedine, tanti caloris ediator flamma languentium ylium intestina succenderat.*’

²⁴ *Ibid.*, ch. 96, p. 213: ‘*medicorum denique omnium condimenta, eius levamini cotidiana procreaverant detrimenta.*’

²⁵ Samson *Edmund*, II.19, p. 202: ‘*ad eum medici confluebant, larga promittendo remedia, mentientes.*’

hagiography, as John of Salisbury was able to employ them as slurs against his philosophical opponents.²⁶

The issues of *medici* causing physical and financial harm were however flexible pieces of rhetoric for the authors of miracle narratives. The two Becket hagiographers each had a preference among the two strands. William of Canterbury was most disposed to represent *medici* harming their patients through physical interventions. For example, an unsuccessful phlebotomy provoked bleeding that ‘no art, no multitude of bandages wrapped around it, could stop.’²⁷ He described how a *medicus* applied ‘noxious excrement’ [*excrementa noxia*] to the sores on a boy’s feet, which made the condition worse.²⁸ Doctors were represented as a risk even to their colleagues, in William’s account of a *medicus* who seemingly abused his expertise to give a ‘toxic drink’ [*toxicatam potionem*] to a local rival.²⁹ Benedict, by contrast, expressed particular suspicion about the financial dealings of *medici*. He described how doctors ‘augmented their gifts’ [*muneribus amplians*] when treating a knight who was troubled by demons in his sleep.³⁰ In an account of the cure of a boy with dropsy, he suggested that the avaricious reputation of *medici* preceded them and was even seen as a way of securing their services in difficult circumstances: ‘there could not be found a doctor who would dare to attempt to cure the boy, lest, through their desire for wealth, the noble parents might seem to be tricked [by the *medici*].’³¹

²⁶ John of Salisbury, *Metalogicon*, ed. J. B. Hall (CCCM 98, 1991), I.4, pp. 18-19, lines 37-39: ‘the torments of the sufferer themselves work together with the greed of the healer.’ See T. Shogimen and C. J. Nederman, ‘The best medicine? Medical education, practice, and metaphor in John of Salisbury’s *Policraticus* and *Metalogicon*’, *Viator* (2011), pp. 55-73 at pp. 63-4.

²⁷ William *Thomas*, II.17, p. 174.

²⁸ *Ibid.*, III.33, p. 290.

²⁹ *Ibid.*, VI.101, pp. 496-7.

³⁰ Benedict *Thomas*, I.13, p. 44.

³¹ *Ibid.*, II.62, p. 106: ‘*non est inventus medicus qui puerum curandum auderet suscipere, ne pecuniae cupiditate parentes nobiles falli viderentur.*’

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These frustrations with human interventions in the impaired body were not a straightforward rejection of medicine. Whatever criticisms might have been raised in the comparison between the *medici* and the saint who provided cure, hagiographers could not reject the function of *medici* altogether. The curing saint was superior to the human *medici*, but both acted to heal - the verb ‘*medere*’ was both the root of the word *medicus* and a description of the action of the saint.³² Metaphorical links between holiness and medical authority were entrenched in religious and literary culture.³³ Jesus’s words in the Gospel of Luke associated him with the role of a doctor: “doubtless you will say to me this similitude, ‘physician, heal yourself [*medice cura te ipsum*].”³⁴ Augustine employed the image of Christ as a *medicus* on numerous occasions, which along with other patristic texts firmly established this idea in intellectual heritage of hagiography.³⁵

The early Cuthbert cult did not describe the Lindisfarne saint in these terms, but Bede combined the roles of saint and *medicus* in his portrayal of John of Beverley in his *Ecclesiastical History*. Like any other saint, John was described as ‘*sanctus*’ and a source of

³² See entries on ‘*Medeor*’ and ‘*Medicus*’ in *A Latin Dictionary*, eds. C. T. Lewis and C. Short (Oxford, 1879). L. Demaitre, *Medieval Medicine: the art of healing, from head to toe* (Santa Barbara CA, 2013), p. 3.

³³ Flint, ‘The early medieval “*medicus*”’, pp. 130-131; Kealey, *Medieval Medicus*, p. 56; Wilson, ‘Miracle and medicine’, pp. 77-8; Melling, ‘Suffering and sanctification’ in *Religion, Health, and Suffering*, eds. Hinnells and Porter, p. 59; Van Dam, *Saints and their Miracles*, p. 95. For Byzantine comparisons, see: S. A. Harvey, ‘Physicians and ascetics in John of Ephesus’, *Dumbarton Oaks Papers* 38 (1984), pp. 87-93 at p. 89; I. Csepregi, ‘Changes in dream patterns between Antiquity and Byzantium’ in *Ritual Healing*, eds. I. Csepregi and C. Burnett (Micrologus’s Library 48, Florence, 2012), pp. 131-145 at pp. 134-5.

³⁴ Luke, 4:23. Bede, *In Lucae*, ed. Hurst (CCSL 120), II.4, p. 105, lines 221-3: ‘the Lord Christ is given the name maker [*fabrum*] and *medicus*.’ The biblical reference to Luke himself as ‘*medicus*’ (Colossians 4:14) was also of interest to Bede: *Expositio Actuum Apostolorum*, ed. Laistner (CCSL 121), Preface, p. 3, line 26, quoting Jerome, *Epistula* 53, ed. Hilberg, vol. I., pp. 442-465 at part 9, p. 463.

³⁵ R. Arbesman, ‘The concept of “*Christus medicus*” in St Augustine’, *Traditio* 10 (1954), pp. 1-28 at p. 2, noted that Augustine employed the ‘*medicus*’ metaphor in forty texts. Lapidge, *Anglo-Saxon Library*, p. 198, notes that among Augustine’s texts Bede most commonly quoted *The City of God. De civitate Dei*, eds. Dombart and Kalb, featured the metaphor of Christ as *medicus* at, for example: IV.16, vol. 1, p. 166, line 6. See also Jerome, *Commentaria in epistolam ad Ephesios*, ed. D. Vallarsi (PL 26, 1845), II.4, col. 503: ‘*verus medicus Christus Jesus sanaturus advenit*.’ Gregory the Great, *Homiliae in evangelia*, ed. R. Étaix (CCSL 141, 1999), used the metaphor ‘*caelestis medicus*’: Book 2, Homily 32 part 1, p. 277, lines 5-6; Book 2, Homily 34, part 3, p. 301, line 34. On the theological aspects of the *medicus* metaphor, see M.-A. Vannier, ‘L’image du christ médecin chez les Pères’ in *Pères de l’Église face à la science*, eds. Boudon-Millot and Pouderon, pp. 525-534 at p. 526.

‘*miracula*.’³⁶ However, Bede also represented his curative power in medical terms: John intervened in a botched blood-letting, and he ordered *medici* to heal the heads of two young men.³⁷ The Swithun hagiographers of the tenth century described their healing saint as a ‘heavenly *medicus*’ [*celestis medicus*] and his cures as the ‘medicine of the saint’ [*sancti medicatio*].³⁸ The late eleventh-century re-working of the Swithun texts took a mixed approach to *medicus* metaphors, removing them from the earlier exempla but also introducing such metaphors to narratives that had not previously contained them.³⁹ The two Edmund texts of the turn of the twelfth century likewise grappled with this concept in some miracle narratives.⁴⁰ By the later stages of this study, such descriptions of the saints as *medici* were commonplace among cure narratives.⁴¹ The cult of Æthelthryth presents an interesting case, as she was not described in these terms. The authors of the early twelfth-century *Miracula* texts and the *Liber Eliensis* attributed miracles to God as the ‘*celestis*

³⁶ Bede *HE*, V.2, p. 456. On comparisons between Bede’s portrayals of John of Beverley and Cuthbert, see S. E. Wilson, *The Life and After-Life of St John of Beverley* (Aldershot, 2006), p. 46.

³⁷ Bede *HE*, V.3, p. 460; V.2, p. 458, ‘he instructed [*præcepit*] a *medicus* to provide treatment to cure his scabby head;’ V.6, p. 468, ‘he called a *medicus* and ordered him [*iussit*] to set together and bind the fracture in my skull.’ OE *HE*, V.2, pp. 388-390; V.3, pp. 390-394; V.6, pp. 400-404, used the term ‘*læce*’ in translating each of these accounts.

³⁸ Lantfred *Swithun*, ch. 3, p. 278: ‘the mighty creator of all things revealed to the sick man a heavenly physician, through whom he afterwards obtained healing medication [*salubre medicamentum*];’ Wulfstan *Swithun*, I.3, p. 440, ‘the mighty creator and redeemer of all things sent to the sick man from the highest vault of heaven a *medicus*, through whom he joyfully received the twin compresses [*fomentum*] of salvation.’ Lantfred *Swithun*, ch. 29, p. 316, ‘hearing reports of marvels... he hurried to the saint’s medicine.’

³⁹ Anon. *Swithun*, ch. 3, p. 650, and ch. 30, pp. 668-70, omitted earlier descriptions of Swithun as a *medicus*, above. Anon. *Swithun*, ch. 12, p. 656 introduced the ‘*medicus*... whose medicine would never fail’ into the narrative of a cure of sixteen blind people, not found in the earlier versions (Lantfred *Swithun*, ch. 12, p. 296; Wulfstan *Swithun*, I.15, p. 480). Anon. *Swithun*, ch. 36, p. 672, added ‘*medicus spiritualis*’ to descriptions of Swithun appearing in a paralysed man’s dream, not found in the earlier versions: Lantfred *Swithun*, ch. 35, pp. 324-8, described the ‘medicine for the sick’ [*ægritudinis medicamentum*] offered by the saint, but did not label him as *medicus*; Wulfstan *Swithun*, II.18, pp. 538-544, promised ‘medical healing through Christ’ [*Christo medicante salutem*].

⁴⁰ Herman *Edmund*, ch. 21, p. 46, ‘*salutaris... medicus*.’ Goscelin *Edmund*, I.7, p. 196, re-wrote this as ‘*medicus... antidoto lesa membra perungit*.’ Herman *Edmund*, ch. 37, p. 106, ‘*o bona voluntas boni medici*.’ Goscelin *Edmund*, I.16, pp. 232-4, omitted the *medicus* metaphor.

⁴¹ Samson *Edmund*, I.7, p. 129; I.12, p. 143. Benedict *Thomas*, II.52, p. 106; III.26, p. 136; III.57, p. 158; III.59, p. 159. William *Thomas*, II.7, p. 164; II.31, pp. 185-6; III.5, p. 264; III.14, p. 273; V.30, p. 396; VI.9, p. 419; VI.71, p. 470; VI.72, p. 471; VI.73, p. 472; VI.105, p. 499. Reginald *Cuthbert*, ch. 96, p. 213; ch. 97, p. 217; ch. 103, p. 231; ch. 130, p. 279.

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medicus' (in the masculine form), suggesting that the elision between saint and *medicus* revolved around male healing roles.⁴²

Representations of *medici* were the main context in which hagiographers referred to classical medical theory. Research on the intellectual history of medicine has suggested that some medical theory from ancient Greece and Rome was available to scholars in England throughout this period, although the precise forms of such transmission remain unclear.⁴³ Bede's portrayal of John of Beverley engaged with the classical idea of the human body relating to astronomy. In the *Ecclesiastical History*'s account of John curing a girl who had been incorrectly bled, Bede attributed dialogue to the saint explaining that the swelling in her arm was caused by the moon. This theory was in turn attributed to Theodore of Tarsus, Archbishop of Canterbury (669-690). John declared:

'You have acted very foolishly and ignorantly to bleed her on the fourth day of the moon. I remember that Archbishop Theodore of blessed memory used to say that it was very dangerous to perform a phlebotomy [*flebotomia*] at that time, when the moon is waxing and the ocean tide flowing.'⁴⁴

⁴² Goscelin *Æthelthryth*, ch. 3, p. 110; Gregory *Æthelthryth*, II.3, p. 367, lines 176-8; *Liber Eliensis* III.30, p. 265. On women in healing roles, see: M. Clayton, *The Cult of the Virgin Mary in Anglo-Saxon England* (CSASE 2, 1990), pp. 117-8, 217; E. M. Wainwright, *Women Healing / Healing Women: the genderisation of healing in early Christianity* (London, 2006), pp. 101-3, 170-1; M. H. Green, *Making Women's Medicine Masculine: the rise of male authority in pre-modern gynaecology* (Oxford, 2008), pp. 3-4, 35-6, 58-64; M. Rubin, *Mother of God: a history of the Virgin Mary* (London, 2009), p. 55; Powell, 'The "miracle of childbirth"', pp. 801-2. On representations of women in communities around the sick and disabled, see Chapter Five, pp. 195-6, 211-12.

⁴³ On the medieval reception of ancient medicine, see: G. Baader, 'Galen im mittelalterlichen Abendland' in *Galen: problems and prospects*, ed. V. Nutton (London, 1981), pp. 213-228 at pp. 223-6; L. García-Ballester, 'The construction of a new form of learning and practicing medicine in medieval Latin Europe', *Science in Context* 8 (1995), pp. 75-102 at pp. 75-7; Nutton, *Ancient Medicine*, pp. 303-8. On transmission to England, see: Nutton, 'Medicine in Late Antiquity' in Conrad *et al.*, *The Western Medical Tradition*, p. 86; J. N. Adams and M. Deegan, 'Bald's *Leechbook* and the *Physica Plinii*', *ASE* 21 (1992), pp. 87-114 at pp. 108, 112; M. L. Cameron, 'Bald's *Leechbook*: its sources and their use in its compilation', *ASE* 12 (1983), pp. 153-182 at pp. 154-161; S. Hollis, 'Scientific and medical writings' in *A Companion to Anglo-Saxon Literature*, eds. P. Pulsiano and E. Trehanne (Oxford, 2001), pp. 188-201 at pp. 194, 199-200; M. Lapidge, 'Byzantium, Rome and England in the early Middle Ages' in *Roma Fra Oriente e Occidente* (Settimane di Studio del Centro Italiano di Studi sull'Alto Medioevo 49, Spoleto, 2002), pp. 363-400 at pp. 368, 376.

⁴⁴ Bede *HE*, V.3, p. 460. OE *HE*, V.3, p. 392. The second gospel commentary associated with Archbishop Theodore and Abbot Hadrian glossed the word '*lunaticus*' in Matt 17:14 by describing a swelling of the brain caused by the moon. See *Biblical Commentaries from the Canterbury School of Theodore and Hadrian*, eds. B. Bischoff and M. Lapidge (CSASE 10, 1994), pp. 396-422 at p. 404: '*minuente luna minuatur vel mutatur cerebrum.*' See also *ibid.*, pp. 249-255.

This citation of Theodore's medical authority referred back to Bede's description of the education offered by Theodore and Hadrian at Canterbury in the seventh century, which included astronomy.⁴⁵ Michael Lapidge has demonstrated that medicine is also likely to have been among the subjects taught to this elite group of scholars.⁴⁶ Bede's perception of the Augustinian mission as a spread of classical learning shaped his concept of the *medicus* figure.⁴⁷ In rewriting the Lindisfarne hagiographer's account of the cure of a paralysed boy, Bede associated Lindisfarne with classical medicine. The Anonymous version of the narrative described how *medici* at Lindisfarne tried and failed to cure a boy who was 'paralyticus.'⁴⁸ Bede explained the Greek history of this diagnostic term: the boy had 'a sickness which the Greeks call *paralysin*, and he was deprived of the use of all of his limbs.'⁴⁹ The emphasis on the Greek knowledge behind this diagnosis suggested that the

⁴⁵ Bede *HE*, IV.2, pp. 332-4. See S. Crawford, 'The nadir of Western medicine?' in *Bodies of Knowledge*, eds. Crawford and Lee, pp. 41-45 at p. 45.

⁴⁶ M. Lapidge, *DNB* entry 'Theodore of Tarsus' [date of access 13th August 2015]. *Idem*, 'The school of Theodore and Hadrian', *ASE* 15 (1986), pp. 45-72 at p. 50, compared this account in Bede *HE* with attributions of medical recipes to a certain 'Theodore' and 'Hadrian.' *Idem*, 'Byzantium, Rome and England', p. 368, notes that Theodore would have been familiar with the medical theories taught in Constantinople by Stephanus of Alexandria. One possible comparison with the Bede *HE*, V.3 passage can be found in Stephanus's *Commentary on Hippocrates' Aphorisms*, ed. L. G. Westerink (Berlin, 1985-95), III.5, vol. 2, pp. 34-6: the text explains that the moon dissolves moisture in the body and causes swelling. On Stephanus, see: W. Wolska-Conus, 'Les commentaires de Stephanos d'Athènes au *Prognostikon* et aux *Aphorismes* d'Hippocrate: de Galien à la pratique scolaire alexandrine', *Revue des Études Byzantines* 50 (1992), pp. 5-86 at pp. 41-4, 54; M. Papatthanassiou, 'Stephanos of Alexandria: a famous Byzantine scholar, alchemist and astrologer' in *The Occult Sciences in Byzantium*, eds. P. Magdalino and M. Mavroudi (Geneva, 2006), pp. 163-203 at p. 166.

⁴⁷ Comparably, Bede cited the authorities of Pliny the Elder and Hippocrates in explaining the influence of solstices and equinoxes on the bodily humors: *De temporum ratione liber*, ed. C. W. Jones, *Beda Venerabilis opera, pars 6 opera didascalica* (CCSL 123B, 1977), pp. 263-544 at ch. 30, pp. 371-374, lines 5-47. See M. L. Cameron, 'The sources of knowledge in Anglo-Saxon England', *ASE* 11 (1982), pp. 135-155 at pp. 145-6; F. Wallis, 'Bede and science' in *The Cambridge Companion to Bede*, ed. S. DeGregorio (Cambridge, 2010), pp. 113-126 at p. 115.

⁴⁸ Anon. *Cuthbert*, IV.17, p. 136.

⁴⁹ Bede *Cuthbert* P, ch. 45, p. 298: 'ea quam Greci paralysin vocant infirmitate, omni membrorum officio destitutus.' Bede *Cuthbert* M, ch. 43, p. 126, used the term 'paraliticus' in the chapter heading but not the main text. L. Bezzo, 'Parallel remedies: Old English "Paralysin þæt is lyftadl"' in *Form and Content in Instruction in Anglo-Saxon England in the Light of Contemporary Manuscript Evidence*, eds. P. Lendinara, L. Lazzari and M. A. D'Arónico (Turnhout, 2007), pp. 435-445 at p. 445, argues unconvincingly that the use of the Greek-derived 'paralysin' in vernacular texts indicates a 'professional' class of doctors. On the use of 'paralysin' in Latin, see: D. R. Langslow, *Medical Latin in the Roman Empire* (Oxford, 2000), pp. 96, 210, 385. On Bede's knowledge of Greek, see: K. M. Lynch, 'The Venerable Bede's knowledge of Greek', *Traditio*

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Lindisfarne monks were connected to the classical learning transmitted via travelling intellectuals like Theodore. However, Bede's description of this boy's condition also quoted two hagiographical works attributed to Gregory the Great, placing the Lindisfarne *medici* in a more general context of cure narratives.⁵⁰ The heritage of medical learning and hagiographical tradition were not easily distinguished from one another.

The Swithun texts of the tenth century were composed during a period that saw dissemination of medical theory through vernacular *materia medica* known as *Leechbooks*. Some such manuscripts survive from this period, one of which (London, British Library MS Royal 12.D.xvii, known as Bald's *Leechbook*) was associated with Winchester - the location of Swithun's cult.⁵¹ However, the Swithun narratives very rarely referred to either contemporary *medici* such as those named in *Leechbooks*, or the classical authorities recycled in the *Leechbook* recipes. Lantfred (twice) and Wulfstan (once) employed the Greek term '*glaucoma*' to describe a substance in the eyes of blind people, which might reflect some access to Greek medical texts.⁵² Lantfred combined this diagnosis with Swithun's role as a *medicus*, explaining that a blind man suffering from *glaucoma* sought

39 (1983), pp. 432-439 at pp. 432, 435, 439; M. C. Bodden, 'Evidence for knowledge of Greek in Anglo-Saxon England', *ASE* 17 (1988), pp. 217-246 at pp. 228-30.

⁵⁰ Gregory the Great, *Dialogues*, ed. Vogüé, IV.16, vol. 3, p. 64, lines 27-9; and Gregory the Great, *Homiliae in evangelia*, ed. Étaix (CCSL 141), Book 2, Hom. 40, p. 408, lines 378-80. Both texts employed a the same description in recounting the cure of Romula: '*Romula ea, quam Græco vocabulo medici paralysin vocant, molestia corpora percussa est, multisque annis in lectulo decubans pæne omni iacebat membrorum officio destituta.*'

⁵¹ M. L. Cameron, 'The sources of knowledge', pp. 147-150; *idem*, *Anglo-Saxon Medicine* (CSASE 7, 1993), pp. 30-34, 42-45; *idem*, 'Bald's *Leechbook*', pp. 153, 168-170, 172-4; A. L. Meaney, 'Variant versions of Old English medical remedies and the compilation of Bald's *Leechbook*', *ASE* 13 (1984), pp. 235-268 at pp. 236-7, 251; *idem*, 'Extra-medical elements in Anglo-Saxon medicine', *SHM* 24 (2011), pp. 41-56 at pp. 45-51; R. S. Nokes, 'The several compilers of Bald's *Leechbook*', *ASE* 33 (2004), pp. 51-76 at pp. 51-2, 54.

⁵² '*Glaucoma*' was used in: Lantfred *Swithun*, ch. 15, p. 298; ch. 29, p. 318; Wulfstan *Swithun*, I.18, p. 482. On Lantfred's use of '*glaucoma*', see Lapidge, 'Byzantium, Rome and England', p. 393. Aldhelm used this Greek word three times for metaphors of blindness: *De virginitate (prosa)*, ed. Gwara (CCSL 124A), ch. 22, p. 263, line 27; *De virginitate (carmen)*, ed. R. Ehwald, *Aldhelmi opera* (MGH Auctores antiquissimi 15, 1919), pp. 350-471 at p. 393, line 939; *De metris et enigmatibus ac pedem regulis*, ed. Ehwald, *Aldhelmi opera*, pp. 59-204 at ch. 140, p. 195, line 24. See DMLBS entry '*Glaucoma*.'

‘the medication of the saint’ [*sancti medicationem*].⁵³ Apart from this, the Swithun *Miracula* represented the healing role of the saint as *medicus* without reference to classical medical learning. Debby Banham has noted that the *Leechbooks* were similarly ambiguous, often alluding to ancient medical authorities without naming them.⁵⁴ The only reference to contemporary medical study among the Swithun miracles was framed as a missed opportunity. Lantfred the hagiographer witnessed of the cure of a woman in France, and described himself explaining to her husband that he had ‘not studied the art of medicine [*artem medicinam*] from an early age.’ Lantfred instead recommended devotion to Swithun; the narrative’s successful resolution in cure suggested that the saint’s power made such study redundant.⁵⁵

Some hagiographers of the twelfth century embraced the authoritative legacy of classical medicine in a new way. Monica Green has suggested that Latin versions of classical texts were pursued particularly in England, from as early as the eleventh century.⁵⁶ However, our case-study texts from this period indicate that there was no simple pattern of ever-increasing enlightenment about medical theory, but rather that particular authors engaged with the idea of classical backing for their narrative representations of *medici*. The hagiographers writing about Edmund and Æthelthryth in the late eleventh and early twelfth centuries demonstrate how the deployment of classical ideas about medical authority was a complex narrative choice. For Herman of Bury, classical medicine was fundamental to his

⁵³ Lantfred *Swithun*, ch. 29, p. 316.

⁵⁴ D. Banham, ‘Dun, Oxa and Pliny the great physician: attribution and authority in Old English medical texts’, *SHM* 24 (2011), pp. 57-73 at pp. 62-7. See also Nokes, ‘The several compilers’, pp. 59-60.

⁵⁵ Lantfred *Swithun*, ch. 32, pp. 320-22: ‘*Artem medicinam, ut bene nosti, a iuventute non didici.*’ Wulfstan *Swithun*, II.15, pp. 532-4: ‘*Me puero numquam studui didicisse medelam.*’ Anon. *Swithun*, ch. 33, pp. 670-2: ‘*qui nullam medicinam se scire respondens.*’

⁵⁶ Green, ‘Salerno on the Thames’, pp. 221, 230. See also G. Gasper and F. Wallis, ‘Anselm and the *Articella*’, *Traditio* 59 (2004), pp. 129-174 at pp. 138, 171.

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representation of his saint and community. Herman portrayed himself as a participant in the cure of Bishop Herfast of East Anglia, telling him to turn to Edmund's curative power:

'It is clear that these eye-selves are not helping you. Not even Hippocrates or Galen, if they were alive, could handle this case, unless God's mercy came to their aid... Devoutly beg God's mercy and that of Saint Edmund... Quickly send word to Abbot Baldwin with the humility of peace, so that he, after God, might be willing to heal you.'⁵⁷

The references to Galen and Hippocrates reflected the Bury hagiographer's interest in the figureheads of medical learning; but the cure narrative demonstrated that Edmund, Abbot Baldwin the royal physician, and Herman himself, were able to provide medical management superior even to these classical authorities.⁵⁸ In recounting the cure of Wulmar from his comatose state, Herman lauded Edmund through a comparison to classical *medici*:

O new type of healing [*medendi*], O good will of the good doctor [*boni medici*]...!
Any Hippocrates can cook up some medicine with his potions, either to bestow health after a long time or to alleviate suffering only a little...⁵⁹

Gregory of Ely, writing twenty years after Herman, likewise introduced the idea of classical medicine as a foil for the healing power of Æthelthryth:

The arts, studying the arts, labour, the service of *medici*,
It all submits, falls, is consumed, comes to nothing.
Hippocrates would not be able, even if he could come back from the dead,
Neither does Apollodorus the learned, nor the son of Apollo [Asclepius],
Nor Apollo the father, nor the brilliant incantator Macer [Odo of Meung],
They cannot cure this type of sickness, not even Galen,
Not even the brilliant wisdom of the above authors is enough,
Unless the medical work of the divine shines through.⁶⁰

⁵⁷ Herman *Edmund*, ch. 27, p. 72: '*non Ypocras vel Galienus si viverent ad hoc proficerent, nisi Dei misericordia subveniret.*'

⁵⁸ D. Banham, 'Medicine at Bury in the time of Abbot Baldwin', in *Bury St Edmunds and the Norman Conquest*, ed. T. Licence (Woodbridge, 2014), pp. 226-246 at pp. 239-244; V. Thouroude, 'Medicine after Baldwin' in *ibid.*, pp. 247-257 at p. 257.

⁵⁹ Herman *Edmund*, ch. 37, p. 106: '*O novum genus medendi, o bona voluntas boni medici... Conficiat quiquis Ypocraticus confectiones cum suis medicaminibus, vel dabit sanitatem longum post tempus, vel parum erit infirmo levius...*'

⁶⁰ Gregory *Æthelthryth*, II.3, p. 367, lines 168-75: '*Ars, artis studium, labor, officium medicorum / Cedit, cassatur, consumitur, annihilatur. / Non Hipocras posset, si morte resurgere nosset, / Sed nec Apollodorus*

In these accounts, the hagiographers were more interested in the idea of ancient doctors as figures with authority over the sick and disabled body, rather than the details of theory.⁶¹ Goscelin of Saint-Bertin, a contemporary of these two authors and contributing to the same cults, did not engage with this concept of the classical *medicus*. His *Miracula* of Æthelthryth made a reference to classical medicine in an explanation that the ‘freezing of the humors’ caused a condition ‘which is called in Greek “*paralisis*” and in Latin “*dissolutio membrorum*.”’⁶² However, he did not name any authorities for this classical theory, and removed the references to classical medicine in his re-writing of Herman’s text.⁶³ These early twelfth-century case-studies suggest that engagement with the classical idea of a *medicus* figure was at the rhetorical discretion of the author.

Miracula texts of the later twelfth century display a similar range of attitudes towards the classical precursors of saintly *medici*. The compiler of the *Liber Eliensis* and Reginald of Durham did not align their saints with ancient *medici*. These authors were not isolated from the intellectual culture of classical medicine, as they made allusions to theories of the bodily humors.⁶⁴ The Becket cult, however, brought together previous

sapiens, nec Apolline natus, / Sed nec Apollo pater, nec clarus carmine Macer / Hoc curare genus morbi, sed nec Galienus / Nec satis auctorum prudentia clara priorum, / Si non divine clarescat opus medicine.’

⁶¹ On the legendary status of Galen and Hippocrates, see: J. R. Pinault, *Hippocratic Lives and Legends* (Leiden, 1992), p. 5; V. Nutton, ‘The fortunes of Galen’ in *The Cambridge Companion to Galen*, ed. R. J. Hankinson (Cambridge, 2008), pp. 355-390 at pp. 359, 379.

⁶² Goscelin *Æthelthryth* ch. 3, p. 110: ‘*huius passionis ex humorum frigiditate... que Grece paralisis latine dissolutio membrorum dicitur.*’ *Liber Eliensis*, I.44, p. 58, provided a simplified version of this narrative, but kept the term ‘*paralisis*’ and the reference to the failed *medici*.

⁶³ The cure of Wulmar: Goscelin *Edmund*, I.16, pp. 228-234. Samson *Edmund*, II.2, pp. 160-162, followed Goscelin. Goscelin *Edmund* omitted the Herfast episode altogether. Samson *Edmund*, II.13, p. 187, which is not found in either of the earlier texts, referred to ancient medical authority in describing a woman’s fever: ‘not even a Hippocrates could attempt to provide help, nor by any art could they reduce the pain she felt’ - ‘*nec cuiuslibet Ypocratis experiri subsidium, nec alicuius arte dolorem sentire potuit lævigatum.*’

⁶⁴ *Liber Eliensis*, III.30, p. 265, the swollen leg of a man with dropsy ‘split as if cut by a surgeon [*cyrurgicus*], and so much fluid flowed out that it was as if his body contained hardly any more of the humor [*humorem*].’ Reginald *Cuthbert*, ch. 19, p. 39, a man with leprosy was cured when ‘the humor of blood was sprinkled onto his flesh.’ On the concepts of wetness and dryness as variables in the body, see: L. García-Ballester, ‘*Artifex*

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traditions of invoking classical medicine in miracle cures. The first recorder of Becket's miracles, Benedict of Peterborough, favoured Bede's method of explaining the theoretical basis of the behaviour of *medici*. In Benedict's account of the demonic dreams that troubled a knight, *medici* diagnosed that 'it was *ephialtem* (which we could interpret in Latin as 'lying-upon' [*superincumbentum*]).'⁶⁵ Benedict's comparison of the Greek term used by the *medici* and his own translation into Latin drew attention to the unusual language of these medical authorities.⁶⁶ In recounting the cure of a young man from fevers, Benedict described how *medici* in London identified the cause of the trouble as 'a hardening of the liver, which the physicians [*physici*] called *sclirosim*.'⁶⁷ Benedict here employed Greek terms for the liver (*hepaticus*) and the diagnosis.⁶⁸ Benedict need not necessarily have been a confident Greek scholar, or even have had access to full texts in Greek, in order to add these *recherché* terms to his miracle narratives.⁶⁹ Benedict represented *medici* as an authoritative elite, using unusual words to describe the impaired body.

William of Canterbury, by contrast, employed classical medicine to emphasise the superior power of his patron saint, like Herman of Bury seventy years before. William's

factivus sanitatis: health and medical care in medieval Latin Galenism, in *Knowledge and the Scholarly Medical Traditions*, ed. D. Bates (Cambridge, 1995), pp. 127-150 at pp. 132-3.

⁶⁵ Benedict Thomas, I.13, p. 44: '*dicentibus tamen ephialtem id esse, (quod nos Latine superincumbentum interpretari possumus).*'

⁶⁶ *DMLBS*, entry on '*Ephialtes*,' defines the meaning as 'nightmare' and notes the derivation from the Greek 'ἐφιάλης,' which is also the root of '*epilepsia*,' the Greek term for epilepsy. W. F. MacLehose, 'Fear, fantasy and sleep in medieval medicine' in *Emotions and Health*, ed. E. Carrera, pp. 67-94 at pp. 69-70, suggests that the two terms were roughly equivalent in meaning a demon that crushes the victim. '*Ephialtes*' was used by Benedict's contemporary at Canterbury, John of Salisbury: *Policraticus*, ed. K. S. B. Keats-Rohan (CCCM 118, 1993), II.15, p. 94, lines 23-26, described it as a dream in which one is 'crushed.'

⁶⁷ Benedict Thomas, I.15, pp. 47-8: '*hepatisque durtia, quam physici sclirosim appellant.*'

⁶⁸ '*Hepaticus*' was a transliteration of ἥπατικός, whereas '*jecur*' was the more commonly used Latin term for the liver. Isidore of Seville, *Etymologiarum*, ed. W. M. Lindsay (Oxford, 1911), vol. 1, IV.7 pars 21, line 10, explained the Greek origin of the term. See *DMLBS* entry '*Hepaticus*.' Sclerosis was a transliteration of 'σκληρός,' the Greek word for 'hardening.' John of Salisbury, *Policraticus*, ed. Keats-Rohan, II.27, p. 151, referred to a 'hardening of the chest' as '*sclirosis pectoris indurati*.' See *DMLBS* entry '*Sclerosis*.'

⁶⁹ On the study of Greek in the medieval West, see: W. Berschin, 'Greek elements in medieval Latin manuscripts' in *The Sacred Nectar of the Greeks*, ed. M. W. Herren (King's College London Medieval Studies 2, London, 1988), pp. 85-104 at p. 90; D. Howlett, 'Hellenic learning and Insular Latin: an essay on supported claims', *Peritia* 12 (1998), pp. 54-78 at pp. 57-60.

account of how Count William of Albemarle was miraculously cured of kidney-stones [*lapidem... in renibus*] concluded with this triumphant comparison between *medicus*-types:

What, Galen, would you give as advice? What remedy, Quintilian?... No work however great, no glory of the world, no efforts of *medici* [*non medicorum industria*], no concern from friends, in the end no human judgement could help.⁷⁰

The success of the saint in this account was bolstered by the limits of classical medicine.

William was not, however, simply namedropping Galen to make his rhetorical point about the superiority of Becket as a *medicus*. In recounting the cures of two men from leprosy, William argued that Galen had been superseded by the saint, but did so by quoting Galen's writings. The narrative opens with an invocation of the second-century *medicus*:

‘I have never seen in my life,’ said Galen, ‘a man fully cured from leprosy, unless he was to drink wine where the viper [*fig.* disease] attacked and there began to rot. I have seen it come out of and damage the skin when they drank wine.’ But we have truly seen two people cleansed of this fang [*fig.* leprosy] without any sign of leprosy remaining, who accepted no medicine other than the water and blood of the martyr.⁷¹

The authority of Galen was useful for William, demonstrating his own medical knowledge and therefore the validity of his *Miracula* text. Fundamentally, however, the concept of medical authority over the body served only to demonstrate how a *medicus* of human status would always come up short against a saintly *medicus*.

These accounts of the impaired body being described, treated, and cured by *medici* demonstrate the many ways in which miracle-cure narratives located the body in relation to an authoritative figure. As discussed in Chapter One, sick and disabled bodies are today

⁷⁰ William Thomas, II.64, pp. 223-4: ‘*Quod, Galiene, das consilium? Quod, Quintiliane, remedium?... Non opes quantumlibet amplæ, non gloria mundi, non medicorum industria, non amicorum sollicitudo, non humanum denique suffragium subvenire potest.*’ It is unclear why William cited the first-century AD rhetorician Quintilian alongside Galen. See K.-L. Elvers, ‘Quintilianus’ in *Brill’s New Pauly* [date of access 13th August 2015].

⁷¹ William Thomas, IV.20, p. 332: ‘*“Nunquam,” inquit Galienus, “vidi in vita mea hominem a lepra plenarie sanatum, nisi qui vinum biberit ubi tyria inciderit et ibidem computruerit. Hunc enim vidi excorticari et cute expoliari cum vinum illud biberit.” Nos vero vidimus duos ad unguem mundatos nec signum lepræ reservantes, qui non aliud medicamen acceperant quam aquam et sanguinem martyris.*’ The editor James Craigie Robertson identified the explanation of wine and leprosy as derived from Galen’s *De Simplicium medicamentorum*, XI.1, which can be found in K. G. Kühn (ed.), *Claudii Galeni Opera Omnia* (Leipzig, 1821-33), vol. 12, pp. 311-323.

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often viewed as passive, submitting to the management of medical or social controllers.⁷² However, the *medici* represented in these miracle narratives were not the same as the medical doctors viewed with suspicion by the modern Disability Studies movement. Human *medici*, whether historical or contemporary to the miracle stories, were represented here only in relation to saintly *medici*. The limitations and mistakes of these learned authorities emphasised the miraculous nature of saintly cure. But the holy and human authorities existed in this literature within a feedback loop, so hagiographers were just as likely to praise their patron saint through the language of medical authority, as in the words that William of Canterbury attributed to Thomas Becket: “Well now, am I not a good *medicus*?” [*Heus... nonne bonus medicus sum?*]⁷³ The impaired body in miracle-cure narratives might encounter human *medici*, but it was only fully submitted to the authority of extraordinary *medici*, the saints. These narratives acknowledged the power that intellectual concepts of the body might have over the sick and disabled, but also freed their bodies from the control of human study.

II The Body in Need of Cure

Benedict of Peterborough described a large group of sick and disabled people seeking cure at Thomas Becket’s shrine on the feast of the Invention of the True Cross. There lay in the church ‘a great multitude of the sick [*languentium*], the blind [*cæcorum*], the lame [*claudorum*], and the withered [*aridorum*], desiring and awaiting cure.’⁷⁴ Among this group

⁷² Chapter One, pp. 44-8.

⁷³ William *Thomas*, II.7, p. 164.

⁷⁴ Benedict *Thomas*, II.33, pp. 83-4.

marked by various impairments, Benedict focused his narrative on the ten year-old boy Ansfrid. Since his birth, Ansfrid had

lacked the gift of vocal articulation, a disadvantage that stemmed from another, for he also was completely devoid of hearing in his ears, managing to hear nothing or next to nothing. Also, he would have rejoiced to have had but half the use of his eyes, for one of his eyes was half-closed, the other was fully closed underneath the eye-lid. The nerves of his right hand were contracted, so that the fingers were stuck curled inwards by the nerves rooted there, and his nails were sunk some way into the flesh opposite them. Three pustules grew out of the top of his thigh, which even when they disappeared, left him lame.⁷⁵

Ansfrid broke into ‘tears and cries’ as he lay in the church with his parents, until Becket appeared to him and offered him a cure.⁷⁶ Benedict then described how Ansfrid’s ears and mouth were opened, his sight was restored ‘without any trace of imperfection’ [*absque omni scrupulo imperfectionis*], and his fingers were ‘freed’ [*libere... extendit*].⁷⁷ Bodily malfunctions featured in this account on two distinct narrative levels. The general terms applied to the group in the church followed the biblical precedent of listing large varieties of conditions that were successfully cured.⁷⁸ Benedict’s description of Ansfrid’s disabilities, however, represented the experience of bodily difference. The specific state of each of the body’s parts, the impact on Ansfrid’s senses, and his emotional response, together created a projection of what it might be like to live in such a body. Such descriptions of sick and disabled bodies contributed to what is now recognised as a cultural (as opposed to

⁷⁵ *Ibid.*, p. 84: ‘*Erat inter alios puer quasi decennis Ansfridus, Dovrensis cuiusdam Ædwini filius, cui vocis articulatæ munus a nativitate natura negaverat; quod incommodum forsitan inde processit, quod alterius aurium auditu funditus destitutus, altera nihil aut pæne nihil audire valebat. Altero præterea oculorum semiclauso, altero sub ciliis clausis penitus occultato, vix oculi dimidii usu gaudebat. Manus dexteræ nervos ita contractos habebat, ut inflexis introrsum digitis digitorum radicibus summitates iacerent infixæ, unguibus aliquantulum in opposita carne demersis. Pustulæ tres in altero femorum excreverant, quæ tandem evanescentes claudum illum reliquerant.*’

⁷⁶ *Ibid.*, p. 84.

⁷⁷ *Ibid.*, pp. 84-5.

⁷⁸ The list of conditions named by Benedict of Peterborough matched that of John 5:3. See also Matthew 11:5; 15:31; Luke 7:22.

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biological) dimension of bodily ailments.⁷⁹ As Charles Rosenberg put it, ‘in some ways disease does not exist until we have agreed that it does, by perceiving, naming, and responding to it.’⁸⁰ The hagiographical tradition in England developed descriptive strategies for responding to and representing impaired bodies like Ansfrid’s.

As the modern word *disability* implies, current considerations of bodily impairments focus on physical abilities. Both the social model of disability and the medical model are concerned with whether disabled people can accomplish specific tasks independently.⁸¹ Ronald Finucane and Irina Metzler have read miracle-cure narratives with a focus on the limited abilities of disabled pilgrims. Metzler has even argued that accounts of the disabled depending upon assistance marked them in a way that comes ‘close to our modern notion of “disability.”’⁸² Some miracle narratives certainly noted the physical challenges of pilgrimage. For example, Benedict of Peterborough recounted that a man who travelled to Canterbury using walking-sticks explained in a dream-vision that he had ‘deteriorated after much labour.’⁸³ However, the concept of struggle in pilgrimage was not necessarily orientated towards bodily impairments. Any physical exertion to reach the saint

⁷⁹ The literary study of bodily impairments initially focused on ‘disease’ in the sense of serious, and potentially infectious, sicknesses. See: M. Grmek, ‘The concept of disease’ in *Western Medical Thought*, ed. *idem*, pp. 241-258 at p. 243; Arrizabalaga, ‘Problematising retrospective diagnosis’, pp. 53-6. Broader studies of discourses of bodily ailments include: D. Lupton, *Medicine as Culture* (London, rev. ed., 2003), pp. 16-17, 54; M. Stolberg (trans. L. Unglaub and L. Kennedy), *Experiencing Illness and the Sick Body in Early Modern Europe* (Basingstoke 2011 - originally 2003), p. 85. See Chapter One, pp. 46, 51-2, for the possibilities of cultural approaches to experiences of disability.

⁸⁰ C. E. Rosenberg, ‘Framing disease: illness, society, and history’ in *Framing Disease: studies in cultural history*, eds. C. E. Rosenberg and J. Golden (New Brunswick NJ, 1992), pp. xiii-xxvi at p. xiii.

⁸¹ C. Thomas ‘Medical sociology and disability theory’ in *New Directions*, eds. Scambler and Scambler, pp. 37-56 at p. 43. See Chapter One, pp. 46-8.

⁸² Metzler, *Disability in Medieval Europe*, p. 161, 176. Finucane emphasised the difficulties that disabled pilgrims would have had in travelling, suggesting in *Miracles and Pilgrims*, p. 86, that ‘the sheer physical struggle may even have been therapeutic.’ See also Metzler, *A Social History of Disability*, pp. 43-5, 79-83, which proposes a medieval definition of disability based on inability to work. From disability studies, see: M. Corker, ‘Disability discourse in a postmodern world’ in *The Disability Reader*, ed. Shakespeare, pp. 227-8; Davis, ‘Crips strike back’, p. 506.

⁸³ Benedict Thomas, pp. 141-142: ‘*sed et labore multo deterioratus, revertor.*’ See also Bede *HE*, IV.31, p. 446, in which a partially paralysed monk walked from the shore of Lindisfarne to the shrine of Cuthbert ‘with great effort using a walking-stick’ [*maximo cum labore baculo... pervenit*]. OE *HE*, IV.32, p. 378, used the term ‘*gewinne*’ to describe the effort of the monk, which implies a sense of ‘fighting.’

was spiritually approved.⁸⁴ Devotional fervour in pilgrimage could also be thought of as liberating the body. This can be seen most clearly in narratives about the hunch-backed man Æthelsige in the Swithun tradition, who against expectations overtook a healthier companion in his enthusiasm to get to Swithun's shrine.⁸⁵ References to pilgrims using mobility-aids often focused on their gift of crutches to shrines after cure, rooting the disabled figure in the community of the saint.⁸⁶ Ælfric even deployed an image of crutches filling the Old Minster of Winchester as proof of Swithun's power.⁸⁷ Unlike modern concerns that mobility aids are a sign of the marginalisation of the disabled, miracle-cure narratives portrayed the signs of physical struggles as admirable.⁸⁸

Miracle-cure narratives engaged squarely with the physicality of the sick or disabled body. Hagiographers throughout our period described the unusual physical appearances of supplicants for cure with a directness that would seem insensitive if measured by modern standards.⁸⁹ Asymmetry, misplacement, or lack of limbs attracted particular attention.⁹⁰ The

⁸⁴ Herman *Edmund*, ch. 20, p. 44, approvingly described Edward the Confessor travelling the last mile to Bury 'on foot.' William *Thomas*, VI.93, p. 488, similarly noted that Henry II travelled the final two miles to Canterbury on foot, and for the last mile he removed his shoes. See: G. Oppitz-Trotman, 'Penance, mercy, and saintly authority in the *Miracles of St Thomas Becket*' in *Saints and Sanctity*, eds. Clarke and Claydon, pp. 136-147 at pp. 141, 144-7; N. Vincent, 'The pilgrimages of the Angevin Kings of England', in *Pilgrimage: the English experience*, eds. Morris and Roberts, pp. 12-45 at pp. 15-17, 28.

⁸⁵ Lantfred *Swithun*, ch. 2, p. 270; Wulfstan *Swithun*, I.2, p. 428. *Epitome Swithun*, ch. 7, p. 569, did not describe how Æthelsige travelled to the tomb. Anon. *Swithun*, ch. 2, p. 648, despite generally following Wulfstan's text, changed the account of the journey to the shrine so that Æthelsige 'was carried' [*adducitur*].

⁸⁶ Lantfred *Swithun*, ch. 30, p. 318; Wulfstan *Swithun*, II.13, p. 530; Reginald *Cuthbert*, ch. 48, p. 101; Benedict *Thomas*, III.28, p. 138. Samson *Edmund*, II.9, p. 181, varied this trope by describing how the animal used to transport a paralysed man to Bury was donated to the monastic community. The practice of leaving models of body-parts at healing shrines would seem to have been unfamiliar to these hagiographers. Among our case-studies, only William *Thomas*, VI.44, p. 452, described such a practice, recounting that an Italian pilgrim left a pair of silver eyes at Canterbury on behalf of his blind sister.

⁸⁷ Ælfric *Swithun*, ch. 27, p. 606: 'eall behangen mir criccum and mid creopera sceamelum fram ende oð oþerne on ægðerum wage, þe ðær wurdon gehælede.'

⁸⁸ See Chapter One, p. 46-8. The Paralympic movement has prompted discussion about whether prosthetics can enhance bodily ability. See P. D. Howe, 'Cyborg and supercrip: the paralympics technology and the (dis)empowerment of disabled athletes', *Sociology* 45 (2011), pp. 868-882 at pp. 869, 873.

⁸⁹ On the issue of such anachronism, see Chapter One, pp. 51-4.

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young Cuthbert, for example, was cured of a condition that meant that ‘one foot could not touch the ground.’⁹¹ The Swithun tradition included a particularly large number of cures relating to unusual anatomy. Three of the Latin Swithun *Miracula* described men who had ‘hands and feet twisted behind his back,’ and a ‘head so bowed down that he could barely see the sky’ respectively.⁹² Wulfstan’s late tenth-century verse text introduced an account of a child who had his ‘fingers firmly twisted across his palm.’⁹³ The Anonymous hagiographer writing at the turn of the twelfth century continued this descriptive mode by recounting the cures of a woman ‘whose feet were suspended backwards and almost touching her neck,’ and a young man who had ‘a curved kneecap such that his knees were irredeemably bent back and he was seen to drag them behind him almost like an unsightly weight.’⁹⁴ These texts used a wide variety of words to describe twisting or bending (*versus*, *declivis*, *retroversus*, *retortus*, *conversus*), suggesting that the Swithun hagiographers were interested not in a diagnostic label but in the image of a limb that was diverting from the normal visual form. Some of the later twelfth-century texts among our case-studies pointed still more clearly to the unusual nature of such bodies. For example, Reginald of Durham recounted the cure of a young man with deformed legs, and noted that ‘where the leg ought

⁹⁰ D. Williams, *Deformed Discourse: the function of the monster in medieval thought and culture* (Exeter, 1996), pp. 3, 107-8, 172-3.

⁹¹ Anon. *Cuthbert*, I.4, p. 66, ‘*pede altero terram non tangens*’; Bede *Cuthbert P*, ch. 2, p. 158 ‘*pedem primo a terra suspensum claudicans portaret*.’ Bede *Cuthbert M*, ch. 2, p. 64, did not describe his uneven legs, but referred to Cuthbert’s ‘distinctive sickness’ [*discrimine morbi*].

⁹² Lantfred *Swithun*, ch. 11, p. 296, ‘*manus et pedes illius post tergum versi*’; ch. 37, p. 330 ‘*ut declivi capite celum vix posset cernere*.’ Wulfstan *Swithun* followed these descriptions very closely: I.14, p. 480, the paralysed man’s hands and feet were ‘*versa... posterga*’; II.20, ‘*declivi iugiter qui vertice mersus / cernere sideri poterat vix culmina caeli*.’ Anon. *Swithun* associated the bending of the paralysed man only with his feet: ch. 11, p. 656, ‘*pedes retroversos et at posteriora suspensos mirum in modum habebat*.’ *Ibid.*, ch. 38, p. 674, changed the description of the man’s bent back to describe a ‘very large hump’ [*multe grossitudinis struma*].

⁹³ Wulfstan *Swithun*, I.6, p. 462; ‘*digiti trans palmam forte retorti*.’ Anon. *Swithun*, ch. 5, p. 652: ‘*digitis in manum conversis et pene ad ulteriora traductis, utraque manus miserabiliter clausa*.’

⁹⁴ Anon. *Swithun*, ch. 45, p. 680: ‘*pedibus retro suspensis et cervicem usque fere tangentibus*.’ *Ibid.*, ch. 56, p. 694: ‘*poplite curvato genua retrorsum inconvertibiliter reflexa quasi onus quoddam informe post se trahere videbatur*.’

to be solid and rigid, here it was curving and contracted.⁹⁵ The *Liber Eliensis* contained perhaps the most negative portrayal of a misshapen body, describing the curvature in a man's leg as 'very ugly' [*turpissima*].⁹⁶

The hagiographical concept of visible deformity was not confined to conditions that would now be classified as disabilities. Sickness in hagiographical narratives was often identified through marks of difference on the skin, in line with the humoral theory that imbalances inside the body were manifested on the outer surface.⁹⁷ Bede recounted the cure of the Lindisfarne hermit Felgild with a symbolic emphasis on skin. Felgild 'had a disfiguring redness, similar to a tumour, spread over his face' [*vultum deformi rubore simul et tumore perfusum*].⁹⁸ The subsequent narrative of Felgild's cure paralleled his damaged skin with a relic of 'calf's skin' [*pelliculum vituli*] that covered up gaps in the walls of Cuthbert's oratory.⁹⁹ Contact between Felgild's skin and water that had touched this skin-relic removed the 'rotten scab' [*scabies foeda*] from Felgild's face.¹⁰⁰ These motifs of swelling and discolouration were deployed in subsequent miracle narratives.¹⁰¹ Descriptions of swelling expressed anxiety that the skin no longer contained the body in its recognisable form. Such an idea can be seen, for example, in the anonymous Swithun *Miracula*'s

⁹⁵ Reginald Cuthbert, ch. 48, p. 99: 'ubi esse deberet solida et rigida, ibi esset flexuosa et contracta.'

⁹⁶ *Liber Eliensis*, III.29, p. 264: 'uno pede contractus ad renes turpissima recurvatione dolendum sui preferebat spectaculum.'

⁹⁷ García-Ballester, 'Artifex factivus sanitatis', p. 131; L. Demaitre, *Leprosy in Premodern Medicine* (Baltimore MD, 2007), p. 197; Stolberg, *Experiencing Illness*, p. 107; C. Koslofsky, 'Knowing skin in Early Modern Europe', *History Compass* 12 (2014), pp. 794-806 at p. 797. On the aesthetics of skin, see M. Carruthers, *The Experience of Beauty in the Middle Ages* (Oxford, 2013) pp. 177-187.

⁹⁸ Bede *Cuthbert P*, ch. 46, p. 304.

⁹⁹ *Ibid.*, pp. 302, 304.

¹⁰⁰ *Ibid.*, p. 304. On the associations between human and animal skin, see: A. Grondeaux, 'Cutis ou pellis', in *La Pelle Umana (Micrologus* 13, Florence, 2005), pp. 113-130 at p. 113; S. Kay, 'Original skin', *Journal of Medieval and Early Modern Studies* 36 (2006), pp. 35-73 at pp. 36, 60; C. Walker Bynum, *Christian Materiality* (New York NY, 2011), p. 28.

¹⁰¹ D. Jacquart, 'À la recherche de la peau dans le discours médical de la fin du moyen âge', in *La Pelle Umana (Micrologus* 13, Florence, 2005), pp. 493-510 at pp. 504-7, notes that in texts of medical theory, swelling could be associated with both the skin and the flesh beneath.

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description of a man's swollen arm and hand, which 'lost the appearance of a hand' [*vultum manus amittere*].¹⁰² Redness, described by Bede as 'disfiguring' in Felgild's case, was likewise represented as visually repulsive to onlookers in later texts. For example, Reginald of Durham recounted how a man who was possessed suffered from a 'horrible redness' [*horrido rubore*] all over his body.¹⁰³ As discussed in Chapter Three, later texts from our period often described a body approaching death with reference to coldness, but only Reginald of Durham included a reference to the skin turning pale.¹⁰⁴ Redness represented bodily disfunction more directly than pallor, as it mirrored the blood beneath the surface.¹⁰⁵ In descriptions of swelling and redness of the skin, the body threatened to exceed its physical boundaries.

This vulnerability of the body's outer layer also evoked concerns that the sick body was dangerously prone to leaking. The narrative structure of miracles in which the saint stemmed the flow of spittle, excrement, or blood, suggested a fear of uncontrollable bodily effluvia.¹⁰⁶ The late seventh-century Lindisfarne Anonymous set a powerful precedent in describing the concern aroused by Hildmer's wife. During her possession by a demon, the

¹⁰² Anon. *Swithun*, ch. 46, p. 680. Bede *HE*, IV.32, p. 448, recounted that a tumour on a man's eyelid 'spawned' [*fedaverat*]. OE *HE*, IV.33, p. 382 used 'wemde' to translate this verb, which suggested seduction as well as overtaking. *Liber Eliensis*, III.116, p. 365, a sick man's 'limbs dissolved' [*omnia membra dissilens*] and his 'skin extended' [*utris extenderat*]. Benedict *Thomas*, II.52, p. 98, a letter from Robert of Cricklade, described how his left leg and foot 'inflated' [*inflaturam*]. William *Thomas*, II.12, p. 169, described how the stomach of a constipated baby 'was distended to a great size' [*ventriculis enormi grossitudine distenderetur*].

¹⁰³ Reginald *Cuthbert*, ch. 112, pp. 249-250: 'cum horrido rubore et gravi dolore omne guttur intumescere.' Herman *Edmund*, ch. 35, p. 98, a blind boy had 'thick, red, and hairy warts' [*verrucae rufas*] between his eyes. Benedict of Peterborough's account of the swelling of Robert of Cricklade's leg also referred to 'terrible redness' [*pessima rubedine*]: Benedict *Thomas*, II.52, p. 98.

¹⁰⁴ Reginald *Cuthbert*, ch. 70, p. 143, 'paleness took over his beautiful face' [*facierum pulcritudinem pallor obsederat*]. See Chapter Three, pp. 125-6.

¹⁰⁵ Blackness of the skin had a similar symbolic function: Benedict *Thomas*, IV.51, p. 219, described the blisters on the neck of a monk as 'subnigra,' suggesting the darkness of de-oxygenated blood under the skin.

¹⁰⁶ Mary Douglas's theory of 'dirt' suggests that bodily fluid becomes dangerous when it leaves its proper place, i.e. inside the body. See M. Douglas, *Purity and Danger* (London, 1966), p. 150: 'We should expect the orifices of the body to symbolise its specially vulnerable points. Matter issuing from them is marginal stuff of the most obvious kind.' Mikhail Bakhtin's concept of the grotesque body emphasised the symbolic role of fluids spreading beyond bodily boundaries: 'the artistic logic of the grotesque image is occupied only with... that which breaches the limits of the body.' See M. Bakhtin (trans. A. Robel), *L'œuvre de François Rabelais et la culture populaire au moyen âge et sous la renaissance* (Paris, 1970 - originally 1965), pp. 314-320.

woman was ‘polluted by spittle’ [*saliva pollutam*].¹⁰⁷ This bodily fluid was described not just as unseemly, but as dangerous. In the late twelfth century, Reginald of Durham similarly described foam [*spuma*] coming out of the mouths of the possessed.¹⁰⁸ Saliva was not taboo in the Christian tradition, as Jesus and saints were described as using their spit to heal others.¹⁰⁹ It might be that the uncontrollable nature of the possessed person’s saliva, rather than the substance itself, was regarded as a cause for concern. As discussed in Chapter Three, defecation during possession was portrayed particularly negatively through its associations with heresy.¹¹⁰ The loss of control over the body in possession was associated with a break-down of the body’s boundaries.

Strikingly, the leaking of blood was a motif found mainly among the miracle-cure narratives of the two martyrs’ cults among our case-studies, those of Edmund and Thomas Becket.¹¹¹ The Edmund tradition expressed anxiety about blood in a cure narrative set during the 1095 translation of the martyr’s relics. A knight who was crushed against a doorway by the heaving crowd had the skin of his forearm torn away and ‘was worried that the flow of blood would drip around the saint’ [*fluxio sanguinis stillaret circa sanctum*].¹¹²

¹⁰⁷ Anon. *Cuthbert*, II.8, p. 92. Bede *Cuthbert* V, ch. 13, p. 83, and Bede *Cuthbert* P, ch. 15, pp. 202-6, omitted this description of the woman.

¹⁰⁸ Reginald *Cuthbert*, ch. 17, p. 33; ch. 98, p. 218.

¹⁰⁹ John 9:6 described Jesus mixing his own spittle and mud to place on the eyes of a blind man. Walker Bynum, *Fragmentation and Redemption*, p. 184, notes positive representations of saints spitting into the mouth of another person in miracle stories.

¹¹⁰ See Chapter Three, pp. 106-8.

¹¹¹ See Chapter Two, pp. 67-72, on these martyrdom accounts. On the symbolism of blood, see: B. Bildhauer, *Medieval Blood* (Cardiff, 2006), pp. 7, 59-60; Walker Bynum, *Wonderful Blood*, pp. 154-161.

¹¹² Herman *Edmund*, ch. 40, p. 118: ‘part of his arm from the wrist-joint was seen to have been flayed [*excoriatus*] to the bone. Worried, consequently, lest the stream of blood drip around the saint, or violate [*violaret*] the floor of the new presbytery, the injured man moulds the flap of skin [*cutis*] back in place.’ Goscelin *Edmund*, II.2, p. 258: ‘from the wrist-joint almost to the elbow the flesh was torn away [*carnis abrasa*] and the bare bones exposed... He feared... to violate the pavement of the Lord’s house by a drop of blood [*stilla cruoris*].’ Samson *Edmund*, II.1, p. 158: ‘from the wrist-joint to the elbow, the flesh was torn away [*carnibus abrasis*], so that the shape of the bone appeared,’ but this version omitted the fear of polluting the church.

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This episode evoked a specific taboo about blood, relating to its spilling in a holy place.¹¹³

Among the Becket miracles, the rush of blood from the body was often noted in a more general sense, as a sign of physical discomfort. Thus a man lying in bed had ‘blood erupt from his nose’ [*sanguis e naribus erumpens*]; a botched phlebotomy made blood ‘bubble up’ [*ebullientem*] from a man’s arm; a boy’s anal bleeding ‘flowed from his body’ [*sanguis effluebat de corpore*].¹¹⁴ Reginald of Durham, who was influenced by the Becket cult in many ways, provided the only description among our case-studies of a non-martyred saint curing bleeding. He recounted that a member of the Durham monastic community suffered from ‘a continuous flow of blood [*fluxum sanguinis*] which poured out spontaneously from his posterior.’¹¹⁵ The bleeding was stemmed, and the monk was cured, by a piece of cloth that had covered Cuthbert’s relics.¹¹⁶

In some miracle-cure narratives, blood was portrayed as a threat to the body even when it was contained, evoking fears of an overabundance of fluid. Herman’s account of Bishop Herfast’s conflict with the monastic community of Bury revolved around his bleeding eyes. When the bishop was hit in the face by branch whilst riding his horse:

his eyes are seen to ooze putrid tissue [*carnis putride*]... It brings him little relief that the festering blood [*sanguis purulentus*] is drawn from his eyes with an ear of barley.¹¹⁷

In this account, the attempt to absorb the liquid into barley emphasised that the putrifying blood was harmful to Herfast. Inverting the Gospel account of a woman who was cured of a

¹¹³ See P. J. Nugent, ‘Bodily effluvia and liturgical interruption in medieval miracle stories’, *History of Religions* 41 (2001), pp. 49-70 at p. 67.

¹¹⁴ Benedict *Thomas*, II.46, p. 93; William *Thomas*, II.17, p. 174; *ibid.*, III.37, p. 292. This final case suggests a mixture of blood and excrement: the boy ‘was taken to the extremity by a lasting flux from the stomach, for blood flowed from his body which ought to flow from the vein.’

¹¹⁵ Reginald *Cuthbert* ch. 53, p. 109: ‘*fluxum sanguinis iugiter per posteria naturæ profuderat.*’

¹¹⁶ *Ibid.*, p. 110.

¹¹⁷ Herman *Edmund*, ch. 27, p. 72. Goscelin *Edmund* and Samson *Edmund* omitted this episode.

twelve-year *'fluxum'* or *'profluvium'* of blood, Benedict of Peterborough narrated the cure of a woman who:

had ceased all menstruation and, with the menstrual blood diverted into vomit, for eight months she was unable to cleanse herself through the excretion of blood.¹¹⁸

In Benedict's account, the threat of menstrual blood was its enclosure within the body.¹¹⁹

The management of fluids in the body was a locus of anxiety in these two miracle-cure narratives, as the hagiographers engaged with the delicate balances within the human body.

The narrative role of the outer surface of the body developed considerably with the inclusion of leprosy among the Becket *Miracula*.¹²⁰ The Mosaic law collected in the Old Testament book of Leviticus contained extensive regulations on the treatment of a skin disease called *'plaga lepræ,'* describing its symptoms as *'a rising of various colours in the skin or flesh, or a blister.'*¹²¹ Swelling and discolouration of the skin were described in hagiographical accounts of leprosy, but as we have seen these symptoms were also

¹¹⁸ Benedict *Thomas*, III.38, p. 143: *'menstrua omnino cessaverant, et menstruis in vomitum conversis, octo mensibus a sanguinis exscreatione sese castigare non potuit.'* This account alluded to Leviticus 15:19-30, which called for the segregation of menstruating women, and also the Gospel cure of the woman with the flow of blood, as described in Matthew 9:20, Mark 5:25, and Luke 8:43.

¹¹⁹ Bede *HE*, I.27, part 7, pp. 88-92, included the among the *Libellus Responsionum* sent by Gregory the Great to Augustine of Canterbury the question of ritual purity in menstruation. The question attributed to Augustine was *'when a woman has her customary menses [menstrua consuetudine], is she allowed to enter the church and receive the sacrament of holy communion?'* to which Gregory replied, *'she should not be prevented from entering the church, for the flowing of nature [naturæ superfluitas] should not be thought of as a crime.'* This was translated in OE *HE*, I.16, part 8, pp. 74-84. See C. T. Wood, *'The doctor's dilemma: sin, salvation, and the menstrual cycle,'* *Speculum* 56 (1981), pp. 710-727 at pp. 715, 726. On the history of menstruation, see: J. Cadden, *Meanings of Sex Difference in the Middle Ages* (Cambridge, 1993), pp. 173-175; E. van de Walle, *'Flowers and fruits: two thousand years of menstrual regulation,'* *The Journal of Interdisciplinary History* 28 (1997), pp. 183-203 at pp. 186-190.

¹²⁰ Reginald *Cuthbert*, ch. 19, is the only other leprosy cure narrative among our case-studies. On the use of leprosy in hagiography, see: M. Rouche, *'Miracle, maladies et psychologie de la foi à l'époque carolingienne en France'* in *Hagiographie, cultures et sociétés* (Collection des études augustiniennes 87, Paris, 1981), pp. 319-337 at p. 323; D. Lett, *L'Enfant des miracles: enfance et société au moyen âge* (Paris, 1997), pp. 59-60; Rawcliffe, *Leprosy in Medieval England*, pp. 133, 290; *idem*, *'Learning to love the leper,'* pp. 232-238; Demaitre, *Leprosy in Premodern Medicine*, pp. 247-9. See Chapter Five, pp. 225-7, on the social representation of leprosy-sufferers.

¹²¹ Leviticus 13:2: *'in cuius cute et carne ortus fuerit diversus color, sive pustula.'* Similarly, in Luke 16:20, the body of the beggar Lazarus was described as *'ulceribus plenus.'*

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associated with other conditions.¹²² Benedict of Peterborough and William of Canterbury's variations on the Levitical model introduced new areas of concern about the body. As François-Olivier Touati has pointed out, the skin complaints of lepers were particularly associated with the face in medical theory.¹²³ Among the Becket narratives, this can be seen in descriptions of a monastic community that was 'stupefied' or 'nauseous' at the sight of a boy they taught, for 'his face was so altered' by leprosy.¹²⁴ Facial deformations had been described previously in miracle-cures, particularly in cases of judicial mutilation and sometimes in accounts of tumorous conditions such as that of Felgild in Bede's *Miracula* of Cuthbert.¹²⁵ However, in narratives about leprosy, the fragmentation of the face was so commonly described that the condition appeared to erase the personal identity of the sick.¹²⁶

With the exception of accounts of demonic-related defecation, the smells of bodies and were not described in our earlier case-studies.¹²⁷ However, Benedict of Peterborough cast the smell of lepers' bodies, specifically their breath, as a new sensory marker of bodily difference.¹²⁸ For example, a leper had 'rotten breath' [*anhelitu foetente*] and he 'even

¹²² Swelling and redness of the body were described in: Benedict *Thomas*, IV.74, p. 244; V.4, p. 260; William *Thomas*, IV.21, p. 334; IV.23, p. 338; VI.84, p. 480.

¹²³ F.-O. Touati, 'Facies leprosorum', *Histoire des Science Médicales* 20 (1986), pp. 57-66 at p. 58. On the stigma of facial deformities, see also: Groebner, *Defaced*, pp. 70-5; P. Skinner, 'The gendered nose and its lack', *Journal of Women's History* 26 (2014), pp. 45-67 at p. 47.

¹²⁴ Benedict *Thomas*, IV.75, p. 245: 'obtupescunt, qui eum noverunt, sic alteratam eius faciem.' William *Thomas*, II.52, pp. 213-4: 'facies enim tuberosa... nauseam provocabant.'

¹²⁵ On bodily mutilation, see Chapter Five, pp. 207-10.

¹²⁶ Benedict *Thomas*, IV.3, p. 182, 'his face was swollen and flushed' [*in facie tumida et lurida*]; William *Thomas*, II. 54, p. 215, 'he bore the blemishes of leprosy on his face' [*maculis lepræ perferret in facie*]; II.57, p. 219, 'the suspicion and swelling of leprosy on your face' [*suspicionem lepræ iam turgentis in facie tua*]; IV.18, p. 330, 'thinning out, his beard began to deteriorate and his face to disgrace him' [*rarescente barb coepit deteriorari et facie dehonestari*]; IV.22, p. 337, 'his face started to turn black' [*facies eius... inciperet nigrescere*]. Also, Reginald *Cuthbert*, ch. 19, p. 38: 'the whole surface of his face appeared horrible to those who saw it' [*tota vultus illius superficies horribilis videntibus appareret*].

¹²⁷ See Chapter Three, pp. 106-8.

¹²⁸ On the symbolism of a leper's odour, see Farmer, 'The leper in the master bedroom', pp. 83-4. On smell in medical theory, see R. Palmer, 'In bad odour: smell and its significance in medicine from Antiquity to the

repulsed [*viluerat*] his own wife.¹²⁹ Similarly, Benedict described a ‘*fumus nebulosus*’ arising from the body of a leper called Richard of Sunieve.¹³⁰ In order to feed him, his mother placed dishes ‘on a long plank of wood.’¹³¹ The corresponding image in the Trinity Chapel stained glass at Christ Church added the detail that Richard’s mother put a cloth over her face when feeding him.¹³² These representations of the mother and sick son emphasised that Richard’s body polluted his environment.¹³³ Such symptoms were not described in Leviticus, but Benedict here alluded to the biblical order that lepers should be expelled from society. As will be discussed in Chapter Five, hagiographical texts did not demand complete social exclusion of lepers, but these descriptions indicated a serious anxiety about the threat posed by their disintegrating bodies.¹³⁴

Most miracle-cure texts focused on the outer surface of the body, reflecting the medical culture of a society in which dissection was apparently not practised, and technologies for viewing the inside of the body were simply not available.¹³⁵ In some cases,

seventeenth century’ in *Medicine and the Five Senses*, eds. W. F. Bynum and R. Porter (Cambridge, 1993), pp. 61-8 at p. 65.

¹²⁹ Benedict *Thomas*, IV.28, p. 203. See also *Ibid.*, IV.3, p. 182: ‘*voce rauca, foedo anhelitu.*’

¹³⁰ *Ibid.*, IV.76, p. 246.

¹³¹ *Ibid.*

¹³² Image redacted. Caviness, *The Windows of Christ Church Cathedral Canterbury*, p. 194.

¹³³ Comparably, William *Thomas*, VI.19, p. 431: Cocubur’s leprosy was ‘so rotten and such a contagious sickness, that it hurt people by moving over, and invaded those whom he spoke to’ [*quam foetorem et contagium morbi, qui transitione nocet et colloquentes invadit*]. On the possibilities of leprosy being transmitted from person to person, see: F.-O. Touati, ‘Contagion and leprosy’ in *Contagion: perspectives from pre-modern societies*, eds. L. Conrad and D. Wujastyk (Aldershot, 2000), pp. 179-201 at pp. 187-193; Rawcliffe, *Leprosy in Medieval England*, pp. 159-168; *idem*, ‘Learning to love the leper’, pp. 238-240; Demaitre, *Leprosy in Premodern Medicine*, pp. 133-138.

¹³⁴ Chapter Five, pp. 225-7.

¹³⁵ On medieval approaches to the inside of the body, see: V. Nutton, ‘Medicine in medieval Western Europe’ in Conrad *et al.*, *The Western Medical Tradition*, pp. 139-206 at p. 178; *idem*, *Ancient Medicine*, p. 245; M. McVaugh, ‘Therapeutic strategies: surgery’ in *Western Medical Thought*, ed. Grmek, pp. 273-290 at pp. 276-8; *idem*, ‘Fistulas, the knee, and the ‘three-dimensional’ body’ in *Medicine and Space*, eds. P. A. Baker, H. Nijdam and K. van ‘t Land (Leiden, 2012), pp. 23-36 at pp. 29-30; M.-C. Pouchelle (trans. R. Morris), *The Body and Surgery in the Middle Ages* (Cambridge, 1990 - originally 1983), pp. 1-3, 93; J.-D. Jacquet, ‘Le miracle de la jambe noire’ in *Les Miracles: miroirs des corps*, eds. J. Gélis and O. Redon (Paris, 1983), pp. 23-

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hagiographical narratives described the impact of sickness or disability on the inside of the body, but in a speculative manner. When Cuthbert had a ‘pestilential illness,’ Bede cast him as a spiritual stoic, able to get out of bed once he knew that the monks of Melrose were praying for him.¹³⁶ Bede juxtaposed the saint’s outward appearance of health with a description of the disease entering the inner recesses of the body:

Growing in strength day by day, he recovered his health. But as the tumour which had appeared on his leg gradually deflated the surface of his body, it sank into his internal flesh [*ad viscerum interiora perlapsus est*]. For almost all of his life, he felt at some time internal pain [*interaneorum dolorem*] which would not cease, and thus as the apostle says, ‘strength is made perfect in weakness.’¹³⁷

Once inside the body, this condition was framed as a mysterious departure from bodily norms, as it could be felt by the sufferer but not seen by Cuthbert or anyone else. A similar sense of the mystery of the interior of the body was evoked five centuries later. As a preface to the cure of a woman from epilepsy, William of Canterbury explained that: ‘epilepsy takes its starting point in the brain.... Catalempsia takes its origin from the hands, arms, and legs... The third type flows from the stomach, and it is called analempsia.’¹³⁸ In each of these diagnoses, the condition seemed to emanate from inside the patient, possibly causing internal disruption before manifesting visible symptoms.¹³⁹

52 at p. 37; K. Park, ‘The criminal and the saintly body: autopsy and dissection in Renaissance Italy’, *Renaissance Quarterly* 47 (1994), pp. 1-33 at pp. 3-4, 6. Herzlich and Pierret, *Illness and Self*, pp. 82-9, analyse concepts of the inside of the body in modern responses to illness. On modern technologies for investigating the inner body, see S. J. Reiser, *Technological Medicine* (Cambridge, 2009), pp. 14-28.

¹³⁶ Bede *Cuthbert* P, ch. 8, p. 180.

¹³⁷ *Ibid.*, pp. 180-182. The biblical quotation is 2 Corinthians 12:9: ‘*virtus in infirmitate perficitur.*’

¹³⁸ William Thomas, II.6, p. 162. The three names for these varieties of the condition were listed in the eleventh-century medical tract the *Passionarius* of Gariopontus, but the anatomical details given by William are different. See Thouroude, ‘Medicine after Baldwin’ in *Bury St Edmunds and the Norman Conquest*, ed. Licence, p. 247.

¹³⁹ William Thomas, II.6, p. 162, noted that catalempsia ‘is perceived before it arrives’ [*praesentitur antequam veniat*].

Theories about internal anatomy were of particular concern in hagiographical descriptions of female bodies.¹⁴⁰ As Christina Lee has pointed out, pregnancy and childbirth are not conceptualised as a sickness or disability today, but in pre-modern societies these posed ‘arguably the biggest risk to women’s lives.’¹⁴¹ The Becket hagiographers incorporated issues of female reproduction into their miracle-cures, focusing on the physical state of the mother’s body. Both hagiographers narrated still-births or miscarriages as miracles, demonstrating that the saint was expected to save the mother rather than the baby from complications in pregnancy.¹⁴² Benedict of Peterborough recounted that the pregnant wife of Ansfrid of Ferring ‘could not give birth; she was to be the tomb rather than the mother of the son whom she had conceived.’¹⁴³ Once the baby had stopped moving for fifteen days, Ansfrid made a vow to Thomas Becket and his wife was saved through the removal of the dead foetus: ‘the woman escaped what they thought had been rotting [*computruisse*] inside her, and her husband visited the martyr.’¹⁴⁴ William of Canterbury employed this discomfiting idea of the womb containing decomposing remains of a foetus in two miracle narratives. When Margaret was pregnant, William explained that the menstrual blood that was supposed to be ‘reserved for the nutrition of the foetus’ was

¹⁴⁰ On the history of the female body, see: Cadden, *Meanings of Sex Difference*, pp. 177-83; Caviness, *Visualising Women*, pp. 171-2; Green, *Making Women’s Medicine Masculine*, pp. 205-6, 218-220; D. Jacquart, ‘La morphologie du corps féminin selon les médecins de la fin du moyen âge’, in *I discorsi dei corpi* (*Micrologus* 1, Turnhout, 1993), pp. 81-98 at pp. 94-8; K. Park, *Secrets of Women* (New York NY, 2010), pp. 26-7, 103-106; H. King, ‘Inside and outside, cavities and containers’ in *Medicine and Space*, eds. Baker *et al.*, pp. 37-60 at pp. 43-4.

¹⁴¹ C. Lee, ‘Body and soul: disease and impairment’ in *The Material Culture of Daily Living in the Anglo-Saxon World*, eds. M. Clegg Hyer and R. Owen-Crocker (Exeter, 2011), pp. 293-209 at p. 301. See also Powell, ‘The “miracle of childbirth”’, p. 797.

¹⁴² On abortion miracles, see Z. Mistry, ‘The sexual shame of the chaste’, *Gender and History* 25 (2013), pp. 607-620 at pp. 614-16. On the history of abortion more broadly, see: J. M. Riddle, *Contraception and Abortion from the Ancient World to the Renaissance* (Cambridge MA, 1992), pp. 109-14; M. Elsackers, ‘The early medieval Latin and vernacular vocabulary of abortion and embryology’ in *Science Translated*, eds. M. Goyens, P. De Leemans and A. Smets (*Mediævalis Lovaniensia* 40, Leuven, 2008), pp. 377-413 at pp. 384-6, 399-401. Powell, ‘The “miracle of childbirth”’, pp. 796, 801, notes the rarity of pregnant women in hagiographical texts until the late twelfth century.

¹⁴³ Benedict *Thomas*, IV.16, p. 196: ‘*filium quidem concepera, cuius non mater esset futura sed sepulchrum.*’

¹⁴⁴ *Ibid.*: ‘*evasit mulier quam interius computruisse credebant.*’

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diverted to a nosebleed.¹⁴⁵ From December to February Margaret held the remains inside her, ‘not a womb but a tomb, not a son but a corpse.’¹⁴⁶ When the baby was removed from her body, its ‘nose and ears had rotten’ [*putris nares et aures*].¹⁴⁷ Similarly, William described how a woman whose pregnancy had lasted two months longer than full-term was given relief by Becket when ‘the swelling of her stomach disappeared;’ but ‘the body of the foetus returned to nothing.’¹⁴⁸ In these accounts, the inside of the female body was presented as a place of danger and death, possibly destabilising the whole body.¹⁴⁹ These narratives framed cure as a miraculous termination of the pregnancy, so the saints suppressed the danger of the womb at the expense of the unborn child.

The outer and inner body were brought together in miracle-cure narratives through representations of pain. Pain is at once an interior experience as it can be felt only by the sufferer; and an exterior sign of physical problems, communicated through behaviours such as crying.¹⁵⁰ The narratives among our case-studies used a range of words to describe pain. ‘*Dolor*’ was a term for pain or emotional suffering.¹⁵¹ The hagiographers of the early Cuthbert tradition described how two women felt an ‘intolerable pain’ [*intolerabili...*

¹⁴⁵ William Thomas, II.66, p. 226: ‘*exhaustaque sunt menstrua per inanitionem quæ mater a conceptione foetui nutriendo reservarat.*’ On this medical theory, see Powell, ‘The “miracle of childbirth”’, p. 807.

¹⁴⁶ William Thomas, II.66, p. 226: ‘*non utero sed tumulo, non filius, sed funus.*’

¹⁴⁷ *Ibid.*, p. 227.

¹⁴⁸ William Thomas, V.27, p. 394: ‘*tumore ventris evanescentibus, etiam formatus foetus in nihilum rediit.*’

¹⁴⁹ See C. Thomasset, ‘Le corps féminin ou le regard empêché’ in *I discorsi dei corpi (Micrologus 1*, Turnhout, 1993), pp. 99-114 at p. 102: ‘the enigma of the interiority of the female body haunted man.’

¹⁵⁰ On the history of pain, see: E. Cohen, ‘The expression of pain in the later Middle Ages’ in *Bodily Extremities*, eds. F. Egmond and R. Zwijnenberg (Aldershot, 2003), pp. 195-219 at pp. 197, 203-8; *idem*, *The Modulated Scream* (Chicago IL, 2009), pp. 113-15, 133-4; M. Rubin, ‘Medieval bodies: why now, and how?’, in *The Work of Jacques Le Goff and the Challenges of Medieval History*, ed. *idem* (Woodbridge, 1997), pp. 209-219 at p. 216; P. Horden, ‘Pain in Hippocratic medicine’ in *Religion, Health, and Suffering*, eds. Hinnells and Porter, pp. 295-315 at p. 302; Stolberg, *Experiencing Illness*, pp. 15, 31-2; Perkins, *The Suffering Self*, pp. 7-8, 129; Ferngren, *Medicine and Health Care*, p. 14; J. Bourke, *The Story of Pain* (Oxford, 2014), pp. 7, 17. On the study of emotions more broadly, see: Rosenwein, *Emotional Communities*, pp. 201-2; Lockett, *Anglo-Saxon Psychologies*, pp. 4-6. On the communal response to pain, see Chapter Five, pp. 203-4.

¹⁵¹ DMLBS entry ‘*Dolor*.’

dolore] in the head.¹⁵² Lantfred employed the term ‘*dolor*’ to describe the experience of a woman who was unable to move, but instead expressed the pain of a hunchbacked man as ‘*cruciaretur*.’¹⁵³ ‘*Cruciare*’ implied pain associated with torture [*crucium*], and also the torture experienced by Christ on the cross [*crucifixus*].¹⁵⁴ The two early twelfth-century *Miracula* of Æthelthryth elaborated still further on this idea of a torturous pain, describing the ‘most harsh violence of this tortuous condition [*cruciante*]’ in recounting the cure of a woman from paralysis.¹⁵⁵ Goscelin added this concept of ‘torturous’ pain to a narrative of Edmund curing a knight of fevers.¹⁵⁶ The compilers of the Becket miracles combined these precedents for describing pain, using the emotional term ‘*dolor*’ and the more physical ‘*cruciatus*,’ sometimes in the same narrative.¹⁵⁷ This language of suffering could even be applied to issues of self-inflicted pain. Reginald of Durham described the situation of a mentally-ill boy who clenched his nails into his palms: ‘he was tormented by the piercing,

¹⁵² The first case was that of Æthilwald’s relative: Anon. *Cuthbert*, IV.4, p. 116; Bede *Cuthbert* M, ch. 24, p. 101, ‘affected by a pain [*dolore*]... in the head... the sick girl cried all day;’ Bede *Cuthbert* P, ch. 30, p. 254. The second narrative, about a nun of Whitby, featured only in Bede’s Prose text: Bede *Cuthbert* P., ch. 23, p. 232.

¹⁵³ Lantfred *Swithun*, ch. 32, p. 320; ch. 37, p. 330, ‘*corporis curuamine, ac diu misere tali cruciaretur peste*.’ In the latter case, ‘*cruciare*’ was employed to alliterate with ‘*cruramine*,’ the term used to describe the man’s curved back. Wulfstan *Swithun*, II.15, p. 532, also used ‘*dolor*’ in the account of this woman; II.20, pp. 546-548, omitted the reference to the hunchback’s pain. Anon. *Swithun*, ch. 33, p. 670, referred to the ‘*dolor*’ of the woman; ch. 37, p. 674, followed Wulfstan in omitting pain.

¹⁵⁴ *DMLBS* entries ‘*cruciare*’ and ‘*crucifigere*.’

¹⁵⁵ Goscelin *Æthelthryth*, ch. 3, p. 110: ‘*acerbissime huius passionis... cruciante sevitia*.’ Gregory *Æthelthryth*, II.3, p. 367, line 182, ‘*cruciat iugis*.’ *Liber Eliensis*, I.44, p. 58, omitted references to pain specifically, but described her condition as ‘intolerable.’ Goscelin *Æthelthryth*, ch. 7, p. 118, placed similar terms into the dialogue spoken by a woman whose hand had fused around a stick: ‘Oh how I am tortured!’ [*O quantum crucior!*]. Gregory *Æthelthryth*, II.7, p. 369, line 257, and *Liber Eliensis*, I.48, p. 59, described this woman as ‘tortured by the punishment’ [*pena cruciatur*] and ‘tormented by the torturous pain’ [*torqueretur cruciamine*] respectively.

¹⁵⁶ Goscelin *Edmund*, I.12, p. 218: ‘he was pained by these irremediable tortures’ [*tot tortoribus irremediabiliter cruciatur*]. This was not found in Herman *Edmund*, ch. 33, pp. 92-94. Samson *Edmund*, I.12, p. 142, followed Goscelin.

¹⁵⁷ Benedict *Thomas*, I.10, p. 40: ‘*cruciatus dolor*.’ *Ibid.*, II.14, p. 66, a deaf woman was ‘made anxious by an intolerable pain in her head’ [*capitis dolor intolerabiliter anxiabat*]. William of Canterbury associated the torturous concept of pain with the botched treatments of *medici*: William *Thomas*, III.7, p. 266, ‘a poultice was applied to the internal pains’ [*cruciatus internos*] but the girl cried; VI.6, p. 415, ‘when he applied the poultice, the girl began to be tortured with intolerable pain’ [*intolerabili... torqueri... cruciatu*].

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an inexplicable type of pain [*inexplicabili cruciatus genere*].¹⁵⁸ In this case, the boy's mental suffering was both the cause and effect of the pain in his hands, demonstrating the extent to which descriptions of pain could interweave the inner and outer body.

In the narrative structure of miracle-cures, the body was always problematic. A body to be cured was by definition imperfect, requiring the intervention of the saint. Visual markers were the most straightforward expressions of bodily differences, but many of the narratives among our case-studies also engaged with the unknown state of the inner body. The inner body was more mysterious, containing threats to health that were not easily detectable or comprehensible. Describing the pain felt by sick and disabled people was a narrative strategy for hagiographers exploring the unknown functions of the body. A similar concern for understanding the healthy body was also expressed in these texts, to which we now turn.

III The Cured Body

All of the miracle narratives analysed in this thesis are cure narratives; they hinge around a saint's power to transform a human body. An account from Reginald of Durham demonstrates that contemporary conceptions of the body shaped how health-giving miracles were narrated. Reginald recounted that a cleric called Robert was sick with a particular form of gout, 'which is called "*in the bones*" [*inossata*], a type of sickness that is not easy to cure.'¹⁵⁹ Relic water was concocted for Robert, derived from a fragment of Cuthbert's

¹⁵⁸ Reginald *Cuthbert*, ch. 68, p. 139: '*palmæque ipsius planties ipsis digitorum unguis inexplicabili cruciatus genere transfossa torquebatur.*'

¹⁵⁹ Reginald *Cuthbert*, ch. 96, p. 213. See *DMLBS* entry '*Inossare*'.

clothing soaked in a cup which had belonged to ‘the saintly Queen Edith.’¹⁶⁰ Anointing Robert’s swollen leg and foot with this water produced the desired transformation: ‘then the watery humor was removed from his nature, while the sacred relics acted in advance to cut this soaking wound as little as possible.’¹⁶¹ Onlookers were amazed at this sight, noting that even Robert’s face ‘had been made wet’ as the humors flowed from his swollen body.¹⁶² The watery bodily fluids mirrored the relic water that had produced cure. Reginald claimed that Robert was now ‘restored to perfect health’ [*sanitate pristina reparatum*].¹⁶³ However, Reginald gave no further descriptions of Robert’s physical state, focusing instead on his gratitude to Cuthbert for cure. In this account, Robert’s sick body was opened up and purged of the noxious liquid that was responsible for the swelling in his leg. The ‘perfect health’ that followed this state of flux was ambiguous. Robert was not described as a perfect anatomical specimen like the muscular ideals of Ancient Greece, nor as the youthful ideal valued in the modern West.¹⁶⁴ Hagiographical narratives from across our period represented cure as a transformatory phase, rather than an ideal end-product. In these texts, the body undergoing cure was fluid, and its eventual health was a relative concept.

The fluidity of the body undergoing cure mirrored concepts found in texts of medical theory. Rather than a stable anatomy controlled by the patterns of physiology and

¹⁶⁰ Reginald *Cuthbert*, ch. 96, p. 214. This reference to ‘*Sancta Æditha quondam regina*’ presumably means Edith/Matilda of Scotland, Queen of Henry I. Saint Edith of Wilton was never queen, and Edith, Queen of Edward the Confessor was not represented as a saint. See L. L. Huneycutt, ‘Matilda [Edith, Mold] (1080-1118),’ entry in *DNB* [date of access 13th August 2015]. Reginald *Cuthbert*, ch. 98, p. 218, described the translation of the relics of Margaret, also a Scottish Queen and a Saint, suggesting a broader interest in royal Scottish cults.

¹⁶¹ Reginald *Cuthbert*, ch. 96, p. 214: ‘*Nam iam naturam suam aqua humoris exuerat, dum pigneribus sacris madefaciendi læsuram ingerere minime præsumebant.*’

¹⁶² *Ibid.*: ‘*eis visum fuerat, madidam effecerunt.*’

¹⁶³ *Ibid.*

¹⁶⁴ On the ideal classical body, see: M. Wyke, ‘Herculean Muscle!’ in *Constructions of the Classical Body*, ed. J. Porter (Ann Arbor MI, 1999), pp. 355-379 at pp. 357, 364-5; E. Gunderson, *Staging Masculinity* (Ann Arbor MI, 2000), pp. 60-2. On modern ideals of a healthy body, see: J. Arthurs and J. Grimshaw, ‘Introduction’ in *Women’s Bodies: discipline and transgression*, eds. *eadem* (London, 1999), pp. 1-16 at pp. 4-5; B. Wegenstein, *The Cosmetic Gaze* (Cambridge MA, 2012), pp. 64, 74.

cell-biology, ancient and medieval medicine envisaged a body that was shaped by an ever-changing humoral composition.¹⁶⁵ The transformation described in Reginald's text echoed contemporary theories of how the human body improved its humoral state. Reginald's description of the moisture leaving Robert's swollen body indicated that his body returned to a state of internal balance, a concept that was fundamental to Galenic medicine.¹⁶⁶

Humoral theory offered a natural point of comparison and allusion when hagiographers came to describe bodies improved through cure. Helen King has argued that the humoral body in its perpetual flux could only be considered as healthy in relative terms, compared to how an individual had felt about their body in the past - particularly if they had previously experienced a serious illness.¹⁶⁷ In a similar way, the body undergoing miraculous cure was described in terms of relative improvements, brought about by a spiritual experience.

A ritual process for restoring harmony to the body was fundamental to miracle-cure accounts. This can be seen in Bede's verse account of the treatment that a Lindisfarne monk provided for a possessed boy at Cuthbert's shrine:

He knew where once had taken place the washing of the nourishing limbs
of the sacred patron, where the water had been returned to the earth.
He grabbed this powerful salvation, as a chunk of this stony ground.
He mixed it in water, it was said to have been blessed by the nurturer.
This mixture having been given to the boy, he soon began to make a horrible noise.
Without delay, he returned to full health [*plena salus*].¹⁶⁸

¹⁶⁵ Garia-Ballester, 'Artifex factivus sanitatis', pp. 131-2; P. Gil Sortes, 'The regimens of health' in *Western Medical Thought*, ed. M. Grmek, pp. 291-318 at p. 294. Peregrine Horden has recently drawn attention to the variety of definitions and concepts that were associated with what we now broadly describe as the 'humoral system.' P. Horden, 'Introduction' in *The Body in Balance: humoral medicines in practice*, eds. P. Horden and E. Hsu (New York NY, 2013), pp. 1-21 at pp. 3, 6. See also H. King, 'Female fluids in the Hippocratic corpus: how solid was the humoral body?' in *ibid.*, pp. 24-52 at pp. 34-5.

¹⁶⁶ On balance in humoral theory, see: C. Rawcliffe, 'The concept of health in late medieval society' in *Le interazioni fra economia e ambiente biologico nell'Europa preindustriale secc. XIII-XVIII*, ed. S. Cavaciocchi (Florence, 2010), pp. 317-334 at pp. 318, 321; J. Kaye, *A History of Balance, 1250-1375* (Cambridge, 2014), pp. 143-4, 149; Horden, 'Introduction' in *The Body in Balance*, p. 6.

¹⁶⁷ H. King, 'Introduction: what is health?' in *Health in Antiquity*, ed. *idem* (Abingdon, 2005), pp. 1-11 at pp. 3, 5.

¹⁶⁸ Bede *Cuthbert M*, ch. 40, p. 123: 'Noverat alma, sacri functos quæ laverat artus / Patroni quondam, terris ubi reddita limpha est. / Inde rapit grandem modico de rupe salutem. / Inmiscet latici, dictis sacraverat almīs. / Dat potum puero, stridor mox cedit amarus. / Nec mora, plena salus redit.' This account was based on Anon.

In this account, the soil that a modern reader would consider as dirty, brought about the desired change in the possessed boy, restoring him to ‘full health.’ The apparent contradiction between an unhygienic drink and a healed body can be reconciled if we consider purity in a culturally relative fashion. Mary Douglas’s anthropology of pollution remains instructive here.¹⁶⁹ Douglas defined dirt as a reaction to disorder:

If we can abstract pathogenicity and hygiene from our notion of dirt, we are left with the old definition of dirt as matter out of place.¹⁷⁰

Whilst for a modern reader, the combination of soil and drinking water seems to be a disordered mixture, in Bede’s text the disorder existed only in the possessed boy, not in the relic liquid that calmed him. Numerous cure narratives written over the following centuries portrayed apparently unclean objects, such as blood, stone, and cloth, bringing order to sick and disabled bodies. For example, Goscelin’s *Miracula* of Saint Edmund recounted that a man with a ‘mark’ [*macula*] on his eye was cured when he ‘kissed’ [*deosculans*] stones that made up the saint’s tomb.¹⁷¹ The intimacy between the human body and a grave was not disturbing in such texts, but brought about a positive change in the body. Reginald of Durham portrayed a similar physical intimacy with relics in his account of a young man placing a cloth from Cuthbert’s tomb directly onto his ulcerated and tumorous legs.¹⁷²

Cuthbert, IV.15, pp. 132-134, and Bede reframed it in prose in Bede *Cuthbert* P, ch. 41, pp. 298-290. All three versions described the soil mixed in water bringing about cure, but the verse version placed the most emphasis on the immediacy of cure following the ritual.

¹⁶⁹ See, for example, uses of Douglas in: M. Harrison, *Disease and the Modern World* (Cambridge, 2004), p. 10; C. Rawcliffe, *Urban Bodies: communal health in late medieval towns and cities* (Woodbridge, 2013), p. 354; M. Bradley, ‘Approaches to pollution and propriety’ in *Rome, Pollution and Propriety*, ed. *idem* (Cambridge, 2012), pp. 11-40 at pp. 14-17. See also R. Fardon, *Mary Douglas: an intellectual biography* (London, 1999), p. 80.

¹⁷⁰ Douglas, *Purity and Danger*, p. 44.

¹⁷¹ Goscelin *Edmund*, II.2, p. 262. This cure narrative was an addition to Herman’s account of the translation of Edmund’s relics in 1095, Herman *Edmund*, ch. 40, pp. 112-122.

¹⁷² Reginald *Cuthbert*, ch. 101, p. 225.

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Among our case-studies, only the Swithun cult, which had a looser relationship to the biography and body of the saint, did not recount cures through bodily contact with relics.¹⁷³

The twelfth-century *Liber Eliensis* and the Becket *Miracula* texts developed the concept of curative relics into representations of the body being cleansed by the saints.¹⁷⁴ The *Liber Eliensis* included three accounts of cure being brought about by wiping the skin. Using their sleeves, apparitions of Æthelthryth and her saintly family went to monks in the infirmary and removed ‘whatever bad piece of dust or filth [*pulveris aut squaloris*] was there, driving it away by wiping it off.’¹⁷⁵ In these accounts, purity was attained not just through contact with the saints, but through the saints’ ability to remove a physical symbol of sickness. The cult of the martyred Thomas Becket focused instead on the role of water mixed with the saint’s blood in cleaning the surface of the skin.¹⁷⁶ Benedict of Peterborough and William of Canterbury gave particular emphasis to accounts of lepers washing their bodies, quoting the biblical account of the leper Naaman washing in the River Jordan.¹⁷⁷ This bathing in Becket’s blood did not just cure the body, but restored it to youth. William described how a leper who washed himself in relic water ‘had his flesh returned to him...

¹⁷³ The translation of Swithun’s relics was described briefly in the *Miracula* texts: Lantfred *Swithun*, preface, p. 258; ch. 3, p. 274; Wulfstan *Swithun*, preface, p. 392; *Epitome Swithun*, ch. 9, p. 568; Anon. *Swithun*, ch. 1, p. 648. Anonymous, *Life of Saint Swithun*, ed. Lapidge, ch. 8, p. 638, described Swithun’s burial outside the church but did not mention veneration of his relics.

¹⁷⁴ On medieval bathing practices, see: G. Vigarello (trans. J. Birrell), *Concepts of Cleanliness: changing attitudes in France since the Middle Ages* (Cambridge, 1988 - originally 1985), pp. 37, 41, 60; F. I. W. M. van Dam, ‘Permeable boundaries: bodies, bathing and fluxes’ in *Medicine and Space*, eds. Baker *et al.*, pp. 117-145 at pp. 118, 126.

¹⁷⁵ *Liber Eliensis*, II.133, p. 215: ‘*quicquid pulveris aut squaloris male depressit, tergendo abegit.*’ This description featured in a vision of a monk called Godric, who saw Æthelthryth, Wihtburh, Seaxburh and Eormenhild, blessing a group of sick monks in the infirmary. *Ibid.*, III.61, p. 313, a first-person account of a feverish monk called Thomas recounted that he saw Æthelthryth ‘wiping out the refuse and contagious dust’ [*extingens quisquillas et contagia pulverum*]. *Ibid.*, III.130, recounted that when a young monk suffered from ulcers on his skin, Æthelthryth ‘cast off all of the dust that was on top of him’ [*desuper illum pulverem totum abieciens*].

¹⁷⁶ P.-A. Sigal, ‘Naissance et premier développement d’un vinage exceptionnel: l’eau de Saint Thomas’, *Cahiers de civilisation médiévale* 44 (2001), pp. 35-44.

¹⁷⁷ William *Thomas*, II.56, pp. 218-219, described Becket’s blood as a ‘new Jordan.’ Benedict *Thomas*, IV.4, pp. 184-5. See 2 Kings 5:10, and also Luke 4:27.

like the flesh of a child.’¹⁷⁸ Benedict likewise described how ‘the rotting leprous flesh was sent away... the most elegant appearance of a youth was received.’¹⁷⁹ Ritual cleansing in these accounts washed away all marks of damage to the body, returning it to an earlier state.

The two Becket *Miracula* texts also included a miracle narrative that suggested that bathing the body was thought of in a more general therapeutic sense. Elias, a monk from Reading, tried at first to find cure from ‘warm baths... that the heat of the sulphur might reduce his pain, in the springs of Bath.’¹⁸⁰ This bathing did not help, and Elias was cured only when he tried the water mixed with Becket’s blood - indicating that this water had a superior cleansing power over the body.¹⁸¹ Hagiographical convention could not allow for the spring water of Bath to surpass the power of a saint, just as human *medici* were cast as poor imitations of saintly *medici*; but this episode suggests that bathing in general was considered as health-giving. Furthermore, Benedict of Peterborough concluded one of his narratives of bathing in relic water by suggesting that ritual cleansing resembled normal bathing practices. The cure of Robert of Cricklade from swollen legs and feet was recounted via a ritual process, with Robert ‘anointing’ [*perungerem*] his legs with relic water and making the sign of the cross over them.¹⁸² Benedict then described the relic water itself as absorbing the problem of Robert’s body just as normal water would become dirty: ‘the relic was thrown into the fire, lest it had been oppressed [*conculcaretur*] by the feet.’¹⁸³ This miracle-cure was recounted in the first-person, so the fear about contamination was

¹⁷⁸ William Thomas, II.56, p. 219: ‘*restituta est caro eius... sicut caro pueri.*’

¹⁷⁹ Benedict Thomas, IV.3, p. 183: ‘*lepra tabidum dimisimus... elegantissimæ formæ juvenem recepimus.*’

¹⁸⁰ William Thomas, VI.8, p. 416. The equivalent account is Benedict Thomas, IV.72, pp. 242-243.

¹⁸¹ Benedict Thomas, IV.72, p. 243 described how Elias ‘washed his rotten flesh’ [*lavit tabidum*]. William Thomas, VI.8, p. 417 changed this action of ritual cleansing of the skin to an interior cleansing, as Elias ‘*bibit, et convaluit.*’

¹⁸² Benedict Thomas, II.52, p. 100.

¹⁸³ *Ibid.*: ‘*Reliquum feci projicere in ignem, ne pedibus conculcaretur.*’

represented as Robert of Cricklade's perception of his own impaired body. This narrative did not necessarily marginalise Robert's body as dirty, as he was successfully cured, but the account enforced the idea of cure as a process of physical cleansing.

In Douglas's model, the spewing of bodily fluids might provoke a sense of discomfort at disorder, but in humoral theory the removal of a surplus of blood or other such fluids restored order inside the body.¹⁸⁴ The Cuthbert and Swithun *Miracula* of the eighth and tenth centuries portrayed their patron saints providing cure by stemming bodily fluids, suggesting that bodily effluvia were conceptualised as 'dirty' when it came into the open.¹⁸⁵ One tenth-century miracle-cure account among our case-studies suggests that cure could, however, be conceptualised as a process of purgation. Wulfstan's account of the cure of the hunch-backed man Æthelsige added a metaphor of purgation to Lantfred's version: 'with sickness driven out [*pulso languore*] healing was achieved.'¹⁸⁶ At the start of the twelfth century, three texts among our case-studies employed similar metaphors, suggesting that the idea of purgation was gaining significance. The Æthelthryth *Miracula* associated with Goscelin of Saint-Bertin concluded a cure when 'sickness fled' [*fugiat morbus*].¹⁸⁷ Goscelin's rewriting of Edmund's miracles described sickness as 'pushed out' [*depulso languore*] or 'exiled' [*exulat infirmitas*].¹⁸⁸ The Anonymous hagiographer rewriting the miracles of Swithun at the turn of the twelfth century was most directly influenced by the

¹⁸⁴ Nutton, *Ancient Medicine*, p. 246; S. Kuriyama, 'Interpreting the history of bloodletting', *JHMAS* 50 (1995), pp. 11-46 at p. 12.

¹⁸⁵ See part II of this chapter, pp. 160-64. Wulfstan *Swithun*, I.3, p. 436, presented vomiting particularly negatively by describing the furies who attacked a man near Winchester as 'vomiting evilness' [*malignum... vomunt*].

¹⁸⁶ Wulfstan *Swithun*, I.2, pp. 428-430. Anon. *Swithun*, ch. 2, p. 650, re-wrote this as '*fugit omnis dolor ægritudinis*.' Lantfred *Swithun*, ch. 2, p. 272, and *Epitome Swithun*, ch. 7, p. 568, recounted cure without purgation.

¹⁸⁷ Goscelin *Æthelthryth*, ch. 3, p. 112. Gregory *Æthelthryth*, II.3, pp. 366-8, and *Liber Eliensis*, I. 44, p. 58, omitted this image.

¹⁸⁸ Goscelin *Edmund*, I.16, p. 234, II.2, p. 258. Samson *Edmund*, II.2, p. 162, followed Goscelin's phrase '*depulso languore*,' but Samson *Edmund*, II.1, pp. 158-159, removed the image of sickness being exiled.

expulsion metaphor. He used this image four times in re-writing Wulfstan's text, and also included it in three of the cure narratives that he introduced to the Swithun tradition.¹⁸⁹

The idea of ejecting sickness was represented more viscerally in texts of the later twelfth century. Our case-studies maintained that bleeding and leaking bodies represented a need for cure (as discussed in part II of this chapter), but also introduced representations of purgative emissions. Patrick Nugent has described bodily effluvia in hagiography as:

a privileged sign, not a marginal one. It adds poignancy and precision to a healing narrative and brings out in a privileged way the dramatic character of bodily transformation as divine irruption into, and disruption of, human experience.¹⁹⁰

However, authors and audiences of miracle-cure narratives would have been aware of the tradition of describing bodily impairments through anxieties about bodily fluids. There was a significant link between the body in sickness and while undergoing cure; both were conceived of as porous or open. Reginald of Durham framed an account of the cure of a monk who had lost his voice around this similarity between sickness and cure. As the monk cried and prayed in the church of Durham, 'he sensed the building up of powerful and livid humors, suddenly shaking him in disruption.'¹⁹¹ The monk left the church, vomited, and was cured.¹⁹² The building up of the humors inside the monk appeared to represent a deterioration of his condition, but in the resolution of the narrative this was reversed; the turbulence in his body was the power of the saint preparing to purify him. The *Liber*

¹⁸⁹ Anon. *Swithun*, ch. 3, p. 650; ch. 17, p. 660; ch. 30, p. 668; ch. 32, p. 670. *Ibid.*, ch. 47, p. 682, recounted that a blind boy was cured when 'the flesh of blindness flowed from his eyes [*fluit ilico ex oculis cruor cæcitatís*], the darkness fell away and the mark of blindness was pushed away [*depulso*].' *Ibid.*, ch. 50, p. 684, described the cure of a paralysed man as 'his weakness being repelled' [*ilius propulsatur infirmitas*]. *Ibid.*, ch. 54, p. 690, recounted that a man whose back was bent was cured when 'blood began to flow copiously [*ubertim... effluere*] from his mouth and nostrils.'

¹⁹⁰ Nugent, 'Bodily effluvia', pp. 51, 54. By contrast, Henry Mayr-Harting considered hagiographical representations of bodily emissions as a reflection of house-keeping needs in pilgrimage churches: 'Functions of a twelfth-century shrine', p. 195.

¹⁹¹ Reginald *Cuthbert*, ch. 120, p. 266: '*sensitque aggeres humoris tenacis ac lividi, repentina disruptione cassari.*'

¹⁹² *Ibid.*: '*molem totam illius constipationis, infirmitatis et oppillationis, evomuit.*'

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Eliensis, which attached particular spiritual anxieties to evacuation of the digestive system, recounted curative bodily leaking alongside the possession episodes discussed in Chapter Three.¹⁹³ For example, one of the accounts of Æthelthryth wiping dust from a sick person concluded when the supplicant ‘vomited [*evomuit*] all of the venom [*virus*] which was hurting him inside, and after a vigil, he was cured.’¹⁹⁴ This purging of the body through vomiting contrasted with a narrative found just nine chapters before, in which a priest who disrespected Æthelthryth’s cult was punished with evacuations from both ends of the digestive tract.¹⁹⁵ The reference to a ‘*virus*’ in the former account, however, points to a crucial distinction between problematic and curative leaks. Whilst sick bodies were presented as vulnerable through their uncontrolled leaking, the ejection of specific unwanted substances from the body reinstated order. An account in the *Liber Eliensis* of the cure of a man from toothache demonstrates the relief associated with ejecting something harmful from the body. The man was cured when he touched his jaw with penitential shackles and ‘such a quantity of sweat flowed from his body.’¹⁹⁶ Sweating resembled the uncontrolled leaking of a sick body, but the narrative voice explained that the sweat represented a specific threat to bodily order: ‘how else is this to be understood, unless that with the sweat the trouble of pain was also... removed?’¹⁹⁷

The Becket cult developed the visceral concept of bodily purgation to new levels of detail. Like the account in the *Liber Eliensis* of a ‘*virus*’ being ejected from the body, many

¹⁹³ See Chapter Three, pp. 106-8 on the associations between excrement, heresy, and demons in the *Liber Eliensis*.

¹⁹⁴ *Liber Eliensis*, III.130, p. 379.

¹⁹⁵ *Ibid.*, III.121, p. 371: ‘*ex ore per nausiam nimis reuma ejectaverat, subterius ampliore strepitu per secessum digestionem emittens in terram ruit.*’

¹⁹⁶ *Ibid.*, III.34, p. 270: ‘*post tactum tanta sudoris copia de eius corpore emanavit.*’

¹⁹⁷ *Ibid.*: ‘*Quid ex hoc facto animadvertendum est, nisi cum sudore etiam doloris molestiam... abscessisse?*’ On medical concepts of sweat, see M. Stolberg, ‘Sweat: learned concepts and popular perceptions’ in *Blood, Sweat and Tears*, eds. M. Hortsmanshoff *et al.* (Leiden, 2012), pp.503-522 at pp. 504-7, 511.

of the Becket miracle narratives involved the removal of alien objects. Benedict of Peterborough described how a woman called Muriel vomited for an hour after drinking Becket's relic water, and eventually brought up 'many small stones [*lapilluli*] of cherries, of plums, and acorns,' which had started to germinate in her stomach.¹⁹⁸ William of Canterbury associated the removal of stones with the most intimate parts of the body. He narrated that a man with kidney stones [*calculosus*] was cured when a drink of Becket's relic water provoked 'stones [*lapides*] coming out of the end of his spout [*virga*], which was agonising as this is reserved for the journeys of urine.'¹⁹⁹ Similarly, a girl who had uterine growth [*cunis calculosa*] was placed in a bath [*in balneis*] and made a vow to Thomas Becket.²⁰⁰ The combination of the saint's power and the water drew the stone from her genitals.²⁰¹ Expanding still further on the physical intimacy of purgation, Benedict framed two purgative cures around the removal of living parasites from the body. He recounted the situation of Agnes who had a tumour on her face and had an incessant 'flow of phlegm' coming from her mouth.²⁰² This flow of phlegm correlated with the tradition of describing the sick body in flux. After Agnes drank relic water, 'quite a large head of a worm [*vermis*] emerged from her mouth... crawling on its four feet.'²⁰³ The removal of this creature from her body was more transgressive than the phlegm associated with Agnes's impairment, but its successful removal represented a reassertion of control within the body. Similarly, Benedict recounted that a two-year-old called Henry was cured of sickness when he

¹⁹⁸ Benedict *Thomas*, II.10, p. 64.

¹⁹⁹ William *Thomas*, IV.17, p. 329: '*lapidis extremam partem profudit ab virga, quam viarum urinalium reservarat angustia.*'

²⁰⁰ *Ibid.*, VI.112, pp. 503-504.

²⁰¹ *Ibid.*, p. 504: '*per genitalia membra calculum ejecit, qui pro magnitudine sui magnum posset spectantibus generare stuporem.*'

²⁰² Benedict *Thomas*, II.18, p. 68: her face was marked by a '*tumor horribilis*' and a '*copia phlegmatis ab ore ipsius tam incessanter quam copiose fluentis.*'

²⁰³ *Ibid.*, p. 69.

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vomited up ‘a worm [*vermis*] of half a cubit.’²⁰⁴ This worm was then ‘hung up in the church’ at Canterbury, indicating that the parasite had undergone a change of symbolism.²⁰⁵ Inside Henry’s body, this creature represented the disorder that made him feel sick, but once it had been removed from his body, the worm represented the health bestowed when the saint purged the body.

The ambiguous nature of the moment of cure, understood as it was via a body that could be in flux, was counterbalanced in these narratives with confirmations attributed to observers. Gospel cure narratives described an immediate effect on the body, which offered a template for how hagiographers could describe observations of cure.²⁰⁶ Impairments that affected the stature or silhouette of the body were most commonly associated with the observations of a witness. For example, accounts of the cure of the hunchback Æthelsige in the Swithun tradition implied that his appearance after incubation at Swithun’s shrine prompted surprise. Three tenth-century texts described how the ‘place of his hump could not be seen.’²⁰⁷ Goscelin of Saint-Bertin recounted similar immediate changes to the bodily figure of disabled supplicants to Saint Edmund. A woman whose legs were bent backwards was seen ‘lying stretched out [*porrectam*], even though not long before that she was suffering from a curvature and contraction.’²⁰⁸ Some texts of the twelfth century described the sounds of a body as outward signs of immediate saintly intervention. The Anonymous *Miracula* of Swithun included in an account of a bent-over man being cured the detail that

²⁰⁴ Benedict *Thomas*, II.60, p. 105: ‘*vermem semicubitalem cum putredine multa evomit.*’

²⁰⁵ *Ibid.*: ‘*vermis in ecclesia suspensus est.*’

²⁰⁶ See for example: the cure of Simon’s mother-in-law, Mark 1:31; the cure of the paralysed man who was lowered through a roof, Mark 2:12; the cure of the deaf-mute at Sidon, Mark 7:35; the cure of the man at Bethsaida, John 5:9. These accounts all specified that cure occurred ‘immediately’ [*statim*].

²⁰⁷ Lantfred *Swithun*, ch. 2, p. 272, ‘*nusquam compareret gibbi locus*.’ Wulfstan *Swithun*, I.2, p. 430, ‘*nusquam gibbi locus appareret*.’ *Epitome Swithun*, ch. 7, p. 568, ‘*nusquam deformis gibbi locus appareret*.’ Anon. *Swithun*, ch. 2, pp. 648-650, omitted this description.

²⁰⁸ Goscelin *Edmund*, II.4, p. 272. Samson *Edmund*, II.4, p. 165, used a similar term ‘*protensam*’ to describe how the woman’s body had changed.

‘the cracking [*fragor*] of his nerves or limbs was plainly heard.’²⁰⁹ Reginald of Durham similarly recounted that when a man with a congenitally contracted body was cured, ‘his bones out of silence resonated with a big cracking sound.’²¹⁰ These ideas of the body changing a major physical feature, moving suddenly, or producing noise from an internal change, emphasised an immediate closing down of the potentially destabilising phase of cure.

Moving away from biblical models, our case-studies also recounted miracle-cures that produced a gradual change in the body. Herman explained the various time-frames for cure in his *Miracula* of Edmund: ‘some experienced what was necessary for their cure immediately, others waited for a time, delayed.’²¹¹ One of Bede’s miracles of Cuthbert included in his *Historia Ecclesiastica* gave a precise time-frame for a delayed cure. The miracle-cure was based on the application of Cuthbert’s hair to a tumour on the eyelid of a young man. Bede specified that the relic was applied to the man’s eyelid ‘around the second hour of daylight’ and that the cure took place ‘in the sixth hour of the day.’²¹² Such precision in the time-frame of a gradual cure can also be seen in a Swithun miracle of the tenth century. Lantfred and Wulfstan of Winchester recounted the cure of a mutilated man with an intermediary phase of healing, when a woman returned his eye hanging from a nerve into its socket [*reduxit in orbem*].²¹³ Lantfred and Wulfstan specified that the eyeball remained in place for several months, from the feast of the Epiphany in January until Litanía

²⁰⁹ Anon. *Swithun*, ch. 54, p. 690: ‘*fragorem nervorum sive membrorum patulo auditu.*’

²¹⁰ Reginald *Cuthbert*, ch. 48, p. 100: ‘*ossum dissilientium crepitus latius perstreperbant.*’

²¹¹ Herman *Edmund*, ch. 21, p. 46.

²¹² Bede *HE*, IV.32, p. 448. OE *HE*, IV.33, pp. 382-4, referred to these times as ‘*seo æfter tid dæges*’ and ‘*middæg.*’

²¹³ Lantfred *Swithun*, ch. 26, p. 312; Wulfstan *Swithun*, II.9, p. 516. *Epitome Swithun*, ch. 12, p. 570, and Anon. *Swithun*, ch. 27, p. 666, both omitted this gradual healing.

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Major in April.²¹⁴ Swithun's intervention completed this action, re-growing the man's other eye which had been removed completely.²¹⁵ The precise passing of time in these accounts suggested that the body was changing in a way that could be monitored and measured.

Gradual changes to the body could also be represented physically, in the presence of marks or scars. Herman and Goscelin described how the cure of a knight at the 1095 translation of Edmund's relics left a 'scar' [*cicatrix*] on his skin.²¹⁶ The hagiographers of Becket's cult described different types of marks after cure, with William of Canterbury referring to scars and Benedict of Peterborough describing marks left in the eye after cures from blindness.²¹⁷

Marks on the body were a testament to cure, demonstrating that the supplicant had indeed undergone a physical change but at the same time referring back to their former state.

Gradual cures further enforced the idea that impaired and healthy bodies existed on a spectrum.

The slow shift of a cured body towards an improved state also had social dimensions in these texts. As Peregrine Horden put it: 'health is no purely personal matter. It is interpersonal.'²¹⁸ Among our earlier case-studies, the behaviours invoked to signal a

²¹⁴ Lantfred *Swithun*, ch. 26, p. 312; Wulfstan *Swithun*, II.9, p. 516. *Epitome Swithun*, ch. 12, p. 570, misread this time-frame, having the man blinded in April and cured at Epiphany.

²¹⁵ Lantfred *Swithun*, ch. 26, p. 314; Wulfstan *Swithun*, II.9, p. 516-518, *Epitome Swithun*, ch. 12, p. 570; Anon. *Swithun*, ch.27, pp. 666-668.

²¹⁶ Herman *Edmund*, ch. 40, p. 120, '*de cicatrice quoque vix invenit.*' Goscelin *Edmund*, II.2, p. 258, elaborated on this scar, framing it as a sign of Edmund's intervention: 'only the scar remained as a testament to the miracle' [*sola cicatrice ad testimonium virtutis permanente*]. Samson *Edmund*, II.1, p. 158, followed Goscelin's text.

²¹⁷ William *Thomas*, III.4, p. 262, 'a remnant of his cure appeared, for scars from the incision and the removal of the humors bore witness to the true cure' [*vestigia curationis invenit, cicatrices incisionis et reliquias humoris quae curationem veram testabantur*]. *Ibid.*, VI.35, p.445, 'here are the signs and scars of the sickness [*ecce cicatrices et vestigia morbi*], which however incurable it was, could not escape the powerful hand of the heavenly *medicus*.' Benedict *Thomas*, II.32, p. 83, recounted that blind William was cured in one eye with relic water and in the other when he later went on pilgrimage to Canterbury, but even then 'a small portion of white matter [*albuginis*] remained in his pupils.' *Ibid.*, IV.2, p. 182, the mutilated Ailward was cured after having his eyes put out, but 'the colour of his eyes [*variis... oculis*], which nature had given him, was changed to another colour.'

²¹⁸ P. Horden, 'Ritual and public health in the early medieval city' in *Body and City: histories of urban public health*, eds. S. Sheard and H. Power (Aldershot, 2000), pp. 17-40 at p. 21.

positive change in the body were general signs of proper bodily functioning. For example, the early Cuthbert texts recounted the miracle-cure of a paralysed youth with allusions to the Gospel accounts of the paralytic who was brought to Jesus through a roof.²¹⁹ The behavioural proof of the Gospel narratives lay in the man's ability to take his stretcher and walk, but the Cuthbert texts added a reference to the man eating after cure.²²⁰ Similarly, a miracle added to the Swithun tradition by Wulfstan concluded the cure of a boy with deformed hands by describing a scene 'marvellous to see' when the boy took cherries from his mother's hands.²²¹ The role of food in these narratives was to emphasise that normal bodily functions had resumed, even when the conditions that had been cured were not specifically linked to digestion.

More influential among miracle-cure narratives, however, was the idea that cure could be socially demonstrated. Bede used this concept in his account of John of Beverley teaching a mute boy to speak after curing him. John of Beverley

made the sign of the holy cross on his tongue. Then he told him to put his tongue back in his mouth and speak, asking him, 'speak some word; say "gæ,"' which is the word for affirmation and consent in the English language, that is 'etiam.' He immediately said what he was asked to, the bonds of his tongue having been loosened. The bishop then introduced the names of the letters: 'say "A"' and he said it; 'say "B"' and he said that also.²²²

In this account, imparting a skill to the recipient of cure showed that his new ability was proved to a community, even if that ability was acquired slowly. The early twelfth-century

²¹⁹ Mark 2:3-12; Luke 5: 18-24.

²²⁰ Anon. *Cuthbert*, IV.5, p. 118, the youth left 'manducans', suggesting that he was eating while he walked; Bede *Cuthbert P*, ch. 32, p. 258, he 'accepto cibo.' Bede *Cuthbert M*, ch. 26, p. 103, gave a much briefer account of this cure and omitted the reference to food. Ælfric *Cuthbert*, p. 89, lines 285-6 stated simply that 'he went away on foot, he who had been carried there' [*siðode on fotum, se ðe on bære*].

²²¹ Wulfstan *Swithun*, I.6, p. 462. Wulfstan described the fruit in the vernacular, 'genus vuarum "cyresan,"' framing his account as being derived from oral testimony. Anon. *Swithun*, ch. 5, p. 652, added that the boy was 'rejoicing not so much in the cure he had received as in the fruit which he desired' [*non tam salute reddita quam de fructu quem cupiebat exultans*].

²²² Bede *HE*, V.2, p. 458. OE *HE*, V.2, p. 388, naturally omitted the translations of the English words spoken by the boy into Latin.

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hagiographer of Swithun's cult similarly described how a deaf-mute boy imitated the spoken sounds made during liturgy, and when a bishop spoke to him, he 'responded to the question with the same words by which it was asked.'²²³ This emphasis on imitation of sound, following Bede's model, drew attention to the way that cure matched the bodily abilities of others. These accounts also followed the concept of a gradual cure, as the full ability to speak took time to learn. Goscelin of Saint-Bertin inverted this model, describing a proof of cure from muteness in which language was not taught. He represented a mute girl demonstrating her ability immediately in her own words, saying: "behold, I can talk" [*ecce, possum loqui*].²²⁴ This was not a simple matter of hagiographers representing naturalistic distinctions between congenital muteness (as described by Bede and the Swithun text) and people who might have remembered how to speak from previous experience. Goscelin specified that the girl cured by Edmund had not been able to talk since the age of three, so her ability to speak as an adult was transformatory. The *Liber Eliensis* combined both the immediate and gradual acquisitions of speech in an account of two mute men, Ulf and Ailred, both of whom had never been able to talk.²²⁵ The former was 'restored to full eloquence [*facundia*]' whilst the latter learnt gradually, being taught 'the syllables like a child [*puer*].'²²⁶

Goscelin also adapted Bede's model of describing teaching after cure, applying it to cures of blindness. His account of a blind man being cured after taking shelter in Edmund's chapel concluded with the man noticing that dawn had broken, and his guide asked: "how is the light revealed to you, who always needed to be told of it by someone else? And how did

²²³ Anon. *Swithun*, ch. 52, p. 686: '*eadem verba interrogantis interrogative respondendo*.' The text also noted that the boy was able to imitate the sounds of English, Latin and French. Compare William *Thomas*, VI.3, p. 411, in which Gerald was cured of uncontrollable behaviour and 'was only able to speak in Latin, even though had had known French and German' [*nullo modo poterat nisi Latine loqui, cum Gallice at Teutonice nosset*].

²²⁴ Goscelin *Edmund*, I.13, p. 222.

²²⁵ *Liber Eliensis*, II.130, p. 210: '*duos a nativitate mutos*.'

²²⁶ *Ibid.*

you learn to name what you had never seen...?’²²⁷ Similar concepts were employed by the *Liber Eliensis* in an account of a blind woman demonstrating her sightedness by describing the imprints on coins, and by Benedict of Peterborough in narratives that portrayed previously blind people commenting on objects and the clothing of bystanders.²²⁸ In all of these cases, the communal acknowledgement of behaviour that was previously impossible confirmed that a change had taken place in the body.

Within hagiographical convention, however, the greatest mark of recognition for an improvement of bodily state took the form of religious celebration. Prayers and thanksgiving for cure were employed as the conclusion to a great number of miracle-cure narratives among our case-studies. Such scenes ranged from private prayer to public liturgical singing of the celebratory hymn ‘*Te Deum Laudamus*.’²²⁹ Reginald of Durham produced an intimate variation of private prayer in his account of a monk who was cured of muteness and an inability to read. In an expression of thanks to Cuthbert, the monk drew a picture of the saint in the margin of the very book that he had thrown in frustration before

²²⁷ Goscelin *Edmund*, I.1, p. 136: ‘*unde tibi lucem enuntiare, quam ipse semper ab alio desiderabas audire? Lucem quidem nominare, nunquid etiam videre consueveras?*’

²²⁸ *Liber Eliensis*, III.57, p. 305: ‘*projecti sunt ei oboli et quadrantes diversi nummisnatis, quorum characteres ipsa certissime videntibus omnibus distinguebat.*’ Benedict *Thomas*, II.76, p. 116, described how a boy who had been blind since birth ‘did not know how to distinguish by their own names the colours which his eyes could see, except for white’ [*varios tamen rerum colores licet oculis perspicue videret, nominibus propriis, excepta duntaxat albedine, nescivit distinguere*]. *Ibid.* III.45, p. 150, a youth who had been blind since birth ‘discerned the human form and things of colour, but he had not been taught which names to call them’ [*discernit homo formas rerunque colores, quæ tamen quibus appellet nominibus non instructus*]. *Ibid.*, II.59, pp. 104-5, recounted that an elderly blind man’s cure was made apparent when he instructed a nearby woman to “go, and change your clothes” and she replied by asking “master, do you see me?” [*domine, vides me?*].

²²⁹ Prayers of thanks featured in: Anon. *Cuthbert*, IV.15, p. 134; IV.17, p. 138; Bede *Cuthbert P*, ch. 41, p. 290; ch. 45, p. 300; *Liber Eliensis*, III.30, p. 265. Pilgrimages of thanks were particularly common among Becket miracles: see Benedict *Thomas*, I.15, p. 47; II.10, p. 64; II.45, p. 93; II.63, p. 107; III.49, p. 152; III.38, p. 158; William *Thomas*, II.3, p. 158; IV.49, p. 360. The ‘*Te Deum*’ was mentioned in: Herman *Edmund*, ch. 38, p. 110; Anon. *Swithun*, ch. 52, p. 686; Symeon of Durham, *Libellus de exordio*, ed. Rollason, III.3, p. 150; William *Thomas*, VI.124, p. 512; Reginald *Cuthbert*, ch. 112, p. 253. Ælfric *Swithun*, ch. 17, pp. 598-600, recounted that Swithun reproached the monks of Winchester for resenting having to get up during the night to sing the ‘*Te Deum*’ whenever a cure occurred. On the liturgical role of the ‘*Te Deum*,’ see J. D. Billett, *The Divine Office in Anglo-Saxon England* (Henry Bradshaw Society Subsidia 7, Cranbrook, 2014), pp. 206, 327.

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his cure, and he often kissed the image in gratitude.²³⁰ In some narratives, hagiographers also promoted the needs of their patrons' cults by claiming that failure to observe liturgical thanks for cure could see the bodily change reversed.²³¹ Whatever the ambiguities of the impaired body during and after cure, concluding a narrative with religious celebration of the miracle declared that the individual and their community considered a positive transformation to have taken place. The meaning of health in these narratives was that some change, however small or uncertain, was perceived in the human body and attributed to a greater power.

Conclusion

Human bodies, with all their aches, pains, quirks and problems, were central to these texts composed about saints in England during the early and high medieval periods. The authors of our case-studies made deeply reflective efforts to represent what their culture considered to be the most pressing issues of bodily experience. In addition to the spiritual theories examined in Chapter Three, miracle texts created a symbolic representation of sickness and disability in bodily terms.

The sick and disabled body was represented through evolving textual conventions that gave it an often paradoxical complexity. Impaired bodies were at once submitted to, and empowered by, spiritual authorities administering medical knowledge. The body in a state

²³⁰ Reginald *Cuthbert*, ch. 76, p. 160: '*imaginem Beati Cuthberti in primi folii margine depingi fecerat, quam crebro et saepius deosculari solitus erat.*'

²³¹ Lantfred *Swithun*, ch. 9, p. 292, described how a sick woman who tried to go to a wedding after her cure relapsed, because this behaviour was '*injustus.*' See also Wulfstan *Swithun*, I.12, p. 472. Lantfred *Swithun*, ch. 30, p. 318, a partially paralysed man ran from Winchester without giving thanks, so he seemingly remained cured but Lantfred commented that he 'remained weak in his mind' [*mente permansit debilis*]. Wulfstan *Swithun*, II.13, p. 530, omitted the criticism of the man. Anon. *Swithun*, ch. 9, p. 654, and ch. 31, p. 670, omitted the issue of giving thanks from these narratives. William *Thomas*, VI.144, p. 526, described how a mother who delayed going on pilgrimage in thanks to Becket was punished when her three children became sick, until she fulfilled her vow and went to Canterbury.

of impairment, whether it would be defined through modern diagnosis as ‘sick’ or ‘disabled,’ was described with concern for physical appearances. Its open, flowing nature, but also unknown processes taking place invisibly inside the body, made it appear vulnerable. The passages that described the body prior to cure focused on the physical body in a way that contrasts starkly to modern ideas about measuring an individual’s capacity to perform certain tasks independently. These texts also shaped a complex elision between sick and healthy bodies, describing the body undergoing cure in ways that referred back to the fluid, open body associated with sickness and disability. This reflects a culture in which sickness and health, disability and physical ability, were not firmly demarcated. The resolution of a miracle-cure narrative reflected a culture that could see relative physical changes as miraculous events. The recounting of miracle-cures was not focused simply on the idealistic outcome of what human life could be like if the saints intervened to help. The authors’ focus on describing the physical nature of the body demonstrates that they were just as concerned to explore and theorise the dirty, painful, often distressing realities of sickness and disability.

Chapter Five

Communities

Introduction

Texts about saints created ideal communities in the minds of their audiences.¹ This chapter will consider the place envisaged for sick and disabled people in the imagined communities around patron saints. Hagiographical tradition, going back to the Gospels, located subjects of miracle cures in the context of familial, local, religious and institutional communities. This does not necessarily reflect an accurate, quantifiable record of the demographics of medical conditions and care, as social histories of medieval disability have suggested.² Rather, community relations in the structure of miracle narratives created a powerful rhetoric that such care should be provided in an ideal Christian society. We cannot trace how far this ideal permeated into the day-to-day experience of sickness and disability, but we can analyse how the textual constructs of ideal communities developed

¹ Brown, *The Cult of the Saints*, pp. 62-3, 71, 113-4; *idem*, 'The rise and function of the Holy Man', pp. 81, 87, 91, 97; *idem*, 'The rise and function of the Holy Man in Late Antiquity, 1971-1997', pp. 370-2; Hayward, 'Demystifying the role of sanctity' in *The Cult of the Saints*, eds. Howard-Johnston and Hayward, pp. 128, 141; Yarrow, *Saints and their Communities*, pp. 8, 14-18; Geary, *Living with the Dead*, pp. 168, 174; J. Eade and M. Sallnow, 'Introduction' in *Contesting the Sacred: the anthropology of Christian pilgrimage*, eds. *eadem* (London, 1991), pp. 1-29 at p. 2.

² Finucane, *Miracles and Pilgrims*, pp. 59, 81, 86; *idem*, *Rescue of the Innocents*, pp. 20-1, 97-8; Gordon, 'Child health in the Middle Ages', p. 506; *idem*, 'Accidents among medieval children', pp. 148-9; Farmer, 'Young, male, and disabled', pp. 440-4; Metzler, *Disability in Medieval Europe*, pp. 130-3. See Introduction, pp. 2-3, and Chapter One, p. 32.

over this period.³ As discussed in Chapter One, the history of sickness and disability has often been framed in terms of how people with impairments are marginalised and regarded as “different.”⁴ However, the imagined communities portrayed in miracle-cure narratives were more nuanced. The fundamental concept behind hagiography, that the actions of the saint testified to the power of the Christian spiritual world, rendered accounts of miracle-cures as examples of a perfect Christian society.

In the earlier period covered by this thesis, hagiographical representations of communities sought to encompass all of English society. Following the Norman Conquest, Jewish immigration formed a social group in England outside of the Christian ideal.⁵ One episode recounted by Benedict of Peterborough offers a rare insight into the exclusivity of the religious communities of pilgrimage and the loosely-institutional communities of hospitality. Benedict recounted that when Godeliva of Canterbury came from Becket’s tomb with a phial of his relic water, she was taken into the ‘hospitality’ [*hospitium*] of a Jewish woman; Godeliva sought to help the Jewish woman’s ‘impaired foot’ [*debilem pedem*] but the phial of relic water was broken as a sign of divine disapproval and Godeliva ‘never went near another Jew.’⁶ In general, however, the communities cast alongside supplicants for cure were universalising. Our case-study texts did not exclude

³ P. Horden, ‘Household care and informal networks’ in *The Locus of Care*, eds. P. Horden and R. Smith (London, 1998), pp. 21-67 at pp. 23, 43; Wheatley, *Stumbling Blocks*, p. 8. See also Rosenwein, *Emotional Communities*, pp. 25-9, 109.

⁴ See Chapter One, pp. 45-8. Disability is associated with rejection in some studies of broader social issues of the medieval period: J. Boswell, *The Kindness of Strangers* (New York NY, 1988), p. 260; H. Röckelein, ‘Miracles and horizontal mobility’ in *The Community, the Family, and the Saint*, eds. Hill and Swan, pp. 181-97 at p. 192; D. Alexandre-Bidon and D. Lett, *Children in the Middle Ages* (Notre Dame IN, 1999), p. 17.

⁵ R. Stacey, ‘Jews and Christians in twelfth-century England: some dynamics of a changing relationship’ in *Jews and Christians in Twelfth-Century Europe*, eds. M. Singer and J. Van Engen (Notre Dame IN, 2001), pp. 340-354 at pp. 342, 346; J. Edwards, ‘The church and the Jews in medieval England’ in *The Jews in Medieval Britain*, ed. P. Skinner (Woodbridge, 2003), pp. 85-95 at pp. 92-3; A. Bale, “‘House devil, town saint’: anti-Semitism and hagiography in medieval Suffolk’ in *Chaucer and the Jews*, ed. S. Delany (London, 2002), pp. 185-210 at pp. 186-7. For comparison to France, see F.-O. Touati, ‘*Domus judæorum leprosorum: une leproserie pour les Juifs à Provins au XIIIe siècle*’ in *Fondations et œuvres charitables au moyen âge*, eds. J. Dufour and H. Platelle (Paris, 1999) pp. 97-106 at pp. 99-100.

⁶ Benedict *Thomas*, II.20, p. 71.

any community groups from their narratives based on economic status, age, or urban and rural distinctions. Hagiographers writing across this five-century period were responsive to the social changes occurring around them. This can be seen particularly in the texts of the twelfth century, which incorporated new urbanisation and formal hospitals into miracle-cure narratives.

Familial relationships within the household are the first focus of this chapter, as they were the most consistently deployed as ideal communities for the sick and disabled. In some texts the family's defining rhetorical feature – emotional involvement in the physical state of a family member – was imitated in descriptions of other social encounters. The second part of this chapter analyses representations of broader communities, in local contexts and in the practice of pilgrimage, considering how descriptions of these social encounters developed over this period. Finally, this chapter analyses how narrative representations of community care encompassed the institutional environments of monasteries and hospitals. The communities imagined in these texts cannot be distilled into simple hierarchies of significance, or a succession of communities replacing one another over time. Whilst the hagiographical texts of the twelfth century diverged from their predecessors in referring to the free-standing hospitals which had become a part of the social landscape of their period, we should be wary of framing this as evolution or 'progress.'⁷ Rather, any particular representation of a sick or disabled person seeking cure could invoke one or more of the ideal communities represented in hagiography. The

⁷ R. M. Clay, *The Mediæval Hospitals of England* (London, 1909), p. xvii; D. A. Furniss, 'The monastic contribution to medieval medical care', *Journal of the Royal College of General Practitioners* 15 (1968), pp. 244-250 at p. 250; A. T. Crislip, *From Monastery to Hospital* (Ann Arbor MI, 2005), pp. 101-2, 138. This teleology is analysed in: Watson, 'The origins of the English hospital', pp. 76-80; P. Horden, 'How medicalised were Byzantine hospitals?' in *Sozialgeschichte mittelalterlicher Hospitäler*, eds. N. Bulst and K.-H. Spieß (Ostfildern, 2007), pp. 213-235 at pp. 214-5; B. Resl, 'Hospitals in medieval England' in *Europäisches Spitalwesen*, eds. M. Scheutz *et al.* (Munich, 2008), pp. 41-52 at pp. 44-5; Rawcliffe, *Urban Bodies*, pp. 14-18.

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communities analysed in this chapter also often overlapped.⁸ The experience of sickness and disability as represented in these texts was a thoroughly social one, often involving the response of more than one community group.

I Family

The early Cuthbert *Miracula* recounted that the saint encountered a dying boy and his grieving mother. The Lindisfarne Anonymous described how the saint visited a region which had been struck by plague, seeking to help people there. The mother attracted the attention of the saint because she was ‘weeping and wailing on account of her son who was lately dead, and holding another one in her arms, with his whole body swollen, half-dead and breathing his last.’⁹ Bede paraphrased the description of the mother’s emotional state, adding in his Prose *Vita* that: ‘her eyes, streaming with tears, bore witness to both her past and present distress.’¹⁰ Cuthbert’s reaction to this scene was described as an empathetic kiss [*osculatus*] for the baby, which cured the little boy and assured the mother that her family would be safe forthwith.¹¹ This narrative structure of a mother grieving for a baby dying from plague, her emotion bringing about miraculous intervention, and the cure rescuing the baby, followed exactly the sequence of events recounted in Augustine of

⁸ Horden, ‘Household care’ in *The Locus of Care*, pp. 26-7, 37, 48-51; J. Firnhaber-Baker, ‘Introduction’ in *Difference and Identity in Francia and Medieval France*, eds. M. Cohen and J. Firnhaber-Baker (Farnham, 2010), pp. 1-10 at pp. 4-5.

⁹ Anon. *Cuthbert*, IV.6, p. 118: ‘*lacrimentem et plorantem propter filium suum nuper mortuum, alterumque toto corpore tumescentem et in ultimo spiritu anhelantem.*’

¹⁰ Bede *Cuthbert P*, ch. 33, p. 260: ‘*lacrimisque faciem rigantibus præteritam pariter et præsentem testabatur erumnam.*’ Bede *Cuthbert M*, ch. 27, pp. 103-4, described the mother as ‘sad,’ [*mæstam*], but did not specify that she cried. Ælfric *Cuthbert*, p. 89, line 288 described the mother as ‘sorrowful’ [*sorhfullan*].

¹¹ Anon. *Cuthbert*, IV.6, p. 120; Bede *Cuthbert P*, ch. 33, p. 260. Ælfric *Cuthbert*, p. 89, line 289, translated this directly, ‘he kissed her son’ [*hire sunu cyste*].

Hippo's sermons about St Stephen.¹² Soon after these texts attributed such a miracle to Cuthbert, the template was also employed by Stephen of Ripon in his *Vita* of Saint Wilfrid.¹³ Augustine's image of the mother begging the saint for help while crying for her baby was clearly a powerful one for the Anglo-Saxon hagiographers. This ideal of the emotional bonds between the sick and their families was maintained by the later hagiographical texts among our case-studies, but it was also an ideal that evolved over the course of these five centuries.

Studies of family relations as presented in hagiography have often attempted to place this literature within a demographic framework.¹⁴ Such approaches misrepresent hagiographical texts as accurate records of "true" events. The roots of this miracle narrative attributed to Cuthbert in a fifth-century North African account indicate that hagiographers wrote within a tradition of describing emotions rather than making original observations.¹⁵ This does not mean, however, that such representations of familial care were a hollow trope. Philippe Ariès's argument that medieval parents were emotionally

¹² Augustine, *Sermones*, ed. Migne (PL 38), no. 323-4, col. 1445-7. Augustine recounted that he saw the crying mother and her baby dead from plague at Uzalis, and he quoted her prayer that the boy be returned to her. Stephen was credited with saving the child. On Augustine's interest in the Stephen cult, see: E. A. Clark, 'Claims on the bones of Saint Stephen', *Church History* 51 (1982), pp. 141-156 at p. 142; Brown, *Augustine of Hippo*, pp. 413-417; Bartlett, *Why Can the Dead Do Such Great Things?*, p. 22. On Anglo-Saxon reception of Augustine's Sermons, see Lapidge, *The Anglo-Saxon Library*, pp. 55, 152, 201, 291.

¹³ Stephen of Ripon, *Vita Wilfridi*, ed. Colgrave, ch. 18, p. 38. D. P. Kirby, 'Bede, Eddius Stephanus and the *Life of Wilfrid*', *EHR* 98 (1983), pp. 101-114 at pp. 103-4, 110; M. D. Lynesmith, 'Stephen of Ripon and the Bible: allegorical and typological interpretations of the *Life of Saint Wilfrid*', *EME* 9 (2000), pp. 163-182 at pp. 179-82.

¹⁴ Finucane, *Rescue of the Innocents*, pp. 20-1, 97-8, 141; Gordon, 'Child health in the Middle Ages', p. 506; *idem*, 'Accidents among medieval children', pp. 148-9. See also S. Crawford, *Childhood in Anglo-Saxon England* (Stroud, 1999), p. 39, and Lett, *L'Enfant des miracles*, pp. 13-14, 60, 142. B. A. Hanawalt, *The Ties that Bound: peasant families in medieval England* (Oxford, 1986), pp. 157-9, applies a similar approach to late medieval coroners' rolls.

¹⁵ On the representation of emotion in miracle-cure narratives, see Chapter One, pp. 43-4. On familial love specifically, see: Rosenwein, *Emotional Communities*, pp. 113, 127; J. S. Moore, 'Inside the Anglo-Norman family: love, marriage, and the family', *ANS* 28 (2005), pp. 1-18 at pp. 1-3, 14-16.

detached from their offspring has now been thoroughly discounted.¹⁶ More recent scholarship on family history indicates that relationships between parents and children could have been endowed with particular symbolic significance for hagiographers and their audiences.

Augustine's image of the upset parent of a sick child retained its resonance for English hagiographers throughout this period, and it underwent numerous adaptations. Wulfstan of Winchester similarly described a mother who was 'moaning with spasmodic sobs' [*singultu quatiente gemens*] for her son, but associated this behaviour with a congenital impairment of the hands rather than life-threatening sickness.¹⁷ The texts recording the miracles of Edmund and Æthelthryth in the late eleventh and early twelfth centuries broadened the model of parental distress still further. These four *Miracula* texts specified that mothers and fathers grieved together when their children exhibited sicknesses and sensory impairments.¹⁸ Reginald of Durham's *Miracula* of Cuthbert evoked the affection of parents in an account of a young man [*juvenis*] who appeared to be at the point of death after a long illness.¹⁹ Whilst Reginald recounted that both parents took the

¹⁶ P. Ariès (trans. R. Baldick), *Centuries of Childhood* (London, 1962 - originally 1960), pp. 38, 128. Responses to Ariès can be found in: R. Woods, *Children Remembered* (Liverpool, 2006), pp. 17, 23; A. Classen, 'Philippe Ariès and the consequences' in *Childhood in the Middle Ages and the Renaissance*, ed. *idem* (Berlin, 2005) pp. 1-65 at 4, 52; P. J. P. Goldberg, F. Ridy and M. Tyler, 'Introduction: after Ariès' in *Youth in the Middle Ages*, eds. P. J. P. Goldberg and F. Ridy (York, 2004), pp. 1-10 at p. 1; N. Orme, *Medieval Children* (New Haven CT, 2001), pp. 5, 10; J. L. Nelson, 'Parents, children and the Church in the earlier Middle Ages' in *The Church and Childhood*, ed. D. Wood (SCH 31, 1994), pp. 81-114 at pp. 81-2.

¹⁷ Wulfstan *Swithun*, I.6 p. 462. Anon. *Swithun*, ch. 5, p. 652, changed the description of the mother to 'inflamed [*accessna*] with the hope and desire of recovering his health.'

¹⁸ Herman *Edmund*, ch. 28, p. 82, a man of Lucca, 'together with his wife, had no other comfort [*fretus solatio*] than his one and only son... Such was the affection of his father's and mother's tender love [*patris ac matris affectu tenere dilectionis*] when the infant became sick.' Goscelin *Edmund*, I.10, p. 214, 'the parents and their whole family were beset by grievous sorrow [*luctuosis doloribus angeri*].' Goscelin *Æthelthryth*, ch. 4, p. 112, when a boy was mute, 'his parents are dumbfounded [*stupent*], and wonder at their sorry luck, grief torments the depths of their hearts [*torque cordium penetralia dolor*].' *Ibid.*, ch. 5, p. 116, before the cure of a blind girl, 'the father grieves [*dolet*], the mother moans [*gemit*].' Gregory *Æthelthryth*, II.4, p. 368, lines 216-7, 'the parents were afflicted with this poor fortune, lamenting sadly [*tristem lugentes*].' *Ibid.*, II.5, p. 368, line 225: 'just as the father grieved, so the mother was very sad' [*inde pater dolet, inde miserrima mater*].

¹⁹ Reginald *Cuthbert*, ch. 70, p. 143.

young man on a pilgrimage to Cuthbert's shrine, he attributed the expression of affection to the father, who cried out to the saint to save his son.²⁰ The hagiography surrounding the Becket cult in the 1170s likewise gave a more prominent role to fathers when employing this narrative structure of familial grief leading to cure. Benedict of Peterborough in particular returned to the eighth-century interest in the Augustinian model, alluding clearly to the cry for help used in Augustine's account, '*redde filium meum*,' in the dialogue attributed to parents of sick and dying children.²¹

References to fathers as well as mothers caring for sick and disabled children indicate that the authors of our case-studies did not consider nurture as a role forced upon or exclusive to women.²² Among the five case-studies of this thesis, only Symeon of Durham's miracles of Cuthbert limited care according to gender. Symeon's history of the Durham monastic community included several accounts of the saint punishing women for entering the sacred space of his church, suggesting that female family members could not have taken a full part in curative pilgrimages.²³ When Reginald of Durham wrote his

²⁰ *Ibid.*, p. 144, the father prayed, "*filium meum unicum... vitæ restituet.*"

²¹ Augustine, *Sermones*, ed. Migne, (PL 38), no. 324, col. 1447. Benedict *Thomas*, IV.62, p. 226, "*redde mihi filium meum!*"; IV.88, p. 253, "*conserva mihi fillium meum;*" IV.94, pp. 256-7, "*redde mihi filium meum;*" IV.95, p. 258, "*miserere mihi... puerumque... conserva.*" William *Thomas*, II.71, p. 233, "*Me miserum! Voluisti eum venire ad te viventem;*" III.26, p. 283, "*salva, obsecro... quem tibi devoveo;*" IV.36, p. 348, '*redde mihi fillium meum.*' William attributed these prayers only to fathers, but Benedict attributed them to mothers in IV.62 and IV.94. Benedict *Thomas*, IV.88 was illustrated in the Trinity Chapel windows, depicting the mother fainting as she prayed to the saint. Image redacted. Caviness, *The Windows of Christ Church Cathedral Canterbury*, p. 210.

²² C. W. Atkinson, *The Oldest Vocation* (Ithaca NY, 1991), pp. 86, 91, argued that in hagiography sick children 'belong exclusively or especially to their mothers.' L. A. Craig, *Wandering Women and Holy Matrons* (Leiden, 2009), pp. 79, 91-2, similarly argued that late medieval hagiography portrayed women in 'the feminised role of the caregiver.' See also P. C. Ingham, 'From kinship to kingship: mourning, gender, and Anglo-Saxon community' in *Grief and Gender*, ed. J. C. Vaught (Basingstoke, 2003), pp. 17-31 at pp. 18, 29-31, who argued that mourning rituals empowered women within their communities. S. Hollis, *Anglo-Saxon Women and the Church* (Woodbridge, 1992), pp. 8, 11, by contrast associated hagiography with patriarchy. P. A. Halpin, 'Anglo-Saxon women and pilgrimage', *ANS* 19 (1996), pp. 97-122 at pp. 98, 103, argued that women were generally discouraged from going on pilgrimage. On shared parental roles, see: C. E. Fell, C. Clark and E. Williams, *Women in Anglo-Saxon England* (Oxford, 1984), p. 78; J. C. Parsons and B. Wheeler, *Medieval Mothering* (New York NY, 1996), p. x.

²³ Symeon of Durham, *Libellus de exordio*, ed. Rollason, recounted punishments of women entering the church's land: II.7-9, pp. 104-110; III.11, pp. 174-6. V. Tudor, 'The misogyny of St Cuthbert', *Archæologia*

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Miracula of Cuthbert in the 1160s and 1170s, this was changed into a general prohibition of unsuitable behaviour at the shrine, censuring both men and women.²⁴ Reginald in some cases portrayed both parents taking their sick child on pilgrimage to Cuthbert's relics, sharing the role of concerned family.²⁵ These accounts were more in keeping with our other case-studies, in which narratives of both parents joining the sick and disabled on pilgrimage were common.²⁶ The hagiographers of the eighth to twelfth centuries did however distinguish in some cases between different caring roles within families. The Lindisfarne Anonymous' account of Cuthbert freeing Hildmer's wife from demonic possession suggested that the mother was the primary carer of the children, but the father was equally emotionally involved with them. Hildmer wept 'because his wife was dying and he was bereaved and his children left desolate,' expressing fear for the loss of a maternal figure, and in doing so demonstrating emotional paternal concern for the whole family.²⁷ In Benedict's *Miracles* of Becket, the apparent death of a young boy elicited grief from both parents, but their emotional reactions varied according to gender, with the mother staying in the company of neighbours while the father went outside to 'cry secretly [*secretius ploraturus*] in the garden.'²⁸ These two episodes, separated by five centuries of

Æliana, 5th Ser. 12 (1984), pp. 157-68 at pp. 158-62, 165; M. Foster, 'Custodians of St Cuthbert' in *Anglo-Norman Durham*, eds. Rollason, Harvey and Prestwich, pp. 53-65 at p. 60.

²⁴ Reginald *Cuthbert*, ch. 74, pp. 152-3; ch. 99, p. 220, recounted punishments of women. *Ibid.*, Ch. 65, pp. 130-3; ch. 71, pp. 145-6, ch. 133, pp. 281-2, recounted punishments of men.

²⁵ *Ibid.*, ch. 101, pp. 224-5: 'the father therefore laboured with sighs [*gemitus*] out of a great grief [*doloris magnitudine*].... The mother hit her breast with each hand in turn, affected by grief [*lugubri*].' Ch. 122, p. 269: 'the father and mother searched [for a cure] but were not able to find one... But then the mother heard of the case of a certain mercy... and she took a candle to offer to Saint Cuthbert.' *Ibid.*, ch. 135, pp. 283-4: 'his parents having taken him, and carried him to the aforesaid church, they carefully offered prayers to the blessed Cuthbert, and thus passed the night without sleep, in grief [*luctus*] and crying [*lacrima*].'

²⁶ See *DMLBS*, entry on '*Parens*.' References to '*parentes*' are here taken to mean 'parents' in the modern sense, rather than the more general sense of 'ancestor.'

²⁷ Anon. *Cuthbert*, II.8, p. 92. The reference to the children was omitted in Bede *Cuthbert* P, ch. 15, pp. 204-6 and Bede *Cuthbert* M, ch. 13, pp. 82-5.

²⁸ Benedict *Thomas*, IV.8, p. 188.

hagiographical tradition, suggest that an ideal of male stoicism developed in some later family portrayals, but nonetheless the expectations of care and concern remained tied to the whole family group.

Narratives of parental concern for sick and disabled children were the most numerous in this collection of texts, perhaps because the vulnerability of children provided a suitable context for accounts of suffering and devotion to saints.²⁹ The ideal of family care was however flexible, and in some cases hagiographers adapted the ideals of parental affection and responsibility for other varieties of relationship. In the Swithun texts, the conventional roles of care-giver and -receiver were reversed in an account of a boy taking his blind father to Winchester. Lantfred explained that the blind man was dependent on his son, being ‘led by the boy,’ but also emphasised the continued vulnerability of the latter, attributing dialogue to him asking, “let us eat something, father,” to which the father replied “my son, it is not yet the appropriate time.”³⁰ Wulfstan expanded upon the affectionate bond between father and son, with the boy addressing the blind man as “dear father” [*care pater*]. Wulfstan’s version also drew further attention to the weakness of the boy in asking for food, describing him at that point as ‘the naughty young guide’ [*ductor... puer improbus*].³¹ This concept of a child performing the relatively simply care-giving task of guiding a blind person, but at the same time demonstrating the vulnerable characteristics of youth, was reused in the late twelfth century. Benedict of Peterborough recounted that a

²⁹ Quantitative approaches have assumed that children had more medical conditions than adults according to the proportions of each type of narrative in hagiographical collections. See: Gordon, ‘Child health in the Middle Ages’, pp. 506-7; *idem*, ‘Accidents among medieval children’, p. 148; Finucane, *Rescue of the Innocents*, pp. 97-8. For an archaeological approach, see Crawford, *Anglo-Saxon Childhood*, pp. 94-6; *idem*, ‘The nadir of Western medicine?’ in *Bodies of Knowledge*, eds. Crawford and Lee, p. 42. More generally, see R. Fleming, ‘Bones for historians’ in *Writing Medieval Biography*, eds. Bates *et al.* (2006), pp. 29-48 at pp. 29, 34, 43; Rubin, *Medieval English Medicine*, pp. 32, 39.

³⁰ Lantfred *Swithun*, ch. 29 pp. 316-8. E. Denton, ‘Family matters? Attitudes towards the care of kith and kin in the tenth-century *Miracles* of St Swithun’, *Quaestio Insularis* 11 (2010), pp. 120-168 at p. 128, notes that the father’s reply echoed passages of the Benedictine Rule on the subject of meal-times.

³¹ Wulfstan *Swithun*, II.12, p. 528. Anon. *Swithun*, ch. 30 pp. 668-70 reshaped the narrative so that the blind man and guide were not identified as family, but their affectionate relationship was maintained in the description of how the blind man ‘fell asleep in the hands of his guide.’

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young son [*infantulus*] led his blind father Manwin on pilgrimage to Canterbury. The boy ‘burst in to tears and sobs’ [*in lacrymas et vagitus erupit*] when his father was not cured immediately. This account of the tears of a concerned family-member combined the trope of emotional bonds with the sick and disabled, with a suggestion that the child did not appreciate the traditions of pilgrimage cure, which sometimes involved patient supplication to saints.³² In the moral vision of the hagiographers, the inexperience of children did not exempt them from the responsibilities of the family group to maintain an emotional tie to the sick and disabled.

These portrayals of close family providing an ideal, emotionally-involved community for the sick and disabled, contrast sharply to the less detailed representations of broader familial communities in these texts.³³ Household servants were occasionally cast in the role of providing assistance that enabled the sick and disabled to travel.³⁴ In Bede’s Prose *Life* of Cuthbert, the young saint was cured of an impaired knee when he encountered an angelic visitor – an encounter that took place after he had been carried outside by servants [*ministri*].³⁵ Later texts similarly made references to servants in this general sense as practical care-givers.³⁶ It was only in accounts of servants experiencing

³² Benedict *Thomas*, II.4, p. 59, ‘the son and sometimes the wife’ of Manwin took him on pilgrimage to Canterbury regularly.

³³ For demographic studies of family see: J. S. Moore, ‘The Anglo-Norman family: size and structure’, *ANS* 14 (1991), pp. 153-196 at pp. 167, 179-80; J. C. Holt, *Colonial England* (London, 1997), pp. 229-34; Hanawalt, *Ties that Bound*, pp. 5, 90; P. Schofield, *Peasant and Community in Medieval England* (Basingstoke, 2003), p. 81.

³⁴ On household servants, see C. Beattie and A. Maslakovic, ‘Locating the household’ in *The Medieval Household in Christian Europe*, eds. C. Beattie, A. Maslakovic and S. Rees Jones (Turnhout, 2003), pp. 1-8 at p. 2. P. Fleming, *Family and Household in Medieval England* (Basingstoke, 2001), pp. 2, 72-3, suggests that servants could have shared family or kinship bonds with their masters.

³⁵ Bede *Cuthbert* P, ch. 2, p. 158. Anon. *Cuthbert*, I.4, p. 68, and Bede *Cuthbert* M, ch. 2, pp. 64-65, did not specify who carried the young Cuthbert outside. Ælfric *Cuthbert*, p. 82, line 29, did not refer to servants and added to his sources a description of a ‘crutch supporting the foot’, suggesting greater independence.

³⁶ Servants were described as helping the sick and disabled to approach the saints in: Anon. *Swithun*, ch. 19, p. 660; Wulfstan *Swithun*, I.21, p. 486; Goscelin *Edmund*, I.5, p. 164; Samson *Edmund*, I.5, p. 122; *Liber Eliensis*, III.42, p. 280; Benedict *Thomas*, I.8, p. 38; III.5, p. 122; William *Thomas*, VI.10, p. 420.

sickness and disability that hagiographers attributed some emotional and spiritual role to the household. Gospel cures of servants provided a model for describing the concern of masters.³⁷ The Lindisfarne Anonymous recounted how a ‘*minister*’ of a *gesith* recalled his master asking Cuthbert to cure his dying ‘*servus*.’³⁸ The Swithun texts likewise placed masters in the role of intercessors for their servants. The affectionate role of family was echoed in their accounts of how a lord prayed for an injured ‘boy’ [*puer*] of his household ‘whom he loved more than the others’ [*diligebat plus ceteris*], and how a wealthy man called Flodoald prayed for his servant to recover from the burns inflicted by trial by ordeal and escape execution.³⁹ Among the Edmund miracles, Goscelin introduced two accounts of masters helping their disabled servants. He described a wealthy woman affectionately helping a servant-girl who was mute: ‘the anxious mistress often thought about what she should do, so that her servant would receive a remedy.’⁴⁰ However, Goscelin also noted that the girl’s condition meant that she ‘lacked what is useful for servants [*mancipii*].’⁴¹ The second such miracle recounted that a paralysed servant begged her master Odo for help: “Remember, my lord, how your servant girl has served you, recall my toil and loyalty...”⁴² Odo agreed to organise a pilgrimage for her, but the motives that Goscelin

³⁷ See the cure of the Centurion’s servant, Matthew 8:5-13 and Luke 7:1-10.

³⁸ Anon. *Cuthbert*, IV.7, pp. 120-2; this episode is not found in Bede’s rewritings. D. A. E. Pelteret, *Slavery in Early Medieval England* (Woodbridge, 1995), identifies the Old English ‘*þeow*’ and the Latin ‘*servus*’ as terms for slaves.

³⁹ On the injured boy: Lantfred *Swithun*, ch. 31, pp. 318-20; Wulfstan *Swithun*, II.14, pp. 530-2, omitted the reference to love but described the boy’s ‘excellent character;’ Ælfric *Swithun*, ch. 22, p. 602, reverted to Lantfred’s description, ‘he was more dear to his lord than others’ [*he wæs his hlaford swiðe leof ær ðan*]; Anon. *Swithun*, ch. 32, p. 670, the boy was ‘dear to him.’ On the burned servant: Lantfred *Swithun*, ch. 25, pp. 308-10, Flodoald was ‘moved with extreme anguish [*dolor*] for the condemned man;’ Wulfstan *Swithun*, II.8, pp. 508-14, ‘he is made even sadder;’ Anon. *Swithun*, ch. 26, p. 666, Flodoald ‘had a slave [*servus*] who was particularly dear [*carus*] to him.’

⁴⁰ Goscelin *Edmund*, I.13, p. 222: ‘*quid remedii famule conferret, sepius anxia domina cogitabat.*’ Samson *Edmund*, I.13, p. 144, followed this account.

⁴¹ Goscelin *Edmund*, I.13, p. 222: ‘*quia utilis mancipii... caruisset.*’

⁴² *Ibid.*, II.4, p. 270. Samson *Edmund*, II.4 pp. 164-165, followed Goscelin.

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ascribed to him were practical rather than emotional: ‘reconsidering the past utility, the present impairment [*detrimentum*], and the future benefit of this necessary servant.’⁴³

These early twelfth-century accounts inserted an element of employers’ expectations into the model of care set in the Gospel cure of the Centurion’s servant.

The hagiographical tradition of an ideal family community was rarely applied to broader kinship groups.⁴⁴ In the early Cuthbert tradition, the relations between kin enveloped a narrative of Cuthbert curing a nun of a severe headache. In both the Anonymous Lindisfarne text and Bede’s prose rewriting, the cure was recounted in speech attributed to Abbot Æthilwold of Melrose, describing the sickness and cure of his “kinswoman” [*cognata*].⁴⁵ However, in this episode the kinsman simply recounted the event, not a memory of his own involvement in the woman’s care. There are a few hints that later hagiographers were more willing to place kin in a narrative role similar to that associated with the immediate family. Goscelin added to Herman’s account of a young boy being cured at Lucca that the ‘parents and whole family’ [*parentes totamque familiam*] grieved for him.⁴⁶ Benedict of Peterborough reported that a girl was cured of blindness when she went on pilgrimage with her maternal aunt.⁴⁷ However, even this apparent assimilation of the emotional and spiritual role of parents with a more distant family member carried a caveat: Benedict specified that the girl had been ‘born of a noble father

⁴³ Goscelin *Edmund*, II.4, p. 272.

⁴⁴ On kinship, see: D. Herlihy, *Medieval Households* (Cambridge MA, 1985), pp. 72, 78-9; F. Gies and J. Gies, *Marriage and Family in the Middle Ages* (New York NY, 1987), pp. 100, 124; P. Stafford, ‘*La mutation familiale: a suitable case for caution*’ in *The Community, the Family, and the Saint*, eds. Hill and Swan, pp. 103-25 at pp. 108, 125; A. Wareham, ‘The transformation of kinship and the family in late Anglo-Saxon England’, *EME* 10 (2001), pp. 375-99 at pp. 390, 398.

⁴⁵ Anon. *Cuthbert*, IV.4, p. 116; Bede *Cuthbert* P, ch. 30, p. 254. Æthilwold was not mentioned in Bede *Cuthbert* M, ch. 24, pp. 101-2, nor in the translated version of Ælfric *Cuthbert*, p. 89, lines 275-6.

⁴⁶ Goscelin *Edmund*, I.10, p. 214; Samson *Edmund*, I.10, p. 137. Herman *Edmund*, ch. 28, p. 82, referred only to ‘*parentes*.’

⁴⁷ Benedict *Thomas*, IV.31, p. 205, ‘*materna sua*.’

but an ignoble mother,’ suggesting that the aunt was providing the community support that a divided family might lack.⁴⁸

The ideal of familial concern and affection in response to sickness and disability was fundamental to the hagiographical tradition in England throughout this period. In some cases, however, hagiographers shaped accounts of cure through a narrative of familial failure, inverting the general role of the family as assistants for the sick and disabled. Lantfred and Wulfstan of Winchester framed a blind man’s reluctance to go on pilgrimage to Swithun’s tomb via a disagreement with his wife, suggesting that marital strife might threaten the possibility of a miracle.⁴⁹ The early twelfth-century texts of Æthelthryth’s miracles were more openly critical of mistreatment within the household: they recounted that when a female servant suffered a contracted hand after working on a Sunday, her impairment was the fault of her master, an Ely cleric who had forced her to work.⁵⁰ Both Becket hagiographers criticised families who would not act as guides to the blind. William of Canterbury recounted that a blind woman begged her sons to take her to Canterbury but they refused; she was cured when she went on pilgrimage without them.⁵¹ Benedict of Peterborough explained that a son was punished with his own blindness because he had abandoned his blind father on a pilgrimage. When the son abandoned the father, the father said “may the glorious martyr avenge my injury in you,” which duly happened and they both had to be led to Canterbury by a passer-by. Benedict concluded the narrative without

⁴⁸ *Ibid.*, ‘*patre nobili sed matre ignobili genita.*’

⁴⁹ Lantfred *Swithun*, ch. 36, pp. 328-30; Wulfstan *Swithun*, II.19, pp. 544-6.

⁵⁰ Goscelin *Æthelthryth*, ch. 7, pp. 118-122; Gregory *Æthelthryth*, II.7, pp. 369-70; *Liber Eliensis*, I.48, pp. 59-60. See Chapter Two, p. 91, note 122, for comparable accounts of punishment for working on a Sunday, although those accounts did not suggest that the work was forced.

⁵¹ William *Thomas*, II.78, pp. 241-2: the sons ‘claimed their poverty as an excuse’ [*suæ paupertatis excusationem prætenderunt*] for refusing to help their mother.

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the full resolution of cure: ‘we are uncertain as to whether they left with their health.’⁵²

Among the many accounts of miracle-cures aided by familial care, these narratives stand out as a moralising critique of dereliction of duty. Such inverted ideals of family were held up by hagiographers as examples of how a lack of support or outright neglect would be damaging to a community, leaving the sick and disabled to receive the help of the saint without this blessing extending to their household.

II Social Encounters

Benedict of Peterborough recounted the experience of Eilwin of Berkhamsted as he approached the tomb of the recently martyred Thomas Becket for cure. Eilwin had been troubled for sixteen years with a pain in his legs, which rendered him ‘unsuitable for all work’ [*ad omne opus inutilis*]. He struggled to bend his knees to pray, and as he tried to do so, he suddenly stood up cured and cast aside his walking stick. Other people at the shrine gathered round to witness the miracle. Benedict himself led Eilwin away from the crowd, and summoned a boy to take his walking sticks as an offering to the tomb.⁵³ Having recounted this cure, Benedict went back on the chronology of the narrative, and explained that Eilwin had shared his experience with another sick man. Walter was a neighbour [*vicinus*] and companion [*comes*] of Eilwin, and he had such a severe genital tumour that he feared for his life. The two men had therefore travelled to Canterbury together, and while at the tomb they ‘fell to the ground at the same time, got up at the same time, were cured at the same time by divine mercy, and returned together with great joy.’⁵⁴ The

⁵² Benedict *Thomas*, IV.35, pp. 207-8: ‘*incertos nos de sanitate sua reliquerunt.*’

⁵³ Benedict *Thomas*, III.8, p. 124.

⁵⁴ *Ibid.*, III.9, p. 125: ‘*simul corruentes in terram, simul surgentes, simul miseratione Divina curati, simul cum gaudio magno recedentes.*’

encounter between neighbours and pilgrims reflects a broader range of communities in which hagiographers could locate their supplicants for cure. These spontaneous communities around the sick and disabled were particularly important to hagiographers in illustrating an ideal Christian community in the act of pilgrimage. The texts among our case-studies also located their sick and disabled characters in other transient forms of community, relating to their neighbourhoods, legal system, and economy.

Among our hagiographical case-studies, relations between *vicini* like Eilwin and Walter began to echo some elements of the ideal portrayal of familial care. Neighbourhood solidarity with the sick and disabled was not as consistent a feature of hagiography in this period as was the ideal of family support. The earliest hagiography of Cuthbert did not frame neighbours as helpers of the sick and disabled, perhaps reflecting the cult's context in a dispersed rural landscape.⁵⁵ Nor, however, was the idea of local support an invention of the late twelfth century, as has been suggested by Eleanora Gordon's study of children's accidents in hagiography.⁵⁶ Lantfred recounted that a man attacked by evil spirits outside the walls of Winchester was approached by his 'friends' [*amici*] and '*affines*,' a term which could have referred to neighbours or familial links via marriage.⁵⁷ This group surrounded the injured man and 'lamented and bewailed' [*dolentes et gementes*], in the manner of emotionally-involved family members.⁵⁸ The early-twelfth *Miracula* of

⁵⁵ *Cuthbert P*, ch. 33, p. 258 emphasised that during a plague villages were reduced to 'only a small and scattered remnant.' Anon. *Cuthbert*, IV.5, pp. 116-8, described Cuthbert staying in 'tents' while passing through the region of '*Ahse*' en route to Carlisle, and Bede *Cuthbert P*, ch. 32, pp. 256-8, described how the people who approached Cuthbert on this occasion came from 'widely scattered villages.'

⁵⁶ Benedict *Thomas*, IV.8, p. 188; IV.18, p. 198; IV.63, p. 228; William *Thomas*, IV.34, p. 347. See Gordon, 'Accidents among medieval children', p. 160; K. A. Lynch, *Individuals, Families and Communities in Europe* (Cambridge, 2003), p. 1.

⁵⁷ *DMLBS*, entries '*affinis*' and '*affinitas*.'

⁵⁸ Lantfred *Swithun*, ch. 3, pp. 278. Wulfstan *Swithun*, I.3, pp. 438-40, labelled the group as '*parentibus*' and described how 'sorrow and groans abounded... they asked in tears whence this great disaster befell him.' *Epitome Swithun*, ch. 8, p. 568 condensed this account but described the group of '*vicini illius et cognati*' offering 'earnest prayers' for the man at Swithun's tomb. Ælfric *Swithun*, ch. 8, p. 594 described the group as the '*frynd*' of the man; Anon. *Swithun*, ch. 3, p. 650 attributed this reaction to 'the entire town.'

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Æthelthryth hinted at the caring role of a local community in describing a servant girl being approached by a ‘small throng of people’ in a vegetable garden when her hand fused to a tool. Goscelin and Gregory used the same verb to describe the alarm of this crowd, ‘*pavescent*,’ which implies trembling, once again echoing the emotional involvement characteristic of family portrayals.⁵⁹ Reginald of Durham introduced local support as a new strand in the Cuthbert tradition. He reported that a local man who fell from the battlements of Durham while drunk was approached by his ‘companions’ [*sociis*], who feared for his life.⁶⁰ Reginald also elaborated upon the dynamics of such neighbourhood communities in his account of a merchant from Perth becoming sick: his ‘*vicinis*’ were upset because he had ‘grown up with them since the time of his childhood.’⁶¹ The closest link between the ideal familial behaviour and the role of the neighbour appears in the Becket hagiography. Benedict of Peterborough mentioned that a grieving mother in Canterbury called her female neighbours [*vicinæ*] to her when it appeared that her son had died.⁶² The compatible roles of parents and neighbours were made still clearer by William of Canterbury. He recounted that a female neighbour [*vicina mulier*] joined a mother in praying for a drowned girl: together they spoke the plea for help traditional in accounts of dying children, “*redde mihi, martyr Thoma, filiam meam.*”⁶³

The vulnerability of the impaired and their need for support was sometimes placed in an economic context in cure narratives. Disability and poverty were not, however, as

⁵⁹ Goscelin *Æthelthryth*, ch. 7, p. 120. Gregory *Æthelthryth*, II.7, p. 369, line 261. *Liber Eliensis*, I.48, p. 59, condensed this narrative, but described people ‘devoting help with mercy’ attempting to remove the tool from her hand.

⁶⁰ Reginald *Cuthbert*, ch. 104, p. 233.

⁶¹ *Ibid.*, ch. 97, p. 216, ‘*eo quod ab ipso puericiæ suæ tempore talis secum miseria concreta coaluerat.*’

⁶² Benedict *Thomas*, IV.8, p. 188.

⁶³ William *Thomas*, IV.52, p. 366.

firmly connected as some studies have suggested.⁶⁴ Lantfred's account of a hunchback travelling to Winchester to 'receive alms [*elemosinam*] in the name of Christ' related his poverty to his impairment in general terms.⁶⁵ The giving of alms to a travelling pilgrim did not necessarily suggest that he was unable to work. Wulfstan and the author of the *Epitome* distinguished between the two issues still further, by attributing to a Winchester oblate a promise that Swithun would provide "twofold sustenance [*duplici... sospite*]" – that is, a cure and alms.⁶⁶ These tenth-century texts do not seem to have viewed economic hardship as a preeminent part of the social experience of disability. It was only in the early twelfth-century version of Swithun's miracles that this episode equated poverty and disability: the Anonymous hagiographer explained that after cure the hunchback 'now seeks food for himself with his hand rather than with prayer.'⁶⁷ The Anonymous hagiographer of Swithun's cult also included several new miracle narratives in which people with sicknesses and disabilities begged at a statue of the saint in Sherborne.⁶⁸ In one of these narratives, impairment and hunger were closely intertwined, for a paralysed man had a dream in which Swithun gave him cheese.⁶⁹ The Becket hagiographers similarly portrayed some subjects of cure as economically vulnerable, recounting the cures of a baker who could not work on account of his dropsy; a knife-maker who could not work when his

⁶⁴ M. Mollat (trans. A. Goldhammer), *The Poor in the Middle Ages* (New Haven CT, 1986 - originally 1978), pp. 5-6, 27, 63-6; Metzler, *Disability in Medieval Europe*, p. 165; Stiker, *History of Disability*, p. 68; Röckelein, 'Miracles and horizontal mobility', p. 192. The symbolic value of descriptions of poverty has been analysed by: P. Skinner, 'Gender and poverty in the medieval community' in *Medieval Women in their Communities*, ed. D. Watt (Cardiff, 1997), pp. 204-221 at p. 205; A. McKenzie, 'Model rulers and royal misers' in *Poverty and Prosperity in the Middle Ages and the Renaissance*, eds. C. Kosso and A. Scott (Turnhout, 2012), pp. 3-24 at pp. 4, 12.

⁶⁵ Lantfred *Swithun*, ch. 37, p. 330.

⁶⁶ Wulfstan *Swithun*, II.20, pp. 546-8; *Epitome Swithun*, ch. 20, p. 546.

⁶⁷ Anon. *Swithun*, ch. 38, p. 674: '*infirmirate deiecta, recepta sospitate, iam non prece sed manu uictum queritans.*'

⁶⁸ *Ibid.*, ch. 44, p. 680; ch. 45, p. 680; ch. 50, p. 684; ch. 52, pp. 684-6.

⁶⁹ *Ibid.*, ch. 53, pp. 686-8.

fingers were paralysed; and a blind woman who was too poor to go on pilgrimage to Canterbury.⁷⁰

Other texts of the later period of this study were more circumspect about the connections between poverty and impairment. The early twelfth-century rewriter of Swithun's miracles recounted the cure of a deaf boy, suggesting that the disabled poor were expected to get along with community support:

a certain impoverished young boy [*pauperculus*], afflicted since birth by the misfortune of being deaf and lacking any means of speaking, communicated through signs and gestures [*signo et gestu loquens*], from which he was able to sustain himself by seeking food through begging. He was received into the poor-house [*domo pauperum*] by the almoner [*elemosinarius*].⁷¹

In this account, poverty was represented as a risk for the young boy, but one that was averted via community support. Begging would be viewed today as a demeaning position, but the spiritual benefit of almsgiving framed it as a positive social interaction.⁷² The boy's ability to use gestures was a vital part of the Anonymous hagiographer's nuanced representation of his place within a local society.⁷³ Circumnavigating his impairments allowed the boy to communicate, which in turn provided an income. Similarly, a decade later, Goscelin of Saint-Bertin rewrote Herman's account of the cure of a mute woman called Ælfgyth to emphasise her capacity to work. In the section prior to cure, Goscelin described how Ælfgyth adapted her behaviour to communicate: she 'used her hand as a tongue, she used nods and signs for words' [*manu pro lingua, nutibus et notis pro verbis*

⁷⁰ Benedict *Thomas*, IV.29, p. 204; *ibid.*, IV.69, p. 240; William *Thomas*, II.79, p. 242.

⁷¹ Anon. *Swithun*, ch. 52, p. 684.

⁷² Mollat, *The Poor*, p. 21; E. Buher, 'From *caritas* to charity: how loving God became giving alms' in *Poverty and Prosperity*, eds. Kosso and Scott, pp. 113-128 at pp. 113, 123.

⁷³ On hagiographical representations of sign-language, see Farmer, 'Young, male and disabled' (2002), p. 444. On the role of gestures in medical treatises, see T. Fögen, 'The role of verbal and non-verbal communication in ancient medical discourse' in *Latin et Langues Romanes*, eds. Kiss *et al.* (Tübingen, 2005), pp. 287-300 at p. 293. For the history of deafness and sign-language generally, see: N. E. Groce, *Everyone Here Spoke Sign Language: hereditary deafness on Martha's Vineyard* (Cambridge MA, 1985), pp. 53-67, 71-2, 99-100; and Davis, *Enforcing Normalcy*, pp. 51-7.

utebatur].⁷⁴ In the section following the miracle-cure, Goscelin added to Herman's portrayal of Ælfgyth's devotion to Edmund a further aspect of independence. Ælfgyth worked at the saint's tomb, 'she swept the floors, strewed various types of herbs or flowers on the church floor, presenting her advocate with indefatigable vigils.'⁷⁵ This image of devotion to the saint involved not the new ability bestowed by the miracle (such as singing or praying aloud) but actions that Ælfgyth could have performed while mute. Miracle-cure narratives were not committed to a rags-to-riches transformation of the sick and disabled, but an adjustment to their role in society.

Miracle-cures always involved a damaged body, and in some circumstances hagiographers envisaged the cause of such damage as socially-inflicted. In some miracle-cure accounts, hagiographers attributed disability to judicial punishment.⁷⁶ The cures of these supplicants to the saints revolved around their reintegration into the community following rejection on account of their crimes (whether they were truly guilty or not).⁷⁷ The earliest texts of this study hinted at the role of the shrine as sanctuary for criminals, demonstrated by Cuthbert's warning that his tomb would be visited by 'fugitives [*profugi*] and criminals [*noxii*].'⁷⁸ Among our case-studies, the first inclusion of disabilities inflicted

⁷⁴ Goscelin *Edmund*, I.8, p. 200. Herman *Edmund*, ch. 22, pp. 48-54, did not describe any sign language. Samson *Edmund*, I.8, p. 131, used Goscelin's phrase.

⁷⁵ Goscelin *Edmund*, I.8, p. 200.

⁷⁶ The social rejection of bodily mutilation was emphasised in particular by M. Foucault (trans. A. Sheridan), *Discipline and Punish* (London, 1977 - originally 1975), p. 25. See also: E. Cohen, *The Crossroads of Justice* (Leiden, 1993), pp. 79, 166; V. Groebner, *Defaced: the visual culture of violence in the late Middle Ages* (New York NY, 2004), pp. 32, 84-7; Wheatley, *Stumbling Blocks*, pp. 21-2. On the infliction of impairments as a punishment from the saints, see Chapter Two, pp. 87-9.

⁷⁷ The process of reintegration after mutilation is examined in: R. Bartlett, *Trial by Fire and Water: the medieval judicial ordeal* (Oxford, 1986), pp. 16-19; G. Rosser, 'Sanctuary and social negotiation in medieval England' in *The Cloister and the World*, eds. J. Blair and B. Golding (Oxford, 1996), pp. 57-79 at pp. 60, 63; P. Hyams, *Rancour and Reconciliation* (Ithaca NY, 2003), pp. 5, 12; K. Royer, 'The body in parts: reading the execution ritual in late medieval England', *Historical Reflections / Réflexions Historiques* 29 (2003), pp. 319-339 at p. 326; T. Olson, 'Sanctuary and penitential rebirth in the central Middle Ages' in *Boundaries of the Law*, ed. A. Musson (Aldershot, 2005), pp. 38-52 at pp. 39, 44.

⁷⁸ Bede *Cuthbert* P, ch. 37, p. 278. This has no precedent in the earlier Anon. *Cuthbert* and Bede *Cuthbert* M texts. J. P. Sexton, 'Saint's law: Anglo-Saxon sanctuary protection in the *Translatio et miracula sancti*

as punishment into miracle-cure narratives can be found in the tenth-century texts about Swithun. In the narratives about Flodoald's servant and the trial by ordeal, the miraculous intervention of the saint hid the servant's burns from the judge and he escaped execution.⁷⁹ The hagiographers did not question the guilt of the servant with respect to his unspecified 'crime' [*facinus*]. The servant's burns were debilitating, marking his body as that of a criminal's, but Swithun's intervention represented an ideal of forgiveness. Another Swithun narrative offered a more complex representation of mutilation and miraculous cure. In their accounts of a man being mutilated according to the law of King Edgar, the Swithun hagiographers emphasised that he had wrongly been found guilty of theft. The punishment of having his 'eyes put out, his hands cut off, his ears torn off, his nostrils carved open and his feet removed' was presented as a crime against him which had to be corrected by the saint.⁸⁰ Both of these miracle narratives reflect the place of mutilation in tenth-century law codes.⁸¹ The principle of trial by ordeal, as described in the cure of the

Swithuni', *Florilegium* 23 (2006), pp. 61-80 at pp. 62, 68, argues that Lantfred's portrayal of fugitives was sympathetic.

⁷⁹ Lantfred *Swithun*, ch. 25, pp. 308-10; Wulfstan *Swithun*, II.8, pp. 508-514; Anon. *Swithun*, ch. 26, p. 666. In contrast to these accounts of Swithun protecting a criminal in trial by ordeal, Reginald of Durham recounted that a criminal's false oath over the cross of St Cuthbert proved his guilt when the saint blinded him as punishment: Reginald *Cuthbert*, ch. 57, p. 112.

⁸⁰ Lantfred *Swithun*, ch. 26, pp. 310-4. Wulfstan *Swithun*, II.9, pp. 514-8, reduced the scale of mutilation slightly, reporting that 'the executioners left only the two feet of the guiltless man, and the miserable scalp with its hair.' *Epitome Swithun*, ch. 13, p. 570, described only the removal of his eyes: 'put out by the sword and completely torn away.' Ælfric *Swithun*, ch. 18, p. 600, also gave a briefer account of mutilation, that 'they put out his eyes and cut off his ears.' Gretch, *Ælfric and the Cult of Saints*, pp. 186-7, notes that this was the only judicial miracle that Ælfric retained from the hagiographical tradition of Swithun. Anon. *Swithun*, ch. 27, pp. 666-8, reverted to a fuller account of mutilation, 'his eyes are plucked out, his hands and nose are amputated; his ears were similarly cut off.'

⁸¹ For comparisons to legal texts, see: D. Whitelock, 'Wulfstan Cantor and Anglo-Saxon law' in *Nordica et Anglica*, ed. A. H. Orrick (The Hague, 1968), pp. 83-92 at pp. 85-7; S. Keynes, 'Crime and punishment in the reign of King Æthelred the Unready' in *People and Places in Northern Europe*, eds. I Wood and N. Lund (Woodbridge, 1991), pp. 67-81 at pp. 72-3; Sexton, 'Saint's law', p. 72; G. Molyneaux, 'The formation of the English Kingdom' [Unpublished D.Phil Thesis, University of Oxford, 2010], pp. 150-2, 158, 185. This episode is also discussed in cross-period comparison by Skinner, 'The gendered nose', p. 53.

criminal servant, featured in many such legal texts.⁸² Mutilations as a punishment also featured in tenth-century laws, but not with the thoroughness and viciousness described in the Swithun miracle texts.⁸³ The Winchester hagiographers were evoking something of their social context of bodily punishments, but in a more extreme form.

In the twelfth century, the Becket cult continued this tradition of recounting saintly involvement in mutilation cases. Legal texts from the period suggest that mutilation became increasingly rare in the twelfth century. The *Leges Henrici Primi*, written in the second decade of the twelfth century, favoured a penal system of payments and penitence, referring to mutilation (the removal of the hand) on two occasions.⁸⁴ The Glanvill treatise, written c. 1187-9, called for an unspecified ‘cutting off of limbs’ [*membrorum truncationum*] only for the major crimes of treason, homicide, and rape.⁸⁵ Both Canterbury *Miracula* texts and the Trinity Chapel windows recounted the miracle-cure of a mutilated thief called Ailward, who was blinded and castrated.⁸⁶ Rather than being stigmatised as an outcast, Ailward was given shelter by Ailbriht and visited by an angel who promised that Becket would heal him, demonstrating his reintegration into both worldly and spiritual

⁸² References are to the editions in *The Laws of the Kings of England from Edmund to Henry I*, ed. A. J. Robertson (Cambridge, 1925). Among law-codes contemporary to Lantfred: I Edgar ch. 9, p. 18, made provisions for trial by iron. In the later tenth-century, contemporary to Wulfstan and Ælfric: I Æthelred ch. 1-2, pp. 52-4, referred to trial by ordeal; III Æthelred ch. 4, 6-8, pp. 66-8, prescribed trial by ordeal for suspected theft; VI Æthelred ch. 37, p. 102, referred to trial by ordeal in cases of treason.

⁸³ References are to *The Laws of the Kings*, ed. Robertson. In Lantfred’s time, III Edgar, ch. 4, p. 24, ordered removal of the tongue as a punishment for false accusations of crime. Contemporary to Wulfstan and Ælfric’s *Miracula* texts: IV Æthelred, ch. 5, p. 74, ordered amputation of a hand as punishment for counterfeiting coins; III Æthelred, ch. 4, 6-8, pp. 66-8, ordered a broken neck in cases of theft.

⁸⁴ *Leges Henrici Primi*, ed. L. J. Downer (Oxford, 1972), ch. 10, p. 110, and ch. 13, p. 116, ordered removal of the hand as a punishment for perjury and forging coins. *The Ten Articles of William I*, ch. 10, ordered blinding and castration instead of executions, in *The Laws of the Kings*, ed. Robertson, p. 242.

⁸⁵ *The Treatise on the Laws and Customs of the Realm of England commonly called Glanvill*, ed. G. D. G. Hall (London, 1965), I.2, p. 3. *Ibid.*, XIV.7, p. 177, described loss of limbs as a potential punishment for forgery, but dependent on ‘the royal will and the benefit of a dispensation of the prince,’ suggesting that pardons were offered.

⁸⁶ Image redacted. Caviness, *The Windows of Christ Church Cathedral Canterbury*, pp. 189-90.

communities.⁸⁷ This cure narrative suggests that the pattern of rejection, mutilation, and reintegration still resonated with hagiographers, even if such a punishment was not meted out for theft in the legal context of the late twelfth century. The loose association between some bodily deformities and judicial mutilation can be seen still more clearly in Herman of Bury's late eleventh-century *Miracula* of Edmund. Herman recounted that a courtier who stole estates from the Bury monastic community was punished not by law, but by the saint. The man developed a mark [*macula*] in his right eye, 'just as once "*theta*" was burned into the forehead of anyone condemned to death.'⁸⁸ Judicial mutilation in miracle-cure narratives was not an accurate portrayal of contemporary practices of stigmatising the body of criminals. The hagiographers of our case-studies invoked this idea more abstractly, as a context in which the disabled were in need of the social reintegration offered by both community support and miraculous cure.

These various portrayals of the community bonds that could exist around supplicants for cure suggest that the role of the saints was to enforce unity; through devotion to the saints, local, economic, and legal relationships could be made peaceful. The ultimate representation of such unity was, however, reserved for portrayals of the communities directly linked to saints' cults. Pilgrimage journeys were cast as an opportunity for the sick and disabled to form relationships with fellow travellers along the way.⁸⁹ The Swithun and Becket traditions were the most concerned to associate such spontaneous care with journeys to their cult-sites. The hagiographers of Swithun's cult recounted two episodes of blind and mute people accompanying and helping each other *en*

⁸⁷ William *Thomas*, II.2-3, pp. 155-8; Benedict *Thomas*, IV.2, pp. 174-82. Further mutilation cures were recounted in William *Thomas*, VI.10, pp. 420-2; VI.13-6, pp. 425-8; Benedict *Thomas*, IV.85, pp. 250-1.

⁸⁸ Herman *Edmund*, ch. 26, pp. 64-66. Goscelin *Edmund* omitted this narrative.

⁸⁹ Liminality theory has been invoked to present pilgrimage as a solitary undertaking: Turner and Turner, *Image and Pilgrimage*, pp. 9-11; Brown, *The Cult of the Saints*, pp. 42, 87. Alternatively some scholars have approached hagiographical representations of pilgrimage in terms of mobility and integration: Finucane, *Miracles and Pilgrims*, p. 86; Metzler, *Disability in Medieval Europe*, p. 172; Röckelein, 'Miracles and horizontal mobility' in *The Community, the Family, and the Saint*, eds. Hill and Swan, pp. 184, 191-2.

route to Winchester, to which the early twelfth-century Anonymous hagiographer added an account of a paralysed man asking a sheriff to help him with transport for his pilgrimage.⁹⁰ Benedict of Peterborough presented some pilgrims with mobility difficulties as dependant on the physical support of ‘strangers’ [*alieni*], such as an elderly man who was ‘held by their hands lest he fell.’⁹¹ William of Canterbury presented communal support on pilgrimage in a more social than practical sense: he recounted that a blind girl sat down exhausted on her way to Canterbury, but a military retinue passing from London rekindled her enthusiasm for the pilgrimage when they promised that the local lord, Robert son of Elgar, would greet her on her journey.⁹² Among the other cults of this study, narratives of support on journeys emerged among later texts. The early twelfth-century *Miracula* of Æthelthryth did not describe community care among pilgrims travelling to Ely, but the *Liber Eliensis* recounted that a servant woman whose legs were bent ‘had herself carried’ to Ely and entered the church ‘with the crowd of people’ [*cum plebis frequentia*].⁹³ The late twelfth-century Bury hagiographer introduced the concept of solidarity among travellers to the Edmund corpus, recounting that a woman on pilgrimage at Bury met two knights at her guest-house and encouraged them to go to the saint’s shrine for cure.⁹⁴

As was the case with hagiographical portrayals of care within the family, the role of the supportive traveller was not consistently defined by gender. The earliest Cuthbert texts framed the cure of a paralysed boy around the group of ‘women’ [*mulieres*] who carried

⁹⁰ Lantfred *Swithun*, ch. 5, p. 288; ch. 21, p. 304; Wulfstan *Swithun*, I.8, pp. 466-8; II.3, p. 502; Ælfric *Swithun*, ch. 11, p. 596. The later addition to these accounts is Anon. *Swithun*, ch. 50, p. 684.

⁹¹ Benedict *Thomas*, II.23, p. 73; II.72, p. 114 recounted that a sick girl was ‘held on the horse by the hands of strangers.’

⁹² William *Thomas*, II.76, pp. 239-40.

⁹³ *Liber Eliensis*, III.31, p. 265.

⁹⁴ Samson *Edmund*, II.13, pp. 187-8.

him to Cuthbert and prayed for a cure.⁹⁵ This episode was closely based on the Gospel cure of the paralytic who was lowered down to Jesus through a roof.⁹⁶ It is significant that the hagiographers changed the Gospel's *virī* who carried the paralytic into *mulieres*. This suggests that women were not thought of as excluded from the formation of spontaneous, informal communities around the sick and disabled. Female care for a male supplicant to the saint also appeared in later hagiographical narratives which mixed the genders of pilgrimage groups. The *Miracula* of Swithun included accounts of three blind women and a mute man cooperating on their pilgrimage journey.⁹⁷ The late twelfth-century Bury hagiographer suggested that men and women had common living quarters at their pilgrimage hospital, where a cured woman could exhort knights to devote themselves to penance.⁹⁸ Reginald of Durham worked within the early Cuthbert tradition of spontaneous help from '*mulieres*' when he recounted that an elderly sick monk was cured when he turned to Cuthbert's relics: the inspiration for cure came from a servant in a village through which he was travelling, who described the faith of his female relative [*materfamilias*] in the saint.⁹⁹ The hagiographers of Becket's cult limited their scenes of pilgrimage cooperation to accounts of male groups offering help for the sick and disabled, but in some cases the recipients of their support were women or girls.¹⁰⁰

Miraculous cure itself was a vital narrative moment in which hagiographers could situate the sick and disabled within spontaneous communities. Cure was envisaged not just

⁹⁵ Anon. *Cuthbert*, IV.5, pp. 116-8; Bede *Cuthbert* P, ch. 32, pp. 256-8. Bede *Cuthbert* M, ch. 26, p. 103, gave a condensed version of this episode, describing the boy's arrival without reference to his helpers.

⁹⁶ Luke 5:16-20; Mark 2:1-5.

⁹⁷ Lantfred *Swithun*, ch. 5, p. 288; Wulfstan *Swithun*, I.8, pp. 466-8; Ælfric *Swithun*, Ch. 11, p. 596.

⁹⁸ Samson *Edmund*, II.13, pp. 187-8.

⁹⁹ Reginald *Cuthbert*, ch. 53, p. 110.

¹⁰⁰ Benedict *Thomas* II.23, p. 73; II.72, pp.114-5; William *Thomas*, II.76, pp. 239-40 – the latter two narratives portrayed the pilgrimage group helping women.

an individual experience, but a communal one.¹⁰¹ Onlookers were vital characters in these sections of our hagiographical case-studies.¹⁰² Set in the ritual environment of the shrine, the aftermath of cure was often marked with an image of the sick and disabled praying with the people around them in thanks for the miracle.¹⁰³ In the early Cuthbert tradition, a boy recovering from demonic possession prayed in the presence of the Lindisfarne community, with Bede adding that the monks ‘congratulated’ him as he did so.¹⁰⁴ Lantfred recounted that two blind men and two paralysed women responded to cure by making the sign of the cross ‘in front of everybody standing there.’¹⁰⁵ Herman’s narrative of the cure of blind Bishop Herfast ended with the bishop singing penitential psalms at the altar of Bury with the monastic community looking on.¹⁰⁶ Reginald described a man cured of a congenital deformity returning home with a crowd of clergy and laity ‘proclaiming... the faith.’¹⁰⁷ Within his prose *Miracula* of Æthelthryth, Goscelin of Saint-Bertin, expressed this motif of communal prayer in verse to draw attention to the emotional response of onlookers:

¹⁰¹ Readings of miracle cures as psychosomatic resolutions or placebo effects have tended to focus on the individual experience. See: J. Sumption, *Pilgrimage: an image of medieval religion* (London, 1975), p. 83; Finucane, *Miracles and Pilgrims*, pp. 76; 81; J. Wortley, ‘Three not-so-miraculous miracles’ in *Health, Disease, and Healing in Medieval Culture*, ed. S. Campbell, B. Hall and D. Klausner (Basingstoke, 1992), pp. 159-168 at p. 160; C. Rawcliffe, ‘Curing bodies and healing souls’ in *Pilgrimage: the English experience*, eds. Morris and Roberts, pp. 108-140 at p. 116; Porterfield, *Healing in the History of Christianity*, pp. 8-9, 13, 16. See also Chapter Four, part III, pp. 181-3.

¹⁰² P. Brown, *Society and the Holy in Late Antiquity* (London, 1982), p. 18; Yarrow, *Saints and their Communities*, pp. 8, 14, 18-19; M. Goodich, *Miracles and Wonders* (Aldershot, 2007), p. 13.

¹⁰³ The prayer ‘*Te Deum*’ was often mentioned as the liturgical form used on such occasions: see Chapter Four, p. 185.

¹⁰⁴ Anon. *Cuthbert*, IV.15, p. 134; Bede *Cuthbert* P, ch. 41, p. 290.

¹⁰⁵ Lantfred *Swithun*, ch. 19, p. 302; Wulfstan *Swithun*, I.22, p. 488, described the group making the sign of the cross, but the crowd was referred to only in the description of them ‘run[ning] back and forth.’ Anon. *Swithun*, ch. 19, p. 660, described the crowd as ‘admiring’ miracles occurring at the tomb every hour but did not present the paralysed men and women joining them in prayer.

¹⁰⁶ Herman *Edmund*, ch. 27, p. 74.

¹⁰⁷ Reginald *Cuthbert*, ch. 48, p. 101.

And with their eyes and hands raised to the stars,
With their whole heart they give songs of praise to Christ.¹⁰⁸

The Becket hagiographers occasionally combined the concept of prayer as a community activity with the experience of cure itself. Benedict of Peterborough recounted that a deaf woman at the archbishop's tomb realised that she could hear when the prayers of those around her 'resounded in her head.'¹⁰⁹ William of Canterbury described how a group of onlookers 'motivated by piety' prayed for a paralysed boy and then heard the sound of his nerves cracking as he was cured.¹¹⁰ These scenes of devotion at Becket's shrine fused the communal activity of prayer with the testimony of witnesses present at the cure.¹¹¹ The emphasis on the religious response of onlookers demonstrates that their function in these narratives was not simply to demonstrate the "truth" of a cure, but to locate such events in ideal communities of devotees to the saints.

The authors of our case-study texts deployed the broader society around sick and disabled people to evoke varied social contexts for miracle-cures. The emotive rhetoric attached to these figures was less direct than that associated with representations of the family, but it was nonetheless a powerful part of the journey towards cure. The place of sick and disabled people among communities with whom they interacted locally was shaped in terms that were not directly discriminatory or pitying. Instead, hagiographers portrayed a spectrum of social responses to impairments, ranging from positively-

¹⁰⁸ Goscelin *Æthelthryth*, ch. 6, p. 118. Gregory *Æthelthryth*, II.6, p. 369, did not refer to a crowd at the tomb. *Liber Eliensis*, I.47, p. 59, gave a simplified representation of the crowd, who 'blessed God.' *Liber Eliensis*, III.31, p. 265, was a closer echo of Goscelin's description of enthusiastic prayer: at the cure of a paralysed woman 'the mouths of everyone fell open in praise of God by a noisy tumult.'

¹⁰⁹ Benedict *Thomas*, II.14, p. 66.

¹¹⁰ William *Thomas*, III.50, p. 306.

¹¹¹ Numerous narratives among our case-studies described witnesses to miracle-cures, for example: Anon. *Cuthbert*, IV.4-7, pp. 116-20; Bede *Cuthbert* P, ch. 25, p. 238; ch. 30, p. 254; Reginald *Cuthbert*, ch. 19, p. 41; ch. 24, p. 56; ch. 96, p. 214; Lantfred *Swithun*, ch. 30, p. 318; Wulfstan *Swithun*, II.13, p. 530; Anon. *Swithun*, ch. 54, pp. 688-90; ch. 56, pp. 694-6; Herman *Edmund*, ch. 21, pp. 46-8; Goscelin *Edmund*, I.7, pp. 194-8; II.4, p. 272; Samson *Edmund*, I.7, pp. 128-130; II.4, p. 165; *Liber Eliensis*, III.57, p. 305; Benedict *Thomas*, IV.75, p. 245; III.45, p. 150; William *Thomas*, III.10, p. 269.

portrayed neighbourhood support, to criticism of judicial punishments of the body, via a sometimes ambivalent portrayal of economic status. Pilgrimage communities represented in these narratives the model for those other varieties of communities, setting a high expectation of social care for the sick and disabled.

III Institutional Communities

Goscelin of Saint-Bertin rewrote the history of Edmund's relics to associate the cult with hospitality for the sick and disabled. Goscelin recounted that a blind man and his young guide slept overnight in the chapel housing the tomb of the martyr-saint, having been unable to find shelter among the local houses [*domicilium*]. Here, the miraculous power of the saint was described in terms of the hospitality he offered to the blind man. The tomb became a 'pillow' [*cervicalis*] for the blind man and the boy. When the relics emitted a miraculous light, the boy became so alarmed that he cried out to his companion, "our *hospitium* is consumed by flame!"¹¹² The blind man reassured him, saying "our *hospes* is faithful and sound." The power of the saint as healer and host rounded off this episode, with the cure of the blind man being attributed to 'the merits of his *hospes*.'¹¹³ The language that Goscelin used in this miracle-cure narrative was that of hospitality, with the saint acting as 'host' [*hospes*] and the house of the relics as a 'guesthouse' [*hospitium*]. The same Latin words lay at the root of the social institutions founded at Bury over the course of the twelfth century, referred to in some documents as *hospitalia*.¹¹⁴ This episode

¹¹² Herman *Edmund*, ch. 2, pp. 4-6, described Edmund's relics emitting light.

¹¹³ Goscelin *Edmund*, I.1, pp. 134-136. Samson *Edmund*, I.1, pp. 109-110, followed Goscelin's text.

¹¹⁴ See DMLBS entries '*Hospes*', '*Hospitium*,' and '*Hospitalis*.' For the term '*hospitalis*' used in a documentary context in Bury, see: C. Harper-Bill (ed.), *Charters of the Medieval Hospitals of Bury St Edmunds* (Suffolk Charters 14, Woodbridge, 1994), No. 123-4, p. 96; R. H. C. Davis (ed.), *The Kalendar of Abbot Samson of Bury St Edmunds and Related Documents* (Camden Society Third Series 84, London,

Chapter Five

reminds us that in this period, such institutions which cared for the sick, fed the poor and sheltered pilgrims, were not understood within our modern concepts of medical institutions.¹¹⁵ Hagiography written between the eighth and twelfth centuries indicates that just like the family, local communities and groups of pilgrims, institutional communities had an ideal, moralised dimension.

From the late eleventh century onwards, all five of the cult sites considered in this study saw hospital foundations emerge in their localities.¹¹⁶ The first documented hospitals in England were established by Archbishop Lanfranc at Canterbury in 1086, in the form of a dual foundation of a ‘house for the poor’ dedicated to St John the Baptist at the Northgate of Canterbury and a leprosaria dedicated to St Nicholas in the nearby village of Harbledown.¹¹⁷ These houses were supplemented by the Hospital of St Laurence founded by the community of St Augustine’s in Canterbury in 1137, and that dedicated to Thomas

1954), No. 7, p. 79; 25-6, pp. 88-90; C. Harper-Bill, *EEA VI: Norwich, 1070-1214* (Oxford, 1990), No. 178, pp. 140-1.

¹¹⁵ M. Rubin, ‘Imagining medieval hospitals’ in *Medicine and Charity before the Welfare State*, eds. J. Barry and C. Jones (London, 1991), pp. 14-25 at pp. 16-17, 24; Horden, ‘How medicalised were Byzantine hospitals?’, pp. 214-5; *idem* and R. Smith, ‘Introduction’ in *The Locus of Care*, eds. *eadem* (London, 1998), pp. 1-18 at p. 5; J. Henderson, P. Horden and A. Pastore, ‘The world of the hospital’ in *The Impact of Hospitals, 300-2000*, eds. *eadem* (Bern, 2007), pp. 15-56 at 19, 32.

¹¹⁶ Communities surrounding each cult are likely to have been familiar with local hospitals, rather than the broader phenomenon. Gervase of Canterbury’s *Mappa Mundi*, written soon after 1199, listed numerous hospitals in his hometown of Canterbury, and listed two at Winchester, but left the heading ‘*hospitalia*’ blank for Bury, Ely and Durham, suggesting that he did not know of hospitals further afield. See Gervase of Canterbury, *Mappa Mundi*, ed. Stubbs, *Gervasii Cantuariensis*, vol. 2, pp. 418, 420, 426-8, 441. See also Resl, ‘Hospitals in medieval England’, p. 45.

¹¹⁷ Eadmer, *Historia Novorum in Anglia*, ed. M. Rule (RS 81, 1884), I, pp. 15-16, described St Nicholas’s as ‘a pleasant and large house [*domus*] built of stone outside the east gate of the city’ which provided for the ‘poor’ [*pauperes*]. St John’s was described as a ‘palace [*palatium*] divided into two parts, with men suffering from sicknesses [*infirmities*] of various kinds in one part, and the other part designed for women who were unwell [*se male habentes*]. He [Lanfranc] provided from his own funds clothes and daily food for them, and ministers and custodians to who paid attention to them in every way lest they needed anything.’ A thirteenth-century cartulary of the Priory of St Gregory, founded by Lanfranc next to the hospital of St John, contains copies of the 1086 foundation charter and donations from subsequent archbishops. See *Cartulary of the Priory of Saint Gregory, Canterbury*, ed. A. M. Woodcock (Camden Society Third Series 88, London, 1956), No. 1, pp. 1-2; No. 2, p. 3, No. 14-17, pp. 10-13. A transcription of the charters of St Nicholas’ Harbledown was made in 1763, but the originals were destroyed by bombing in World War II: London, Lambeth Palace, MS 1131, pp. 1-24, includes grants from Henry I, Henry II and Richard I to ‘the *hospitalis* of Blean’ (Blean is the wood in which Harbledown is situated), to ‘the sick [*infirmes*] of Canterbury’ and the ‘lepers of Harbledown.’ See N. Orme and M. Webster, *The English Hospital* (New Haven CT, 1995), p. 70.

Becket at the Eastbridge in the city, possibly founded by local lay patrons in the 1180s or 1190s.¹¹⁸ Winchester apparently saw the foundation of hospitals soon after those of Canterbury, for the Winton Domesday of 1100 refers to land belonging to a ‘*hospitalis*’ outside the West gate of the city.¹¹⁹ On-going excavations at the hospital of St Mary Magdalen to the east of Winchester have revealed a mid-twelfth-century chapel and residential buildings, along with a well-organised cemetery. Some skeletons found in the cemetery were interred earlier.¹²⁰ It is possible that St Mary Magdalen was the hospital referred to in the Winton Domesday, before Bishop Henry of Blois provided it with a grant now lost but mentioned in later charter lists and datable to 1129 x 1148.¹²¹ Bishop Henry

¹¹⁸ A fourteenth-century cartulary contains documents pertaining to St Laurence’s, on which see S. Watson, ‘The sources for English hospitals 1100-1400’ in *Quellen zur europäischen Spitalgeschichte in Mittelalter und Früher Neuzeit* eds. M. Scheutz *et al.* (Vienna, 2010), pp. 65-103, No. 8, pp. 101-2. Abbot Hugh’s foundation charter described it as a ‘*hospitalis*’ for ‘the sick or the poor’ [*infirmorum ac pauperum*], and the confirmation of Pope Eugenius III dated 1151 x 1153 similarly refers to ‘*infirmes fratres*.’ No foundation charter survives for the Hospital of St Thomas, but a thirteenth-century *inspeximus* recorded the gift of Archbishop Hubert Walter to the ‘*fratres hospitalis sancti Thome de Estbregge*’ dated 1193 x 1195: EEA III: *Canterbury 1193-1205*, eds. C. R. Cheney and B. E. A. Jones (Oxford, 1986), No. 403, pp. 69-70. See Urry, *Canterbury under the Angevin Kings* (London, 1967), pp. 70-72, 182; S. Sweetinburgh, ‘Supporting the Canterbury hospitals’, *Archaeologia Cantiana* 122 (2002), pp. 237-58 at pp. 241-5; S. Watson, ‘City as charter: charity and lordship in English towns’ in *Cities, Texts and Social Networks*, eds. C. Goodson, A. Lester and C. Symes (Farnham, 2010), pp. 235-262 at pp. 256-7; Rawcliffe, *Leprosy in Medieval England*, pp. 305, 341; Orme and Webster, *The English Hospital*, p. 90; D. Ingram-Hill, *Eastbridge Hospital and the Ancient Almshouses of Canterbury* (Canterbury, no date), pp. 10-11. Archaeological excavations have not been undertaken at any of the Canterbury hospitals, but the Priory of St Gregory has been excavated: M. Hicks and A. Hicks, *St Gregory’s Priory Northgate, Canterbury: excavations 1988-1991* (Canterbury, 2001).

¹¹⁹ *Winton Domesday I*, ed. F. Barlow, in *Winchester in the Early Middle Ages*, ed. M. Biddle (Winchester Studies 1, Oxford, 1976), pp. 33-68 at No. 117, p. 52.

¹²⁰ The organisers of the excavations have argued for a tenth-century dating: S. Roffey, ‘Medieval leper hospitals in England: an archaeological perspective’, *Medieval Archaeology* 56 (2012), pp. 203-233 at pp. 211-2; *idem* and P. Marter, ‘Treating leprosy: inside the medieval hospital of St Mary Magdalen, Winchester’, *Current Archaeology* 267 (2012), pp. 12-18 at p. 15; S. Roffey and K. Tucker, ‘A contextual study of the medieval hospital and cemetery of St Mary Magdalen, Winchester, England’, *International Journal of Paleopathology* 2 (2012), pp. 170-180 at p. 176. My thanks go to John Blair for his suggestion that the skeletons might reflect a pre-hospital use of the site, perhaps as a monastic house. A similar development of informal leper communities later becoming documented hospitals has been proposed by Bruno Tabuteau for the leprosarium of Gragny near Evreux: ‘De l’expérience érémitique à la normalisation monastique’ in *Fondations et Œuvres*, eds. Dufour and Plabelle, pp. 89-96.

¹²¹ EEA VIII: *Winchester, 1070-1204*, ed. M. Franklin (Oxford, 1993), No. 136, pp. 100-101. Biddle, *Winchester*, p. 328, suggests that the hospital in Winton Domesday was a lay foundation referred to in later texts as ‘Sustren Spittal,’ and p. 491, that Henry’s charter marked the foundation of the Hospital of St Mary Magdalen.

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also founded the hospital of St Cross in 1136.¹²² Numerous documents relating to the ‘domus’ or ‘*hospitalis pauperum Cristi*’ of St Cross survive from episcopal records and those of the hospital’s later guardians, the Knights Hospitaller.¹²³ At Durham, a hospital dedicated to St Giles was founded at Kepier just outside the city in 1112 by Bishop Ranulph Flambard. The statutes for the ‘brothers’ and the ‘sick’ [*infirmi*] of St Giles were preserved in later documents.¹²⁴ Kepier was burned down in 1144 but re-founded on a different site by Bishop Hugh le Puiset.¹²⁵ The original site of Kepier would seem to have been reused for an additional hospital: a charter of Bishop Hugh dated to 1170 x 1180 gave land to Richard the ‘engineer’ [*ingeniator*], next to where an ‘old hospital had been,’ for the construction of a new ‘*hospitalis*’ dedicated to St Cuthbert and intended ‘for receiving the poor’ [*ad pauperes suscipiendos*].¹²⁶ At Bury St Edmunds, two hospitals were attested in late twelfth-century documents: a ‘*hospitalis*’ dedicated to St Peter for housing ‘sick brothers’ [*infirmi fratres*], the origins of which are unclear; and the ‘*hospitalis*’ of St Saviour, founded by Abbot Samson in 1190 for the poor [*pauperes Christi*] and those suffering from illness [*languidi*].¹²⁷ No twelfth-century charters of Ely hospitals survive,

¹²² Biddle, *Winchester*, p. 328; P. Hopewell, *Saint Cross* (Chichester, 1995), pp. 8, 16-19.

¹²³ EEA VIII, No. 49, p. 34; No. 131-5, pp. 93-100; No. 193, pp. 147-8. M. Barber, ‘The charitable and medical activities of the Hospitallers and Templars’ in *A History of Pastoral Care*, ed. G. R. Evans (London, 2000), pp. 148-168 at pp. 151, 154; F.-O. Touati, ‘La terre sainte: un laboratoire hospitalier au moyen âge?’ in *Sozialgeschichte mittelalterlicher*, eds. Bulst and Spieß, pp. 169-211 at pp. 172, 185, 190.

¹²⁴ EEA XXIV: *Durham, 1153-1195*, ed. M. G. Snape (Oxford, 2002), No. 50, pp. 45-6; H. S. Offler (ed.), *Durham Episcopal Charters* (Surtees Society 179, Gateshead, 1968), No. 9, pp. 64-5; Watson, ‘The sources’, p. 91; D. M. Meade, *Kepier Hospital* (Durham, 1995), pp. 1-2.

¹²⁵ EEA XXIV, No. 51-5, pp. 47-51; J. Barmby (ed.), *Memorials of St Giles, Durham* (Surtees Society 95, Durham, 1896) No. 9-10, p. 201. Copies of charters from a certain Robert Corbet, a contemporary of Bishop Hugh, to Kepier also survive in a later *inspeximus*. William Thomas, VI.10, pp. 419-22, purports to be a letter from Bishop Hugh to Archbishop Richard of Canterbury, recounting how he took a mutilated man called Roger into his ‘*hospitalis*’ and ‘*domus*.’

¹²⁶ EEA XXIV, No. 36, p. 32.

¹²⁷ A cyrograph issued by Abbot Samson is the earliest datable reference to St Peter’s, c. 1186 x 1197: Harper-Bill (ed.), *Charters of Medieval Hospitals*, No. 122, pp. 94-5. Harper-Bill (ed.), *Charters of Medieval Hospitals*, p. 7, and J. Rowe, ‘The medieval hospitals of Bury St Edmunds’, *Medical History* 2 (1958), pp. 253-263 at p. 258, both hypothesise that St Peter’s Hospital might have been founded by Abbot Anselm

but Pipe Rolls of Henry II make references to one or more ‘*hospitalis*’ connected to the bishopric of Ely.¹²⁸

These various hospitals have been approached primarily in terms of their documents and archaeological remains.¹²⁹ Some hagiographical accounts of institutional care offer literary descriptions of these same hospitals. For example, some texts of the Becket cult recounted that during his public penance in 1174, King Henry II presented his gifts to the hospital of St Nicholas at Harbledown.¹³⁰ Reginald of Durham, in his *Life* of the

(abbot 1122-48). Documents relating to St Saviour’s can be found in: B. Bevan, ‘The foundation deed of St Saviour’s Hospital, Bury St Edmunds’, *Proceedings of the Suffolk Institute of Archaeology and Natural History* 6 (1885), pp. 296-301 at p. 301; and *Kalendar of Abbot Samson*, ed. Davis, No. 25-6, pp. 88-90; No. 7, p. 79. Jocelin of Brakelond, *Chronicle*, ed. Butler, p. 45, listed the ‘foundation of the new hospital [*hospitalis*]’ of St Saviour among Samson’s achievements. The site of St Saviour’s has been excavated: S. Anderson, ‘Human skeletal remains from St Saviour’s Hospital, Bury St Edmunds’ (Report for Suffolk Archaeological Unit, 1990) - online at http://www.spoilheap.co.uk/pdfs/BSE013_HSR.pdf [date of access 13th August 2015].

¹²⁸ PRS V (1885), 1161-2, p. 48, ‘*Episcopo de Eli... et fratribus hospitalis;*’ PRS XV (1892), 1169-70, p. 96, ‘*hospitalis de Ely;*’ PRS XVI (1893), 1170-1, p. 115, ‘*hospitalis de Ely.*’ L. Cobbett and W. M. Palmer, ‘The hospitals of St John the Baptist and St Mary Magdalene at Ely’, *Proceedings of the Cambridge Antiquarian Society* 36 (1936), pp. 58-108 at pp. 61-2, 70-2, suggested that the chapels of these hospitals were incorporated into Tudor domestic buildings. N. Karn, the editor of EEA XXXI: *Ely, 1109-1197* (Oxford, 2005), pp. 65-6, describes the monastic cell of Ely at Denny as ‘essentially a hospital.’

¹²⁹ Documentary approaches are employed in, for example: Clay, *The Mediæval Hospitals of England*, pp. xvii, xxi; M. Rubin, *Charity and Community in Medieval Cambridge* (Cambridge, 1987), pp. 12-14, 52; T. S. Miller, *The Birth of the Hospital in the Byzantine Empire* (Baltimore MD, rev. ed., 1997), pp. 89-111; G. Drossbach, ‘Das Hospital – eine kirchenrechtliche Institution?’, *Zeitschrift der Savigny-Stiftung für Rechtsgeschichte* 87 (2001), pp. 510-522 at pp. 511-2; C. Rawcliffe, ‘Passports to paradise’, *Archives: the Journal of the British Records Association* 27 (2002), pp. 2-22 at pp. 3, 17; S. Sweetinburgh, *The Role of the Hospital in Medieval England* (Dublin, 2004), pp. 12, 44; S. Watson, ‘*Fundatio, ordinatio, and statuta*: the statutes and constitutional documents of English hospitals to 1300’ [Unpublished D.Phil thesis, University of Oxford, 2004], pp. 14-16, 77, 90-2; *idem*, ‘The origins of the English hospital’, *TRHS* 6th Ser. 16 (2006), pp. 75-94 at pp. 86-8. For archaeological approaches, see: J. Thompson and G. Goldin, *The Hospital: a social and architectural history* (New Haven CT, 1975), pp. 15-24; L. Prior, ‘The local space of medical discourse’ in *The Social Construction of Illness*, eds. J. Lachmund and G. Stollberg (Stuttgart, 1992), pp. 67-84; R. Gilchrist, ‘Christian bodies and souls’ in *Death in Towns*, ed. S. Bassett (Leicester, 1992), pp. 101-118 at pp. 103-4; Roffey, ‘Medieval leper hospitals’, pp. 215-8.

¹³⁰ William Thomas, VI.93, pp. 487-8, referred to the ‘guest-house’ [*xenodochia*] and ‘chapel’ [*ædicula*] of St Nicholas in this account. Garnier de Pont-Sainte-Maxence, *La Vie Saint Thomas*, ed. Thomas, ch. 10, pp. 334-336, lines 5921-5933, described the king visiting two hospitals near Canterbury, suggesting that St John’s was also thought to have been part of the penance procession. Edward Grim, *Vita sancti Thomæ*, ed. Robertson, ch. 91, p. 445, and Gervase of Canterbury, *Chronicle*, ed. Stubbs, *Gervasii Cantuariensis*, vol. 1, p. 248, substituted the church of St Dunstan in the role of the hospital in this episode. This church was owned by the Priory of St Gregory, which again suggests a role for St John’s Hospital in the display of penance. On St Dunstan’s church, see Woodcock, *Cartulary of the Priory of Saint Gregory*, No. 1, pp. 1-2; No. 14-15, pp. 10-11. Records of Henry II’s donations in 1174 are found in: Lambeth Palace, MS 1131, p. 2, No. 4, which granted ‘*lepres de Herbeldona XX marcatas;*’ PRS XXII (1897), 1174-5, p. 213, which granted ‘*infirmis de*

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hermit Godric of Finchale, described the saint as working at the church of St Giles, adjoining Kepier hospital in Durham.¹³¹

In other narratives, by contrast, hagiographers exercised greater freedom in their depictions of hospitals, employing untraceable or possibly fictional hospitals in their accounts for symbolic purposes.¹³² Hagiography produced in Canterbury around the time of Archbishop Lanfranc's hospital foundations is particularly revealing. Writing a *Life* of the martyred Archbishop Ælfheah in c. 1070, Osbern of Canterbury described the saint working with 'relatives' [*cognitionem*] of the 'needy' [*egenus*] to provide charitable care.¹³³ Two decades later, writing 1089 x 1093 and after Lanfranc's foundations, Osbern added an institutional dimension to this charitable ideal: Archbishop Dunstan was credited with providing a 'house' [*domus*] for three blind women.¹³⁴ Osbern's conception of saintly generosity seems to have changed in response to his archbishop's patronage of local hospitals. Goscelin of Saint-Bertin, writing *Lectiones* about Æthelthryth's sister Seaxburh probably before 1106, compared her to the Frankish Queen and Saint Radegund, when she 'made the palace a hospice [*xenodochium*].'¹³⁵ William of Canterbury included hospital-

Herboldona XIII li[vri] et dim[idium].' See also Vincent, 'The pilgrimages of the Angevin kings of England' in *Pilgrimage: the English experience*, eds. Morris and Roberts, pp. 12-45 at p. 28.

¹³¹ Reginald of Durham, *Life of St Godric*, ed. J. Stevenson, (Surtees Society 20, London, 1847), ch. 16, p. 59. M. Coombe, 'Reginald of Durham's Latin *Life* of St Godric of Finchale: a study' [Unpublished D.Phil Thesis, University of Oxford, 2011], p. 44.

¹³² Rubin, 'Imagining medieval hospitals' in *Medicine and Charity*, eds. Barry and Jones, pp. 14-16; G. Risse, *Mending Bodies, Saving Souls* (Oxford, 1999), pp. 9-10; P. Horden, 'Family history and hospital history in the Middle Ages' in *Living in the City*, ed. E. Sonnino (Rome, 2004), pp. 255-282 at pp. 256, 274.

¹³³ Osbern, *Vita Sancti Ælfegi*, ed. H. Wharton, *Anglia Sacra* (London, 1691) vol. 2, pp. 122- 148 at p. 128.

¹³⁴ Osbern, *Liber Miraculorum Dunstani*, ed. Stubbs, *Memorials of St Dunstan, Archbishop of Canterbury* (RS 63, 1874), pp. 129-161 at ch. 3, p. 131. Eadmer, rewriting this text c. 1097 x 1106, described a 'mansio' provided for the blind women: *Miracles of Saint Dunstan*, eds. A. J. Turner and B. J. Muir, *Eadmer of Canterbury: Lives and Miracles of Saints Oda, Dunstan and Oswald* (Oxford, 2006), pp. 160-210 at ch. 3, pp. 160-2. See also *ibid.*, pp. lxxvii-lxxviii. This episode was not found in the late tenth- and early eleventh-century texts about Dunstan, for which see M. Winterbottom and M. Lapidge (eds.), *The Early Lives of St Dunstan* (Oxford, 2012), and for their discussion of Osbern and Eadmer see pp. cli-clvi.

¹³⁵ Goscelin of St-Bertin, *In festivitae sancte Sexburge* ed. R. Love, *Hagiography of the Female Saints of Ely*, pp. 2-8 at ch. 4, p. 4. The anonymous *Life* of Seaxburh followed this account: *Vita beate Sexburge*

foundations among the virtues of Thomas Becket in his account of a certain Fretus founding a ‘*xenodochium*’ near London, which was made possible only when Becket appeared to Fretus in dreams giving instructions on how to find a water-supply and books for his chapel.¹³⁶ Reginald of Durham described twelfth-century pilgrims going to Farne Island staying at a ‘*domus hospitem*’ or ‘*domus peregrinis*,’ allowing lay devotees to live on the island like the hermit saint.¹³⁷ Whilst ‘*domus*’ was used as a term for institutions of social care in the documentary record, Reginald may have chosen this name over the more commonly used ‘*hospitalis*’ in order to echo Bede’s description of Cuthbert’s own guest-house on Farne Island in the late seventh-century: ‘at the landing-place in the island there was a larger house [*domus*] in which the brethren who visited him could be received and rest.’¹³⁸

Monasteries and their infirmaries have often been suggested as the ancestors of the hospital in terms of institutional management and architectural forms, but they too were deployed by hagiographers as an ideal community context for the sick and disabled.¹³⁹

regine, in *ibid.*, pp. 134-88 at ch. 4, p. 144: she ‘established the palace as a refuge for the needy [*miseri*].’ Love, ‘Introduction’ to *Hagiography of the Female Saints of Ely*, p. lxxxi, dates this text after the relic translation of 1106. Love notes the allusion to Venantius Fortunatus, *Vita sanctæ Radegundis*, ed. B. Krusch, *Venanti Fortunati Opera Pedestria* (MGH Auctores antiquissimi 4 pars 2, 1885), pp. 38-49 at ch. 4, p. 39, line 28, ‘*palatii domina pauperibus serviebat ancilla*.’

¹³⁶ William *Thomas*, VI.149, p. 530. The location of the hospital was described as ‘seven miles from the city of London.’ Gervase, *Mappa Mundi*, ed. Stubbs, *Gervasii Cantuariensis*, vol. 2, p. 420, listed no hospitals in Surrey, and the entry on Middlesex, p. 426, listed only the hospitals of the military orders, ‘*hospitalia – Templarii, Hospitalarii, extra Landoniam*.’

¹³⁷ Reginald *Cuthbert*, ch. 102, p. 226, described a poor man with a pain in the head going to Farne’s ‘guest-house for the sheltering of pilgrims’ [*domus... peregrinis erat pro hospicii tegmine*]. *Ibid.*, ch. 62, p. 122, referred to a noblewoman with a mobility condition staying at this guest-house even though ‘all women were not allowed to cross the threshold of the church.’ *Ibid.*, ch. 119, p. 265, described a woman with burning sensations in her body going to the ‘*hospicii domum*,’ but she was restricted to a building allocated for women separate from the church [*atria exteriora ecclesiae*].

¹³⁸ Bede *Cuthbert P*, ch. 17, p. 216, ‘*ad portum insulæ maior erat domus, in qua uisitantes eum fratres suscipi et quiescere possent*.’ Bede *HE*, IV.31, p. 444, similarly described the Lindisfarne monk Baduthegn as the ‘*hospitium ministerio*’ on Farne. OE *HE*, IV.32, p. 378 translated Baduthegn’s role as ‘*cumena arðegen*,’ literally ‘the servant of those who came.’

¹³⁹ Monastic Rules used throughout this period prescribed care for the sick. The foremost among these texts were: Augustine of Hippo, *Regula*, ed. G. Lawless (Oxford, 1987), pp. 81-103 at IV.5, p. 87; Benedict of

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Lantfred praised the religious community of Alderbury for raising a hunch-backed boy called Æthelsige and allowing him to ‘live fittingly among them’ as a cleric.¹⁴⁰ The Anonymous hagiographer writing at the turn of the twelfth century evoked a similar image in his account of a deaf and mute boy being taken into a ‘*domus pauperum*,’ where he ‘lived for a long time in the house and courtyard of the monks and through his daily presence was accepted by them.’¹⁴¹ Bede had previously hinted at a similar monastic inclusion of the disabled in his account of the cure of Felgild, the third hermit to inhabit Farne Island after Cuthbert. Felgild had a facial disfigurement which ‘even before, when he had lived a communal life among the brethren... [was] clearly seen upon his face’ and when he withdrew to a solitary life ‘his affliction increased.’¹⁴² This suggests that Felgild’s facial disfigurement was not a bar to his participation in monastic life, and indeed that life in the community was somehow beneficial for his condition. An account in the *Liber Eliensis* suggested that a monastic environment could be desirable for the sick and disabled even in the short-term, on account of its spiritual benefits. Bricstan was described as being so sick that ‘the final end of his death could be seen,’ at which point he chose to become a

Nursia, *Regula Monachorum*, ed. J. McCann (London, 1952), ch. 36, p. 91; *Regularis Concordia*, ed. Symons, ch. 12, p. 64; Ælfric, *Letter to the Monks of Eynsham*, ed. Jones (CSASE 24, 1998), ch. 65, p. 140; Lanfranc, *Monastic Constitutions*, ed. D. Knowles, revised C. N. L. Brooke (Oxford, 2002), ch. 92, pp. 133-5, ch. 111, p. 177. On the monastic heritage of hospitals, see: Miller, *The Birth of the Hospital*, pp. 127-135; Furniss, ‘The monastic contribution’, p. 244; Crislip, *From Monastery to Hospital*, pp. 10, 38, 88-90, 100, 138; Rubin, ‘Development and change in English hospitals’ in *The Hospital in History*, eds. Granshaw and Porter, pp. 45-6; B. F. Harvey, *Living and Dying in England* (Oxford, 1993), pp. 17-18, 87; Porterfield, *Healing in the History of Christianity*, pp. 70-9; R. Seiler, ‘Für die kranken Brüder werde ein eigener Raum bestimmt...’ *Klosterinfirmarien des hohen Mittelalters* (Zürcher medizingeschichtlich Abhandlungen 291, 2001), pp. 5, 36, 67; Orme and Webster, *The English Hospital*, pp. 89-90; J. Kerr, *Monastic Hospitality: the Benedictines in England* (Woodbridge, 2007), pp. 24-5, 29, 151-3.

¹⁴⁰ Lantfred *Swithun*, ch. 2, p. 266. Wulfstan *Swithun*, I.2, p. 422, changed the monastic community to a ‘royal estate.’ Lapidge, *Cult of Saint Swithun*, p. 266, traces Alderbury in Wiltshire as a royal estate, but can find no other reference to a monastic community there.

¹⁴¹ Anon. *Swithun*, ch. 52, p. 684-6.

¹⁴² Bede *Cuthbert P*, ch. 46, p. 304. Bede *Cuthbert M*, ch. 46, pp. 131-3 described this ‘*tumor*’ but did not associate it with monastic or heremitical life.

member of the Ely community.¹⁴³ Both the hospital and the monastic environment were thus presented in hagiography as social and spiritual ideals, rather than simply being a practical way of providing for the sick and disabled.

Hagiographical portrayals of the institutional communities for the sick and disabled gave a prominent role to their liturgical functions.¹⁴⁴ Prayer for the sick in monastic communities was associated with several miraculous cures. Bede's *Prose Vita* described how Cuthbert suffered from plague, but when he learnt that the monks of Melrose had prayed for him overnight, 'immediately he arose and began to try to walk.'¹⁴⁵ The *Liber Eliensis* recounted how prayer for the sick could prompt apparitions of the patron saints in the monastery.¹⁴⁶ In an account of the cure of a group of Ely monks from the plague, the text described how a monk called Godric kept vigils while his monastic brothers 'lay languishing in the infirmary.'¹⁴⁷ In a mirror image of Godric's concern, Æthelthryth appeared with her sisters Seaxburh and Wihthburh, and niece Eormenhild: the four female saints cured the sick men in the infirmary by touching them on the head, indicating that a blessing had been given.¹⁴⁸ The material culture of liturgy survives in some hospital chapels, notably in the case of the wall paintings of St Thomas at the Eastbridge in Canterbury and St Cross, Winchester. These late-twelfth-century or early thirteenth-

¹⁴³ *Liber Eliensis*, III.33, pp. 266-7. See Thompson, *Dying and Death*, p. 62; Foxhall Forbes, *Heaven and Earth*, pp. 291-2.

¹⁴⁴ The liturgy of hospitals is discussed in: Agrimi and Crisciani, 'Charity and aid', in *Western Medical Thought*, ed. Grmek, pp. 176-7, 182; C. Rawcliffe, *Medicine for the Soul: the life, death and resurrection of an English medieval Hospital, St Giles Norwich* (Stroud, 1999), pp. 104, 109-110; *idem*, *Leprosy in Medieval England*, pp. 130, 256; *idem*, 'Medicine for the soul' in *Religion, Health, and Suffering*, eds. Hinnells and Porter, pp. 316-338 at pp. 317, 329; P. Horden, 'A non-natural environment' in *The Medieval Hospital and Medical Practice*, ed. B. S. Bowers (Aldershot, 2007), pp. 133-145 at p. 141; Rubin, *Charity and Community*, pp. 148-51; Orme and Webster, *The English Hospital*, pp. 49, 87; Kealey, *Medieval Medicus*, pp. 82-3.

¹⁴⁵ Bede *Cuthbert P*, ch. 8, p. 180.

¹⁴⁶ See Chapter Three, part II, pp. 110-121, on visions.

¹⁴⁷ *Liber Eliensis*, II.133, p. 213.

¹⁴⁸ *Ibid.*, pp. 214-5: 'in domo cuiusque lectum adiit, capud manu ad cervical suavis tetigit.'

century images depict, respectively, a Christ in Majesty, and a series of martyrdom scenes and a passion cycle.¹⁴⁹ The monastic infirmaries connected to our case-study saints' cults do not yield any traces of their decorative schemes. A miracle-cure narrative of William of Canterbury, however, suggested that decorative images might have been typical of monastic infirmaries: a monk of Reading collapsed and was taken to the infirmary [*cella infirmorum*], where he seemed to hallucinate in response to 'the deeds depicted' there.¹⁵⁰

The association of hospitals with pilgrimage orientated their liturgical functions around relics. The late twelfth-century addition to the Edmund hagiography related that a woman with a fever drank from the cup of St Edmund at the church of Bury, and afterwards went to her '*hospitium*' where she encouraged a sinful knight to 'run' to the church and pray to the relics in turn.¹⁵¹ With the Becket cult's practice of allowing pilgrims to take away water mixed with some of the saint's blood, this link to hospitals was strengthened. Benedict of Peterborough recounted that Ulviva was the 'custodian of a

¹⁴⁹ Image redacted. The room in which this painting is located was later used as a refectory, but might originally have functioned as a chapel above the dormitory. See Ingram-Hill, *Eastbridge*, p. 11. E. Clive Rouse is cited as having dated and identified the scenes of the wall-paintings of St Cross in 1971: Hopewell, *St Cross*, p. 20; H. Loxton, *Pilgrimage to Canterbury* (Newton Abbot, 1978), p. 119. The painting must have deteriorated soon after, as Y. L. Kusaba, 'The architectural history of the Church of the Hospital of St Cross' [Unpublished Ph.D. Thesis, University of Michigan, 1983], p. 55, could no longer see them just over a decade later. In 1899, W. T. Warren was able to identify this as the scene of Becket's murder, but the figure of the archbishop was already lost to damage: *St Cross Hospital near Winchester* (Winchester, 1899), p. 44. The chapel of St Nicholas, Harbledown, also contains figural wall-paintings, but Rawcliffe, 'Medicine for the soul' in *Religion, Health, and Suffering*, eds. Hinnells and Porter, p. 323, proposes a dating of the fourteenth century. See also M. A. Kupfer, *The Art of Healing* (Pennsylvania PA, 2003), pp. 113, 149.

¹⁵⁰ William Thomas, VI.9, p. 417: '*tum arreptum tum exanimem gestu depingens.*' On the architecture of infirmaries, see: T. Tatton-Brown, 'The two mid-twelfth-century cloister arcades at Canterbury Cathedral Priory', *Journal of the British Archaeological Association* 159 (2006), pp. 91-104 at pp. 91-2; P. Fergusson, *Canterbury Cathedral Priory in the Age of Becket* (New Haven CT, 2011), pp. 110-23; A. Holton-Krayenbuhl, 'The infirmary complex at Ely', *The Archaeological Journal* 154 (1997), pp. 118-172 at pp. 123, 127, 131, 135; P. Dixon, 'The monastic buildings at Ely' in *A History of Ely Cathedral*, eds. Meadows and Ramsay, pp. 143-55 at pp. 145, 149. The monastic complex at Bury has been largely destroyed, on which see E. Fernie, 'The romanesque church of Bury St Edmunds Abbey' in *Bury St Edmunds: medieval art, architecture, archaeology and economy*, ed. A. Gransden (BAA Conference Transactions 20, 1998), pp. 1-15 at pp. 1, 5. M. Biddle, *The Old Minster: excavations near Winchester Cathedral* (Winchester, 1970), pp. 90-1, focused on ecclesiastical rather than domestic buildings. The Priory of Durham was rebuilt in the fourteenth and fifteenth centuries: B. Dobson, "'The clergy are well lodged:': the transformation of the cathedral precinct at late medieval Durham' in *The Medieval English Cathedral: papers in honour of Pamela Tudor-Craig*, ed. J. Backhouse (Harlaxton Medieval Studies 10, Donington, 2003), pp. 23-40 at pp. 28, 40.

¹⁵¹ Samson *Edmund*, II.13, pp. 187-9.

certain *xenodochium*, taking care of the poor and of pilgrims.’ She eventually contracted leprosy from those she cared for and went on pilgrimage to Canterbury, from whence she brought Becket water back to the hospital.¹⁵² Such a practice of taking Becket water to hospitals might be reflected in the large numbers of lead ampulæ found in the river at the Eastbridge of Canterbury, where the hospital of St Thomas was located.¹⁵³ Prayer at a hospital chapel could also have stood as a substitute for pilgrimage, as suggested in two of William of Canterbury’s miracle-cure narratives. In both cases, the supplicants for cure had difficulty travelling: one woman could not walk to Canterbury on account of the tumours on her feet, and another was blind and her sons refused to guide her there. In the former account, a priest instructed the woman to make an offering of prayers at the ‘*xenodochium*’ outside her town, which improved her condition so much that she could go on the desired journey to Becket’s tomb.¹⁵⁴ In the latter case, the woman miraculously heard a voice instructing her to go to the ‘hall’ [*ædicula*] of St Laurence and touch her eyes with the altar cloth there to regain her sight.¹⁵⁵ This hall was presumably the hospital dedicated to St Laurence in Canterbury, suggesting that William considered a local institution for social care as a place where mass was celebrated, and which was moreover a suitable location for Becket to bestow a miracle-cure.

The religious nature of the hospital or infirmary space has previously fed theories that these institutional communities were otherworldly and isolated, particularly in the case

¹⁵² Benedict *Thomas*, I.17, pp. 49-50. Sigal, ‘Naissance d’un vinage exceptionnel’, pp. 36, 41.

¹⁵³ B. Spencer, ‘Medieval pilgrim badges found at Canterbury’ in *Lost and Found*, eds. D. Kicken, A. Koldeweij and J. ter Molen (Rotterdam, 2000), pp. 316-326 at pp. 316-7; G. Egan, ‘Material culture of care for the sick’ in *The Medieval Hospital*, ed. Bowers, pp. 65-76 at p. 66; Blick, ‘Reconstructing the shrine of St Thomas Becket,’ p. 265; J. Lee, ‘Beyond the *locus sanctus*: the independent iconography of pilgrims’ souvenirs’, *Visual Resources* 21 (2005), pp. 363-81 at pp. 363-4, 372.

¹⁵⁴ William *Thomas*, III.32, p. 289.

¹⁵⁵ *Ibid.*, II.78, pp. 241-2.

of *leprosaria*.¹⁵⁶ Such theories are now being reviewed by an approach that views medieval religious institutions in closer connection to their local societies.¹⁵⁷ The majority of hospitals at the cult-sites considered in this thesis were in rural locations.¹⁵⁸ It is unclear whether such locations would have been viewed as a removal from urban communities, or a positive setting in the countryside.¹⁵⁹ These social issues of location were particularly pertinent in descriptions of leprosy, which had particularly noticeable symptoms.¹⁶⁰ Benedict of Peterborough referred to expulsion of the sick from towns in his description of a leper called Gerard being sent away from his town of Lille, ‘lest by the contagious leprosy which burned him, he contaminated others.’¹⁶¹ Gerard’s life away from the city was presented as a community experience, as he ‘gathered... with the association of lepers,

¹⁵⁶ R. I. Moore, *The Formation of a Persecuting Society: power and deviance in Western Europe, 950-1250* (Oxford, 1987), pp. 54-8, 65; R. Gilchrist, *Contemplation and Action: the other monasticism* (Leicester, 1995), pp. 7, 39-40; *idem*, ‘Christian bodies’, pp. 114-5; Brody, *The Disease of the Soul*, pp. 66-7, 77; E. Clark, ‘Social welfare and mutual aid in the medieval countryside’, *Journal of British Studies* 33 (1994), pp. 381-406 at pp. 395-6; I. Metzler, ‘Liminality and disability: spatial and conceptual aspects of physical impairment in medieval Europe’ in *Medicine and Space*, eds. Baker *et al.*, pp. 273-296 at pp. 276-8. Such studies reflect the influence of Michel Foucault’s concept of the modern hospital as a place where the sick are controlled by medical supervision. See M. Foucault (trans. A. Sheridan), *The Birth of the Clinic* (London, 1989 - originally 1963), p. 102: ‘in order to know, to show in order to teach, is not this a tacit form of violence, all the more abusive for its silence, upon a sick body that demands to be comforted, not displayed?’

¹⁵⁷ F.-O. Touati, *Maladie et société au moyen âge* (Brussels, 1998), pp. 23, 39; *idem*, ‘Contagion and leprosy’ in *Contagion*, eds. Conrad and Wujastyk, p. 181; Rawcliffe, *Leprosy in Medieval England*, pp. 5, 19-20, 132, 308; *idem*, ‘Learning to love the leper’, pp. 238-40, 245; *idem*, *Urban Bodies*, pp. 323-4; E. Brenner, ‘Recent perspectives on leprosy in medieval Western Europe’, *History Compass* 8 (2010), pp. 388-406 at pp. 391-3.

¹⁵⁸ William of Canterbury regularly mentioned the location of hospitals. For example, William *Thomas*, III.32, p. 289, described a ‘*xenodochium quod erat extra vicum*’ at Rye; IV.21, p. 336 a group of lepers lived in the ‘*suburbio*’ of York; VI.47, p. 453 described a ‘*xenodochium*’ a few ‘*stadiis*’ from the gates of Witsand. See C. Rawcliffe, ‘The earthly and spiritual topography of suburban hospitals’ in *Town and Country in the Middle Ages*, eds. K. Giles and C. Dyer (Leeds, 2007), pp. 251-274 at pp. 252, 255, 262, 269; *idem*, *Leprosy in Medieval England*, pp. 258, 308, *idem*, *Medicine for the Soul*, pp. 35-6; F.-O. Touati, ‘La géographie hospitalière médiévale’ in *Hôpitaux et maladeries au moyen âge*, ed. P. Montaubin (Amiens, 2004), pp. 7-20 at pp. 8, 14; Gilchrist, ‘Christian bodies’, p. 101.

¹⁵⁹ Touati, ‘Une approche de la maladie et du phénomène hospitalier aux XII^e et XIII^e siècles’, *Histoire des Sciences Médicales* 14 (1980), pp. 419-424 at p. 421; *idem*, ‘Contagion and leprosy’ in *Contagion*, eds. Conrad and Wujastyk, p. 187; *idem*, ‘Un dossier à rouvrir’, p. 30; M. Satchell, ‘The emergence of leper houses in medieval England’ [Unpublished D.Phil Thesis, University of Oxford, 1998], pp. 32-6; Rawcliffe, ‘Learning to love the leper’, p. 240.

¹⁶⁰ See Chapter Four, pp. 163-5.

¹⁶¹ Benedict *Thomas*, IV.73, p. 243: ‘*ne lepræ contagio, qua fervebat, contaminaret alios.*’

to hurry out of the town,' but this was not necessarily within a defined institution.¹⁶² Reginald of Durham similarly described a man whose leprosy 'rendered his company among companions intolerable to some people.'¹⁶³ However, this episode made no reference to any spatial segregation of the leprous man, for he moved freely around England to the shrines of Edmund, Æthelthryth and Cuthbert.¹⁶⁴ In some cases, hagiographers criticised the segregation of lepers, suggesting that this was a conceivable reaction to the disease but not in keeping with the ideals of communities in the texts. Both Becket miracle compilations praised Henry II's queen Eleanor for placing an orphaned boy into the care of monks at Abingdon; but when the boy contracted leprosy, the monks removed him from their community, suggesting that they undermined this royal act of charity.¹⁶⁵ Benedict of Peterborough and William of Canterbury also both provided favourable accounts of cured lepers who returned to serve their hospital communities. Benedict described how Walter returned to live 'in communion' with the men of the leper hospital [*hospitalis colleprosis*] from which he had departed on a curative pilgrimage to Canterbury.¹⁶⁶ William devoted two chapters to the case of John, who also returned to his 'xenodochium' and 'sustained the poor by his charity.'¹⁶⁷

Portrayals of hospitals as spatially separate, but socially connected to the communities around them, reflect an understanding of institutions for the sick and disabled which was more flexible and permeable than modern studies have previously suggested.

¹⁶² *Ibid.*, pp. 243-4: 'de convictu cum leprosis... de villa maturare cogeret egressum.'

¹⁶³ Reginald Cuthbert, Ch. 19, p. 38: 'in consortii communione nonnullis effectus intolerabilis.'

¹⁶⁴ *Ibid.*, pp. 38-9.

¹⁶⁵ Benedict Thomas, IV.75, p. 245; William Thomas, II.52, pp. 211-2. William Thomas Preface, p. 137, was addressed to 'the great King Henry,' suggesting that William's stated audience would have supported the upholding of Eleanor's almsgiving.

¹⁶⁶ Benedict Thomas, IV.27, p. 203.

¹⁶⁷ William Thomas, VI.17-8, pp. 428-31.

Chapter Five

The family often overlapped with hagiographical portrayals of care in hospitals and monastic infirmaries. Goscelin of Saint-Bertin portrayed a mute boy cured at Æthelthryth's tomb turning to his parents and saying, "let us return to the dwelling places of our home" [*mansionis nostre domicillia*].¹⁶⁸ The compiler of the *Liber Eliensis* rewrote the boy's speech to suggesting that the family go to the "*ospitium*," thus exchanging the family home for a temporary residence nearer to the saint's shrine.¹⁶⁹ In Benedict of Peterborough's *Miracula*, the deaf girl Iselda was accompanied to Canterbury by her father and brother, both of whom joined her at the '*hospitium*' for lunch, and she began to hear them speak.¹⁷⁰ Two miracle-cure accounts located family members in monastic infirmaries. The late twelfth-century Bury hagiographer recounted that when a Cluniac monk became sick with fever, he was cared for at the monastic house of St Saviour's in Southwark, but by doctors who were acting on the instructions of his mother.¹⁷¹ Benedict of Peterborough explained that when a monk of Winchester was paralysed, he was taken to the '*domus infirmorum*' where 'a few of his friends and his parents gathered around him.'¹⁷² In these narratives, institutions for social care were not thought of as isolated and distinct communities for the sick and disabled.

Working within the literary conventions of promoting a saint's cult, the authors of our case-studies framed institutional communities as mere stop-gaps until the saints intervened to provide superior help for the sick and disabled. However, the conceptual link between pilgrimages and places of refuge for the traveller, placed the cults of saints at the

¹⁶⁸ Goscelin *Æthelthryth*, ch. 4, p. 115.

¹⁶⁹ *Liber Eliensis*, I.45, p. 59.

¹⁷⁰ Benedict *Thomas*, III.36, pp. 142-3.

¹⁷¹ Samson *Edmund*, II.19, p. 202.

¹⁷² Benedict *Thomas*, IV.14, p. 194.

heart of how hospitals were perceived in any case.¹⁷³ Perhaps the greatest compliment that a hagiographer could pay to a charitable institution was the suggestion that it could facilitate cure. This could involve pragmatic, even mundane forms of assistance. William of Canterbury subtly shone such a positive light on institutional contexts for people with leprosy. He described how John of Nottingham lived with a community of lepers and they gave him a loan of twenty *solidi* for the ‘necessities’ of a journey to Canterbury.¹⁷⁴ As discussed in part II of this chapter, the giving of alms to the sick and disabled was spiritually beneficial, rather than socially condescending. The following narrative recounted by William described the pilgrimage of a woman with leprosy, who had no link to institutional care and experienced ‘poverty of the journey.’¹⁷⁵ William here implied that formal communities for the sick and disabled could allow them to reach Becket’s tomb and in turn access his healing power. Miracle-cure narratives reflect an understanding of institutional communities as integrated with the other networks around sick and disabled people, both spiritual and social.

Conclusion

The miracle-cure narratives produced in England from the eighth to twelfth centuries consistently situated the sick and disabled in ideal representations of communities. It does not follow that this was the general social reaction to medical conditions in this period, but it is significant that the hagiographers selected certain forms of community structure in which to recount their miracle narratives. The number of accounts in which the sick or

¹⁷³ Rawcliffe, ‘Learning to love the leper’, p. 238; *idem*, ‘Curing bodies’, p. 116; Brenner, ‘Recent perspectives on leprosy’, p. 397; Agrimi and Crisciani, ‘Charity and aid’ in *Western Medical Thought*, ed. Grmek, pp. 173, 182.

¹⁷⁴ William *Thomas*, IV.18, p. 330.

¹⁷⁵ *Ibid.*, IV.19, pp. 330-2.

disabled were represented within a community group was not the major concern of this study, and indeed some miracle accounts did not refer to anyone other than the supplicant to the saint.¹⁷⁶ Rather, the significance of these representations of communities is that they were integrated into the experience of the miracle; the hagiographers did not describe communities as an accurate social survey, but gave them a role in the *denouement* of the narratives. Communities enabled the sick and disabled to identify their conditions as requiring the help of a saint, to approach the special space of this saint's tomb or to pray to them, and then to share the response to cure with them. If these texts were disseminated by oral report and their visual representations, audiences would have been presented with narratives that reflected back on them with a moral expectation. The hagiography of this period therefore both expected that, and demanded that, supportive social groups coalesce around the sick and disabled.

Various types of community structure were represented in the hagiography of this period, although the boundaries between them were not always explicitly delineated. The hagiographical tradition generally prioritised the immediate family, particularly the ideal relations between parents and children. However, the family unit was in some instances ambiguous, with care for and by servants appearing in the familial household, whilst kin were located outside of the household and blurred with the broader local community. Neighbourhood communities were central to the hagiography of the twelfth century and the urbanised centre of Swithun's cult in tenth-century Winchester, but had a lesser part to play in earlier texts reflecting on a more dispersed society, particularly the Cuthbert cult of early eighth-century Northumbria. Ideal images of pilgrims helping one another on their journeys and at the tomb were employed by all of the cults, but with the greatest detail and

¹⁷⁶ In some episodes, the supplicants to saints were compared to one another despite having no direct connection in the narratives, suggesting that the hagiographers did not wish to describe them in isolation. *Liber Eliensis*, II.130, p. 210, recounted the cures of two mute men in comparison with each other, but they were there 'at different times.' William *Thomas*, VI.81, p. 478, described the cures of Robert and Henry, who apparently did not have a direct connection but had similar jobs as royal servants.

centrality to the narratives of cure in the cults of St Swithun and St Thomas Becket. It is notable that these two cults saw the fastest development of hagiographical traditions among those included in this study, with large numbers of texts written within a few years; it is possible that their hagiographers were the most keen to idealise the experience of pilgrimage in order to legitimate their relatively new claims to a holy patron. Institutional communities were fundamentally tied to these concerns of promoting pilgrimage and the religious house, with the monastery, its infirmary, and, in the later part of this period, the hospital, representing care provided by the hagiographers' own ecclesiastical context. Pilgrimage and care in religious institutions were closely associated.

The investment of hagiographical narratives in the ideal of community care for the sick and disabled challenges the assumptions of rejection and marginalisation that have become traditional among both disability theorists and medievalists. Indeed, it is striking that the hagiographers working in England over these five centuries were completely detached from the modern concept that people with sicknesses and disabilities might have an identity, and thus a basis for community, of their own.¹⁷⁷ Instead, those experiencing impairments were surrounded a variety of communities which overlapped and often offered similar forms of care.

¹⁷⁷ Metzler, *Disability in Medieval Europe*, pp. 2-3, 7, 32, 126; Kudlick, 'Disability history: why we need another "other"', pp. 763-6.

Conclusion

A noble guest of great lineage dwells
in the house of man. Grim hunger
cannot harm him, nor feverish thirst,
nor age, nor illness.¹

In this late tenth-century Old English riddle, the major forms of suffering for the human body were identified as hunger, thirst, aging and illness. The ‘guest,’ however, represented the soul, which surpassed physical experiences and survived intact. Miracle-cures revolved around the same idea of a human body that was just as spiritual as it was physical. In the modern West, sickness and disability have become labels for bodily states that we think of in physical, tangible terms. Conditions ranging from transmittable diseases to the psychological changes of the aging brain are interpreted in terms of the labels bestowed by a medical authority or a governmental welfare system. The literature analysed in this thesis considered sickness and disability in a more abstract, symbolic form: miracle-cure narratives represented the body and soul as shifting, fluid entities. In representing sickness and disability as an experience rather than just a medical condition, these authors engaged in a fundamentally empathetic enterprise.

This project has deployed a literary method for analysing a social issue. This approach can be challenged by questions about the connection between texts and lived reality. Experiences of sickness and disability are amongst the most intimate aspects of

¹ Exeter Book Riddle 41, in *The Old English Riddles of the Exeter Book*, ed. C. Williamson (Chapel Hill NC, 1977), p. 96: ‘*Ic wat indryhtne æþelum deorne / giest in geardum þam se grimma ne mæg / hungor sceððan ne se hata þurst, / ylðo ne adle.*’

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human life. Both the physiological and psychological aspects of impairments are difficult to express and describe. However, this analysis of miracle-cure narratives has found that literature represented such experiences in more detail than the sources traditionally used for investigations of medical history, such as prescriptive texts of medical theory and institutional records. Miracle-cure texts were on the most basic level shaped by rhetoric about religious authority and the tradition of Christian writing derived from the Gospels. If we look in greater detail, we see that each of the texts among our case-studies added details to the biblical template of miracle-cures, to an extent that went far beyond mere recycling of ancient tropes. Details such as dialogue attributed to saints, the terms used to describe symptoms, and references to community members, added variety to the biblical and hagiographical models of cure narratives. Every account of a cure of sickness and disability added new interpretative layers to this symbolic idea of a transformative bodily experience. Together, these layers built up an impression of how the body was thought of at various stages over this period. The very changes that appeared in the miracle literature over the period c. 700 - c. 1200, indicate that these texts were reflective exercises in which authors explored new ways of representing sickness and disability.

The case-studies selected for this project have revealed nuances in medieval understandings of sickness and disability which run contrary to modern expectations. The longevity of some methods of framing cures testifies to their continuing symbolic power across the full five centuries studied here. The figure of the *medicus* who aims to heal but cannot provide solutions was cast in English literature from the very start of hagiography about native saints. Similarly, the ideal of providing care for the sick and disabled in religious institutions was in circulation well before the foundation of free-standing hospitals from the late eleventh century. Hagiographical representations of hospital care evoked earlier descriptions of care in monastic infirmaries, which in turn fed in to ideals of

more spontaneous care at the shrines of saints. Learned medical authorities and hospitals were not, as some medical histories might suggest, ‘inventions’ of the twelfth century.² The image of a family group surrounding the sick and disabled was also used and re-used throughout the period. In particular, the emotional involvement of mothers in the bodily sufferings of their children retained its resonance. The trope of a mother crying out to a saint to return her dying baby was derived from Augustine, but adapted regularly by hagiographers in medieval England, from Bede through to the Becket texts of the late twelfth century.

Flexibility within this highly traditional genre also indicates the extent to which ideas about sickness and disability were debatable and subjective during this period. Mental illness, then as now, was the subject of particular debate and anxiety. Whilst historians have placed great emphasis on the demonic as a characteristic of medieval thought about the mind, our case-studies were often ambivalent about this concept. Ælfric and Goscelin of Saint-Bertin in particular seem to have been unsure about the theology lying behind the attribution of mental disturbances to evil spirits. The concept of the unknown inner workings of the body, in a period with no technologies for seeing beneath the skin, was a regular feature of these texts, but over the period studied here particular conditions preoccupied authors in different ways. In the later twelfth century, the hagiographers of Becket’s cult developed a particular set of anxieties about leprosy and complications in pregnancy. These conditions were represented within the traditional template of a miracle-cure narrative, but with new conceptualisations of the body. The Becket cult’s accounts of miscarriage questioned the health of a mother versus that of the unborn child for the first time in English literature. These hagiographers represented the symptoms of leprosy with a combination of tropes associated with other conditions (such

² The issue of focus on the twelfth century is discussed in Green, ‘Integrative medicine’, p. 1223, and Horden, ‘What’s wrong with early medieval medicine?’, p. 6.

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as the threat of a swollen body) and new ways of describing the smell and possibly the contagiousness of disease. All of these developments indicate that literature about miracle-cures was not static, but reflected and shaped changes in attitudes to the body.

Changes in the representations of sickness and disability over the period c. 700- c. 1200 were not a progression or improvement. It would be naive in the extreme to think that medieval attitudes to bodily difference were on a path that led directly to modern ideas, or even that such a path would constitute a positive social development. However, this study has shown that miracle-cure narratives represented a positive aspect of medieval culture that modern readings have often overlooked. The rehabilitation of the medieval period from assumptions about the ‘dark ages’ is on-going. Studies of hospitals contribute significantly to this general movement, as modern readers can identify in medieval hospitals an organisation that we consider to be a sign of a developed society. In writing one of the earliest histories of hospitals in 1909, Rotha Mary Clay summed up this view:

while we are justly proud of our institutions for the lot of the infirm and destitute, we are apt to forget that they are not the outcome of any modern philanthropic movement, but are rather England’s inheritance for above a thousand years.³

In miracle narratives, by contrast, the modern reader encounters a response to sickness and disability that seems completely alien to modern ideas. This does not prevent such texts from playing a part in reassessments of the history of sickness and disability. The universalising theology of miracle-cure narratives encouraged an exercise in social empathy: every Christian could receive the blessing of cure, and correspondingly every Christian was placed in the role of the sick or disabled supplicant for cure. In very few cases were cures narrated as autobiographical experiences.⁴ Cure-narratives focused

³ Clay, *The Mediæval Hospitals of England*, p. xvii.

⁴ Some narratives among our case-studies provided first-person accounts of cure: *Liber Eliensis*, III.61, pp. 312-4, recounted how ‘I myself, named Thomas,’ was cured of fever; *Benedict Thomas*, II.54, pp. 102-3, was framed as the oral testimony of the mother of a cured boy. More commonly, autobiographical accounts were

fundamentally on how sickness, disability, and health were to be evaluated and responded to. In particular, accounts of spiritual encounters suggest that hagiographers employed the tropes of their literary form in order to imagine the innermost experiences of the sick and disabled. To take an example from among our case-studies, an account of a paralysed man flying with angels could only be symbolically coherent if the audience envisaged life as experienced by the supplicant for cure. This narrative subtly suggested the frustrations of a leader of a household, now dependant on help just to get out of bed; but also the religious aspiration of a person who yearns to regain the movement that his body has lost.⁵ The concepts expressed in narratives like this one defined rather than described how the body was experienced. If we confined the study of historical experiences of the body to sources that purport to record biological facts, we would overlook such ideological complexity. Societies that produce complex literary evocations of experiences of sickness and disability should be recognised for their cultural inclusivity.

In the context of sociological Disability Studies, this thesis offers an alternative to metanarratives of oppression and marginalisation. The roots of Disability Studies in a political movement have shaped its view of history. In drawing attention to the struggles of people with permanent impairments in modern society, campaigners have based their analysis of society on a deep division between disabled and non-disabled people. When members of the Disability Studies movement refer to experiences of disability in the past, they often assume that such a division has always existed. This attitude lies behind broad statements such as Lennard J. Davis's claim that 'for centuries, people with disabilities

presented as letters, written by the recipient of cure to the community of the saint. See: *Liber Eliensis* III.35, pp. 270-4; Benedict *Thomas*, II.52, pp. 97-101; William *Thomas*, VI.20-1, pp. 432-4.

⁵ This example is Lantfred *Swithun*, ch. 35, pp. 324-8, which is discussed in greater detail in Chapter Three, p. 115.

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have been an oppressed and repressed group.’⁶ Such an assumption is dangerously anachronistic. Without the diagnoses of modern medicine, it was naturally much harder for medieval societies to distinguish between long-term impairments, treatable sicknesses, and a tolerable standard of health. In miracle-cure texts the boundaries between these three bodily categories were blurred. The texts analysed in this thesis clearly viewed the experience of sickness and disability as a situation that was in some way distinctive, as it could be framed within a miracle narrative. The theology of cure was however fundamentally universalising, and this was reflected in the great variety of conditions that could be associated with a miraculous cure, ranging from apparent death to relatively minor injuries.⁷

This thesis has therefore proposed a revisionist view of the history of disability. Impairments that are now diagnosed as permanent did not always stand out as a social marker. Whilst in the late twelfth century leprosy raised complex questions about physical repugnance and social exclusion, the general impression from our hagiographical sources is surprisingly inclusive.⁸ In medieval English communities imagined around native saints, sickness and disability were experiences worthy of literary attention. This attention did not on the whole slip into the intrusive and isolating ‘gaze’ that has often been cited in studies of disability.⁹ Miracle literature’s fundamental role as one of the most enduring aspects of Christianity placed the sick and disabled body at the centre of learned culture and religious public display. The process of narrating sickness and disability, regardless of how

⁶ L. J. Davis, ‘Introduction: the need for disability studies’ in *The Disability Studies Reader*, ed. *idem* (London, 1997), pp. 1-6 at p. 1.

⁷ On the appearance of death in miracle accounts, see Chapter Three, pp. 124-6. Among our case-studies, the most strikingly minor injury associated with cure was an account of a man cutting his thumb with a small dinner knife: Benedict *Thomas*, IV.17, p. 197.

⁸ On the methods used by the Becket hagiographers to describe the impact of leprosy on the body, see Chapter Four, pp. 163-5.

⁹ See for example Garland-Thomson, *Extraordinary Bodies*, p. 10: ‘the disabled body is almost always a freakish spectacle presented by the mediating narrative voice.’

farfetched such stories were, embedded these experiences in the consciousness of the period. The fear, the pain, the frustration, but also the community solidarity and the spiritual optimism, evoked in these texts projected a series of norms for responding to bodily difference.

In Anglo-Saxon and Anglo-Norman England, miracle literature provided a cultural reference point for thinking about differences in the human body. If we turn once more to modern concepts of disability, it is evident that we have become reliant on prescriptive texts rather than narratives when we attempt to define and even empower sick and disabled people. As the Disability Studies movement has become more engaged with theories about language, there have been calls for changes to the words used to describe sickness and disability. This debate has focused on details of labelling, for example the use of ‘partially-sighted’ and ‘hearing-impaired’ in cases when previously the words ‘blind’ and ‘deaf’ would have been used. In contrast to these terms, the medieval texts analysed in this thesis were unflinching in their labelling of conditions, and their detailed descriptions of the physical manifestations of impairments. Are inoffensive labels any better than direct but detailed narrative representations? We should look at our methods of engaging with sickness and disability in a new light through comparison to texts produced a millennium ago. Whilst we might think that kinder labelling terms, legal protections, and medical advances improve the lives of sick and disabled people, we should also acknowledge the modern West’s lack of a cultural reference point for engaging with their experiences. In the West, the idea of a spiritual transformation of the body has become marginal, but its retreat has left a shortage of conceptual approaches for exploring sickness and disability.¹⁰

For the modern reader, the texts studied in this thesis require a double exercise of empathy and imagination. Whilst hagiographers undertook to imagine experiences of

¹⁰ Issues of belief and scepticism in the history of miracles are discussed in: Harris, *Lourdes*, pp. 288-90, 293-313; J. Duffin, *Medical Saints: Cosmas and Damian in a Postmodern World* (Oxford, 2013), pp. 83-9; *idem*, *Medical Miracles*, pp. 17, 33-5.

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sickness and disability, modern audiences must also imagine the belief systems of the cults of saints. The flexibility that miracles associate with the human body clashes with the mainstream medical theories of modern Western society. Analysing this contrast is in itself a potentially helpful exercise. If we challenge ourselves to encounter different cultures of sicknesses and disability, in both the past and the present, we inevitably reflect on our own attitudes. In looking at England's history of saints performing miracle-cures, we see a culture of the body that is less rigidly structured and as a result more inclusive than our own. Simply recognising the existence of other ways of thinking about 'disabled', 'sick', and 'healthy' bodies, breaks down some of the structures that hamper us today. This thesis attests to the fact that past societies could explore sickness and disability without having labels for these categories. If we in turn explore these alternative theories of the body, we reduce the apparent permanence of our current categories such as 'disabled,' 'unable to work,' and 'infirm.' The illusion of timelessness surrounding disability, that an individual will always have their impairment and that people with similar bodies were always marginalised, contributes significantly to what makes it fearful today. To acknowledge that marginalisation is *not* inevitable is a key step in reducing the social power of disablist attitudes. As distant as they might seem, in ideology, language, and time, the miracle-cure narratives of medieval England offer a useful tool for challenging our own preconceptions about sickness and disability. Engaging with this aspect of the past revives these narratives, once again forcing readers to think outside of their own bodies and imagine the experiences of others.

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