

**Miracles for the Mad: Representations
of Madness in English Miracle
Collections from the Long Twelfth
Century**

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Declaration of Authorship

I, Claire Louise Trenergy, hereby declare that this thesis and the work presented in it is entirely my own. Where I have consulted the work of others, this is always clearly stated.

Signed:

Date:

Abstract

My thesis analyses representations of madness in miracle narratives produced in England from 1090 to 1234, examining *Vitae* (saints' Lives containing miracles) and *Miracula* (miracle collections unaccompanied by a Life). I explore the impact of the local environment of a saint's cult, and the wider influence of twelfth-century medical developments on monastic representations of mad pilgrims. This innovative approach places sickness and health in the context of medieval conceptions of the natural world and the functioning of the miraculous within it. Historians have long been interested in the transmission of ideas within the intellectual climate that accompanied the development of Scholastic learning in Western Europe. In terms of medical learning, translations of Greek and Arabic texts were produced in southern Italy in the vicinity of the schools of Salerno in the late eleventh century, when I begin my study, and circulated in Europe, not least in England, during the two centuries that followed. I assess their influence on hagiographical representations of madness, which I argue was dependent on the immediate local context of the individual cult and compiler. I end my investigation in 1234 when Pope Gregory IX made canonisation the exclusive prerogative of the pope, thus reducing the necessity for and popularity of large local miracle texts.

Madness, as a condition variously affecting the body, mind, and soul, lay at the cross-section of a Christian philosophical tradition that distinguished between the material body and the immaterial soul, and medical premises that connected bodily humours with the faculties of the mind (imagination, reason, and memory). I demonstrate that these two models were not perceived as exclusive by hagiographers whose tentative explanations of madness are representative of the close interaction between religion and medicine. Through thematic case studies of six saints' cults, my thesis reconstructs the ideas that influenced individual hagiographers and that contributed to cultural understandings of the healthy and the sick mind.

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List of Abbreviations

- AE Adam of Eynsham, *Magna Vita Sancti Hugonis: The Life of Saint Hugh of Lincoln*, ed. and trans. by Decima L. Douie and David Hugh Farmer, 2 vols (Oxford: Oxford University Press, 1985)
- BP Benedict of Peterborough, 'Miracula Sancti Thomae Cantuariensis', in *Materials for the History of Thomas Becket, Archbishop of Canterbury*, ed. by James Craigie Robertson, 7 vols (London: Longman, 1875-85), II (1876), 23-298
- Edmund Revised Goscelin of Saint-Bertin[?], 'Miracles of St Edmund', in *Herman the Archdeacon and Goscelin of Saint-Bertin. Miracles of St Edmund*, ed. and trans. by Tom Licence (Oxford: Oxford University Press, 2014), pp. 127-303
- GCL *The Miracles of the Hand of Saint James*, Gloucester Cathedral Library, MS 1, fols 171^v-175^v. The miracles are not numbered in the manuscript but each new miracle begins with a red or blue initial. I have numbered them for ease of reference.
- GW Gerald of Wales, *The Life of St. Hugh of Avalon, Bishop of Lincoln 1186-1200*, ed. and trans. by Richard M. Loomis, Garland Library of Medieval Literature A, 31 (New York, NY and London: Garland, 1985)
- Herman Herman the Archdeacon, 'Miracles of St Edmund', in *Herman the Archdeacon and Goscelin of Saint-Bertin. Miracles of St Edmund*, ed. and trans. by Tom Licence (Oxford: Oxford University Press, 2014), pp. 1-125

- Metrical Life *The Metrical Life of Saint Hugh of Lincoln*, ed. and trans. by Charles Garton (Lincoln: Honeywood Press, 1986)
- ODNB *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004)
- TM1 Thomas of Monmouth, *The Life and Miracles of St William of Norwich*, ed. and trans. by Augustus Jessop and M.R. James (Cambridge: Cambridge University Press, 1896)
- TM2 Thomas of Monmouth, *The Life and Passion of William of Norwich*, trans. by Miri Rubin (London: Penguin, 2014)
- Vespasian B.IX *The Book of the Foundation of Saint Bartholomew's Church in London*, London, British Library, MS Cotton Vespasian B.IX. The miracles are not numbered in the manuscript but each new miracle begins with an initial written in blue and decorated in red. I have numbered them for ease of reference.
- WC William of Canterbury, 'Miracula Sancti Thomae Cantuariensis', in *Materials for the History of Thomas Becket, Archbishop of Canterbury*, ed. by James Craigie Robertson, 7 vols (London: Longman, 1875-85), I (1875), 137-546

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Introduction

But what is easier, to give health of the mind or of the body? He who brought light to these corporeal eyes also restored a youth of Fordwich, Henry, to his mind. He had been insane for some days and had inflicted an unexpected wound of pain on his friends. He was hauled to the saint with his hands tied behind his back; he was presented to the saint, although he struggled and cried out. He raved there all day but as the light of the sun receded, the light of reason little by little began to be restored. He spent the night in the church; the next day, his sanity returned.¹

Henry of Fordwich was a madman who was believed to have been miraculously cured of his insanity when, in the early 1170s, he was brought to the shrine of Saint Thomas Becket in Canterbury Cathedral. His story was made known to the monks of Christ Church Cathedral Priory and recorded in one of two twelfth-century miracle collections that contained more than seven hundred miracles attributed to Becket. In the miracle collection, the record of Henry's cure follows that of Robert of Thanet, a blind man who miraculously recovered his sight.² His are the 'corporeal eyes' referred to at the beginning of Henry's miracle where a comparison is made between physical and mental healing.

Within fifty years of its recording, Henry's miraculous healing had been immortalised in stained glass as part of a series of miracle windows that

¹ BP, II.13, p. 66. 'Sed quid est facilius, dare salutem mentis an corporis? Qui oculos hujus corporeos illuminavit, juvenem de Fordwico Henricum menti restituit. Insaniverat diebus aliquot et amicis suis inopinatum doloris vulnus inflixerat. Colligatis a tergo manibus, ad sanctum trahitur; sancto, renitens licet atque reclamans, praesentatur. Ubi tota die insaniens, recedente luce solis, lucem rationis paulatim recuperare coepit. Pernoctavit in ecclesia; sanissimus in crastino remeavit.'

² Ibid., II.12, p. 65.

were produced to surround Becket's new shrine. Eight hundred years on, this stained glass representation of Henry can still be seen in two roundels in window North IV of Canterbury Cathedral's Trinity Chapel ambulatory. To both the modern observer, unable to read the Latin inscription,³ and the illiterate medieval pilgrim, Henry's condition and his cure are nonetheless recognisable. As in the miracle record on which the stained glass was based, Henry's hands are bound behind his back. He is restrained by two men holding clubs. In the second roundel, Henry kneels beside Becket's tomb to give thanks for his cure. His cloak, previously dishevelled, hangs neatly over his shoulders. The rope and sticks that were used to restrain him are displayed at the bottom of the panel, as no longer necessary.



³ 'Amens accidit. Orat, sanusq[ue] recedit.' / 'He arrives out of his mind. He prays and departs sane.'



Image 1: The Cure of Henry of Fordwich, North IV, Trinity Chapel, Canterbury Cathedral.⁴

Both the written record of Henry's cure and its stained glass representation reveal something of twelfth-century conceptions of madness. The miracle record and the stained glass inscription use different terms to describe the same state: 'insanire' (to be insane) and 'amens' (out of his mind). The Latin term *insania* literally referred to madness but was also associated with foolishness and rage.⁵ *Amentia* was a state of being out of one's mind or mad but could also be applied to excited or senseless behaviour.⁶ The comparison with Robert of Thanet's corporeal ('corporeos') ailment places madness in a separate category as a condition of the mind, and it was Henry's mind ('mens') that required restoration. Madness, as a condition of the mind, was

⁴ M.A Michael, *Stained Glass of Canterbury Cathedral* (London: Scala, 2004), pp. 112-13.

⁵ *Dictionary of Medieval Latin from British Sources*, ed. by R.E. Latham et al., 17 fascicules (London: Oxford University Press, 1975-2013), V (1997), 1397.

⁶ *Ibid.*, I (1975), 76.

made evident, in this case, through behavioural signs (inflicting harm on others), and was managed using physical restraint. Whilst blindness was a bodily ailment, madness was a mental illness, and it was the reasoning mind that demanded cure. Henry's madness, therefore, can be defined as a state in which the mind lacked reason, diagnosed by the observation of unusual behaviours, and an illness in the sense that it was contrary to health and necessitated a cure. Of course, this definition of madness cannot be broadly applied without comparison with representations of madness in other miracle texts. Nonetheless, it is a starting point from which we can proceed.

1. What is Madness?

Historians of madness have long grappled with defining the scope of their field of study. What do we mean when we discuss past perceptions and representations of *madness*? All too often, medieval madness has been equated with modern mental illness or, more precariously, with specific modern psychological and neurological complaints.⁷ More recently, historians have considered whether it is feasible – and indeed, useful – to associate conditions of the mind (which are reliant on interpretation, environmental factors, and genetic inheritance) in two societies – modern and medieval – where the very nature of the mind itself is interpreted differently.⁸

In the present day, we see a plethora of attempts by advocates of reason to categorise and correct *unreason*. States of *unreason* are labelled, defined, and

⁷ For example; Basil Clarke, *Mental Disorder in Earlier Britain* (Cardiff: University of Wales Press, 1975) and Simon Kemp, *Medieval Psychology* (New York, NY: Greenwood Press, 1990).

⁸ In order to avoid retrospective categorisations, historians have focused on micro-studies of specific conditions as defined by individual medieval writers. See for example, Danielle Jaquart, 'Les avatars de la phrénitis chez Avicenne et Rhazès', in *Maladie et Maladies: Histoire et conceptualisation. Mélanges en l'honneur de Mirko Grmek*, ed. by Danielle Gourevitch (Geneva: Droz, 1992), pp. 181-92.

treated in the disciplines of psychiatry, neurology, homeopathy, and religion, to name but a few. The terms we use to describe unreason are similarly varied: depression; anxiety; bipolar disorder; post-traumatic stress disorder; schizophrenia; obsessive-compulsive disorder. In the United Kingdom, psychiatrists largely diagnose mental health conditions based on the International Classification of Diseases (ICD-10), which is published by the World Health Organisation (WHO), and allows practitioners to compare a patient's symptoms against standard symptoms that are listed for recognised conditions. For example, to be suffering from Generalised Anxiety Disorder, a patient must experience some of the following symptoms in a 'generalized and persistent' way that is not restricted to a particular environment or situation: 'complaints of persistent nervousness, trembling, muscular tensions, sweating, lightheadedness, palpitations, dizziness, and epigastric discomfort'.⁹ Evidently, there is room for interpretation here on the part of the diagnosing psychiatrist, but the diagnosis that a patient receives, nonetheless, has a direct impact on his/her psychiatric treatment and wider care (for example, when applying for disability benefits).

Those suffering from mental health conditions can also turn to alternative therapies, like acupuncture or aromatherapy, though few of these are recommended by the National Institute of Health and Care Excellence (NICE), and are thus not funded by the National Health Service (NHS).¹⁰ Furthermore, the diagnoses outlined in ICD-10 are not the only categorisations applied to those suffering from mental conditions that are used to determine their mental state and appropriate care. For example, in

⁹ *International Statistical Classification of Diseases and Related Health Problems*, 10 (2016), <<http://apps.who.int/classifications/icd10/browse/2016/en#/F41.1>> [accessed 7 September 2016] (F41.1).

¹⁰ 'Complementary and Alternative Therapy', *Mind: A registered charity in England* (no.219830) <<http://www.mind.org.uk/information-support/drugs-and-treatments/complementary-and-alternative-therapy/what-are-they/?o=6829>> [accessed 7 September 2016].

order to be classified as legally insane and to enter a legal defence of insanity in relation to criminal charges, a person must be deemed to lack the ability to make a rational decision.¹¹ Modern perceptions of mental health are thus conceived according to the reasoning authority that establishes a boundary between reason and unreason. We diagnose mental health problems in relation to mental and physical states that we consider to be *normal* (legally normal, medically normal, socially normal, etc.).

This thesis demonstrates that representations of madness in the Middle Ages were, like those we encounter today, subject to the authority of reason. As in the modern discourse on mental health, variation can be seen in medieval approaches to madness, as was demonstrated above in the record of Henry of Fordwich's miraculous cure. In his renowned *History of Madness*, which traces conceptions of madness from the Middle Ages to the modern day, Michel Foucault urges that historians consider madness

without supposing a victory, nor the right to victory; we must speak of these repeated gestures in history, leaving in suspense anything that might take on the appearance of an ending, or of rest in truth; and speak of that gesture of severance, the distance taken, the void installed between reason and that which is not, without ever leaning on the plenitude of what reason pretends to be.¹²

For Foucault, madness was an 'exchange' between reason and unreason, which, with the advent of psychiatry, became a monologue in which reason dictated the boundaries of madness.¹³ Implicit in the 'gesture of severance' is the implication that reason holds authority over madness as *that thing which it is not*. Thus, the 'void' between reason and madness oscillates with the

¹¹ [1843] United Kingdom House of Lords Decisions [UKHL] J16, 8 ER 718, <<http://www.bailii.org/uk/cases/UKHL/1843/J16.html>> [accessed 7 September 2016].

¹² Michel Foucault, *History of Madness*, ed. by Jean Khalfa, trans. by Jonathan Murphy and Jean Khalfa (London and New York, NY: Routledge, 2006), p. xxviii.

¹³ *Ibid.*, p. xxviii.

authority of reason, and representations of madness are dependent upon the reasoning authority that severs them from reason, as was demonstrated in the modern examples above, and as, I shall demonstrate, was also the case in the Middle Ages.

Foucault writes only generally about medieval perceptions of madness, and the examples he gives are few and sporadic.¹⁴ According to his premise, in the later Middle Ages, madness replaced leprosy in 'the game of exclusion', and was epitomised in the legend of the Ship of Fools, which transported the mad to the threshold of society, and held their fate to the uncertainty of the sea.¹⁵ From his position of uncertainty, the madman possessed an elusive freedom that the wise man could never experience, and, for this reason, he earned a fearful respect. With the advent of psychiatry, Foucault argues, madness was categorised and investigated, and this respect was lost. Because of this 'rupture' in the dialogue with madness, 'modern man no longer communicates with the madman' but instead 'delegates madness to the doctor'.¹⁶ What Foucault does not address here are the specific and individual conflicts and analogies that can be seen in medieval representations of madness through a close reading of medieval texts. By re-considering medieval madness, I explore the linguistic significance of different types of *madness*, and question whether it was only with the advent of psychiatry that madness came to be regarded as an illness.

In medieval miracle texts, various categorisations of madness converge. Madness, in this context, was not a distinct condition but rather a means of describing the symptomatic behaviour of individuals whose reason was impaired. Various circumstances could lead to an impairment of reason, and

¹⁴ Ibid., pp. 10-12.

¹⁵ Ibid., pp. 3-12.

¹⁶ Ibid., p. xxviii.

more specific terms than *amentia* and *insania* were used to differentiate between types of madness (as will be shown in Chapters I-III). Such variation is particularly pronounced in the context of the twelfth-century 'renaissance' (a concept that will be returned to presently), which saw significant medical, theological, and religious developments across Western Europe. Miracle texts present a mixing pot in which these ideas are critically employed as part of the miracle narrative.

Not only does this thesis explore representations of madness; it also dissects the cultural domain in which such representations were constructed, in search of the Foucauldian 'void' between reason and unreason. As far as possible, this 'void' will be approached from a medieval perspective. Given that the source material is limited to second-hand representations of madness, this approach necessarily lends itself to a navigation of the cultural significance of unreason from the standpoint of contemporary reasoning authorities, rather than a social engagement with medieval experiences of madness. Attention is paid to those states defined as *insania* or *amentia*, those conditions typified by unusual behaviour, and those disorders of the mind in which reason was perceived to be lacking. Many cases contain only one or two of these components, and consideration must be given as to whether or not madness can ever be identified as a single condition or whether the term should be applied more loosely when approaching states of the mind. Was the madman different from the fool? Was the demoniac comparable to the lunatic?

Roy Porter observes that madness is, and was in the past, 'an extremely broad sociocultural category'.¹⁷ The language of madness emerges not from a 'game of exclusion' but is manufactured only in the sense that 'society

¹⁷ Roy Porter, *Madmen: A Social History of Madhouses, Mad-Doctors & Lunatics*, 2nd edn (Stroud: Tempus, 2004), p. 9.

moulds basic human needs, wants, expressions into culture'.¹⁸ To define madness is to define otherness; the concept of madness relies on a deviation from the norm, and thus on subjective perceptions of normal behaviour. Is it possible to engage with the experiences of the medieval insane themselves without associating these experiences with terminology that we can relate to?

Madness is madness precisely *because* it makes (or is perceived to make) no sense, and hence poses problems of communication and of common meaning.¹⁹

Leigh Ann Craig's shrewd assessment of the challenges facing historians of madness is particularly relevant here. Should we, like Foucault, discuss madness as a purely social construct without organic reality? Or should we also consider that the language of reason is used to make sense of, or communicate, abnormality rather than to construct it? Whilst I do not propose to reconstruct the reality of medieval madness using hagiographical sources, it is nonetheless possible to observe that a reality of madness did exist. The label of madness is a social categorisation based on social constructions of normality. However, behind this categorisation is a genuine human experience that is deemed to be abnormal because it is experienced by a minority. Central to the use of miracle texts by historians is the consideration of what they meant to contemporaries: the contemporaries who wrote and compiled them, and the contemporaries who read and listened to them, but also the contemporaries who *featured* in these accounts, the pilgrims who made the often-treacherous journeys to saints' shrines and were blessed there with a cure for their ailments. By dissecting this three-way conversation, we can review the social constructs that made someone mad, and through them, glimpse the experiences of the mad themselves. This thesis is primarily a textual and linguistic study, with attention

¹⁸ Ibid., p. 10.

¹⁹ Leigh Ann Craig, 'The History of Madness and Mental Illness in the Middle Ages: Directions and Questions', *History Compass*, 12 (2014), 729-44 (pp. 731-32).

throughout to the social and intellectual context, and this focus marks it out from more social-historical studies in the Porter tradition or discourse studies like Foucault's.

My discussion takes the form of six thematic case studies: each based on one English cult that developed during the long twelfth century (see section 3 below). A case-study format allows me to consider the cultural context for representations of madness made in miracle texts on an individual, text-by-text basis. Representations of madness varied according to the reasoning authority(ies) recognised in each text, and recognition of authority was reliant on the geographical and chronological setting of the cult. To focus my investigation and to tie my individual case studies together, I pose six key questions that review interpretations and experiences of madness in the context of twelfth-century pilgrimage and miraculous healing from a sociocultural perspective. In the case of madness, social experience is reliant on cultural perception, and cultural perception is determined by social reality.

- What were the main representations of madness in twelfth-century English hagiography?
- How was madness represented as being caused?
- To what extent was madness attributed to demonic possession?
- What connections were made between madness, reason, and the body, mind, and soul?
- Was there a change in how madness was represented in English miracle texts over the course of the twelfth century?
- How did miraculous representations of madness relate to the wider twelfth-century theological and intellectual context?

The twelfth century has been referred to as the 'Medieval Renaissance': a period of cultural change that saw, among other things, the expansion of England's great cathedrals, the development of canon law, the emergence of the concept of purgatory, the rise of the universities, and the wide dissemination of Latin texts and translated Greek and Arabic works, which brought with them a wealth of new ideas.²⁰ Particularly relevant to this study are the development of Christian doctrine and the expanding authority of the Roman Church, as well as the diffusion of Greek and Arabic medical texts, which were translated into Latin. Nonetheless, Charles Burnett has argued that, whilst there was a change in approaches to learning in the West, the 'introduction of so many new texts in most fields of learning during the twelfth century made it simply impossible for one person to master them all', and this diversification led to the increased specialisation of both knowledge and vocabulary in particular fields.²¹ It is important to consider the impact of both increased standardisation and increased specialisation on the monks who compiled miracle texts. These monks would likely have been aware of shifting intellectual trends but would not have been experts in a particular field. For this reason, it is necessary to take a three-fold approach when evaluating the wider theological and intellectual context of miracle accounts compiled in the twelfth century. Representations of madness will be explored in relation to chronological shifts in medieval attitudes towards knowledge, to the dissemination of general and specialised texts on a local level, and to the individual reception of these ideas by the compiler.

²⁰ Charles Homer Haskins, *The Renaissance of the Twelfth Century* (Cambridge, MA and London: Harvard University Press, 1927), pp. 6-7.

²¹ Charles Burnett, 'The Twelfth-Century Renaissance', in *The Cambridge History of Science*, ed. by David C. Lindberg and Ronald L. Numbers, 8 vols (Cambridge: Cambridge University Press, 2002-forthcoming), II: *Medieval Science*, ed. by David C. Lindberg and Michael H. Shank (2013), pp. 365-84 (p. 373).

On a similar line to Burnett, Carl Watkins has suggested that changes in attitudes towards sin, penance, and purgatory may not have been as uniform as twelfth- and thirteenth-century theological texts might suggest.²² References to purgatory, as a distinct location in which souls awaited ultimate salvation through intercessory prayers made for them on earth, have not been found before the twelfth century.²³ The possibility of salvation for those who were not saints and monks brought with it an increased concern with individual piety, and closer scrutiny of the relationship between ordinary Christians and God. The opportunity for redemption prompted the gradual replacement of the avenging God of the Apocalypse with the just God of the Last Judgement.²⁴ At the same time, heavenly compassion became more evident on earth through miraculous healings of the sick. As part of the expansion of hagiographical writing in twelfth-century England, miracle texts provide a unique record in which the changing relationship between the individual and the divine can be glimpsed. Established associations between madness and sin were challenged by the saint's emerging role as a purveyor of salvation: something that can be seen in the miraculous cures of mad pilgrims.²⁵ The purpose of parts two and three of this introduction is to relate my work to developments in the relevant historiography, which has addressed the changing role of the saint in twelfth-century England, and to provide some wider context for the study of madness in twelfth-century miracles.

²² C.S. Watkins, 'Sin, Penance and Purgatory in the Anglo-Norman Realm: The Evidence of Visions and Ghost Stories', *Past and Present*, 175 (2002), 3-33 (pp. 32-3).

²³ Jacques Le Goff, *The Birth of Purgatory*, trans. by Arthur Goldhammer (Chicago, IL: University of Chicago Press, 1984), p. 135.

²⁴ *Ibid.*, p. 232.

²⁵ Watkins, p. 31.

2. Working with Miracles I: A Review of the Relevant Historiography

The miracles that are examined in this thesis were recorded at saints' shrines, either within dedicated miracle collections or incorporated into *Vitae*, which detailed the lives and deeds of the saints. The historical study of miracles has become increasingly popular and widespread in the last fifty years. As a relatively-new field of investigation, various methodological approaches to hagiographical texts have been explored by historians. Even so, we have only scratched the surface of what this vast volume of material can offer. This review summarises key historiographical trends in the analysis of miracle texts as a way of elucidating my own methodological approach and its place within this tradition.

2.1. Overview Studies

The full implications of what it meant to contemporaries to join Heaven and Earth at the grave of a dead human being has not been explored as fully as it deserves.²⁶

Thus begins Peter Brown's ground-breaking study of *The Cult of the Saints*, published in 1981. Whilst Brown himself concentrates on exploring the theoretical framework within which the 'cult of the saints' functioned and thrived in the late antique period, his call to consider fully the implications of this phenomenon has led the historians who followed him to open their minds to the use of hagiographical documents as both literary and historical sources. Brown stresses the importance of the clerical context for the cult of saints, which had hitherto been disregarded as popular religion by historians like Edward Gibbon, but which was more likely part of an educated culture, in which the circumstances of individuals were explored through the lens of

²⁶ Peter Brown, *The Cult of the Saints: Its Rise and Function in Latin Christianity*, rev. edn (Chicago, IL: University of Chicago Press, 2015), p. 1.

elite belief and learning (and by the twelfth century, monastic belief and learning too, though this period is outside the scope of Brown's study).²⁷ Brown denies that 'popular' belief can be considered as separate from intellectual religious discourse since strands of influence ran between different elements of society.²⁸ Instead, he considers 'the rhythms of cure', by which he means the recognisable patterns of miraculous healing that gave the miracle collection momentum when read to a medieval audience.²⁹ I apply Brown's postulate to my study of hagiographical representations of madness by considering the role that mad pilgrims played in the greater hagiographical narrative, as well as the social structures that influenced hagiographers' interpretations of madness and miraculous cures of the mad.

Within the climate of increased historical interest in the miraculous cures performed at medieval shrines that developed in the 1970s and '80s emerged two overview studies that attempted to use details extracted from hagiographical records to construct social histories of the cult of saints from the perspectives of medieval pilgrims. The first of these studies was Ronald Finucane's *Miracles and Pilgrims: a statistical survey of over three thousand miracle accounts recorded in England in the period 1066 to 1300*.³⁰ Finucane is careful not to draw too hasty conclusions from his statistical analysis, stressing the 'diversity' of medieval shrines and the fact that 'each saint's cult had its own history', but he does use his findings to make comparisons between cults; did more women visit a certain shrine over another, or did certain saints specialise in healing certain conditions?³¹

²⁷ Ibid., pp. 48-9.

²⁸ Ibid.

²⁹ Ibid., p. 81.

³⁰ Ronald C. Finucane, *Miracles and Pilgrims: Popular Beliefs in Medieval England* (New York, NY: St. Martin's Press, 1977; repr. 1995), p. 9.

³¹ Ibid., pp. 11-13.

Whilst Finucane's approach provides a systematic review of a vast number of sources, something is lost in the analysis of the individual hagiographer. The shortcomings in his broad statistical methodology are particularly evident in his examination of medieval medicine, which he appraises in modern terms: for example, by comparing medieval cauterisation to modern-day acupuncture therapy.³² In such instances, Finucane's conclusions would benefit from closer attention to medieval terminology and to what the language used in miracle texts can reveal about their composition and the conditions they represent. His analysis of madness is cursory and focuses predominantly on demonic possession.³³ He also argues that 'contemporaries usually made no distinction between epilepsy and insanity', which is something that I challenge in Chapter II.³⁴ Finucane focuses on the beliefs of the majority who, he suggests, submitted to the procedures used by medieval physicians in their 'desperate ignorance'.³⁵ What is missing from his consideration is the sometimes substantial medical knowledge of hagiographers themselves, which surely influenced their notions of healing and their portrayals of *popular* medicine.

Finucane's statistical approach was repeated, and it could be said extended, in 1985 by Pierre-André Sigal.³⁶ Sigal concentrates on miracles recorded in medieval France in the eleventh and twelfth centuries, the majority of which came from the period 1050 to 1150 and from the region between the Seine and the Meuse.³⁷ However, despite making such chronological and geographical distinctions in his introduction, Sigal pays little attention to the context of his sources or to the hagiographical perspectives of those who compiled them. What he does do, first and foremost, is highlight the

³² Ibid., p. 61.

³³ Ibid., pp. 107-09.

³⁴ Ibid., p. 107.

³⁵ Ibid., p. 60.

³⁶ Pierre-André Sigal, *L'homme et le miracle dans la France médiévale (XI^e-XII^e siècle)* (Paris: Cerf, 1985).

³⁷ Ibid., p. 13.

usefulness of miracle collections as sources for social history, particularly through his in-depth consideration of various medical conditions. Unfortunately though, like Finucane's, his statistical analysis is rather limited in this regard by his use of modern categories of illness, including distinctions between mental and neurological conditions that traverse medieval boundaries.³⁸ In his section on mental illnesses ('les affections mentales'), he proposes that all bouts of aggression from mentally ill pilgrims were connected with demonic possession because of the inhuman barking, roaring, howling, and blaspheming that accompanied them.³⁹ My examination of violent madness in Chapter IV provides multiple examples that contradict this claim, and demonstrates the advantages of analysing an individual hagiographer's approach to violence in the text as a whole and then in relation to mad pilgrims. In order to appreciate representations of madness in miracle collections, we cannot simply *extract* social details without paying attention to their cultural, intellectual, and literary settings.

Benedicta Ward has focused her attention on the intellectual theory behind miracles and hagiographers' understandings of the miraculous.⁴⁰ She separates miracle collections into two types, roughly based on their chronology and the role of the saint within the text. The 'traditional' (pre-twelfth-century) miracle collection was written in a monastic environment that lacked secular security, and so the saint acted as protector, promoting monastic interests and avenging wrongs through his/her miracles.⁴¹ The second category, 'modern' miracles, Ward argues, became more prominent in the twelfth century, when there was no longer a need for spiritual protection, and monasteries turned their attention towards attracting

³⁸ Ibid., pp. 236-43.

³⁹ Ibid., pp. 236-37.

⁴⁰ Benedicta Ward, *Miracles and the Medieval Mind: Theory, Record and Event 1000-1215*, rev. edn (Philadelphia: University of Pennsylvania Press, 1987).

⁴¹ Ibid., p. 36.

pilgrims to shrines in search of cures for their ailments.⁴² Admittedly, this summary is a simplification of Ward's model, and it is important to note that she does allow for variations from shrine to shrine.⁴³ Nonetheless, through my study of six cults across the twelfth century, I demonstrate that geographical, social, and cultural contexts are just as important as chronological context when considering the focus of a cult and the way in which a miracle collection was constructed. Ward's chronological model obscures the nuances within and distinctions between twelfth-century miracle collections, which are recognised in my case study format.

Ward's intellectualist approach to the study of miracles does present some further limitations. In contrast to Finucane and Sigal, she concentrates on the composition of miracle narratives rather than the recipients of cures themselves. Whilst she does provide much-needed context for the cult of saints, and for Finucane and Sigal's studies, her argument could be extended by further consideration of the individual context for each saint, cult, and hagiographer within the milieu of theories put forward by churchmen like Augustine, to whom she pays specific attention. The historians who follow Ward have developed her original thesis by reflecting on the internal functioning of the cult of saints within her theological framework, but also by extending their gaze to the practical environment for the recording of, and the belief in, the miraculous. Robert Bartlett, for example, has observed that the 'distinctive features' of individual cults are evidence of the diversity and malleability of hagiographical texts, which established local appeal whilst also conforming to the expectations of their genre.⁴⁴

⁴² Ibid., p. 67.

⁴³ Ibid.

⁴⁴ Robert Bartlett, *Why Can the Dead Do Such Great Things? Saints and Worshippers from the Martyrs to the Reformation* (Princeton, NJ and Oxford: Princeton University Press, 2013), p. 347 and p. 637.

Bearing in mind Bartlett's call to consider both the local community, who gave the cult their support, and the ecclesiastical authorities, who gave the cult their sanction, my thesis focuses on twelfth-century England. In each of the six cults that I examine, I pay close attention to the local demands of the monastic and wider community, and to the broader demands of the changing genre of hagiography. I also expand my study beyond the 'grave[s] of dead human being[s]' by including the cult of Saint Hugh of Lincoln, who performed many of his miraculous healings during his lifetime, and was represented by his hagiographers as personally interacting with the mad and with other sick men, women, and children. Through an examination of Hugh's pre-death miracles, I compare the role of the living saint with that of relics of the dead in representations of healing processes. Posthumous miracles have been the focus of previous overview studies, and Chapter VI of this thesis provides an alternative perspective of the personal relationship between holy man and madman, and between a living saint and his community.

2.2. Periodisation: Hagiography in the Twelfth and Thirteenth Centuries

Through miracles the personal and communal aspects of Christian identity merged. [...] An aspect of the twelfth-century growth in learning was the colonization of the miraculous by what we would now recognise as more rational procedures of inquiry into knowledge.⁴⁵

As historians have paid greater attention to the context of hagiographical writing, they have increasingly appreciated the connections between hagiography and Christian identity. Simon Yarrow's aim is to move away from Finucane's abstract consideration of sources without much by way of context and chronology, and from Ward's intellectual approach to texts that are in fact reflective of community beliefs. He adopts a novel methodology

⁴⁵ Simon Yarrow, *Saints and their Communities: Miracle Stories in Twelfth-Century England* (Oxford: Oxford University Press, 2006), p. 1.

that takes into account 'the social as well as the intellectual setting of the miraculous.'⁴⁶ Yarrow focuses on twelfth-century England, which, as he identifies, was undergoing a shift in its approach to the miraculous, partly because of the influence of events at Canterbury. Both the translation in 1091 of six abbots to shrines in Saint Augustine's Abbey, and the murder of Thomas Becket in 1170 prompted further translations elsewhere as well as the compilation of larger miracle collections.⁴⁷ Nonetheless, Yarrow argues that Ward's designation of the twelfth century as the start of the 'modern' age of miracles is problematic given that many twelfth-century miracle collections contain elements that she would classify as 'traditional'. It is more useful, he suggests, to place greater significance on the economic and social context of individual cults, rather than on a chronological category, and this thesis provides further validation of his approach.⁴⁸

Rachel Koopmans proposes an alternative chronology to Ward's for twelfth-century recording of the miraculous in which she identifies phrases of social and cultural development. She evaluates miracles recorded between the Norman Conquest and the end of the twelfth century, during which time, she argues, a 'miracle-collecting mania' developed in England.⁴⁹ Whilst no event caused a clear-cut break, she contends that this period can be divided into two phases of miracle collecting:

- c.1080-1140: Medium-sized collections, monastic miracles.
- c.1140-1200: Long collections, more interest in the stories of the laity.⁵⁰

⁴⁶ Ibid., pp. 9-10.

⁴⁷ Ibid., pp. 7-8.

⁴⁸ Ibid., p. 10.

⁴⁹ Rachel Koopmans, *Wonderful to Relate: Miracle Stories and Miracle Collecting in High Medieval England* (Philadelphia: University of Pennsylvania Press, 2011), p. 2.

⁵⁰ Ibid., pp. 3-4.

The second phrase coincided with a growing concern across Western Europe to commit the customs and stories of the past and present to writing.⁵¹ It is this second phase (c.1140-1200) with which this thesis is primarily concerned, though my comparison of twelfth-century miracle collections with Saint Edmund's late eleventh-century miracles demonstrates the impact of the late twelfth-century 'miracle-collecting mania' on representations of madness. Koopmans contends that the increasing application of complicated medical terminology in miracle texts is illustrative of the changing position of the saint in twelfth-century England, as well as the increasingly-rigorous process of miracle recording, and the introduction into English monasteries of medical ideas from, for example, the Italian medical schools in Salerno.⁵² Nonetheless, an examination of the terminology used to describe states of madness reveals that twelfth-century hagiographers drew on various authorities and that *medical* or *natural* concepts of suffering had not yet acquired the autonomy that they would in later centuries.

Both André Vauchez and Michael Goodich have traced perceptions of authority in thirteenth-century miracle texts as papal control of the theory and practice of canonisation increased. According to Vauchez, miracles that could be recorded and verified by the papal curia were preferred to those in the locally-compiled collections examined in this thesis.⁵³ Goodich argues that stringent proofs demanded of miracles by the papal curia reflect the rise of Scholastic philosophy as well a growing concern with the tricks of the devil and with heresy.⁵⁴ Nonetheless, in her 2011 doctoral thesis, Louise Wilson observes that canonisation processes applied similar methods for authenticating and recording miracles as those used by hagiographers and

⁵¹ *Ibid.*, p. 3.

⁵² *Ibid.*, pp. 193-98.

⁵³ André Vauchez, *Sainthood in the Later Middle Ages*, trans. by Jean Birrell (Cambridge: Cambridge University Press, 1997), pp. 22-57.

⁵⁴ Michael Goodich, *Miracles and Wonders: The Development of the Concept of Miracle, 1150-1350* (Aldershot: Ashgate, 2007), p. 120.

miracle compilers.⁵⁵ The rigorous recording of the miraculous that can be seen in the thirteenth century is perhaps not, therefore, the result of increased papal control, and is instead illustrative of the adaptation of the cult of saints to the demands of contemporary legal and medical expectations. The twelfth century, in this regard, presents a more complicated picture than the thirteenth since it was the period in which hagiographers were expanding and experimenting. Therefore, when exploring hagiographical representations of madness, we must pay attention not only to the wider context of beliefs about madness but also to the individual hagiographer's application of these beliefs.

2.3. *Thematic Studies*

Following on from and in conjunction with the periodisation of hagiography studies, historians have also paid attention to particular themes that are prevalent in certain hagiographical texts and reveal something of the emphasis of contemporary learning. The twelfth century has been highlighted as a period of cultural change, which is reflected in shifting hagiographical representations of illness. For example, Hilary Powell has looked at Thomas Becket's miracles for evidence of pregnancy and childbirth experiences in twelfth-century England. She concludes that the 'status of childbirth miracles changed considerably during the twelfth century', due, in large part, to an increased acceptance by twelfth-century hagiographers of lay and female testimony.⁵⁶ Nonetheless, she also stresses the importance of considering the context in which individual miracle collections were produced.⁵⁷ In her study of Becket's two twelfth-century miracle collections, Gesine Oppitz-Trotman notes how the 'two writers went about their task in

⁵⁵ Louise E. Wilson, 'Miracle and Medicine in Medieval Miracula ca. 1180 - ca. 1320' (unpublished doctoral thesis, University of Cambridge, 2011), p. 177.

⁵⁶ Hilary Powell, 'The "Miracle of Childbirth": The Portrayal of Parturient Women in Medieval Miracle Narratives', *Social History of Medicine*, 25 (2012), 795-811 (p. 811).

⁵⁷ *Ibid.*, p. 103.

markedly contrasting ways', which demonstrates that, even within the scope of one cult, the contextual background for each miracle collection needs to be examined individually.⁵⁸ In this thesis, I demonstrate that changes to miracle collecting were not always felt progressively over the course of the twelfth century, and that variations are evident between individual compilers. Through an appraisal of the multifarious representations of madness in miracle texts, a picture emerges of the changing sociocultural experience of madness in twelfth-century England.

One of the most recent edited volumes to consider the merits of various methodological approaches to miracle texts, *Contextualizing Miracles in the Latin West*, explores the chronological context of saints' cults in relation to thematic explorations of contemporary beliefs and culture. Such an approach calls for an examination not of the veracity of miracles themselves but of the precedents surrounding their recording. Louise Wilson points out that, though hagiographers may have been familiar with 'new learning', they were 'by no means at its speculative cutting edge' and therefore, miracle texts present an amalgamation of 'practical knowledge, natural philosophy, medical theory and theology'.⁵⁹ Iona McCleery is thinking along similar lines when she argues that the medical ideas expressed in miracle accounts are in fact part of a religious experience, and thus religion and medicine cannot be separated in these texts.⁶⁰ In her 2015 doctoral thesis, Véronique Thouroude questions whether the illnesses described in miracle texts should

⁵⁸ Gesine Oppitz-Trotman, 'Penance, Mercy and Sainly Authority in the Miracles of St Thomas Becket', in *Saints and Sanctity*, ed. by Peter Clarke and Tony Claydon, *Studies in Church History*, 47 (Woodbridge: Boydell, 2011), pp. 136-47 (p. 136).

⁵⁹ Louise E. Wilson, 'Conceptions of the Miraculous: Natural Philosophy and Medical Knowledge in the Thirteenth-Century *Miracula* of St Edmund of Abingdon', in *Contextualizing Miracles in the Christian West, 1100-1500: New Historical Approaches*, ed. by Matthew M. Mesley and Louise E. Wilson, *Medium Ævum*, 32 (Oxford: Society for the Study of Medieval Language and Literature, 2014), pp. 99-125 (p. 101).

⁶⁰ Iona McCleery, "'Christ More Powerful Than Galen'? The Relationship Between Medicine and Miracles', in *Contextualizing Miracles*, ed. by Mesley and Wilson, pp. 127-54 (p. 152).

be thought of as ‘medical conditions’ or whether they should instead be read as representations of experiences.⁶¹

This stance is especially relevant to the study of representations of madness, which incorporated what modern readers would classify as both *medical* and *religious* elements. I maintain that both elements were intrinsic to medieval interpretations of *health*, which combined the physical, mental, and spiritual, and that, when considering medieval illness, it is important not to impose modern distinctions and categories. Contemporary conceptions of health and sickness were also changing throughout the twelfth century as part of wider theological and intellectual developments. Nonetheless, reception of these theories depended on chronological, geographical, and individual circumstances, which I take into account in each of my thematic case studies. To use the words of Matthew Mesley, it is time to ‘[insert] the miraculous back into the broader trends and developments of the medieval world.’⁶²

3. Working with Miracles II: Thesis Structure and Aims

3.1. Structure

The chapters in this thesis represent six case studies: each looking at an individual cult and the miracles associated with it. The thematic structuring of chapters allows for a discussion of the various components of madness, whilst acknowledging that hagiographers were not uniform in their approaches, which were influenced by the time and place in which they wrote. The themes that I explore in my six chapters are not put forward as arbitrary categorisations, but as starting points from which to examine the

⁶¹ Véronique Thouroude, ‘Sickness, Disability, and Miracle Cures: Hagiography in England, c.700 - c.1200’ (unpublished doctoral thesis, University of Oxford, 2015), pp. 233-34.

⁶² Matthew M. Mesley, ‘Introduction’, in *Contextualizing Miracles*, ed. by Mesley and Wilson, pp. 1-15 (p. 15).

various emphases of miracle compilers and the various experiences of mad pilgrims at twelfth-century shrines. By extracting one dominant theme per saint's cult, I am able to respect the integrity of each miracle collection whilst avoiding repetition in each chapter. The case studies are not intended to be read independently of one another but instead serve as a means of comparing approaches to madness – as the incomprehensible – at a time when approaches to the comprehensible were undergoing considerable upheaval.

I focus on English cults in the long twelfth century, which, as discussed above, witnessed significant cultural developments, particularly in relation to the boundaries between the secular and the sacred, and the human and the divine. It is beyond the scope of this thesis to survey all of the miracles recorded in twelfth-century England. First and foremost, the miracle texts of the six cults that I have chosen warrant discussion because they include a substantial number of madness miracles or references to madness. The cults also represent a broad range of hagiographical perspectives, which lend themselves to comparison.

The six cults that make up my case studies, along with the dominant theme that will be examined in relation to each of them are:

- Saint Edmund the Martyr at Bury: the role of the saint as a regional and local protector and patron, and his use of madness as a miraculous punishment.
- Saint Thomas Becket at Canterbury: the influence of new medical ideas and language, and their impact on hagiographical representations of madness.

- Saint Bartholomew in London: the association between madness and demonic possession, and the interaction between saint, demon, and madman.
- William of Norwich: violence as a sign of madness, and the restraint of violent pilgrims.
- Saint James at Reading: the relationship between the body and the mind, and the connections between mental suffering and its physical symptoms.
- Saint Hugh of Lincoln: the living saint's role in healing mad pilgrims, and balance and health as antonyms of madness.

Thomas Becket, William of Norwich, and Hugh of Lincoln were new saints, contemporary to the twelfth and thirteenth centuries. Saint James and Saint Bartholomew, whilst having long traditions of veneration as apostles, found new cult centres in England in the twelfth century. Thus, five of these cults can be classified as *new* in the sense that they lacked precedents in the geographical location with which they were associated in twelfth-century England. The cult of Saint Edmund the Martyr stands out from this group in that there was already a tradition of his veneration at Bury. The influence of Abbo of Fleury's *Vita* of Saint Edmund (composed 985-87) on the late eleventh-century miracles associated with the saint is considered in Chapter I, which explores this cult. This chapter allows for a brief examination of the role that older hagiographical traditions, specifically those connected with a certain cult, played in the representation of illness and healing by later writers. Not only does this examination provide a comparison which can be set against the other cults explored in this thesis, it also demonstrates that my approach can work for other cults. Furthermore, Edmund's eleventh-century miracle collection was re-written most likely within ten years of its completion, and the two collections provide an opportunity to explore the

impact on representations of madness of both a sudden change in focus for the cult and a significant change in style from one hagiographer to the next.

I have separated my case studies into two sub-sections: the first concentrating on the causes and classification of madness, and the second on its treatment and cure. These categories roughly reflect the emphasis of individual hagiographers. The first section, *Cause and Classification*, comprises of three case studies of the cults of Saint Edmund at Bury, Saint Thomas Becket and Saint Bartholomew. In his *Summa Theologiae* (written 1265-74), Thomas Aquinas listed three possible causes of madness - divine power, physical infirmity and demonic interference - each of which will be examined in my first three case studies.⁶³ Distinctions between different types of madness were likely prime concerns for contemporary physicians, particularly because the cause of an illness often determined its cure. Hagiographers, conversely, detailed the symptoms of an invalid not to determine the appropriate cure but to illustrate the transition between sickness and health; all cures were performed miraculously by the saint. In line then with the hagiographers' own approaches, my first three case studies focus on the symptoms of illness, and my second section examines the patient's return to a state of health.

Interpretations of the causes of madness naturally impacted on representations of *Treatment and Cure*, which are the focus of my second three case studies. Cure was almost always the conclusion to the miracle record, except in certain cases where the pilgrims either continued their

⁶³ Thomas Aquinas, *Summa Theologiae*, ed. by Pope Leo XIII, 8 vols (Rome: Ex Typographia Polyglotta S. C. de Propaganda Fide, 1888-1906) X (1899), *Secunda Secundae*, *Quaestio 175*, *Articulus 1*, p. 402. 'Huiusmodi autem abstractio, ad quaecumque fiat, potest ex triplici causa contingere. Uno modo, ex causa corporali, sicut patet in his qui propter aliquam infirmitatem alienationem patiuntur. Secundo modo, ex virtute daemonum, sicut patet in arreptitiis. Tertio, ex virtute divina.'

pilgrimage or relapsed. There were practical, theological, and medical concerns to be taken into account when arranging for the treatment of a mad pilgrim. Before arriving at a shrine, and whilst awaiting a cure, it was often necessary to restrain mad pilgrims because of their previous violent behaviour, or because of the assumption that they could and would act violently. Representations of violent mad men and women are explored in the first chapter of the second section, which focuses on the miracles of the boy martyr, William of Norwich.

The final two chapters examine a concept that is central to my analysis of madness: the roles of the body, mind, and soul. In the miracles of Saint James at Reading and Saint Hugh of Lincoln, I consider the process of miraculous cure and the significance of the saint as a healer of the bodies, minds, and souls of mad pilgrims. I argue that the cure for a particular condition naturally required the treatment of that part of the sufferer in which the condition was believed to have originated, and upon which its effects could be seen and described. Thus, the cure for madness was intrinsically connected to its cause and, as will be shown in section one, determining this cause was not always straightforward. Multiple theories regarding the origin of madness existed, and these often converged in miracle accounts because, unlike the physician, the saint was able to engage with the bodies, minds, and souls of his/her patients. An examination of the connectivity of the body, mind, and soul is essential because madness impinged on the physical, mental, and spiritual health of the pilgrim. A study of miracle narratives demonstrates how this complicated condition was rationalised within an environment where the perceived significance of the illness took precedence over the practicalities of the cure.

3.2. *Aims and Scope*

I concentrate on the various miracle compilers' intentions in the establishment of each cult, and as separate from the precedents of previous writings associated with that cult. My aim is to explore the influences of twelfth-century theological and medical developments rather than the specific hagiographical traditions associated with long-established cults. Nonetheless, the local and regional contexts of these cults will be examined in relation to their formation, and it is therefore important that each cult is associated with a specific place (Bury, Canterbury, London, Norwich, Reading, and Lincoln). The miracles compiled at these shrines were composed within the monastic culture of their respective settings, which can be considered in terms of the monastic institutions that housed the shrines, the monastic libraries that the miracle compilers had access to, and the individual backgrounds of those hagiographers whose identities are known.

All the cults were based in cathedral cities or large towns, and the miracles reveal engagement between the religious communities and the local people, as well as with the wider population of England and Western Europe. Given the fairly close proximity of the shrines, with the five of the six located in central or eastern England (the exception being the cult of Hugh of Lincoln, which, nonetheless, had widespread appeal because of the Bishop's influence in the royal court as well as in his own diocese), some pilgrims are recorded as having visited more than one shrine in the hope of a cure, and these records allow me to explore the interaction and association between English cults in this period. For example, a crippled girl called Ysembela, who was eventually healed by Saint James at Reading, had previously travelled to Canterbury to seek a cure from Saint Thomas Becket.⁶⁴ This thesis compares the six cults in relation to each other, to their local context, and to their national significance.

⁶⁴ GCL, XX, fol. 174r.

The saints themselves represent a range of *saintly types*; we have one Anglo-Saxon king, two recent martyrs, two apostles, and one virtuous bishop. William of Norwich was never officially canonised despite the lasting impact of his cult on Jewish blood libel myths. Two of Saint Hugh of Lincoln's miracle texts were compiled before his canonisation in 1220, though most likely with canonisation in mind. Five of the cults were fostered in Benedictine monasteries, where there was a marked commitment to learning, and access to an education system that endorsed the secular arts (the learning of which was a form of mental discipline), as well as liturgical study, and made a significant contribution to the copying, transmission, and preservation of texts.⁶⁵ The exception, Saint Bartholomew's Priory of Augustinian canons, was one of many such foundations made in England in the twelfth century not necessarily to serve a local need, as they had in previous centuries, but rather to provide the canons with a rigorous spiritual code.⁶⁶

With more time and space, there is scope to extend this investigation to include additional cults. For example, the representations of madness in the miracles of Saint Frideswide, compiled in the late twelfth century by Prior Philip of the Augustinian priory in Oxford, reveal similar variances in language and aetiology to those seen in the miracles associated with the six cults examined in this thesis. A mad girl called Emelina was described as being 'alienated in mind' ('*mentis alienatione*') and suffering from 'madness' ('*amentia*').⁶⁷ Whilst insane, she tried to drown herself, and this act was influenced by 'diabolic suggestion' ('*suggestione diabolicae*'), which implied that there was a demonic element to her madness.

⁶⁵ James G. Clark, *The Benedictines in the Middle Ages* (Woodbridge: Boydell, 2011), pp. 189-90.

⁶⁶ Dom David Knowles, *The Monastic Order: A History of its Development from the Times of St Dunstan to the Fourth Lateran Council, 943-1216* (Cambridge: Cambridge University Press, 1950), pp. 174-75.

⁶⁷ *Miracles of St Frideswide*, ed. by Josepho van Haecke, Benjamino Bossue, Victore de Buck and Antonio Tinnebroek (Brussels: Typis Alphonsi Greuse, 1853), *Acta Sanctorum*, 8 October, pp. 568-89 (p. 574).

Saint Frideswide's miracles provide an interesting illustration of the influence of Thomas Becket's cult, and the collection will be employed comparatively with the larger cults that I focus on in this thesis. Both Prior Philip and Prior Robert before him looked to Becket's cult as a model for the cult of Saint Frideswide.⁶⁸ Saint Frideswide's translation in 1180 was presided over by Archbishop Richard of Canterbury, and two miracles occurred on that day in his presence.⁶⁹ Saint Thomas Becket himself was seen to endorse the cult through his appearance in visions recorded in the miracle collection.⁷⁰ Despite Becket's endorsement, however, Frideswide's influence did not extend far beyond Oxford. Most of her 110 miracles were performed within a forty-mile radius of the shrine.⁷¹ Her twelfth-century miracles reveal an (albeit successful) attempt by the canons of Oxford to revive a fading local cult.

The miracles of the Virgin, by contrast, were experienced across England, and multiple shrines claimed her patronage, such as those at Evesham and Malmesbury.⁷² Despite some local attention, the largely decentralised nature of the Marian cult means that it is too broad to make a case study of in this thesis.⁷³ The Virgin had a universal and a local appeal. For this reason, records of her miracles are wide-ranging both geographically and chronologically, and were witnessed from Glastonbury to Jerusalem, and from the time of Augustine onwards.⁷⁴ Whilst local cults should be placed within the context of wider Marian devotion, 'local versions of Mary' were

⁶⁸ Yarrow, p. 177.

⁶⁹ *Ibid.*, pp. 177-78.

⁷⁰ *Ibid.*, p. 177.

⁷¹ *Ibid.*, p. 178.

⁷² Ward, p. 155.

⁷³ *Ibid.*, p. 132-33.

⁷⁴ Michael Winterbottom and R.M. Thomson, 'Introduction', in *The Miracles of the Blessed Virgin Mary*, ed. and trans. by Michael Winterbottom and R.M. Thomson, Boydell Medieval Texts, 1 (Woodbridge: Boydell, 2015), pp. xiii-lxiv (p. xxi).

developed to meet the needs of individual communities.⁷⁵ The cult(s) of the Virgin would therefore make an interesting study of their own, in which local distinctions could be compared to wider patterns. Nonetheless, for the purposes of this thesis, representations of madness in the Virgin's miracles are too few to draw meaningful comparisons from them. The Virgin's miracles were not primarily concerned with healing but instead focused on the redemption of lost souls, such as those of condemned men or sinners.⁷⁶ For example, in William of Malmesbury's *Miracles of the Blessed Virgin*, which was compiled in the 1130s and drew on other collections of the Virgin's miracles, there are only two brief references to madness: too few to form a worthwhile case study.⁷⁷

Given, then, the distinct development of individual saints' cults in twelfth-century England, I have chosen to restrict this thesis to six detailed case studies in order to review representations of madness in terms of the context of their recording. A broad overview of madness in a large number of hagiographical texts from this period would threaten to discount the local significance of miracle collecting at a time of wider theological and intellectual changes. The tradition to which miracle collections belong is very much one of public interaction with the sacred. Whilst we cannot connect with the voice of the pilgrim directly in miracle collections, we must remember that we are examining the compiler's interpretation of collective behaviour, and not an individual expression of piety. The involvement of the community can be seen through the increased attention paid to witnesses in the twelfth and thirteenth centuries, especially as papal canonisation procedures became more formalised. There was a greater demand for a

⁷⁵ Miri Rubin, *Emotion and Devotion: The Meaning of Mary in Medieval Religious Culture* (Budapest and New York, NY: Central European University, 2009), pp. 52-3.

⁷⁶ *Ibid.*, pp. 155-56.

⁷⁷ William of Malmesbury, *The Miracles of the Blessed Virgin Mary*, ed. and trans. by Winterbottom and Thomson. In miracle 27, a cleric of Pisa 'in amentia' takes on a large family inheritance, and in miracle 50, Saracens at Ramlah, 'in insania', try and fail to deface an image of the Virgin.

truthful and credible representation of communal events, and the hagiographer's engagement with his community – both monastic and secular – was vital to his collection. My purpose in this thesis is to revive Finucane and Sigal's interest in the *pilgrim*, whilst taking into account recent scholarship emphasising the importance of the context of the cult of saints.

Madness in Twelfth-Century England

1. Introduction

Corinne Saunders has shrewdly observed that the primary obstacle, when attempting to engage with the language of madness, is that such language is, in essence, translating the incomprehensible into a comprehensible form.¹ I begin, therefore, with an exploration of the comprehensible. How was madness understood, explained, and related to in medieval texts? The summary provided here is by no means all-encompassing but, instead, traces common representations of madness up to the twelfth century by looking at widely-circulating theories.² As will be shown throughout this thesis, the language used by miracle compilers to describe madness was varied. In many cases, multiple terms were used to describe the same symptomatic state, by which I mean the suffering of a known individual at a specific time. It is, therefore, vitally important to define what symptoms were - and are - recognised as madness. The following list of terms, for example, demonstrates the various terms used in the miracle texts studied in this thesis alone to describe individuals lacking in reason:

<i>a daemonio arripere</i> (v)	to be seized by a demon
<i>a daemonio vexare</i> (v)	to be disturbed by a demon
<i>alienatio capitis</i> (n)	alienation of the head
<i>alienatio mentis</i> (n)	alienation of the mind
<i>amentia</i> (n)	madness

¹ Corinne Saunders, "The thoughtful maladie": Madness and Vision in Medieval Writing', in *Madness and Creativity in Literature and Culture*, ed. by Corinne Saunders and Jane Macnaughton (Houndmills: Palgrave Macmillan, 2005), pp. 67-87 (p. 67).

² For the full study from which this summary is drawn, see Claire Trener and Peregrine Horden, 'Madness in the Middle Ages', in *The Routledge History of Madness and Mental Health*, ed. by Greg Eghigian (London: Routledge, forthcoming).

<i>cerebri turbatione agitaretur</i> (v)	to be agitated by a disturbance of the brain
<i>energumena</i> (adj)	demonically-possessed (female)
<i>frenesis</i> (n)	frenzy
<i>furere</i> (v)	to rave (in madness or anger)
<i>in mentis excessus</i> (n)	withdrawal in the mind
<i>insanire</i> (v)	to be insane
<i>mania</i> (n)	mania
<i>mente captus</i> (v)	to be taken in the mind
<i>passus debachando</i> (n)	Bacchic suffering
<i>plenam daemonio</i> (adj)	filled with a demon
<i>rabies</i> (n)	rabies

I return to these terms in my conclusion where I propose more precise definitions in relation to their individual contemporary uses. As Jackie Pigeaud cautioned in his study of ancient *mental illness* in the Greek and Roman world, historians must strive to avoid grouping ancient terminology into modern categories (religion, medicine, philosophy, etc.).³ In this thesis, I follow his lead by considering *ancient psychopathology* (his term) within the context of ancient culture as a whole, since this approach elucidates the linguistic significance of *madness*.⁴ The aim of this introductory chapter is to establish the contextual framework for the state(s) defined here as madness by highlighting the recognised associations between different terms, and to explore further how medieval madness has been approached in recent historiography.

³ Jackie Pigeaud, *La maladie de l'ame: Etude sur la relation de l'ame et du corps dans la tradition medico-philosophique antique* (Paris: Société d'Édition Les Belles Lettres, 1981), p. 9.

⁴ Ibid.

Applying categories and distinctions across a large number of different medieval texts has led historians to make generalisations about hagiographical representations of madness, which will be addressed in this thesis through close attention to the particular circumstances of individual miracle collections. Until now, there has been no concentrated study of representations of madness in medieval hagiographical texts. As part of her overview study of *La folie au moyen âge* Muriel Laharie undertook an extensive, though far from exhaustive, study of the miraculous cures of mad pilgrims in hagiographical texts. She lists a large number of saints who were recorded as having healed the mad, though, of the six saints examined in this thesis, only Saint Thomas Becket and Saint Hugh of Lincoln make Laharie's list (Saint James is mentioned but only in relation to his miracles at Santiago de Compostela).⁵ Laharie estimates that miraculous cures of the mad make up 10% of miraculous cures recorded in the Middle Ages, or 20-30% if we include those who experienced madness-like symptoms as a result of other conditions and who thus did not primarily seek a cure for their madness.⁶ Using her list, Laharie is able to make several generalisations about mad pilgrims who were cured by medieval saints; both the mad and the possessed often did not travel alone but were accompanied and bound, though the possessed were more likely to be the recipients of beatings, which were aimed at the demons inside them.⁷

I have found no mention of this rationale behind the beating of possessed pilgrims in the texts examined in this thesis, and will demonstrate that both demonic and non-demonic madness could be deemed to necessitate beating. Jean-Marie Fritz, in his review of hagiographical representations of madness, concludes that the majority of mad individuals were portrayed as sinners

⁵ Muriel Laharie, *La folie au Moyen Age, XI^e-XIII^e siècles* (Paris: Le Léopard d'Or, 1991), pp. 174-89.

⁶ *Ibid.*, p. 192. These percentages may be inflated because of Laharie's reliance on Sigal, who applies a broad definition of madness (Introduction, 2.1).

⁷ *Ibid.*, pp. 189-90.

and that madness itself was interpreted as a punishment for sin.⁸ Again, I have found little evidence of such an explanation for madness in the collections I have studied. I shall demonstrate that, whilst broad comparative studies of hagiographical madness, like Laharie and Fritz's, highlight the importance of such material to the historical study of madness, detailed case studies of individual cults allow for a nuanced engagement with hagiographical representations of madness and challenge some of the established generalisations.

In recent years, historians have focused on micro-studies of particular aspects of madness, whether it be a specific condition, as in Amy Hollywood's study of *melancholia*, or a specific sphere, as in Wendy Turner's evaluation of madness in English civil law.⁹ A case-study format is adopted in Sari Katajala-Peltomaa and Susanna Niiranen's edited volume *Mental (Dis)Order in Later Medieval Europe*, which delves into various aspects of medieval madness.¹⁰ This thesis fits into this tradition, and greatly extends the scope of the current historiography by focusing on a different group of sources – miracle records – and the representation of madness within them. Nevertheless, madness in miracle records will not be considered without contextualisation, and I shall draw attention to the importance of the wider dissemination and reception of ideas concerning madness in twelfth-century England.

⁸ Jean-Marie Fritz, *Le discours du fou au Moyen Age, XII^e-XIII^e siècles: Etude comparée des discours littéraire, médical, juridique et théologique de la folie* (Paris: Presses Universitaires de France, 1992), p. 222.

⁹ Amy Hollywood, 'Acute Melancholia', *Harvard Theological Review*, 99 (2006), 361-80; Wendy J. Turner, *Care and Custody of the Mentally Ill, Incompetent, and Disabled in Medieval England* (Turnhout: Brepols, 2013).

¹⁰ Sari Katajala-Peltomaa, and Susanna Niiranen, eds, *Mental (Dis)Order in Later Medieval Europe* (Leiden: Brill, 2014).

Since various models of the body, mind, and soul converged in twelfth-century England, I shall not attempt to define distinct categories. Instead, the body, mind, and soul, will be considered in relation to reason (the human capacity for rational thought and self-control) and madness throughout this thesis. It is nonetheless useful to briefly consider significant Latin terms, and their most common meanings in twelfth-century texts. These terms are not defined in any of the miracle texts studied in this thesis, and it is impossible to provide definitions that adequately express the range of their use. The definitions that follow are based on the survey of Latin terms used in British sources from the sixth to the sixteenth century carried out by R.E. Latham and others. These definitions present a foundation from which more detailed distinctions will be explored:

- *corpus*: The physical body as distinct from the mind.¹¹
- *anima*: The incorporeal soul.¹²
- *mens*: The mind, encompassing human reason and intellectual activity.¹³
- *cor*: The physical heart, or the heart as the seat of the mind.¹⁴
- *cerebrum*: The physical brain.¹⁵
- *animus*: The mind or heart as the seat of thought and emotion.¹⁶
- *spiritus*: Could indicate incorporeal human reason, or another incorporeal spirit, such as a demon.¹⁷

¹¹ *Dictionary of Medieval Latin from British Sources*, ed. by R.E. Latham et al., 17 fascicules (London: Oxford University Press, 1975-2013), I (1975), 497-98.

¹² *Ibid.*, p. 86.

¹³ *Ibid.*, VI (2001), 1762-63.

¹⁴ *Ibid.*, I (1975), 489.

¹⁵ *Ibid.*, p. 317.

¹⁶ *Ibid.*, p. 88.

¹⁷ *Ibid.*, XVI (2013), 3163-64

2. Ancient Models of the Mind and their Relevance in the Twelfth Century

Medieval conceptions of madness were drawn from ancient models of the relationship between the body, mind, and soul. Aristotle argued that man was separated from the beasts by his possession of a reasoning soul.¹⁸ This idea resonated with later Christian writers who were interested in the role that man's reason played in his relationship with God.¹⁹ A prominent focus for subsequent debates was the question of how the immaterial, reasoning soul was able to control the material body. Theories regarding the relationship between the body and the soul can be traced back to the Stoic school of the fourth century B.C., which was influenced by Aristotle.²⁰ Harvey has studied the development of these theories through the Middle Ages in her analysis of what she terms the 'inward wits'.²¹ These inward wits, also known as reasoning spirits or *pneumata*, were material, but consisted of a substance finer than any other element, and allowed the soul to express its intentions through the physicality of the body.²² Stoic philosophy placed the source of *pneumata* in the heart, and, according to the hydraulic model, emotional changes (*accidents of the soul*) brought about increased pressure and heat in the chest cavity, which were then transferred, via these *pneumata*, to the rest of the body, causing imbalance.²³

Leslie Lockett has shown, in her study of *Anglo-Saxon Psychologies*, that the 'hydraulic model' of the reasoning spirits, or the *mind*, was widely applied in both a literal and a metaphorical sense in Anglo-Saxon vernacular texts of

¹⁸ E. Ruth Harvey, *The Inward Wits: Psychological Theory in the Middle Ages and the Renaissance*, Warburg Institute Surveys, 6 (London: Warburg Institute, 1975), p. 33.

¹⁹ *Ibid.*, pp. 2-3.

²⁰ *Ibid.*, pp. 4.5.

²¹ *Ibid.*

²² *Ibid.*, p. 5.

²³ *Ibid.*, p. 6; Leslie Lockett, *Anglo-Saxon Psychologies in the Vernacular and Latin Traditions* (Toronto, ON: University of Toronto Press, 2011), p. 5.

the ninth century and earlier. However, the transmission of cardiocentric theories waned after the tenth century with the much-increased circulation of Patristic texts. This increase is most evident in the Benedictine monasteries, which took many of their exemplars from Carolingian France.²⁴ Lockett pays particular attention to what she, following Malcolm Godden, labels 'Platonic-Christian' theories regarding the nature of the mind and soul. Lockett outlines the key components of such theories: most notably, in the context of madness, the location of the rational faculties within the incorporeal soul.²⁵ Platonic-Christian models would almost certainly have been known in twelfth-century England through the dissemination of Patristic writings, particularly those of Augustine of Hippo (354-430).²⁶ In order to appreciate the implications of the Platonic-Christian soul for the experiences and representations of those mad pilgrims who sought spiritual cures at medieval shrines, it is necessary to consider *madness* as an impairment of the rational faculties, something that was also evident in the Hippocratic tradition. As Lockett has shown, the circulation of Hippocratic and Galenic texts in England from the eleventh century introduced another model of human reason that would challenge cardiocentrism: the association between the mind and the brain.²⁷

Some of the works of the great medical writers of the classical age - Hippocrates (fifth century B.C.) and Galen (second century A.D.) - had been translated into Latin as early as the sixth century but scholarly interest in their theories was renewed and added to by the translation of Arabic medical material from the late eleventh century in and around the schools in Salerno. The basis of the Hippocratic model of the body lay in the regulation of the four humours (blood, red/yellow bile, phlegm, and black bile) within

²⁴ Ibid., pp. 423-29.

²⁵ Ibid., pp. 182-83.

²⁶ Ibid., p. 427.

²⁷ Ibid., pp. 440-43.

the body in the pursuit of health. According to the simplest anatomical models, the brain was divided into three areas (these areas were sub-divided in more complex models). The frontal lobe of the brain housed the common sense, which was also possessed by animals and allowed one to make basic judgments about the world around oneself (speed, distance, size) and which was fed information by the senses, hence its proximity to the sense-receptors in the face. Also in the frontal lobe was the imaginative faculty, which formed sensory stimuli into images. This information was passed on to the central, reasoning faculty which processed it into concepts and judgements (something that non-rational beasts could not do). Processed images were stored as memories at the back of the brain; these memories were literally imprinted on the wet brain matter, and memory could be compromised if the brain became too dry.²⁸ P.N. Singer identifies four main conditions in ancient medicine that could lead to 'a mental disturbance', caused by one of more regions of the brain becoming imbalanced.²⁹ These were *phrenitis* (frenzy), *lēthargos* (lethargy), *mania* (mania), and *melancholia* (melancholy). The distinctions between these conditions were often physical; for example, frenzy and lethargy were accompanied by fever whereas mania and melancholy were not.³⁰ In practical terms, it was vitally important for a physician to be able to discern these distinctions so that the right cure could be applied. One technique to alleviate the hot frontal lobe brain abscess that caused frenzy, which distorted the imagination, was to shave the head and cool it with water and oil, but this could not be done until frenzy was distinguished from the symptomatically-similar condition of mania.³¹

²⁸ Luke Demaitre, *Medieval Medicine: The Art of Healing, from Head to Toe* (Santa Barbara, CA: Praeger, 2013), p. 129.

²⁹ P.N. Singer, 'General Introduction', in *Galen: Psychological Writings*, ed. by P.N. Singer (Cambridge: Cambridge University Press, 2013), pp. 1-41 (p. 27).

³⁰ *Ibid.*

³¹ Constantine the African, 'Liber Pantegni', in *Omnia Opera Ysaac* (Lyons: Trot, 1515), fols j^r-cxliij^r [in the second set of foliation] (fol. xcviij^r).

Twelfth-century conceptions of the *healthy mind* are most evident in medical regimen, which prescribed a regulated lifestyle that was designed to maintain a healthy balance in the bodies and minds of those who followed it, and were increasingly circulated from the Italian medical schools from the late eleventh century.³² Isidore of Seville defined medicine as ‘the art that protects or restores the body’s health’ and reasoned that the term ‘*medicina*’ was drawn from the term ‘*modus*’, meaning moderation. Maintaining health was a matter of maintaining balance and ‘anything immoderate brings not health but danger’.³³ The *Isagoge of Johannicius*, which was translated from Arabic into Latin by Constantine the African in the eleventh century and later went on to form part of the *Articella*, classified both health and sickness in terms of balance. Disease and illness were brought about ‘when the four humours [blood, phlegm, red bile, and black bile] increase beyond the course of nature’ (‘quando extra cursum naturalem IV humores excrescunt’).³⁴ Balance was maintained by the regulation of ‘non-naturals’, which included ‘accidents of the soul’ (‘*accidentibus animae*’). Accidents of the soul like ‘anger’ (‘*ira*’), ‘fear’ (‘*timor*’), ‘pleasure’ (‘*deliciae*’) and ‘sorrow’ (‘*tristitia*’) could cause imbalances in the body’s natural heat, and result in internal and external harm.³⁵ Health (‘*sanitas*’) was determined by balance (‘*temperamentum*’), and sickness (‘*infirmitas*’) by imbalance (‘*intemperantia*’), which led to harm (‘*laesio*’).³⁶

³² Pedro Gil Sotres, ‘The Regimens of Health’ in *Western Medical Thought from Antiquity to the Middle Ages*, ed. by Mirko D. Grmek, trans. by Antony Shugaar (London and Cambridge, MA: Harvard University Press, 1998), pp. 291-318, (p. 296).

³³ Isidore of Seville, ‘The Etymologies’, in *The Etymologies of Isidore of Seville*, trans. by Stephen A. Barney, W.J. Lewis, J.A. Beach, and Oliver Berghof (Cambridge: Cambridge University Press, 2006), pp. 33-406 (IV.i-ii, p. 109).

³⁴ Johannicius, ‘*Isagoge ad Techne Galieni*’, trans. by Gregor Maurach, *Sudhoffs Archiv*, 62 (1978), 148-74 (p. 151).

³⁵ *Ibid.*, p. 160.

³⁶ *Ibid.*, p. 164.

Following Galen, in the middle of these two extremes was the state of *neutrum*: neither healthy nor sick.³⁷ Health could therefore be viewed on a sliding scale where it was possible for one patient to be more or less healthy than another. The central *neutrum* state indicated a 'tipping point' between health and sickness, and health could be maintained through medicine.³⁸ Health was not equivalent to balance, nor sickness to imbalance, since there was no middle ground between balance and imbalance whereas there was between health and sickness. Rather, imbalances of the humours or non-naturals could *cause* neutral or ill health.³⁹ Imbalance could lead to a *neutrum* state in which one was neither healthy nor unhealthy but was perhaps more prone to ill health, so, in a sense, imbalance was a *risk-factor* for sickness.⁴⁰ Health and sickness were determined by observation of the correct or incorrect functioning of the body.⁴¹ According to the *Regalis dispositio* - a theoretical and practical medical treatise, originally written in Arabic by Haly Abbas, and transferred to the Christian West in the translations of Stephen of Antioch (fl. 12th century) - the perfect state of humanity was one in which the mind functioned in conjunction with the body, and it was the purpose of medicine to achieve this state through the balancing of the humours.⁴²

Medieval regimen warned against certain unhealthy passions that caused imbalance.⁴³ Sadness and anxiety made the body, and especially the heart, too cold.⁴⁴ Fear brought about trembling, chills, and pallor.⁴⁵ Anger - itself,

³⁷ Joel Kaye, *A History of Balance 1250-1375: The Emergence of a New Model of Equilibrium and its Impact on Thought* (Cambridge and New York, NY: Cambridge University Press, 2014), p. 144

³⁸ Ibid.

³⁹ Maaïke van der Lugt, "'Neither ill nor healthy': The intermediate state between health and disease in medieval medicine", *Quaderni storici*, 136 (2011), 13-46, (p. 14).

⁴⁰ Ibid., p. 15.

⁴¹ Ibid., p. 21.

⁴² Harvey, pp. 14-15.

⁴³ Sotres, p. 313.

⁴⁴ Ibid.

⁴⁵ Ibid., pp. 313-14.

as we shall see, often associated with madness - caused excess heat, and resulted in redness and bulging of the eyes.⁴⁶ Soothing music and peaceful sleep could calm the angry man.⁴⁷ Healthy men were encouraged to pursue passions, like joy, which were entirely positive, and could be achieved through, amongst other measures, eating well and seeing friends.⁴⁸ King Duarte of Portugal (1433-38), who had himself suffered from melancholy and wrote extensively on the pursuit of *contentamento* (wellbeing) - as opposed to sadness, despair, and disordered thought - in one who wanted to achieve health. For King Duarte, health was not a state of perfection, but an achievable state of good-living for the body and the soul.⁴⁹

3. Biblical Models of Madness and Demonic Possession

The spiritual and moral significance of excess and the resulting madness was elucidated in the Vulgate Bible in the madness of Nebuchadnezzar, the Babylonian king whose unreason caused him to live as one of the beasts but, upon restoration to his senses and to his kingdom, brought him closer to God (Daniel 4:31-3).⁵⁰ Penelope Doob has drawn attention to the role of Nebuchadnezzar and his unreason as precedents for literary and symbolic interpretations of madness.⁵¹ She identifies three tropes that influenced later representations of madmen and madwomen: 'the Mad Sinner', 'the Unholy Wild Man', and 'the Holy Wild Man'.⁵² All three tropes discern the cause of

⁴⁶ Ibid., p. 314.

⁴⁷ Ibid.

⁴⁸ Ibid., p. 313.

⁴⁹ Iona McCleery, 'Wine, Women and Song? Diet and Regimen for Royal Well-Being (King Duarte of Portugal, 1433-1438)', in *Mental (Dis)Order*, ed. by Katajala-Peltomaa and Nirranen, pp. 177-96 (pp. 186-9).

⁵⁰ Though Nebuchadnezzar's condition was not described as 'madness', upon raising his eyes to heaven, his senses were restored ('sensus meus redditus'). Thus, his previous state can be identified as one of unreason. All biblical references are from *Biblia Latina cum Glossa Ordinaria*, ed. by Adolph Rusch, 4 vols (Strassburg: the editor, 1480-81; repr. Brepols: Turnhout, 1992).

⁵¹ Penelope B.R. Doob, *Nebuchadnezzar's Children: Conventions of Madness in Middle English Literature* (New Haven, CT and London: Yale University Press, 1974), p. 58.

⁵² Ibid., p. 55.

the madness in question: whether it was a punishment for sin, a result of demonic interference, or conferred by divine blessing. The third group, those blessed by divine madness, do not feature in miracle collections, most likely because they were not seeking cures for their conditions, and they would distract from the prominence of the saint in the story. The first group – the mad sinners – however, *were* the subjects of miracles; in some cases, the infliction of madness itself – rather than its cure – was interpreted as a miraculous occurrence. Saints were capable of inflicting madness as a punishment for sin or as a means of redemption.

Nonetheless, the majority of the mad people that we shall examine in this thesis were innocent victims, and many of them had fallen prey to demons. Despite twelfth-century medical tracts making distinctions between madness and demonic possession (as will be discussed presently), the boundaries between the two were often overlapping or blurred in miracle texts. The Bible – both in the Old Testament and, more prolifically, in the New Testament – provides ample examples of demonic illness and demonic possession, as well as a precedent for the exorcism of demons by holy men.⁵³ Biblical representations of demoniacs almost certainly influenced the monastic miracle compilers examined in this thesis. One of the many miraculous cures performed by Christ was that of a man from Gerasenes who was possessed by a demon. This man exhibited extreme strength, had to be chained, and cried out day and night: symptoms that were frequently echoed in hagiographical accounts of both demonic and non-demonic madness (Mark 5:1-21). Once the man had been cured by Christ, and the demons had been expelled, these strange behaviours stopped and his mind was made sane/healthy ('*sanae mentis*') (Mark 5:15). Three noteworthy precedents are set here: demons were capable of inflicting damage on the

⁵³ To name but a few examples; in Job 2:7, Satan inflicts Job with boils; in Matthew 4:24, Christ is said to be able to heal both demoniacs and those suffering from other diseases; in Acts 8:7, Christ's disciples continue his exorcisms after his ascension to Heaven.

mind; such damage made itself apparent through the strange physical appearance and actions of the afflicted person; and such an affliction could be healed through divine intervention (in this case, through the person of Christ). There was certainly a basis in medieval Christian theology for comparing madness and demonic possession, in the context of miraculous healing, as states that both affected the mind and were characterised by similar symptoms.⁵⁴

4. The *Naturalisation* of Madness in the Twelfth Century?

It has been argued that from the twelfth and thirteenth centuries, the language associated with madness was becoming more naturalised.⁵⁵ This naturalisation of madness can be seen in thirteenth-century canonisation records, which placed a greater emphasis on natural as opposed to demonic causes of madness.⁵⁶ The development of specialised medical terminology from the late eleventh century introduced a wider range of vocabulary to describe conditions of the mind.⁵⁷ However, whether or not a demonic aetiology was necessarily unnatural requires further investigation. Robert Bartlett has rightly pointed out that to categorically outline a medieval system of beliefs is to undermine and dismiss the ‘debates and differences’ that co-existed regarding the natural and the supernatural.⁵⁸ Such

⁵⁴ I explore this association further in relation to humoral and demonic afflictions of the mind in Chapters II and III.

⁵⁵ For a summary of these arguments, see Iona McCleery, ‘“Christ More Powerful Than Galen”? The Relationship Between Medicine and Miracles’, in *Contextualizing Miracles in the Christian West, 1100-1500: New Historical Approaches*, ed. by Matthew M. Mesley and Louise E. Wilson, *Medium Ævum*, 32 (Oxford: Society for the Study of Medieval Language and Literature, 2014), pp. 127-54.

⁵⁶ Alain Boureau, *Satan the Heretic: The Birth of Demonology in the Medieval West*, trans. by Teresa Lavender Fagan (Chicago, IL and London: University of Chicago Press, 2006), p. 123.

⁵⁷ Charles Burnett, ‘The Twelfth-Century Renaissance’, in *The Cambridge History of Science*, ed. by David C. Lindberg and Ronald L. Numbers, 8 vols (Cambridge: Cambridge University Press, 2002-forthcoming), II: *Medieval Science*, ed. by David C. Lindberg and Michael H. Shank (2013), pp. 365-84 (p. 377).

⁵⁸ Robert Bartlett, *The Natural and the Supernatural in the Middle Ages* (Cambridge: Cambridge University Press, 2008), p. 2.

differences were certainly evident in theories relating to demonic activity. Demons were variously described as both natural and supernatural agents.⁵⁹

When exploring twelfth-century interpretations and representations of madness, it is necessary to bear in mind that debates regarding the natural and the supernatural were unfolding, and that humoral and demonic explanations of madness were not posited at two ends of a spectrum as natural and supernatural. If demons were able to manipulate the physical world around them (and this too was the subject of contention⁶⁰), then it could be reasoned that they were also able to manipulate a person's humours, resulting in humoral imbalance and sickness. So too could they take advantage of an individual already weakened by humoral imbalance. Many medieval physicians were aware of these theories and their relevance to the practical treatment of insane and possessed patients.⁶¹

Catherine Rider has drawn attention to the associations made between the 'mentally disordered' and the demonically possessed in both early and late medieval texts, including miracle records, and has highlighted the case of a demoniac whose affliction gave her the ability to speak both Latin and German, and whose case was documented in William of Canterbury's collection of Thomas Becket's miracles (Table 2).⁶² The seemingly inexplicable abilities of such men and women led others to connect their conditions with demonic activity; their strange powers belonged, in reality, to the demon, which was merely using the human body as a means of

⁵⁹ The intricacies of these debates and their relevance to the miracle collections compiled in twelfth-century England will be expanded upon in Chapter III.

⁶⁰ Bartlett, pp. 76-9.

⁶¹ Demaitre, pp. 136-37.

⁶² Catherine Rider, 'Demons and Mental Disorder in Late Medieval Medicine', in *Mental (Dis)Order*, ed. by Katajala-Peltomaa and Nirranen, pp. 47-69 (p. 47).

expressing them.⁶³ Rider argues that demonic possession could be identified as both a spiritual and a medical condition, and that attempts to discern demonic aetiologies were made in medical texts between the twelfth and the fifteenth centuries.⁶⁴ Some physicians felt that conditions such as mania, melancholia, and epilepsy could be caused by demonic interference (and even by a demonic manipulation of the humours), whereas others were unwilling to accept the validity of demonic causes for madness themselves, but acknowledged that various beliefs existed concerning the role of demons in afflictions of the mind.⁶⁵

Rider attributes the increased propensity of physicians to discuss demonic activity to 'broader religious and intellectual changes' emerging in the later Middle Ages.⁶⁶ Robert Bartlett has examined these changes in relation to medieval conceptions of the natural and the supernatural. The latter term was rarely used before the twelfth century when Western Europe saw an 'enormous transformation in the educational curriculum'.⁶⁷ The integration of Greek philosophy - via Arabic and then Latin translations - into Christian Scholasticism brought with it a 'systematic, naturalistic, and rationalistic analysis of the world from a non-Christian viewpoint'.⁶⁸ The growing concern for the identification of the 'natural', Bartlett contends, was reflected in hagiographic works and in the increasingly interrogatory papal canonisation procedures of the thirteenth century onwards.⁶⁹ Nonetheless, he emphasises that medieval approaches to the natural world were certainly not uniform or even consistent, and were, in fact, akin to the discordant beliefs regarding the nature of the modern world that many people hold

⁶³ Ibid.

⁶⁴ Ibid., p. 48.

⁶⁵ Ibid., p. 67.

⁶⁶ Ibid., p. 66.

⁶⁷ Bartlett, p. 13 and p. 29.

⁶⁸ Ibid., p. 31.

⁶⁹ Ibid., p. 9 and p. 16.

today.⁷⁰ The twelfth-century miracle collections examined in this thesis demonstrate that demonic activity was not denied a place in the perceived natural order. Twelfth-century miracle compilers explored the connection between demonic possession and madness, often associating, and even equating, both sets of terminology. However, rather than focusing on the cause of a pilgrim's condition or the practicalities of his/her cure, they were interested instead in the symbolic significance of a sufferer's sickness for the relationship between demon, saint, and pilgrim.

⁷⁰ Ibid., p. 2 and p. 33.

Cause and Classification

Chapter I

Patronage, Protection, and Punishment in the Miracles of Saint Edmund the Martyr at Bury

1. Introduction

It happened at that time that a woman had fallen into the sheriff's disfavour through her involvement in a criminal case. Weak with womanish fear lest she be handed over to suffer the force of the law, she sought the holy martyr [Saint Edmund]'s protection, entered his sanctuary, and stayed there, with the cleric's consent, next to the martyr's relics. When the judge [a sheriff named Leofstan of whom nothing is known aside from his name], whom we mentioned, discovered this, he presently decided upon a contest to show which of them was more powerful: the martyr, in freeing people, or the judge, in condemning them, so he instantly lined up his servants, bade them bring him the defendant, and (to compound his offence) in his madness, commanded them to violate the sanctuary, ignorant – the wretch – of the trouble such action would land him in. [...] There [at the boundary of the sanctuary], divine power made him lose his mind and be driven mad, thereby freeing the martyr's poor woman and distracting the attention of her captors, who were now more concerned with their punished lord than with seeing their impudent plans to completion.¹

The fate of Sheriff Leofstan was recorded by a Bury monk in the 1070s, though the event itself is thought to have taken place during the reign of King Æthelred (978-1016).² According to the miracle record, Leofstan never

¹ Herman, 3, pp. 10-13.

² Ibid., p. 11, n. 59.

recovered his sanity, and, even after death, his possessed corpse had to be sewn in a calf's skin and sunk in a lake to prevent its re-emergence from the grave.³ Such an undignified end was, as the miracle record makes clear, a divine punishment for breaking the sanctuary of Saint Edmund's shrine. Edmund's intercession served to defend those who sought his protection (in this case, an accused criminal).

Ostensibly, this miracle fits perfectly into Benedicta Ward's category of 'traditional' miracles.⁴ Saint Edmund promoted and protected his sanctuary by punishing transgressions. Nonetheless, it is important to place this miracle not only within a wider hagiographical typology, but also within the context of late eleventh-century Bury. Saint Edmund's miracles provide a particularly rich case study for the concept of madness as a miraculous punishment. The collection in which Leofstan's miracle was recorded was entirely re-written c.1100 under the likely patronage of Herbert de Losinga, Bishop of East Anglia (1091-1119).⁵ The survival of both versions of the *De Miraculis Sancti Eadmundi* allows for a comparison of patronage from two perspectives through an examination of the intended audience of each miracle collection:

- That of the Bury monks who were the likely intended audience for the earlier collection from which the miracle quoted above is taken.
- That of the bishop who commissioned the new collection and who, along with the diocesan, had not appeared entirely favourably in the previous versions.

³ Ibid., pp. 12-13.

⁴ See above, Introduction 2.1. 'Traditional' miracle collections reflected the requirements of early monastic communities for saintly protectors who avenged wrongdoings with miraculous punishments. According to Ward, there was a shift in the twelfth century towards 'modern' miracle collections in which the just and compassionate saint performed miraculous healings.

⁵ Tom Licence, 'Introduction', in *Herman the Archdeacon and Goscelin of Saint-Bertin. Miracles of St Edmund*, ed. and trans. by Tom Licence (Oxford: Oxford University Press, 2014), pp. xiii-cxxxi (p. cxii and p. cxiv).

Of the six cults examined in this thesis, the miracles associated with Saint Edmund at Bury were compiled the earliest. Bury is also the only location studied in this thesis at which new miracle collections were compiled for a pre-existing cult. As a starting point, then, this chapter can be used to explore whether there were changes in the representation of madness in miracle collections over the course of the twelfth century, and whether the establishment of new English cults in the twelfth century impacted on hagiographical representations of madness.

This chapter focuses on portrayals of patronage, protection, and punishment as prevalent themes in Edmund's miracle collections, and relates all three themes to the representation of madness. I explore the significance of madness as a punishment against other divinely-inflicted illnesses, such as blindness or paralysis, which also feature in the collections. Notably, Leofstan's actions, even prior to his punishment, were labelled 'mad' ('rabide'), which alludes to the premise of *the punishment fitting the crime*, evident in the biblical aphorism of an *eye for an eye* (Deuteronomy 19:21 and Exodus 21:24).⁶ Using this premise, I evaluate which actions were associated by the miracle compilers with madness, how the form of punishment paralleled the nature of the offence, and in what ways Saint Edmund offered protection against such offences. I begin by appraising the collections and their compilers in light of recent new scholarship. I then use this research in conjunction with a detailed analysis of the madness miracles to explore respectively, the relationship between madness, punishment, and crime, and the connections between saint, sin, and madness as a punishment for sin. To conclude, I draw these sections together to review the correlation between offence and punishment, and Saint Edmund's role as patron and protector at Bury.

⁶ Herman, 3, pp. 12-13. The significance of the term 'rabide' is returned to in section 3.1 below.

2. The Post-Conquest Miracles of Saint Edmund

2.1. *The Anglo-Saxon Cult and the Norman Conquest*

Saint Edmund of Bury, also known as Saint Edmund the Martyr and Saint Edmund the King, was a ninth-century king of East Anglia who was martyred by Danish invaders in 869.⁷ The near-contemporary *Anglo-Saxon Chronicle* recorded his defeat in battle but did not mention the martyrdom.⁸ It is uncertain when exactly Edmund's body was moved to Bury, though it was probably in the 890s, when a memorial coinage was issued for the saint.⁹ The first hagiographical account of Edmund's life, *Passio sancti Eadmundi*, was composed by Abbo of Fleury (c.945-1004) in 985-87, possibly when he visited England and stayed at the nearby Ramsey Abbey.¹⁰ The *Passio* proved to be extremely popular, influencing the later accounts of Edmund's life that will be examined in this chapter and continuing to circulate well into the fifteenth century.¹¹ From the eleventh century onwards, Edmund's cult became crucial to Bury's self-identification as a powerful entity in East Anglia, and as a formidable opposition to those seeking political power in its vicinity. In addition, the shrine was a large and fruitful place of pilgrimage and, from 1140, was arguably 'the most popular pilgrimage site in England' until the death of Thomas Becket in 1170 and his subsequent cult, which attracted pilgrims to Canterbury.¹²

Bury, in the immediate years after the Norman Conquest, has recently received new attention from scholars, including Tom Licence, who, in 2014, published an edited collection of essays on *Bury St Edmunds and the Norman*

⁷ Anthony Bale, 'Introduction: St Edmund's Medieval Lives', in *St Edmund, King and Martyr: Changing Images of a Medieval Saint*, ed. by Anthony Bale (Woodbridge: York Medieval Press, 2009), pp. 1-25 (p. 1).

⁸ Antonia Gransden, 'Edmund [St Edmund] (d. 869), king of the East Angles', in *ODNB* <<http://www.oxforddnb.com/view/article/8500>> [accessed 5 May 2013] (para. 1 of 8).

⁹ Licence, 'Introduction', in *Miracles of St Edmund*, ed. by Licence, p. xix.

¹⁰ Gransden, 'Edmund', in *ODNB* (para. 3 of 8).

¹¹ Bale, 'Introduction', in *St Edmund*, ed. by Bale, p. 3.

¹² *Ibid.*, p. 4. For more on Becket's cult, see Chapter II.

Conquest, and a new edition of the post-Conquest collections of Edmund's miracles.¹³ New findings, brought about by Licence's own re-examination of the manuscript evidence (see below), as well as Michael Gullick's palaeographical assessment of London, British Library, MS Sloane 1621, an eleventh-century medical manuscript, shed light both on the miracle collections and their compilers, and on medical learning in Bury in the late eleventh century.¹⁴ This chapter demonstrates how the emphasis of each miracle compiler and his engagement with new medical concepts influenced his representation of madness. The turn of the twelfth century saw the growing circulation of 'new' medical literature from Greek humoralist texts, which had been translated via Arabic into Latin, and which had an impact both on hagiographical writing and on wider conceptions of madness. Nevertheless, hagiographical representations of madness were dependent on the reception and application of 'new' medical models of disease by individual hagiographers. Therefore, before we turn to the madness miracles themselves, it is important to spare a moment for the men who recorded them.

2.2. Herman's *De Miraculis Sancti Eadmundi*

By 1070, eighty years had passed since Abbo had written his *Passio*, and Edmund's posthumous reputation needed updating. A new collection of miracles, entitled *De Miraculis Sancti Eadmundi*, was composed by a monk named Herman at the instigation of Baldwin, Abbot of Bury between 1065 and 1097.¹⁵ The collection was likely written in two parts: the first, around

¹³ Tom Licence, ed., *Bury St Edmunds and the Norman Conquest* (Woodbridge: Boydell, 2014); Licence, ed. and trans., *Miracles of St Edmund*.

¹⁴ Tom Licence, 'New Light on the Life and Work of Herman the Archdeacon', and 'The Cult of St Edmund', in *Bury St Edmunds*, ed. by Licence, pp. 94-103 and pp. 104-30; Michael Gullick, 'An Eleventh-Century Bury Medical Manuscript', in *Bury St Edmunds*, ed. by Licence, pp. 190-225.

¹⁵ Antonia Gransden, 'The Composition and Authorship of the *De miraculis Sancti Eadmundi* Attributed to "Hermann the Archdeacon"', *The Journal of Medieval Latin*, 5 (1995), 1-52 (p. 10).

1070 and the second, in the 1090s.¹⁶ Bury was fairly unusual in retaining its abbot through the Norman Conquest. Baldwin, a Frenchman with overseas connections in France and Italy, had served as physician to Edward the Confessor.¹⁷ He would retain favour under the Norman kings, perhaps because of his medical skill; he served as a physician to both William the Conqueror and William Rufus.¹⁸ Under Baldwin's continued guidance, Bury's cross-Channel interactions intensified and the abbey strove to situate Saint Edmund's cult within the new pan-European environment.¹⁹ In this context, the *Life* of the great English saint was re-written by a German monk at the instigation of his French abbot.

It is likely that Herman, before coming to Bury, had trained at the abbey of Saint Vincent in Metz, where monks paid specific attention to the study of history.²⁰ His knowledge of historical writing, as well as his experience of the highly-meticulous keeping of relics at Saint Vincent's, which housed part of Saint Peter's chains among other relics, may have influenced his hagiography of Saint Edmund. He strove for detail and chronological accuracy by using chronicles and annals to give his work historical structure, and he chastised those who had previously neglected the saint.²¹ According to Herman, Baldwin – in comparison with previous abbots – had made a considerable effort to revive the cult by spreading contact relics (parts of Edmund's clothing) across England and abroad, and by commissioning

¹⁶ Licence, 'Introduction', in *Miracles of St Edmund*, ed. by Licence, pp. liv-lix; Herman himself stated that he laid down his pen at the end of chapter 23, and concluded with a 'brief epitome' of the kings named in the Anglo-Saxon Chronicle from Saint Edmund to William I, Herman, 23, pp. 62-3.

¹⁷ Licence, 'Introduction', in *Bury St Edmunds*, ed. by Licence, pp. 1-4 (pp. 2-3).

¹⁸ Debby Banham, 'Medicine at Bury in the Time of Abbot Baldwin', in *Bury St Edmunds*, ed. by Licence, pp. 226-46 (p. 226).

¹⁹ David Bates, 'The Abbey and the Norman Conquest: An Unusual Case?', in *Bury St Edmunds*, ed. by Licence, pp. 5-21 (p. 21).

²⁰ Licence, 'The Cult of St Edmund', in *Bury St Edmunds*, ed. by Licence, p. 104.

²¹ *Ibid.*; Herman, 2, p. 5; for Herman's use of the Anglo-Saxon Chronicle see, Licence, 'Introduction', in *Miracles of St Edmund*, ed. by Licence, pp. lxix-lxxi.

Herman to write a new miracle collection.²² Admittedly, Edmund's cult may not have been in as dire a situation as Herman depicted it, but it had, nonetheless, not yet reached the fame that it would under Baldwin.

Herman's style of miracle-recording had not been seen in earlier hagiographies composed in England. Edmund did not act as a local saint but extended his patronage over all of East Anglia, and there is evidence to suggest that Herman strove to increase this sphere of influence. When reporting how Edmund's incorrupt body was transported to London following Danish attacks in East Anglia, Herman remarked that London 'gives birth to no saints and has none', subtly putting Edmund forward as a possible Saint of London.²³ Even more ambitiously, having brought about the death of King Swein Forkbeard of Denmark (987-1014), and thus spared the Anglo-Saxon people from paying him tribute, Edmund 'had not only allayed the plight of the poor in his town but had even curtailed the ravenous invasion throughout the whole of England'.²⁴ Edmund stood as a protector for the entire kingdom.

The only surviving medieval copy of the long version of Herman's *De Miraculis* is in London, British Library, MS Cotton Tiberius B. ii, which can be dated to c.1100. *De Miraculis* follows a copy of Abbo's *Passio*: the only two texts in the manuscript.²⁵ It is likely that both texts were copied together at Bury to provide a complete record of Saint Edmund's life and miracles there.²⁶ The manuscript is, however, incomplete, and contains blank or

²² Licence, 'The Cult of St Edmund', in *Bury St Edmunds*, ed. by Licence, p. 107; Licence, 'New Light', in *Bury St Edmunds*, ed. by Licence, p. 94. Baldwin and Herman may have previously known each other through connections between Saint Vincent's and Saint-Denis, where Baldwin had been a monk.

²³ Herman, 15, pp. 34-5.

²⁴ *Ibid.*, 8, pp. 24-5.

²⁵ See Gransden, 'The Composition', pp. 2-6 for a detailed analysis of the manuscript.

²⁶ Licence, 'Introduction', in *Miracles of St Edmund*, ed. by Licence, p. xci.

partially blank folios (fols 69^r, 69^v, 77^v) for miracles that were presumably being revised when the manuscript was produced and were never added (perhaps because, by this time, the new version was being compiled).²⁷ Licence has identified seven missing miracles attributed to Herman in Oxford, Bodleian Library, MS Bodley 240 (fourteenth-century), though none of these miracles contain references to madness.²⁸ Tiberius B.ii also ends mid-miracle, possibly because Herman died before being able to finish his collection.²⁹ Thomas Arnold collated Tiberius B.ii and Paris, Bibliothèque nationale de France, MS latin 2621 (an abbreviated version of Herman's miracles that was probably intended for wider circulation) in his edition of Saint Edmund's miracles, published in 1890 in the *Memorials of St Edmund's Abbey*.³⁰ Arnold's edition contains a number of errors, some of which were noted by Antonia Gransden in her 1995 list of *corrigenda*, and several more of which are highlighted in Licence's new edition and translation, which will be used for this study.³¹

2.3. *The Revised Miracle Collection*

Perhaps even whilst scribes were working on Tiberius B.ii, Herman's miracle collection was being re-written. The revised collection of miracles survives in New York, Pierpont Morgan Library, MS M. 736. M. 736 was produced by a Bury scribe in the 1120s/30s, making this the latest possible date for the composition of the text it contains, though the most likely composition date is 1099-1100.³² Though the compiler certainly had access to Herman's *De*

²⁷ Ibid.

²⁸ Herman the Archdeacon, 'The Missing Miracles', in *Miracles of St Edmund*, ed. and trans. by Licence, pp. 337-49 (p. 337).

²⁹ Tom Licence, 'History and Hagiography in the Late Eleventh Century: The Life and Work of Herman the Archdeacon, Monk of Bury St Edmunds', *English Historical Review*, 124 (2009), 516-44 (p. 526).

³⁰ Gransden, 'The Composition', p. 7; Herman the Archdeacon, 'De Miraculis Sancti Eadmundi', in *Memorials of St Edmund's Abbey*, ed. by Thomas Arnold, 3 vols (Cambridge: Cambridge University Press, 1890-96), I (1890), 26-92.

³¹ Gransden, 'The Composition', Appendix A, pp. 45-6 and Appendix C, pp. 48-52.

³² Licence, 'Introduction', in *Miracles of St Edmund*, ed. by Licence, p. cix and p.cxii.

Miraculis, the collection was completely re-written, and new miracles were added.³³ One such miracle appears to show the demise of Herman himself, who was punished with sickness and death for his impropriety in displaying Saint Edmund's relics to the people, who had even been allowed (for a price) to kiss the martyr's blood-soaked clothes!³⁴ The text also contains frequent critiques of Herman's rhetorical style, which 'craved the thrill of theatrical applause' and 'devote[d] undue attention to contriving witticisms'.³⁵ Neither was it complimentary of Bury itself – which was dubbed 'the tavern of the physicians', alluding to the medical enterprises of Abbot Baldwin and possibly of others in his brethren – which suggests that the compiler was not a Bury monk himself.³⁶

Licence has used detailed stylistic analysis to suggest that the anonymous compiler of the revised miracle collection was Goscelin of Saint-Bertin, who had already composed several other hagiographies. One of these – his *Life* of Saint Ivo – had been commissioned by Herbert de Losinga, the likely patron of the Bury collection.³⁷ Nonetheless, though the attribution of the Bury miracle collection to Goscelin is persuasive, it cannot be made with certainty since Goscelin's style could have been imitated by another hagiographer. It is beyond the scope of this chapter to confirm or refute Licence's claim, and Licence's analysis of the hagiographer's style and potential background can be used to explore his representations of madness without knowing his name (we shall call him 'the reviser').

Whether Goscelin or another, writing in a similar style, the reviser certainly presented a far more favourable picture of Bishop Herbert de Losinga than

³³ *Ibid.*, p. cx.

³⁴ *Edmund Revised*, II.5, pp. 286-99.

³⁵ *Ibid.*, I.0, pp. 128-29.

³⁶ *Ibid.*, II.1, pp. 242-43.

³⁷ Licence, 'Introduction', in *Miracles of St Edmund*, ed. by Licence, pp. cxiv-cxxvii.

Herman had done, and the bishop's involvement in the commission of second collection seems likely.³⁸ E.M. Rose has speculated that de Losinga, lacking the patronage of a local saint at his diocesan seat in Norwich, had attempted to move his seat to Bury, where Saint Edmund was already established as a local patron and protector.³⁹ The revised miracle collection may have formed part of the bishop's strategy to re-shape Edmund's cult to his own advantage. The establishment of Edmund as a diocesan protector would have simultaneously augmented the bishop's temporal and spiritual authority, and curbed the influence of the Bury monks, who had been enjoying the benefits of divine favour. The bishop's plan to establish greater diocesan control at Bury was thwarted, as Herman had gleefully noted, when he was barred from officiating at Edmund's 1095 translation, a detail omitted from the revised collection.⁴⁰ It is clear from the compiler's own admission that he temporarily resided at Bury in the late eleventh/early twelfth century whilst completing his commission, but he does not seem to have been warmly welcomed by the monks, who may have opposed both the bishop's attempts to gain power, and the revision of Herman's work so soon after his death.⁴¹ The new compiler lamented having to 'duplicate furrows only recently ploughed'.⁴²

³⁸ Ibid., cx-cxiii. Since Herman's death is recorded in the collection and he died in 1097/98, this is the earliest date for its composition. Abbot Baldwin died in 1097 and, after his death, the office of abbot was left vacant for two years, during which time it was administered by the diocesan bishop, Herbert de Losinga. The dispute over the abbacy that started in 1100 is not mentioned in the text, leading Licence to conclude that it was compiled before 1100. The compiler claims that he is writing on the orders of a prelate ('prelatiue auctoritatis iussione'), and the only prelate in office with influence over Bury between 1097 and 1100 was Herbert de Losinga.

³⁹ E.M. Rose, *The Murder of William of Norwich: The Origins of the Blood Libel in Medieval Europe* (Oxford: Oxford University Press, 2015), p. 95.

⁴⁰ Edmund Revised, II.2, pp. 244-47.

⁴¹ Licence, 'Introduction', in *Miracles of St Edmund*, ed. by Licence, pp. cxiv-cxv. The reviser writes of being in 'exile' at Bury from which he can 'depart' after completing his commission.

⁴² Edmund Revised, II.4, pp. 270-71.

2.4. *Madness Miracles*

Herman's miracle collection contains five accounts of madness (excluding single-sentence remarks and allusions to madness in general without mentioning a specific sufferer). The reviser re-wrote four of the five. The key elements of each account are briefly reviewed here, and then the madness miracles are summarised in full in Table 1 below for ease of reference. The only madness miracle excluded from the revised collection was that of Ranulf, a Norman courtier.⁴³ Ranulf was confined to bed for eight days, unable to sleep or eat, and suffering from alienation of the head ('capitis alienatione'). Ranulf's suffering was brought about because he had given in to distracting, worldly thoughts, which, Herman remarked, courtiers were prone to do. When he finally fell asleep, he was visited by a dream-vision of Saint Edmund, who touched him with his right hand, and cured him. Upon awakening, 'putrid matter' flowed from Ranulf's ears, completing the cure, and later, he received the tonsure and became a monk at Bury. We can only speculate as to why the reviser chose to omit this miracle. Ranulf's entrance into the monastic community at Bury served to highlight Edmund's patronage of the Bury monks. This message would surely have made Ranulf's story less attractive to Bishop Herbert de Losinga who was seeking to strengthen diocesan ties with the saint, and to curb the influence of the monastic community at Bury.

Aside from Leofstan's, three madness miracles were recorded by both Herman and the reviser. The first recounted the divine punishment of a Dane called Osgod Clapa, whose irreverent behaviour at Saint Edmund's shrine caused his madness. Both accounts linked Clapa's mad behaviour with demonic possession.⁴⁴ The differences between the accounts will be surveyed in detail below but it is worth mentioning here that Herman

⁴³ Herman, 34, pp. 94-9.

⁴⁴ *Ibid.*, 23, pp. 54-9; Edmund Revised, I.9, pp. 206-11.

attributed Clapa's behaviour to drunkenness (in a similar way to Leofstan, Osgod was 'senseless' ['stupefactus'] *before* he was punished with madness), whereas the reviser condemned his pride ('tumidus').

Another miracle caused the divine punishment of Robert de Curcun, his steward, Turolf, and a soldier, Gryenner de Mouneyn (Turolf and de Mouneyn were named by Herman but not by the reviser).⁴⁵ De Curcun had tried to take possession of the manor of Southwold, which belonged to Saint Edmund. In Herman's version, as the three men rode towards the manor, a storm broke and de Curcun was driven mad. The other men, not heeding the warning, continued onward, and were also punished with madness. In the revised account, de Curcun himself wisely ('saniori') withdrew when the storm came upon them, and thus was not reprimanded. His companions, however, did not heed the warning, and were punished with madness.

The final account is somewhat of an anomaly in that the sufferer described was not necessary mad but was labelled by Herman as 'in mentis excessu' ('out of his mind').⁴⁶ According to Herman, a man called Wolmer was overcome with faintness and took to his bed for four days. His condition was deemed to be so dire that the parish priest was summoned and the viaticum was administered. For another four days he lingered, unable to move. After a total, then, of eight days, Wolmer eventually fell asleep and saw, in a dream-vision, a dove that metamorphosed into a beautiful man. The man touched Wolmer's right eyelid, opened it, and told him he was cured. When he awoke, witnesses at first mistook his miraculous recovery for 'frenzy' ('frenesy' [sic]).⁴⁷ The cured man gave an offering at Saint

⁴⁵ Herman, 36, pp. 100-03; Edmund Revised, I.15, pp. 226-29.

⁴⁶ Herman, 37, pp. 104-09. Licence translates as a 'mental attack'. The significance of this term is returned to in section 4.3 below.

⁴⁷ The significance of this mistaken diagnosis is returned to in section 4.3 below.

Edmund's shrine and reported his story to the brothers there. The revised version of the story is prefaced by a lengthy argument against those who did not believe in miraculous dream-visions.⁴⁸ The reviser did not describe Wulmer as 'out of his mind' but he did state that witnesses to the cure had thought that the invalid had 'lapsed into insanity' ('arreptus insaniret').

Herman's Collection	The Revised Collection
<p>3: Sheriff Leofstan was sent mad by divine judgement after trying to remove a criminal woman from the sanctuary of Saint Edmund's shrine. He was possessed by a demon even after death, and his corpse had to be sunk in a lake.</p>	<p>I.3: Sheriff Leofstan, swollen with pride, ordered for a woman, who was seeking sanctuary at Saint Edmund's shrine, to stand trial. By way of the saint's vengeance, he was seized by a demon and, after his death, either he or a demon in his likeness wandered the town until his corpse was sunk in a lake.</p>
<p>23: Edward the Confessor was visiting Bury and with him were several Danes, including a royal official called Osgod. Osgod approached Saint Edmund's tomb whilst drunk, and went to lean irreverently on his axe. The axe was divinely thrown against a wall and Osgod fell to the floor in a Bacchic frenzy. Under King Edward's instruction, the monks prayed for Osgod's reconciliation with the saint, and he recovered his senses except for the sense of touch in his hands, which was permanently lost as a reminder of his sin.</p>	<p>I.9: Osgod Clapa, a ferocious and proud Dane, tried to lean on his axe at Saint Edmund's shrine but divine power tore it from his hands. A demon then possessed him. At King Edward's bidding, Osgod was exorcised with holy water by the abbot. This cure attempt did not work and he was then carried to the saint's shrine where he was restored but left with withered hands as a mark of his punishment.</p>
<p>34. Ranulf, a Norman courtier, was distracted by worldly affairs. His wandering thoughts led to an alienation of the head. He was confined to bed for eight days and could not eat, drink or sleep. On the eighth night, he fell</p>	

⁴⁸ Edmund Revised, I.16, pp. 228-35.

<p>asleep and encountered Edmund in a dream-vision. The saint pursued him on horseback. Ranulf begged forgiveness and the saint marked him with the sign of the cross. He awoke, and putrid matter flowed out of his ears. He was then cured and became a monk.</p>	
<p>36: Robert de Curcun took part in the 1088 rebellion against William II. With the permission of his lord, he tried to seize the manor of Southwold, which belonged to Saint Edmund. A storm came upon Robert and his followers and they went mad. Robert dared not continue but two of his servants, Turolf and Gyrenner de Mouney, did. One went mad and the other succumbed to frenzy.</p>	<p>I.15: With his reason overcome by greed, Robert de Curcun demanded the manor of Southwold from the sheriff, Roger Bigod. He set out with two knights but a storm came upon them. Robert abandoned the venture but his two knights continued. One went mad and the other had a fit.</p>
<p>37: Wulmer returned from Rome and left an offering of marble at Saint Edmund's shrine as thanks for his safe passage. Once home, he went out of his mind and was ill for four days. It was thought that he was going to die and he received the viaticum. He suffered for a further four days, unable to move. The next day was a celebration for Saint Edmund, and Wulmer was able to fall asleep. In his dream, he saw a dove that transformed into a man and cured him with a healing touch. Those keeping vigil thought that Wulmer must have been in a frenzy when he awoke and got up to go to the church and give thanks. He gave more crystal marble to Saint Edmund and related his story to the monks.</p>	<p>I.16: The miracle begins with a long defence of dream-visions. Wulmer returned from Rome and went to give thanks to Saint Edmund. In the churchyard, he became cold and started trembling. His suffering increased and, after four days, it was thought that he would die so he was given the viaticum. He could not sleep or eat. After another four days, on the day of a feast for Saint Edmund, Wulmer fell asleep and dreamed of a white dove that transformed into a man and healed him. When he awoke and got up, his household thought that he had lapsed into insanity and was about to die. Instead, he went to the church to recount his story.</p>

Table 1: Summary of Saint Edmund's Madness Miracles.

3. Patronage and Protection at Bury

With the exception of *Wulmer*, all the cases of madness in the two collections were represented as divine retributions for transgressions made by the sufferers. Both hagiographers, in some instances, drew parallels between transgression and punishment; madness punished *mad* behaviour. Madness was also debilitating enough to halt certain transgressions, such as that of Robert de Curcun and his followers. The madman lost his respectability, making him socially as well as mentally incapable of continuing his attack on Saint Edmund, whether it be dishonouring his shrine or seizing his manor. Such a venture was considered by Herman to be 'disreputable' ('inconueniens') in itself. As Robert's punishment, 'stupefaction was stamped on his face for everyone to see, for his state of mind left a physical impression' ('cuius signum stuporis in eius uisu denotare postea potuit omnis, cuius est mens aliquomodo physicalis').⁴⁹

This section provides some context for both hagiographers' approaches to miracle recording and the concept of divine punishment through an examination of their writing styles and influences. I situate the madness miracles within this framework, exploring which transgressions were punished with madness, the effect of madness in these cases, and how these events were recorded and constructed by Herman and the reviser. Two predominant lines of enquiry explore further the connection between transgression and punishment, and the disabling effect of madness as a punishment.

⁴⁹ Herman, 36, pp. 102-03.

3.1. *Leofstan*

To set up Leofstan's miracle, Herman began by reminding his audience that he was writing during a 'time of grace' in which he, and others, could benefit from 'God's compassionate mercy'.⁵⁰ Periods of grace and mercy were referred to by Herman throughout his collection. Following biblical precedent (Psalms 102), he contended that God's mercy was bestowed on the world in appointed cycles.⁵¹ Before the beginning of Edmund's miracles, the people lived in sin and thus did not 'enjoy their time of mercy'.⁵² Here, Herman associated divine mercy with absence of sin. Sinfulness warranted the withdrawal of mercy, which left sinners more open to natural disaster or demonic attack, from which God's mercy could have spared them.⁵³ Referring to Scripture, (Psalms 67:36, 'God is wondrous in his saints'), Herman explained that, in Leofstan's case, God, the craftsman, had used Saint Edmund as a tool to bring about that which His kindness willed.⁵⁴ Here, Herman established a historical and a biblical context for the story, which he then dated specifically to 1 May.⁵⁵

Both the setting of the miracle within the age of mercy and the date were omitted by the reviser.⁵⁶ Herman used a similar biblical image (1 Thessalonians 4:6, 'God will punish the perpetrators of all offences of this sort') to preface Robert de Curcun's miracle, and, again, the reviser omitted it.⁵⁷ Rather than focusing on the historical situation of each miracle in relation to God's mercy, the reviser structured his miracle accounts so as to

⁵⁰ *Ibid.*, 3, pp. 10-11.

⁵¹ Licence, 'Introduction', in *Miracles of St Edmund*, ed. by Licence, p. lxii; Herman, 2, pp. 8-9.

⁵² *Ibid.*

⁵³ Licence, 'Introduction', in *Miracles of St Edmund*, ed. by Licence, p. lxiii.

⁵⁴ Herman, 3, pp. 10-11

⁵⁵ *Ibid.*

⁵⁶ *Edmund Revised*, I.3, pp. 142-43.

⁵⁷ Herman, 36, pp. 100-01; *Edmund Revised*, I.15, pp. 226-27.

clarify Edmund's miracles to the saint's critics.⁵⁸ In Leofstan's case, he offered a lengthy explanation for why Edmund performed this vengeful miracle, since, had he not, his sanctuary would have been degraded and he would have lost the respect that was necessary to protect his church.⁵⁹ In is noteworthy, nonetheless, that in both miracle collections, Leofstan's suffering was justified by his behaviour, and the way in which he suffered was directly connected to his original transgression.

To explore this connection further, we can review the descriptions of transgressors at the moment of transgression, and then during their punishments. When performing his duties as a sheriff, Leofstan had a 'heart full of wickedness' ('cor plenum nequitie') and a 'fierce, wicked mind' ('animo truci ac deteriori').⁶⁰ When the accused woman fled to Saint Edmund's shrine, Leofstan 'in his madness, commanded [his servants] to violate the sanctuary' ('rabide iubet uiolari loca sancti').⁶¹ Herman's use of the term 'rabide' here was no doubt purposeful given its associations with violent and frenzied behaviour.⁶² Not only does the description foreshadow Leofstan's approaching madness, it also vividly contrasts the sheriff's expected role to uphold peace and law. Further allusions to the illegitimacy of Leofstan's actions were made in Herman's description of his 'wicked servants' ('apparitores deteriores') who did as he asked, 'driven by their devilish presumption' ('ausu demonico permoti').⁶³ As punishment, Leofstan lost his mind, which was perhaps the source of his wickedness, and

⁵⁸ Licence, 'Introduction', in *Miracles of St Edmund*, ed. by Licence, p. cxxvi-cxxvii; for an example, see Wulmer's miracle below.

⁵⁹ Edmund Revised, I.3, pp. 144-45.

⁶⁰ Herman, 3, pp. 10-11. Licence translates 'animo' as 'brains' but 'mind/soul' is more appropriate.

⁶¹ Ibid., pp. 12-13.

⁶² *Dictionary of Medieval Latin from British Sources*, ed. by R.E. Latham et al., 17 fascicules (London: Oxford University Press, 1975-2013), XIII (2010), 2644. In the miracles of Saint Frideswide, *rabies* was defined as 'furoris amentia', *Miracles of St Frideswide*, ed. by Josepho van Hackede, Benjamine Bossue, Victore de Buck and Antonio Tinnebroek (Brussels: Typis Alphonsi Greuse, 1853), Acta Sanctorum, 8 October, pp. 568-89 (p. 584).

⁶³ Herman, 3, pp. 12-13.

went mad ('alienatione mentis eum infecit et amentia').⁶⁴ In this description, there is an apparent distinction between *alienatio mentis* and *amentia*, unless Herman used like terms to emphasise Leofstan's fate. The terms were also used in conjunction in Saint Frideswide's miracles, composed almost a century later, to describe Emelina whose attempt at suicide was attributed to demonic suggestion.⁶⁵ The reoccurrence of various terms throughout the twelfth century implies that there was a continued association between different terms for madness, and between madness and demonic possession. In the revised account of Edmund's miracles, Leofstan was 'possessed by a demon' ('possessus a demone') as punishment for his depravity ('prauitatis').⁶⁶ Herman too repeated the demonic imagery that he had previously applied to Leofstan's servants when he described the sheriff's own fate: 'he came to a bad end, possessed by a demon in life, and then similarly possessed as a corpse in death.'⁶⁷ Notably, it was 'divine power' ('uirtus deifica') that sent Leofstan mad, and it was this blow ('impetus') that allowed a demon to possess him.⁶⁸ Though Leofstan's ultimate torment was demonic, its penal nature was highlighted by its divine source.

The power to exorcise demons lay with God alone, and Leofstan's continued affliction (even after his death) is indicative of the immoral state of his soul.⁶⁹ Herman declared that Leofstan was 'despised in heaven and on earth', and was thus suspended between the two in the realm of demons, to which he fell prey.⁷⁰ Leofstan's luxurious earthly lifestyle (Herman accused him of abusing his position to 'increase his worldly possessions') was juxtaposed with his ignoble end: 'Not long held down by the grave's embrace, his body

⁶⁴ Ibid.

⁶⁵ *Miracles of St Frideswide*, p. 574.

⁶⁶ Edmund Revised, I.3, pp. 144-45.

⁶⁷ Herman, 3, pp. 12-13.

⁶⁸ Ibid.

⁶⁹ Divine exorcism will be discussed in more detail in Chapter III.

⁷⁰ Herman, 3, pp. 12-13, n. 63.

was sewn in a calf's skin and sunk in a lake'.⁷¹ Leofstan met the same end in the revised account though, unlike Herman, the reviser hoped that the grisly punishment the sheriff had received would spare him at the Last Judgement.⁷² In the revised account, Leofstan's fate provided a moral message, and Saint Edmund delivered both protection for his followers and the chance of redemption for his enemies. This message of redemption would become more prominent in hagiographical tracts as the twelfth century progressed. The mad would increasingly be seen as redeemable wanderers rather than the doomed transgressors of Herman's collection.

Nonetheless, ghost tales and stories of wandering corpses were especially prolific in the eleventh and twelfth centuries, and we can locate Leofstan's story within the trend towards recording such marvels for their fascination value as well as their moral message.⁷³ William of Newburgh, writing in the mid-twelfth century incredulously recounted how a group of villagers had dug up a corpse, and, to prevent it from terrorising the neighbourhood, had chopped it into pieces and burned it.⁷⁴ This course of action was not sanctioned by the local ecclesiastical authorities, and it is possible that the same was true for the disposal of Leofstan's body. Were this the case, it would certainly have been fitting that, having disregarded the ecclesiastical protection of Edmund's shrine, Leofstan's own body should be so ignominiously treated. In both collections, Edmund's punishments were, above all else, the products of divine justice.

⁷¹ *Ibid.*, pp. 10-13.

⁷² *Edmund Revised*, I.3, p. 144.

⁷³ Jean-Claude Schmitt, *Ghosts in the Middle Ages: The Living Dead in Medieval Society*, trans. by Teresa Lavener Fagan (Chicago, IL and London: University of Chicago Press, 1998), pp. 60-2.

⁷⁴ *Ibid.*, p. 83.

3.2. *Osgod Clapa*

Herman made the contrast between the vanity that accompanies transgression, and the ignobility that comes with punishment even clearer in the miracle of Osgod Clapa. Clapa arrived at Edmund's shrine adorned 'head-to-toe in a graceful outfit of wild animal skins'; this oxymoron is a joke on Herman's part as well as an allusion to the barbarism of the Danes.⁷⁵ Clapa wore 'armlets' on both arms, and carried a 'gilt-inlaid axe'.⁷⁶ Hinting at the moral of his story, Herman explained that 'later, this graceful get-up was turned to his infamous disgrace'.⁷⁷ Clapa's disgrace came when he attempted to lean irreverently on his axe whilst waiting at the shrine (note that the gilt-inlaid axe itself played a role in his downfall), and was reduced, out of his wits, to '[rolling] around on the ground as though struck uncontrollably mad in a Bacchic frenzy' ('amens prosilit ad terram, uolutans humo uelut maniam passus debachando').⁷⁸ The reference to Bacchus is particularly relevant given Herman's description of Clapa's previous behaviour as 'intoxicated' ('infrunitus'), and his claims that the Dane was 'drunk out of his wits' ('stupefactus').⁷⁹

The reviser removed the drunken element of the story, and concentrated on Clapa's extravagant dress (as Herman had), and his 'wicked deeds' ('nefandis').⁸⁰ Following Herman's account, divine power flung the Dane's axe from his hand as he attempted to lean on it but, in the revised account, there was no mention of a Bacchic frenzy. Instead, Clapa was 'possessed by a demon', which nonetheless caused similar physical symptoms to those described in Herman's account: he 'fell to the ground, groaning in distress

⁷⁵ Herman, 23, pp. 56-7.

⁷⁶ Ibid.

⁷⁷ Ibid.

⁷⁸ Ibid.

⁷⁹ Ibid.

⁸⁰ Edmund Revised, I.9, pp. 206-09.

[...] endlessly writhing and making various noises'.⁸¹ The connections drawn between Osgod Clapa's madness and demonic possession were not unusual, and parallels between madness and demonic possession in twelfth-century hagiography will be discussed further in Chapter III. Herman labelled Clapa a 'demoniac' ('energuminus') when explaining the method used to cure him (chanting psalms and reciting a litany).⁸² The reviser stated that the abbot attempted to 'expel the unclean spirit by saying rites of exorcism and pouring holy water over the invalid'.⁸³ This attempt did not work (undermining the abbot's authority, which may have met with Bishop Herbert's approval), and Clapa was brought to Edmund's tomb where the psalms and litanies were performed.⁸⁴

Though Clapa was 'restored to health' ('recuperatus'), according to Herman, he never regained all his senses, and forever lost the strength in his hands.⁸⁵ It was a fitting punishment to lose the sense of touch given the sensual ('sensualiter') nature of his sin (his worldly pride and irreverence towards the saint).⁸⁶ The reviser reported that Clapa's hands remained withered as a permanent reminder of his arrogance.⁸⁷ Both miracle compilers thus connected wickedness and improper behaviour with the punishment of madness. For Herman, madness was strongly associated with senselessness, and for the reviser, demonic possession could be linked to wicked deeds. Osgod Clapa was permanently reminded of his sin, and prevented from further sin by losing the sense that had led to his material transgression; he

⁸¹ Ibid.

⁸² Herman, 23, pp. 58-9.

⁸³ Edmund Revised, I.9, pp. 208-09.

⁸⁴ Ibid., pp. 210-11.

⁸⁵ In Isidore of Seville's *Etymologies*, the fifth sense was touch. Herman, 23, pp. 58-9; Isidore of Seville, 'The Etymologies', in *The Etymologies of Isidore of Seville*, trans. by Stephen A. Barney, W.J. Lewis, J.A. Beach, and Oliver Berghof (Cambridge: Cambridge University Press, 2006), pp. 33-406 (XI.i.18, p. 232).

⁸⁶ Herman, 23, pp. 58-9.

⁸⁷ Edmund Revised, I.9, pp. 210-11.

could no longer wield the axe that he had carried so irreverently at Edmund's shrine, nor could be proudly adorn himself with armlets.

Osgod was certainly not the only Dane to suffer at Edmund's hands. The saint acted on several occasions to protect the people of Bury and the surrounding area from Danish violence. The Danish leader, Swein, was struck down by the martyr with a lance in a miraculous vision, and killed.⁸⁸ Swein's death meant that the people of Bury – and in fact, all the poor of England – were spared from paying the tribute that he had imposed on them.⁸⁹ Another Dane was punished with blindness for lifting the cloth that covered Edmund's tomb to look underneath.⁹⁰ Again, the punishment was made to fit the transgression; blindness punished a man who had looked where he should not. Herman also connected the Dane's swollen eyes with his swollen arrogance.⁹¹ Edmund's punishment of the Danes was perhaps a timely reminder, in the last decades of the eleventh century, for any Normans who might have thought to undermine the power of an Anglo-Saxon saint. The reviser, writing slightly later, related the blind Dane's punishment to the concept of sin more generally, explaining that Edmund 'achieved the salvation of souls by curing afflictions', whether these 'afflictions' came in the form of disease or illness, or whether they were the result of sin and transgression, which could be rectified through bodily suffering.⁹²

⁸⁸ Herman, 4-10, pp. 14-27.

⁸⁹ *Ibid.*, 8, pp. 24-5.

⁹⁰ *Ibid.*, 17, pp. 36-7.

⁹¹ *Ibid.*

⁹² *Edmund Revised*, I.5, pp. 170-71.

3.3. Robert de Curcun

Edmund's miraculous punishments also served a practical purpose: the defence of his abbey and its rights. Madness was used as a punishment for those who had attempted to usurp the rights of the abbey or to undermine the prestige of Edmund's shrine. The individuals who were struck by madness, like Sheriff Leofstan and Osgod Clapa, were often important and powerful men and their punishments not only acted as forms of vengeance and deterrents to others but also incapacitated them and made them unable to continue their disputes. Robert de Curcun had made his desire to take the manor of Southwold (used for the monks' provisions) known to his lord, Roger Bigod, who had granted his permission for de Curcun to graze his horses there.⁹³ The miracle took place during the 1088 rebellion against William Rufus, at which time 'soldiers [coveted ...] their lord's possessions'.⁹⁴ Bigod himself had been removed from his post as Sheriff of Norfolk by William so had no authority to grant de Curcun's request.⁹⁵ In the rebellion against the king, Herman provided a parallel example of taking something that is not yours to take, emphasising the nature of the transgression in the case of Southwold.

Notably, in the revised account, which was written after Bigod's reappointment as Sheriff in 1091, Bigod did not grant his permission for de Curcun to take the manor and stated that it belonged to Saint Edmund.⁹⁶ De Curcun, too, decided not to challenge the saint, and it is significant that two unnamed knights transgressed and were punished in the revised account, which was written when it might have been imprudent to criticise named

⁹³ Herman, 36, pp. 100-01, n. 375; Licence, 'Introduction', in *Miracles of St Edmund*, ed. by Licence, p. cxi, n. 408. De Curcun is identified as Bigod's tenant in Domesday Book.

⁹⁴ Herman, 36, pp. 100-01.

⁹⁵ A.F. Wareham, 'Bigod, Roger (I) (d. 1107)', in *ODNB* <<http://www.oxforddnb.com/view/article/2378?docPos=1>> [accessed 6 May 2016] (para. 2 of 3).

⁹⁶ Edmund Revised, I.15, pp. 226-27.

individuals who had been restored to the king's favour. The reviser's disassociation of both Bigod and de Curcun from wrongdoing and madness emphasises the humiliation of madness as a divine punishment. Madness certainly seems to have been something that noblemen would not have wanted their names associated with.

De Curcun's miracle demonstrates how, in the face of secular unrest, Edmund was called upon to provide physical protection for the monastic community at Bury. Monastic patrons, like Edmund, could prove powerful allies in land disputes with the nobility.⁹⁷ Patrick Geary has identified the involvement of saints in secular disputes as particularly heightened during the period 800-1100, though his focus is on late-Carolingian, and post-Carolingian Francia, with which, granted, both Herman and the reviser (if he was indeed Goscelin of Saint-Bertin) may previously have had some connection.⁹⁸ At a time when local authority was gradually being replaced with more centralised secular authority, relatively-rich monastic cult centres were both a target for plunder-seeking nobles, and an alternate focus of power that could provide some form of stability and protection in the region.⁹⁹ Saint Foy, whose miracles were compiled c.1030-50, protected her monastery at Conques (in southern Francia, and on the pilgrimage route to Compostela) from the frequent assaults of a nobleman called Hector who 'preyed ruthlessly on the holy virgin's lands', and from another called Arnold who 'plundered everything the holy virgin possessed that was near his own property, taking farm animals and household goods as spoils.'¹⁰⁰ Simon Yarrow has argued that, likewise, Herman's miracle collection was very much framed 'to serve the needs of his present', and to provide a record

⁹⁷ Patrick J. Geary, *Furta Sacra: Thefts of Relics in the Central Middle Ages*, rev. edn (Princeton, NJ: Princeton University Press, 1990), pp. 78-81.

⁹⁸ *Ibid.*, pp. 15-22.

⁹⁹ *Ibid.*

¹⁰⁰ Bernard of Angers, 'Liber miraculorum sancte Fidis', in *The Book of Sainte Foy*, trans by Pamela Sheingorn (Philadelphia: University of Pennsylvania Press, 1995), pp. 39-261 (IV.16, p. 204 and C.2, p. 223).

of the abbey's legal privileges as upheld by Edmund.¹⁰¹ This agenda was also evident in Herman's account of Abbot Baldwin's disputes with Bishop Herbert de Losinga concerning the bishop's claims against the abbey, which were discussed in section 2.3 above. Though not every nobleman could be intimidated by the threat of spiritual reparation, a public display of the saint's vengeance – such as that inflicted on Robert, which, as mentioned, was 'stamped on his face for everyone to see' – could provide a focus for public opposition.¹⁰²

Madness was as effective as a visual deterrent as physical punishment but it also left the victim legally undermined. Though evidence of the legal management of the insane in the twelfth century is sparse, twelfth-century legal texts did discuss provisions for the mentally incapacitated. Such individuals were to be placed under the legal care of a guardian and, in this way, lost their right to function independently in society.¹⁰³ Turolf and Gryenner de Mouneyn were not only punished by their madness; they were incapacitated by it. Herman reported that 'with their minds befuddled, they dared not make any further attempt of that kind on the manor' ('cum mentis stupore, non ulterius in predicto manerio ausi sunt simile quid attemptare').¹⁰⁴ Madness would certainly have undermined de Curcun's claim to use the land at Southwold, as well as his reputation as a soldier. Edmund had used madness to incapacitate a powerful challenger, both legally, to counter the permission given by Bigod, and socially, by damaging de Curcun's reputation. Leofstan's punishment had a similar effect to de Curcun's. Not only was Leofstan's madness/possession a visual deterrent to his soldiers, it also distracted them, and allowed their captive – the criminal

¹⁰¹ Simon Yarrow, *Saints and their Communities: Miracle Stories in Twelfth-Century England* (Oxford: Oxford University Press, 2006), p. 32.

¹⁰² Geary, p. 20; Herman, 36, pp. 102-03.

¹⁰³ Wendy J. Turner, *Care and Custody of the Mentally Ill, Incompetent, and Disabled in Medieval England* (Turnhout: Brepols, 2013), pp. 32-5.

¹⁰⁴ Herman, 36, pp. 102-03.

woman – to escape.¹⁰⁵ Leofstan's breaking of Edmund's sanctuary was a clear secular violation of ecclesiastical authority. Such clashes were not uncommon in the tenth century when kings began to tighten their control over sanctuary rights.¹⁰⁶

Edmund's saintly duty towards the monastic community at Bury included the protection of their property. Bartlett argues that 'relations between followers and saints were modelled on the bond between lord and dependent'.¹⁰⁷ The *patrocinium* (duty as a patron) that tied a saint to his community was exercised by the superior lord (the saint) over the inferior subject (the monastery).¹⁰⁸ The protection that Edmund afforded Wulmer on his pilgrimage to Rome was described as 'patrocinatori', or that afforded 'by the patron'.¹⁰⁹ As patrons, saintly lords could take the part of a monastic community in legal disputes with secular powers.¹¹⁰ Certainly during the 1088 rebellion, the monks of Bury seem to have been unable to rely on judicial protection for their manor, and instead achieved their own justice through bringing social pressure to bear on de Curcun and his followers. Land disputes of this type were portrayed as not only unjust but also senseless. When a different Norman courtier seized another of Edmund's manors, Herman described him as 'taking leave of his senses' ('datus in reprobum sensum').¹¹¹ The reviser made the purpose of the punishment inflicted by Edmund on de Curcun's followers very clear, though he excluded de Curcun himself, claiming that the courtier had 'opted for a wiser course' (note the contrast between wisdom and madness), and abandoned the venture: 'Thus Edmund cast down the arrogant wrongdoers

¹⁰⁵ Ibid., 3, pp. 12-13.

¹⁰⁶ Paul R. Hyams, *Rancor and Reconciliation in Medieval England* (Ithaca, NY and London: Cornell University Press, 2003), p. 95, noted by Licence in Herman, 3, p. 12, n. 60.

¹⁰⁷ Robert Bartlett, *England Under the Norman and Angevin Kings, 1075-1225* (Oxford: Oxford University Press, 2000), p. 464.

¹⁰⁸ Ibid.

¹⁰⁹ Herman, 37, p. 104.

¹¹⁰ Bartlett, *England Under the Norman and Angevin Kings*, pp. 464-65.

¹¹¹ Herman, 26, pp. 64-5.

and the greedy usurpers from the heights of their audacious presumptions, avenged their wrongs, and asserted his lordship'.¹¹²

The narrative of punishment and patronage was carefully constructed in both collections. For Herman, a Platonist model of natural balance merged with his biblical framework of periods of grace and mercy. During such periods, God delivered divine punishments to protect the community of His saint, Edmund. Licence has connected Herman's concept of avenging wrongs with a Platonist understanding of the world-soul, which punished de Curcun and his followers.¹¹³ Their minds were made to echo the natural chaos of the storm that preceded their madness.¹¹⁴ Herman emphasised this connection, and gave it a Christian twist by repeating the transgressors' fear that the storm had been generated by God and Saint Edmund.¹¹⁵ The revised collection left out the Platonic rhetoric and focused instead on the connection between sin, punishment, and salvation. A Platonic-Christian model of the world-soul, which operated through natural balance, left less room for the direct intervention of God into human affairs in a way seemingly contrary to nature (ie. through miracles).¹¹⁶ The disparity in Herman and the reviser's approaches to madness as a punishment can be viewed in terms of the revival of Platonism at the turn of the twelfth, and its mixed reception from Christian writers, which warrants further discussion.¹¹⁷

The first half of the twelfth century saw works of Platonic and Neo-Platonic origin, which had been known before, take a more central role in theological

¹¹² Edmund Revised, I.15, pp. 228-29. 'Sic EADMVNDVS impios arrogantes, et audios peruasores a presumptionis audacia deiecit, iniuriam uindicauit; ius proprium uendicauit.'

¹¹³ Herman, 36, p.100, n. 373.

¹¹⁴ Ibid.; Calcidius, 'Timaeus Platonis', in *Timaeus a Calcidio translatus commentarioque instructus*, ed. by J.H. Waszink, *Corpus Platonicum Medii Aevi*, Plato Latinus, 4 (Leiden and London: Brill, 1962), pp. 1-52 (43a, p. 38).

¹¹⁵ Herman, 36, pp. 102-03.

¹¹⁶ Licence, 'The Cult of St Edmund', in *Bury St Edmunds*, ed. by Licence, pp. 125-26.

¹¹⁷ Ibid., p. 126.

debate.¹¹⁸ Perhaps the most influential of these Platonic texts was the *Timaeus*, an account of the cosmos set in the format of a debate in which Socrates and Timaeus were contributors. Only the first part - that detailing the formation and nature of the cosmos - was known in the Middle Ages.¹¹⁹ Justin Stover has identified at least seventy individual twelfth-century writers who discussed the *Timaeus*, and he concludes that knowledge of Platonic ideas was becoming 'familiar, even commonplace' in the Latin West.¹²⁰ By the second half of the twelfth century, Bury almost certainly had a copy of the *Timaeus*.¹²¹ It is therefore possible that Herman was able to engage with Platonist texts in Bury, or that he had encountered them elsewhere, either in Latin translation or via Latin commentaries.

Knowledge of the *Timaeus* in the West was heavily influenced by Calcidius' Latin translation and commentary, which reached the peak of its influence c.975-1125.¹²² Calcidius (fl. 4th century) allowed for some influence of the body over the mind, for example, in the irrational minds ('inrationabilem mentis') of children.¹²³ Lack of reason and intellectual feebleness ('imbecillitatem') in the young, which gave way to bodily impulses, could also extend to the mad, who too lacked reason. Herman aligned the connections between body, mind, and soul with his concept of natural

¹¹⁸ Tullio Gregory, 'The Platonic Inheritance', in *A History of Twelfth-Century Western Philosophy*, ed. by Peter Dronke (Cambridge: Cambridge University Press, 1988), pp. 54-80 (p. 54).

¹¹⁹ *Ibid.*, p. 77 and p. 54.

¹²⁰ Justin Anthony Stover, 'Reading Plato in the Twelfth Century: A Study On the Varieties of Plato's Reception in the Latin West Before 1215' (unpublished doctoral thesis, Harvard University, 2011), p. 13.

¹²¹ R.M. Thomson, 'The Library of Bury St. Edmunds Abbey in the Eleventh and Twelfth Centuries', *Speculum*, 47 (1972), 617-45 (p. 640)

¹²² J.C.M. Van Winden, 'Introduction', in *Calcidius on Matter, His Doctrine and Sources: A Chapter in the History of Platonism*, ed. by J.C.M Van Winden, *Philosophia Antiqua*, 9 (Leiden: Brill, 1959), pp. 1-23 (p. 1); Paul Edward Dutton, 'Medieval Approaches to Calcidius', in *Plato's Timaeus as Cultural Icon*, ed. by Gretchen J. Reydams-Schils (Notre Dame, IN: University of Notre Dame, 2003), pp. 183-205 (p. 184).

¹²³ Richard Sorabji, 'The Mind-Body Relation in the Wake of Plato's *Timaeus*', in *Plato's Timaeus*, ed. by Reydams-Schils, pp. 152-62 (p. 157); Calcidius, 'Commentarius', in *Timaeus a Calcidio translatus commentarioque instructus*, ed. by Waszink, pp. 53-346 (p. 224).

balance. The damaged souls of transgressors were reflected in their damaged minds, and the grotesque physicality of the symptoms of madness.

Punishment was carefully balanced against transgression to emphasise the connection between the two. In the case of madness, transgressions were deemed to be nonsensical. Punishment prevented the continuation of the transgression, provided a public example for would-be transgressors, and served a practical purpose in legally and socially undermining the transgressor. Herman's heavy classical rhetoric would become less popular during the twelfth-century when, as we shall see in the chapters that follow, individual miracle accounts were generally shorter and hagiographers were more open to the possibility of salvation for the laity. As mentioned above, the reviser, writing only a few decades after Herman, criticised his 'rhetorical ornaments', and set out to restore 'Christian simplicity and homely faith' to Edmund's miracle record.¹²⁴ The revised collection portrayed punishment both as a means to spiritual salvation, and as a vehicle for punishing the actions of sinners, concentrating, in the case of Osgod Clapa for example, on the wicked deeds of the transgressor. This connection between punishment and sin is the subject of the next section.

4. Saints, Sin, and Punishment

Herman and the reviser emphasised Edmund's role as Bury's patron through the miraculous punishments he inflicted on those who had wronged the abbey. There was also a concern in both collections to highlight the sins of such transgressors. Osgod Clapa was punished for his arrogance or pride ('fastu').¹²⁵ Swein, the Danish leader who tried to exact a tribute from the people of East Anglia, was compared to the blasphemous Julian the Apostate

¹²⁴ Edmund Revised, I.0, p. 130.

¹²⁵ Herman, 23, pp. 56-7.

and Edmund to Saint Mercurius who slew him ('equiperatur Mercurio martyri ulciscenti iniuriarum blasphemias apostate Iuliani').¹²⁶ In both of these cases, it was not only the actions against Edmund that warranted punishment, but also the sins from which these actions stemmed. This emphasis on the personal sins of the protagonists perhaps serves to highlight that their punishments were justly deserved. Not only were their challenges to the abbey or to Edmund's authority wrong, but their characters were ultimately flawed by sin. It was this sin that caused them to contest the abbey's jurisdictional rights, and that warranted divine punishment. This section explores the connections between sin, transgression, and madness as a punishment. It then moves on to examine the collections' one *innocent* madman, Wulmer, and to consider this case of mistaken madness.

4.1. *The Sins of the Danes, including Osgod Clapa*

The relationship between sin and divine intervention is particularly clear in the case of the Dane who was punished with blindness:

the swelling arising from his arrogance ['arrogantiae'] was turned into a corrective, as God and the saint won the sinner over and drove the Dane to repent tearfully, abjectly seeking mercy in the hope of securing forgiveness he did not deserve; and because God does not spurn a contrite and humble heart (and because the hardest hearts often prove the most pliant in response to favour), the Dane's prayer was answered and his sight restored.¹²⁷

It was the Dane's pride that made him show irreverence towards the saint. This sin required forgiveness, and his irreverent actions needed God's pardon.

¹²⁶ *Ibid.*, 7, pp. 20-1, n. 93. The reference is likely taken from Ælfric's *Life* of Saint Basil.

¹²⁷ *Ibid.*, 17, pp. 36-7.

Osgod Clapa, in flaunting his pride at Edmund's shrine, was shown to have indulged in earthly pleasures above spiritual pursuits, endangering his soul. Herman's detailed description of Clapa's extravagant jewellery and appearance has already been discussed. It was echoed by the reviser who depicted the Dane 'all dressed up in clothes woven with gold, sporting golden bracelets and a gold-inlaid axe, slung Danish-style from his shoulder'.¹²⁸ Herman's Clapa was 'puffed up with pride' ('cum fastu superbie'), and the reviser's had a 'rigid body and swollen mind' ('corpore rigidus et mente tumidus'). With this description, the reviser drew a parallel between Clapa's outward appearance and his inner immorality.¹²⁹ This parallel was made permanently visible in Clapa's withered arm, which, according to the reviser, never recovered.¹³⁰ Pride, expressed through human arrogance, was the 'benchmark of illegitimacy' because it denied God's supremacy.¹³¹ By acting thus against God, the actions of the proud man were conceived as immoral and illicit.¹³² The association of Osgod's actions with pride, therefore, confirmed Edmund's legitimacy by presenting irreverence towards him as irreverence towards God.

For Herman, Clapa's miraculous punishment served a dual purpose:

[Clapa] has clearly lost his mind ['mentis alienationem'], either that God may be glorified – as the words of the gospel bear witness in the case of the man born blind – or because God together with His saint, desired to punish him, seeing that the wretch plotted evil.¹³³

¹²⁸ Edmund Revised, I.9, pp. 206-07.

¹²⁹ Herman, 23, pp. 56-7; Edmund Revised, I.9, pp. 208-09. Licence translates 'corpore rigidus et mente tumidus' as 'puffed up in mind and body'.

¹³⁰ Edmund Revised, I.9, pp. 210-11.

¹³¹ Kiril Petkov, 'The Cultural Career of a "Minor" Vice: Arrogance in the Medieval Treatise on Sin', in *Sin in Medieval and Early Modern Culture: The Tradition of the Seven Deadly Sins*, ed. by Richard G. Newhauser and Susan J. Ridyard (Woodbridge: York Medieval Press, 2012), pp. 43-64 (p. 45).

¹³² Ibid.

¹³³ Herman, 23, pp. 58-9.

The biblical reference is to John 9:3, which discusses why a certain man was born blind. The man's blindness was said to be the result of neither his parents' sins nor his own sins but was brought about by God so that His workings could be shown in the world. Herman's inclusion of this reference in Clapa's miracle, and his repetition in the final line that Clapa 'makes the necessary reparation for his sensual sin, so that God may be glorified in all things', emphasises that, whilst sins could be punished miraculously, the ultimate purpose of all miracles was to promote the glory of God. Miracles could appear as contrary to nature but were, in fact, indicative of God's power within nature, in line with Platonic theories of the world-soul.¹³⁴ This Augustinian conception of the miraculous was widely known in the period 1000-1215, and was used by hagiographers to demonstrate the focus of God's power at a particular shrine.¹³⁵ Herman used Clapa's punishment and his partial healing to highlight the consequences of irreverence, but also to encourage further reverence by glorifying God.

4.2. *Ranulf*

The miracle of Ranulf (excluded from the revised collection) is particularly illustrative of Herman's approach to miraculous punishment and healing. It is possible that the miracle's construction around a Platonist-Christian framework of natural balance was the reason for the reviser's omission of it. The account is centred on Ranulf's military lifestyle, implying that there was a connection between his life as a soldier and his madness.

Riding along in a wild way, he thought too much upon things that were wrong, and too little on the things of God, because, in the

¹³⁴ Augustine, *De Trinitate Libri XV*, ed. by W.J. Mountain, *Corpus Christianorum, Series Latina*, 50, 2 vols (Turnholt: Brepols, 1968), III.7-8, I, 138-40.

¹³⁵ Benedicta Ward, *Miracles and the Medieval Mind: Theory, Record and Event 1000-1215*, rev. edn (Philadelphia: University of Pennsylvania Press, 1987), pp. 31-2.

manner of courtiers, he pursued those other things, which pertain to this world.¹³⁶

Ranulf's preoccupation with worldly things, whilst not abnormal for a courtier, had compromised him spiritually. Herman argued that the strength of those who inflicted evil on the servants of God should be laid to waste (Daniel 3:44). This biblical argument perhaps reflects his monastic judgement of courtiers, who as we have seen in other miracles, often opposed Saint Edmund's power.¹³⁷ The background narrative for this argument is the miraculous deliverance of three Jewish men who had been sentenced to be burned alive for refusing to worship the gold icon of King Nebuchadnezzar, himself a well-known example of the power of God exemplified through madness. Whilst the Jewish men were spared and were able to walk in the flames unharmed, the flames devoured the king's men who had thrown them into the furnace. Like the King's men, Ranulf had rejected the true God by absorbing himself in worldly affairs.

Ranulf's spiritual transgression was directly connected to his punishment. Herman wittily explained how, wrapped up in worldly affairs, 'the foolish soldier strayed', as a result of which 'straying, he was taken by alienation of the head.'¹³⁸ Plagued by sleeplessness, after eight days he was finally able to sleep, and, as described above (section 2.4), was cured via a dream-vision. The dream-vision was distinctly military. Ranulf was fleeing on horseback from the saint, who was also mounted and wielding a spear. Edmund stuck him in the back with his spear, causing him to fall off his horse, and then

¹³⁶ Herman, 34, pp. 96-7.

¹³⁷ Ibid.

¹³⁸ Ibid. I have chosen a literal translation in order to analyse the terms associated with madness but Licence's translation captures Herman's amusing tone: 'As the devious soldier wandered astray in this way, his mind wandered deviously, he succumbed to wandering in the head, as he headed on his way.' ('Dum sic deuius deuiat miles deuians, capitur capitis alienatione taliter itinerans'). Herman's use of 'alienatio capitis' as opposed to the more-common 'alienatio mentis' enables the alliterative rhythm of 'capitur capitis'. It also reflects an association between the mind and the head.

'loomed over him like a warrior about to kill him'.¹³⁹ It was only upon hearing Ranulf's pleas for forgiveness that Edmund's persona abruptly changed, and he healed the fallen courtier. The putrid matter that was expelled from Ranulf's ears when he awoke from his dream cleansed him physically, and symbolised the spiritual cleansing of his worldly thoughts.¹⁴⁰

Mirroring Edmund in the dream-vision, Ranulf then converted from a military to a religious life and received the tonsure.¹⁴¹ Here, Ranulf transcended the trifunctional system of three orders, made up of *those of pray, those who fight, and those who toil* by moving from one order to another.¹⁴² Similarly, Edmund himself transcended military and monastic boundaries in his demonstration of both military and saintly virtue. The limits of the three orders were being questioned in the second half of the eleventh century, with Peter Damian calling for worldly warriors to become warriors of Christ, a concept also envisaged in the call for the First Crusade (1095).¹⁴³ Herman hinted that Ranulf had perhaps strayed from his true occupation long ago, as he had previously been 'schooled in religion'.¹⁴⁴ Once again, Ranulf's wandering lifestyle was associated with his wandering mind. Where he strayed spiritually, he also strayed mentally.

4.3. *Wulmer*

Wulmer, who, according to Herman, went 'out of his mind' and was left bedridden for eight days, cannot be said to have neglected to care for himself spiritually. Returning from Rome, Wulmer went to Saint Edmund's shrine

¹³⁹ Ibid.

¹⁴⁰ Ibid.

¹⁴¹ Ibid.

¹⁴² For an outline of this theme and its occurrence in literature between the eleventh and thirteenth centuries, see Georges Duby, *The Three Orders: Feudal Society Imagined*, trans. by Arthur Goldhammer (Chicago, IL and London: University of Chicago Press, 1980).

¹⁴³ Ibid., p. 226.

¹⁴⁴ Herman, 34, pp. 98-9.

to give thanks for his safe journey, and offered a piece of marble inlaid with crystals.¹⁴⁵ As one of the saint's villeins ('villano eius'), Wolmer was protected by the sanctuary that Edmund offered his community.¹⁴⁶ The reviser stated that, before leaving for Rome, Wolmer had 'knelt down to entrust himself to the protection [or sanctuary] of his lord, St Edmund' ('domini sui sancti uidelicet EADMVNDI supplex subiit asilum').¹⁴⁷ Just as a secular lord would provide some form of protection for his villeins, so too would Edmund provide physical and spiritual protection for his community. The reviser's Wolmer, upon his safe return from Rome, 'duly went to thank his patron and give what he had vowed, plus a spontaneous gift'.¹⁴⁸ He was still in the churchyard, about to go home, when he fell ill.¹⁴⁹ There was no suggestion that Wolmer had been at fault, or that his illness was an act of divine punishment. According to the reviser, Wolmer's neighbours were incredulous that

a man strong enough to escape so many dangers, scrapes with death, and the countless frauds of the wicked on his vast, circuitous journey by land and sea, should suddenly be shipwrecked, as it were, upon reaching a safe harbour in a tranquil port.¹⁵⁰

Despairing for his life, and to protect his soul, Wolmer received the viaticum.¹⁵¹

Similarly, in Herman's version of the story, no precise cause was provided for Wolmer's illness, and perhaps it was ascribed to chance. Earlier in his collection, Herman had explained that, 'if reason is lacking, God's mercy

¹⁴⁵ Ibid., 37, pp. 104-05.

¹⁴⁶ Ibid.

¹⁴⁷ Edmund Revised, I.16, pp. 232-33.

¹⁴⁸ Ibid.

¹⁴⁹ Ibid.

¹⁵⁰ Ibid.

¹⁵¹ Ibid.

reinstates it at the right time'.¹⁵² Wolmer's cure certainly came at an opportune moment, or the 'right time'. Eight days after Wolmer fell ill, there was a celebration to commemorate the discovery of Saint Edmund's incorrupt remains. A miraculous cure would certainly have brought greater prestige to the festivities, and Herman underlined this connection by musing that perhaps the saint 'wished to do the sick man a good turn or enhance his [Edmund's] special day with joy'.¹⁵³

Herman emphasised the wonder of the cure by pointing out that Wolmer's condition could not have been rectified by contemporary medicine. Revisiting the theme of periods of mercy, which underlies his collection, and has been discussed above, he exclaimed that

Any Hippocrates can cook up some medicine with his potions, either to cure the sick after a very long wait or to alleviate their suffering a little bit. This saint of ours, however, whose pure heart seeks nothing but God's mercy, will rapidly deliver a cure wherever the worthy sick are in need of one.¹⁵⁴

The reference to Hippocrates is reminiscent a moment earlier in the collection when Herman discussed the cure provided by Abbot Baldwin for Bishop Herfast's swollen eye, which had been injured in a riding accident. For Herman, human fate was determined by God, and God's favour was a precondition for medicine's effectiveness. He knew some technical medical vocabulary, describing, for example, Baldwin's use of 'cauteries and eye ointments' ('cauteriationibus ac colliriis').¹⁵⁵ However, he attributed Baldwin's cure of Bishop Herfast's putrid eye not to medicine but to the miraculous intervention of Saint Edmund: 'Not even Hippocrates or Galen, if

¹⁵² Herman, 22, pp. 50-1.

¹⁵³ *Ibid.*, 37, pp. 106-07.

¹⁵⁴ *Ibid.*

¹⁵⁵ *Ibid.*, 27, pp. 76-7; For an analysis of Herman's medical vocabulary, see Licence, 'Introduction', in *Miracles of St Edmund*, ed. by Licence, p. lxxxvi.

they were alive, could handle this case, unless God's mercy came to their aid.¹⁵⁶ Wulmer, having received the viaticum, had certainly been close to death ('morti proximo').¹⁵⁷ Nonetheless, as one of Edmund's 'worthy' villeins, Wulmer was under the saint's protection. Healing was, as Herman explained elsewhere in the collection, afforded to the saint's 'people' ('suorum': his devoted followers, including the monastic community at Bury) for their protection, just as the punishment of wrongdoers protected their interests: 'To his people [Edmund] was the most faithful patron, but to any that opposed him and his people he was an indefatigable adversary.'¹⁵⁸

Contemporary medical texts, held at Bury, acknowledged that earthly practitioners were sometimes limited to alleviating a patient's suffering without being able to cure him/her. As mentioned above (section 2.1), Michael Gullick has identified Sloane 1621, an eleventh-century medical manuscript, as containing English hands and a Bury pressmark.¹⁵⁹ The manuscript was originally produced on the Continent (possibly France), and probably came to Bury with Baldwin or during his time there.¹⁶⁰ Debbie Banham has distinguished in the contents of Sloane 1621 examples of the 'new medicine' that appeared in England from somewhere around the middle of the eleventh century.¹⁶¹ She uses the term 'new medicine' to indicate medical theory regarding the origin of disease, technical medical vocabulary (in Latin but with a Greek basis), and references to medical authorities, like Hippocrates and Galen, which, as we have seen, Herman made on more than one occasion in his collection.¹⁶² In Sloane 1621, the majority of folios contain an *antidotarium* (recipe collection), which was

¹⁵⁶ Herman, 27, pp. 72-3.

¹⁵⁷ Ibid., 37, pp. 104-05.

¹⁵⁸ Ibid., 25, pp. 64-5.

¹⁵⁹ Gullick, 'An Eleventh-Century Bury Medical Manuscript', in *Bury St Edmunds*, ed. by Licence, p. 190; Banham, 'Medicine at Bury', in *Bury St Edmunds*, ed. by Licence, p. 228.

¹⁶⁰ Ibid., p. 229.

¹⁶¹ Ibid., p. 228.

¹⁶² Ibid., pp. 228-29.

added to by several hands and seems to have been intended for practical use at Bury, where it is therefore likely that elements of this 'new medicine' were recognised.¹⁶³ Herman's references to Hippocrates and his comparison of medical and divine healing were based on his understanding of 'new medicine', and were meant to be understood by his readers at Bury in this light.¹⁶⁴ The final recipe in the Bury *antidotarium* provided advice on how to ease the suffering of a dying patient with a recipe called 'the power of God'.¹⁶⁵ This recipe is indicative of a practical awareness of the limitations of medical healing, and a spiritual concern for the well-being of the patient, something that is evident in Herman's declaration that even Hippocrates and Galen needed the assistance of God's mercy.¹⁶⁶

So unexpected was Wolmer's sudden recovery, given the limits of earthly medicine, that the people believed him to be suffering from 'frenzy' ('frenesy' [sic]), which had caused his sudden movement when before he had been as still as a tree trunk ('truncus'). They feared that they might have to hold him down.¹⁶⁷ Similarly, in the revised account, when Wolmer got out of bed and dressed, 'no doubt his amazed household told each other that he had finally lapsed into insanity ('arreptus insaniret') and would rapidly expire'.¹⁶⁸ There are two implications for this association of madness with Wolmer's cure. First, there is an implied connection between madness and increased or unexpected movement; previously, Wolmer had been bedbound, and suddenly, he was able to stand. The increased strength of the mad, which sometimes had to be contained by force, was frequently mentioned in both hagiographical and medical texts of this period.¹⁶⁹ Patients suffering from frenzy could require strong binding because of their

¹⁶³ Ibid., pp. 230-36.

¹⁶⁴ Herman, 27, pp. 72-3.

¹⁶⁵ Banham, 'Medicine at Bury', in *Bury St Edmunds*, ed. by Licence, pp. 237-38.

¹⁶⁶ Ibid.

¹⁶⁷ Herman, 37, pp. 104-09.

¹⁶⁸ Edmund Revised, I.16, pp. 234-35.

¹⁶⁹ The physical strength of the mad will be discussed in Chapter IV.

physical strength, which explains the people's fear, expressed in Herman's account, that Wulmer would need to be restrained.¹⁷⁰ Additionally, the revised account implies that madness could precede death even if it was not itself the cause of death (the reviser did not record that Wulmer went 'out of his mind').¹⁷¹ A similar episode can be seen in a miracle recorded at Reading in the twelfth-century collection of the miracles of the Hand of Saint James.¹⁷² The Count of Boulogne was struck by an arrow (sent as a divine punishment) in the kneecap. He was taken to his lodgings where he became increasingly ill, was seized by a demon, and died.¹⁷³ His physical weakness, as well as the corruption of his soul had left him more open to demonic attack, as was also the case with Sheriff Leofstan in this collection. Wulmer, in the eyes of his neighbours, was in a state of physical weakness, and was more open to the delusions of madness.

Alternatively, if we consider Herman's use of the term 'in mentis excessu' to describe Wulmer's mental state, it can be argued that Wulmer's out-of-mind experience was divinely-inspired but may not have been recognised as such by his neighbours. The phrase 'in mentis excessu' appears in Psalms 67:28 to describe the youth Benjamin in a state of ecstasy ('Ibi Benjamin adulescentulus in mentis excessu'). Jerome and Augustine interpreted this passage as a prophetic reference to the conversion of Paul, who descended from the tribe of Benjamin and was divinely healed from sudden blindness via a vision, then became a vessel for the Holy Spirit (Acts 9).¹⁷⁴ Psalms 67 also refers to the wonders of heaven, where 'if you sleep among the midst of lots, you shall be as the wings of a dove covered with silver, and the hinder

¹⁷⁰ Gariopontus, *Passionarius Galeni* (Lugduni: n.p., 1526), I.8, fol. 5r. 'in lecto ligentum et membra eis forties constringantur: quoniam fortes sunt.'

¹⁷¹ See Chapter V for madness as a symptom of other conditions.

¹⁷² For more on this miracle, see Chapter V.

¹⁷³ GCL, XXV, fol. 175r.

¹⁷⁴ Csaba Németh, 'Paulus Raptus to Raptus Pauli: Paul's Rapture (2 Cor 12:2-4) in the Pre-Scholastic and Scholastic Theologies', in *A Companion to St. Paul in the Middle Ages*, ed. by Steven Cartwright (Leiden: Brill, 2013), p. 358.

parts of her back with the paleness of gold' (verse 14), and proclaims that 'God is wonderful in his saints' (verse 36).¹⁷⁵ These biblical images can be compared to those depicted by Herman; Wulmer received a dream-vision of the Saint Edmund in the form of a dove which transformed into a man and healed the sick man by touching his right eyelid (perhaps echoing the divine healing of Paul's blindness).¹⁷⁶ By drawing associations between Wulmer's vision of Saint Edmund and the biblical precedent of divine healing via dream-vision, Herman emphasised the divine nature of Wulmer's spiritual encounter and glorified Edmund as a vessel through which God's wonders could be observed.

Though he did not use the phrase 'in mentis excessu', the reviser also felt compelled to justify at length that Wulmer's vision was not a delusion. Herman's allusions to Psalms 67 were far less direct than the reviser's lengthy justification, and it is that possible the veracity of the miracle had been questioned before it came to be revised. In the face of an opposition that failed to see that dreams could be miraculous, the reviser explained that there were two types of dream: 'illusion and revelation' ('illusio uidelicet et reuelatio determinantur'), and that 'men of experience and caution' ('prudentes et circumspecti uiri') were able to discriminate between the two.¹⁷⁷ In contrast to divine dream-visions, 'ineffective dreams come from the spirit of illusion, and [...] mocking phantasms plague deluded minds' ('a fantastico spiritu somni ministrentur, atque fantasiarum ludibriis delusa mens agitetur').¹⁷⁸ The term *fantasia/phantasia* was used here to denote the imaginative faculty of the mind.¹⁷⁹ During sleep, both the senses that supplied the imaginative faculty and the reason that aided interpretation

¹⁷⁵ Verse 36 is also referred to in Leofstan's miracle, see above section 3.1.

¹⁷⁶ Herman, 37, pp. 106-07.

¹⁷⁷ Edmund Revised, I.16, pp. 230-31.

¹⁷⁸ Ibid.

¹⁷⁹ William F. Macle hose, 'Fear, Fantasy and Sleep in Medieval Medicine', in *Emotions and Health 1200-1700*, ed. by Elena Carrera, Studies in Medieval and Reformation Traditions, 168 (Leiden: Brill, 2013), pp. 67-94 (p. 82).

were inactive, leaving the sleeper open to misinterpretations and delusions.¹⁸⁰

There is a noteworthy parallel between the insanity that Wulmer's neighbours perceived in his miraculous cure, and the imaginative impairment that critics believed to be his dream-vision. The reviser explained, that when 'the body relaxes in sleep, however, the spirit enjoys a period of freedom' in which it is able to perceive something of the divine that it ordinarily would not.¹⁸¹ As in Herman's account, Wulmer experienced this freedom when, in his dream-vision, he saw a white dove fly into his house. The dove then changed into a handsome man, who later identified himself as Saint Edmund, spoke compassionately with Wulmer, touched his right eyelid with two fingers, and cured him.¹⁸² Delusion and insanity, which had undermined Edmund's enemies (Leofstan, Osgod Clapa, Robert de Curcun), were used by the saint's critics to question his miracle. Nonetheless, as the reviser pointed out, Wulmer's health (upheld by the testimony of many) stood as proof of the miracle, and it was the critics themselves who ought to 'come to their senses and be saved'.¹⁸³

Conversely, Herman, rather than using the dream and cure to reject the criticism of others, employed them himself in his critique of non-Christian literature by providing an alternative rhetoric of saintly metamorphosis to supersede Ovid's *Metamorphoses*.¹⁸⁴ When Edmund, in Wulmer's dream-vision, transformed from a dove into a beautiful man, Herman exclaimed

¹⁸⁰ Ibid., p. 83.

¹⁸¹ Edmund Revised, I.16, pp. 230-31.

¹⁸² Ibid., pp. 232-35.

¹⁸³ Ibid., pp. 234-35 and pp. 228-29.

¹⁸⁴ Licence, 'Introduction', in *Miracles of St Edmund*, ed. by Licence, p. lxvi.

O wondrous new metamorphosis! Nothing like this appears in Ovid's works! For this is a spiritual transformation, beneficial to man, while his are fleshly and give rise to illicit laughter.¹⁸⁵

Herman's styling of Saint Edmund as the 'metamorphosed man' (*vir metamorphosicus*) meant that his audience could experience the drama – and even the humour – of such a tale but within a framework that would provide spiritual benefits.¹⁸⁶ Whilst Wolmer enjoyed the benefit of the saint's protection and healing, the audience were shown the power of God's mercy.

Madness appeared as a punishment for sin in both collections, and reflected the transgressive nature of sinful behaviour in the wandering of the mind. The process of suffering from madness and then receiving a miraculous cure could work as a form of redemption, echoing the madness of Nebuchadnezzar, whose seven years of madness humbled him before God (Daniel 4:16-25). Ranulf, through his madness and cure, was set back on the right track, and adopted a monastic lifestyle. The infliction and cure of madness, as with other ailments like blindness, was a visible manifestation of God's (and Edmund's) power to punish wrongdoers and to protect His community. The reviser's construction of Wolmer's miracle was particularly striking here for he observed delusion not in Wolmer himself but in those who questioned the power of miracles.

5. Conclusion

Both collections of the miracles of Saint Edmund of Bury display different, though not entirely incongruous, approaches to punishment and protection. In Herman's collection, God's favour was displayed in periods of mercy in

¹⁸⁵ Herman, 37, pp. 106-07.

¹⁸⁶ *Ibid.*

which He worked miracles through His saints. Edmund's miracles took place during one such period. In order to receive a cure, a sick person had to be worthy of God's favour. The most worthwhile lifestyle was a spiritual one though Herman did not deny the importance of other responsibilities; medicine, for example, functioned within nature as part of God's divine order.

In order to retain natural balance, transgressions required punishment. To emphasise this concept of balance, there was a strong correlation between the nature of the transgression and its accompanying punishment. When madness was dispensed as a divine punishment, the mind of the transgressor had already deviated by defying the saint, committing sin, or both. Madness, as a punishment, fitted the *crime* of unreasonable behaviour, just as the Dane who looked where he should not was punished with blindness. Madness also served the practical purpose of socially, and often legally, undermining the transgressor, thus halting the transgression and protecting the monastic community of the saint. Both punishment and cure, then, were, above all else, demonstrations of God's power, which protected the worthy from the transgressions of sinners and from the diseases of nature.

When the reviser came to re-write the miracle collection, he shifted its focus. Unlike Herman, he was not writing from within the community at Bury, but instead composed his work under the patronage of the bishop. For this reason, he was less concerned than Herman with the immediate needs of the Bury monks, and the punishment of those who had undermined them. Madness was not connected with the senseless actions of transgressors as much as it was with the wicked deeds of sinners. God, through Edmund, delivered punishments and performed cures as a form of protection;

punishment on earth protected the soul from further suffering after death, and miraculous cures protected the recipients from the suffering of earthly afflictions. Madness, in both cases, was a cause of suffering. The reviser, writing under the shadow of Herman, was aware of his own critics. Those who lacked the sense to comprehend God's miracles suffered in their ignorance and their alienation from God.

This case study of two miracle collections written in quick succession has revealed the crucial role of the individual hagiographer in the construction of madness in his collection. Herman and the reviser were influenced by their respective intellectual backgrounds, and by their perceptions of Edmund's role as a saint and patron. Nonetheless, patterns and similarities have emerged in their representations of madness:

- The signs and symptoms of madness affected sufferers physically and mentally.
- Madness could be connected with demonic interference.
- Those perceived as mad or possessed could require restraint.
- Madness brought the morality of a sufferer into question, and there was concern for the state of his/her soul.

The emphasis placed by each hagiographer on the role of madness in individual miracles was reliant on their conceptions of punishment and cure, which were influenced by the precedent of earlier writers (ranging, for the reviser, from Augustine to Herman himself), and by the contemporary agenda of the miracle record.

As we move into the twelfth century, the next two chapters follow the representations of madness in two cults, developing in very different contexts. In Canterbury, the cult of new saint, Thomas Becket, was rapidly

gaining momentum, and the prestigious Benedictine priory at Christ Church produced the two largest collections of miracles that England had seen. In London, which, as Herman had noticed, had no saint of its own, the new Augustinian priory of Saint Bartholomew attempted to draw on the reputation of the great apostolic saint in constructing its own foundation legend. I examine the roles of earthly and spiritual suffering in relation to madness in the miracles of these two saints, paying close attention both to the characteristics of individual collections, and to the emerging patterns within madness miracles

Chapter II

Medical Madness: Diagnosing the Mad in the Miracles of Saint Thomas Becket

1. Introduction

We saw a foolish woman, named Matilda, who was brought from the region of Cologne, [and] who was filled with a demon, and we were terrified of the strange madness in our presence. For instance, she tore into pieces [her] linen smock, the only thing that covered her body, and, with unimagined strength, she struck a blow at anybody who wanted to move her away. She would have suffocated a small child, who ran to meet her, had he not been quickly pulled away by those standing nearby. She was bound and thus raved for four or five hours in the presence of the martyr until he provided her with a cure for her insanity. The wicked spirit was truly expelled from her but the expulsion left behind vile traces. She then gradually returned to her normal self and the next day was wholly restored. Though her speech was scarcely intelligible to us, she recalled how she had seen the martyr in her sleep, [wearing] papal vestments, [and] having a streak of blood across his face, of which we made mention in his Life, and he asked of her sickness [and] in a very hesitant way, she truly displayed a suffering of body and mind. Then, the saint had promised her sanity, if she went on a journey of pilgrimage to the home of the apostles [Rome] or even to the church of the blessed James [Santiago de Compostela]; thus he promised she would be absolved. And also [when] we asked her how she had been made insane, she told us that her brother had killed a young man, who had rashly loved her; and so she herself, seized with madness, had struck her baby, who had been

baptised the day before, with her fist, and removed him from the world. She departed, therefore, from the martyr, healed and happy, [seeking] only pardon and solitude for her crime.¹

Matilda's miraculous cure was performed in Canterbury Cathedral in the 1170s, and recorded by Benedict of Peterborough, a monk at Christ Church Cathedral Priory. The martyr who had appeared in her dream-vision was Thomas Becket, the murdered Archbishop of Canterbury, recognisable by his episcopal robes and bloodied face. In the record of Matilda's miracle, we see a multi-faceted representation of madness. The terminology applied to Matilda's unreason was varied, like that used to describe madness in the miracles of Saint Edmund of Bury. Benedict seems hesitant to diagnose the precise cause of Matilda's madness, which was attributed to the involvement of a 'wicked spirit' ('spiritus nequam'), and also to the death of her lover, though these causes were not necessarily incongruous, as will be discussed below. In Becket's recommendation of a further pilgrimage to Rome or to Santiago de Compostela after her cure, there is an indication that Matilda needed further spiritual cleansing, perhaps because of a sinful relationship with her now-dead lover, or as recompense for the murder of her baby. The saint himself, via the dream-vision, diagnosed Matilda as suffering in body and mind ('corporis passionem et mentis'). There was potentially a psychosomatic element to Matilda's suffering in the connection between the aftermath of her lover's murder, and the state of her mind and body.

This chapter explores the concept of madness as a suffering of body and mind, and investigates whether madness was distinguished, in miracle texts, from other conditions that had similar behavioural symptoms (notably, epilepsy and fits) by its effect on the minds of sufferers. I consider how madness was identified and *diagnosed* by comparing it with the

¹ BP, IV.37, pp. 208-09. All translations from Benedict of Peterborough and William of Canterbury are my own.

symptomatically-similar condition of epilepsy. How did the language used to describe epilepsy differ from that used to describe madness? As mentioned in the introduction to this thesis, Ronald Finucane has proposed that no distinction was made between epilepsy and insanity in twelfth-century miracle records and other contemporary texts.² However, whilst the two conditions could present similar symptoms and were sometimes the subject of comparison, this study of Becket's miracle collections reveals that distinctions were certainly made between epileptics and mad people. These distinctions are evident in the different terminology used to represent each of the conditions. Thomas Becket's miracle collections, compiled by two Canterbury monks, make up the largest body of miracle records produced in twelfth-century England, and contain a substantial number of cases of madness and epilepsy from which a meaningful comparison can be drawn. Furthermore, the impact of *new* medical ideas, which was observed in the previous chapter, is particularly pronounced in Becket's miracle records, as has been identified by Rachel Koopmans (discussed in section 2.3 below).³ This chapter uses its comparison of madness and epilepsy to explore what made madness distinct, and to analyse whether the influence of *new* medical texts that were circulating in twelfth-century England sharpened the terminological distinctions between the conditions recorded in miracle collections.

2. The Twelfth-Century Cult of Thomas Becket

2.1. *The Martyrdom of Thomas Becket*

On 29 December 1170, the Archbishop of Canterbury, Thomas Becket, was murdered in Canterbury Cathedral by four knights who claimed they were

² Ronald C. Finucane, *Miracles and Pilgrims: Popular Beliefs in Medieval England* (New York, NY: St. Martin's Press, 1977; repr. 1995), p. 107.

³ Rachel Koopmans, *Wonderful to Relate: Miracle Stories and Miracle Collecting in High Medieval England* (Philadelphia: University of Pennsylvania Press, 2011), p. 187.

acting on the orders of King Henry II.⁴ Becket's career as archbishop had certainly been turbulent. He had spent two of the eight years of his archbishopric in exile following disputes with the king concerning jurisdiction.⁵ For this reason, Becket's relationship with the monks at Christ Church was far from warm. Not only was the archbishop rarely in Canterbury, but the monks also resented his efforts to boost the position of the secular clergy, and did not appreciate his appointment as archbishop by the king, arguing that the right to elect the archbishop should have been theirs.⁶ They could not empathise with a man who had been consecrated as a priest only one day before his election as archbishop.⁷

Thus, when the archbishop was murdered, there was no immediate consensus that he had died as a martyr.⁸ It was only when, on 30 December, the ecclesiastical robes were removed from the body in preparation for burial and coarse monastic garments, riddled with lice and worms, were discovered underneath that the monks of Christ Church began to suspect that the archbishop who had always been aloof may have been one of them all along.⁹ Miracles started to occur within days of Becket's death, and the first miracles were performed using the blood he spilt in the cathedral.¹⁰ The cult grew rapidly and, under considerable public pressure, Pope Alexander III issued a bull of canonisation at Segni in Italy on 21 February 1173.¹¹ On

⁴ Michael Staunton, *The Lives of Thomas Becket* (Manchester and New York, NY: Manchester University Press, 2001), pp. 30-1.

⁵ *Ibid.*, p. 15.

⁶ R.W. Southern, *The Monks of Canterbury and the Murder of Archbishop Becket* (Canterbury: Friends of Canterbury Cathedral, 1985), pp. 10-12.

⁷ *Ibid.*, p. 11.

⁸ *Ibid.*, p. 13.

⁹ Frank Barlow, *Thomas Becket*, rev. edn (London: The Folio Society, 2002), pp. 313-14.

¹⁰ Margaret Gibson, 'Normans and Angevins, 1070-1220', in *A History of Canterbury Cathedral*, ed. by Patrick Collinson, Nigel Ramsay and Margaret Sparks (Oxford: Oxford University Press, 1995), pp. 38-68 (p. 62); William Urry, *Thomas Becket: His Last Days*, ed. by Peter A. Rowe (Stroud: Sutton, 1999), pp. 150-51.

¹¹ Anne F. Harris, 'Pilgrimage, Performance, and Stained Glass at Canterbury Cathedral', in *Art and Architecture of Late Medieval Pilgrimage in Northern Europe and the British Isles*, ed. by

12 July 1174, Henry II came to Canterbury to do public penance for the death of his former rival.¹²

2.2. *Benedict of Peterborough*

Becket's tomb was opened to the public after Easter 1171, and his shrine custodian, Benedict (later of Peterborough) was in charge of the cult's administration, the management of pilgrims, and the care of the sick.¹³ Benedict collected records for the first, and shorter, collection of miracles compiled at the tomb of Thomas Becket in the twelfth century. He was made Prior of Christ Church in 1175 but left Canterbury to become Abbot of Peterborough in 1177.¹⁴ In opposition to previous assertions that Benedict composed the last three books of his collection in Peterborough, Rachel Koopmans has demonstrated that Benedict's collection was most likely written as a cohesive work in the early 1170s, and almost certainly by 1174.¹⁵ It is possible, however, that additions were made to the collection throughout the 1170s, most notably miracle IV.6, which likely refers to a fire that occurred in Rochester in 1179.¹⁶

Sarah Blick and Rita Tekippe, *Studies in Medieval and Reformation Traditions: History, Culture, Religion, Ideas*, 104 (Leiden: Brill, 2005), pp. 243-81 (p. 243).

¹² M.F. Hearn, 'Canterbury Cathedral and the Cult of Becket', *Art Bulletin*, 76 (1994), 19-52 (p. 48).

¹³ *Ibid.*, p. 50; Benedicta Ward, *Miracles and the Medieval Mind: Theory, Record and Event 1000-1215*, rev. edn (Philadelphia: University of Pennsylvania Press, 1987), p. 90.

¹⁴ Marcus Bull, 'Criticism of Henry II's Expedition to Ireland in William of Canterbury's *Miracles of St. Thomas Becket*', *Journal of Medieval History*, 33 (2007), 107-29 (p. 113).

¹⁵ Koopmans, pp. 139-59; for former dating of the collection, see Michael Staunton, *Thomas Becket and his Biographers*, *Studies in the History of Medieval Religion*, 28 (Woodbridge: Boydell, 2006), p. 50.

¹⁶ Nicholas Vincent, 'William of Canterbury and Benedict of Peterborough: the manuscripts, date and context of the Becket miracle collections', in *Hagiographie, idéologie et politique au Moyen Âge en Occident*, ed. by Edina Bozoky, *Hagiologia*, 8 (Turnhout: Brepols, 2012), pp. 347-88 (p. 374).

Benedict's was the more widely circulated of the two collections and proved to be more popular outside of Canterbury.¹⁷ The popularity of Benedict's collection can perhaps be attributed to the simple style that he employed, and the frequent biblical references that provided familiar signposts for his readers.¹⁸ Benedict's scholarly interest lay mainly in theology, and his personal book collection contained books on theology, classics and, most abundantly, on canon law.¹⁹ He also showed some interest in medicine, and bequeathed several medical texts from this book collection to Peterborough Abbey in 1194 when he died there as abbot, including a copy of the *Ars Physicae Pantegni et practica ipsius in uno volumine* (Constantine's the African's eleventh-century translation and adaptation of `Alī ibn al-`Abbās al-Mağūsī's *Complete Art of Medicine*, which was circulating in its single-volume format in the twelfth century), and the *Practica Bartholomei cum pluribus aliis rebus in uno volumine*.²⁰ The *Practica*, or *The Practice of Medicine*, was compiled by Bartholomaeus, a teacher at the medical school in Salerno in the mid-twelfth century, and consisted of a treatise of different medical techniques followed by a head-to-toe examination of diseases. It has been suggested that Benedict brought the collection that he eventually bequeathed to Peterborough Abbey with him from Christ Church, and is it possible that he had access to some of these medical texts when at Canterbury.²¹ Considering that Bartholomaeus' *Practica* was likely composed in the second half of the twelfth century, for Benedict to have had it in his possession by 1194 at the

¹⁷ Staunton, *Thomas Becket*, pp. 50-1.

¹⁸ Bull, p. 114.

¹⁹ Edmund King, 'Benedict of Peterborough and the Cult of Thomas Becket', *Northamptonshire Past and Present*, 9 (1996), 213-20 (p. 218).

²⁰ Robert Swapham, 'Historiae Coenobii Burgensis', in *Historiae Anglicanae: Scriptorum Varii, E Codicibus Manuscriptis*, ed. by J. Sparke (London: typis Gul. Bowyer, 1723), pp. 97-122 (pp. 98-9). The combination of the *Theorica* and *Practica* in the same volume suggests that Benedict's copy was made up of the *Pantegni Theorica* and the *Practica* books I, II and part of IX. See Green's thesis regarding the composition of the ten-book *Practica* in Monica Green, 'The Recreation of *Pantegni*, *Practica*, Book VIII', in *Constantine the African and `Alī ibn al-`Abbās al-Mağūsī: The Pantegni and Related Works*, ed. by Charles Burnett and Danielle Jacquart (Leiden, New York, NY and Köln: Brill, 1994), pp. 121-60.

²¹ Dom David Knowles, *The Monastic Order: A History of its Development from the Times of St Dunstan to the Fourth Lateran Council, 943-1216* (Cambridge: Cambridge University Press, 1950), p. 524.

latest demonstrates his acquisition of very contemporary medical material.²² Benedict's miracle collection is therefore written from the perspective of a scholarly monk, with an interest in medicine and with knowledge of theology.

2.3. *William of Canterbury*

Benedict of Peterborough's collection of the miracles of Saint Thomas Becket was only the first of two collections compiled at Christ Church in the 1170s. Becket's second miracle collection was written by William of Canterbury. William held a less senior position at Christ Church than Benedict, having only been ordained deacon by Becket himself in 1170, shortly before the martyrdom.²³ He joined Benedict in the task of recording miracles in June 1172 when the number of miracles had become too great for one monk to manage alone.²⁴ The first five books of his collection were completed by 1175 and, when a sixth book was added in 1176-77, the total number of miracles would come to approximately 438, a far larger collection than Benedict's.²⁵

Nicholas Vincent has convincingly argued that the version of William's collection as it survives today was originally intended for circulation in the 1180s as part of the preparations for Becket's translation (postponed by various circumstances until 1220).²⁶ As it happened, circumstances provided a new purpose for William's miracle collection, but it is credible that

²² Florence Eliza Glaze, 'The Perforated Wall: The Ownership and Circulation of Medical Books in Europe, ca. 800-1200' (unpublished doctoral thesis, Duke University, 1999), pp. 248-49.

²³ Staunton, *Thomas Becket*, p. 51

²⁴ *Ibid.*, p. 49.

²⁵ Koopmans, p. 181; Finucane, , p. 125.

²⁶ Vincent, 'William of Canterbury and Benedict of Peterborough', in *Hagiographie, idéologie et politique*, ed. by Bozoky, pp. 384-85.

Benedict's collection, as it stands, was widely circulated at this time.²⁷ Vincent has presented evidence that William's collection was diverted from its original purpose and presented to King Henry II in 1186 in the context of a dispute between the Canterbury monks and Archbishop Baldwin (1185-90) over the appointment of a new prior.²⁸ Thus, though the intended audience for both collections at the time of their composition was most likely monastic, William's collection in particular may have been revised in order to appeal to the secular interests of the King and garner his support for the monks' cause.²⁹ Further analysis of the surviving manuscripts of both Benedict and William's collections is certainly needed but is beyond the scope of this thesis, which turns its attention instead to the varied representations of madness in two collections that had most likely undergone numerous revisions and shifts in focus between their original composition and their wider dissemination.

In William of Canterbury's miracle collection, Rachel Koopmans has identified 'a platform to dispense medical information to his brethren and other readers'.³⁰ Having heard Benedict's collection read aloud in the chapter house, Koopmans speculates that William was frustrated by Benedict's 'feeble' discussion of illness, and attempted, in his collection, to rectify it.³¹ She hypothesises that William must have closely observed and questioned those pilgrims who were healed by Becket, as evidenced by the highly-detailed records of their conditions that he was able to make, in which he noted, for instance, the colour and consistency of bodily expulsions, such as vomit and urine.³² William was at pains to explain the aetiology of diseases to his readers (most likely Christ Church brethren), as

²⁷ Ibid.

²⁸ Ibid., p. 385.

²⁹ Ibid.

³⁰ Koopmans, p. 187.

³¹ Ibid., p. 185.

³² Ibid., p. 188.

well as to provide them with advice regarding their own health.³³ Koopmans has analysed William's diagnostic language at length, and she notes his familiarity with Greek terms, his intense interest in the internal aetiology of disease, and his use of far more varied terminology than Benedict.³⁴ For example, Benedict described the divinely-inflicted quinsy of Thomas of Etton as 'squinantia', whereas William used the Greek term 'synanchia'.³⁵ There is certainly evidence in William's collection of the 'new medical' vocabulary and concepts that were discussed in the previous chapter in relation to medical learning at Bury.

Whilst Benedict had, at least at first, arranged his miracles chronologically, William opted for a thematic approach, grouping healing miracles by illness.³⁶ William prefaced his section on epilepsy, the first illness category in his collection and a condition that was sometimes difficult to distinguish from madness, with a detailed explanation of its aetiology.³⁷ Nonetheless, as we shall see, despite this explanation, William did not use his own model of diagnosis throughout his collection. Furthermore, he provided no such aetiology for madness, and the terms he used to describe states of unreason displayed similar variation to Benedict's.

2.4. Madness Miracles

Various terms were used to indicate madness in both collections, and various symptoms were associated with the mad. Table 2 is a summary of those miracles recorded by Benedict and William that refer to madness, whether or not it was the condition for which a miraculous cure was sought. Those

³³ *Ibid.*, p. 187.

³⁴ *Ibid.*, pp. 184-93.

³⁵ *Ibid.*, p. 186; BP, II.44, p. 92; WC, I.13, p. 153.

³⁶ Finucane, p. 125; Ward, p. 90.

³⁷ WC, II.6, pp. 162-63.

miracles that can be categorised as *madness miracles* correspond to the definition of madness given in my Introduction:

- Those states defined as *insania* or *amentia*.
- Those conditions typified by unusual behaviour.
- Those disorders of the mind in which reason was perceived to be lacking.

Ref.	Summary	Madness Terminology
BP I.14	William Patrick had a tumour, which caused him excruciating toothache. Because of the pain, he flung his limbs and shouted out. Under suspicion that he was mad, he was put in chains.	<i>profecto amentiae suspicione</i>
BP II.13	Henry, a youth from Fordwich, was restored to his senses. He had been insane for several days and was brought, bound and raving, to the shrine.	<i>insanire</i>
BP II.31	Elward of Selling, an insane man who believed he could see evil spirits, was cured after crawling inside one of the holes in the side of Becket's tomb, designed for pilgrims to put their hands through and much too small even for a child to fit through.	<i>mentis agebatur insania</i>
BP II.54	William of Earley (a knight) and his wife came to give thanks for the cure of a child (most likely their child). The child had been shouting out "See where they come!" but was restored to his senses when a relic of Thomas Becket was suspended around his neck.	<i>a mente alienatus; amentia</i>
BP IV. 19	Seven-year-old Hermer lost his mind after recovering from a previous illness. The boy was unsteady on his feet, and suffered from continual movement of his head, hands, and arms. He was also unable to speak. His father, Tetio, tried consulting doctors but was forced by poverty to turn to the saint. A piece of Becket's hairshirt was kept at the Church of St Nicholas (Wissant, Francia). Upon drinking water infused with this relic, Hermer returned to full health.	<i>mente captus; passio miranda</i>
BP	Mad Matilda of Cologne came to Canterbury	<i>plenam daemonio</i>

IV. 37	Cathedral. She tore her linen smock, and struck out at people, including a small child who approached her. Matilda raved for four or five hours at Becket's tomb until she was visited by the saint in a vision and told to continue her pilgrimage to Rome or to Santiago de Compostela. After her cure, she told the monks that she had gone mad after her brother had killed her lover, and then she had struck and killed her baby.	<i>muliercula; insanire; corporis passionem et mentis; amentia</i>
BP IV. 53	Physicians had struggled to heal the inflamed womb of Mabel, daughter of Stephen de Anglandre. The pain caused her to hurl her limbs and become insane. The holy water of Saint Thomas healed her swelling, and she was healthy but weak.	<i>uterus inflatus; in insaniam se jam jamque converti insinuaret</i>
BP IV. 56	A woman led a blind boy and an insane girl from Wales to Canterbury. The girl was brought back to the way of reason and the boy was partially cured.	<i>insana</i>
BP IV. 57	Walter, a clerk of Hatcliffe, near Grimsby, had been insane for five week. His friends and parents vowed to convey him to the shrine at which point, he was restored to reason and was able to make the journey himself.	<i>insanire</i>
WC II.9	William, a youth of St Alban's, suffered with alienation of the mind for three months, and was then cured by Saint Alban. After this, he suffered from epilepsy and was cured by Saint Thomas Becket.	<i>alienatio mentis</i>
WC II.89	Some relics of the saint were transferred from Arras to a nunnery in Bapaume. A madman was then returned to the control of his mind.	<i>furiosum</i>
WC III. 47	Having dissuaded his shipmates from making a pilgrimage to Canterbury, Ralph the Black was told by a priest that he would be held by madness until he was restored to God. Ralph was bound, and injured himself fighting against his bonds. His roving eyes were filled with fire. Despite his madness, he was able to make a vow to the martyr, and was restored to his mind.	<i>aliena; amentia; furor</i>
WC III. 48	Hugh Brustins, a Frenchman born of an illegitimate union, went to St Denis for a cure, having been possessed by an impure spirit. He was told by the saint that a new saint was performing cures now, and	<i>spiritum immundum concipere</i>

	he was cured with water infused with Becket's blood.	
WC III. 49	Robert, a servant of the Prior of Colchester, was taken by a demon, which took control of his hands. He drunk from a phial containing the martyr's blood twice and was cured both times (after the first time, he was possessed again).	<i>arreptus a daemonio</i>
WC III. 50	Hardwin of Châtillon, a possessed worker, was restored to his mind by the relics of Saint Thomas.	<i>arreptitius</i>
WC III. 51	In Shenfield, Essex, two possessed women were saved by drinking the holy water of Saint Thomas.	<i>energumena; spiritus arripere</i>
WC III. 52	In Gloucester, a young servant of the monks and a woman were cured of madness/ possession by the blood of Saint Thomas.	<i>spiritus furoris dementare</i>
WC V.38	A youth called Geoffrey was struck by lightning, and then resurrected. Geoffrey awoke in a frenzy, which was brought on by the hatred of the devil. He was ignorant of the people he knew, and raged with his teeth and nails. He was cured for a second time by Saint Thomas.	<i>furia</i>
WC VI.3	Reginald of Estampes wrote of Gerard, a clerk of Liege, who was driven mad by poison. Gerald had a constantly laughing mouth and roving eyes. His arms and fingers shook, and he refused to eat. He was cured by drinking Becket's water.	<i>cerebri turbatione agitaretur</i>
WC VI. 86	Roger de Berkley wrote of a possessed man who was brought back to his mind in the chapel of Saint Thomas. The madman had been scorned by his community, and had roamed foolishly as one of the beasts in the wild. He was brought to the chapel by a person of good faith.	<i>a daemonio vexare</i>
WC VI. 87	Osbern, a knight, lost his mind after being deprived of an estate by the Bishop of Durham. He was put in chains and, upon promising an annual payment to the martyr, he was restored.	<i>alienatio mentis</i>
WC VI. 113	Alice, the concubine of Ralph, dean of Lindsey, went mad with the pain of childbirth. She raged so much that people feared she would die. Drinking the water of Saint Thomas restored health to her mind and her	<i>alienatio mentis</i>

	body.	
WC	Two possessed were women restored to sound mind.	<i>energumena</i>
VI.	One had not eaten, drunk, or slept for fifteen days.	
130	The other had spoken the language of demons in Latin, German and other tongues for eight years.	

Table 2: Madness Miracles in Benedict of Peterborough and William of Canterbury's Collections of the Miracles of Saint Thomas Becket.

The range of terms that were used by Benedict and William to describe conditions of mind, as shown in Table 2, are illustrative of the complex and varying constructions of madness in both miracle collections. Madness could arise from physical illness, mental trauma, divine punishment, and demonic possession, if a cause was stated at all.³⁸ It could cause loss of speech, foul language, laughing, crying, loss of physical control, and violence, to name but a few symptoms. These symptoms often were explicitly connected with a problem in the mind, which could be lost, seized, alienated, or taken. Becket's miraculous cures restored a sufferer's mind and his/her health. Certainly, the afflictions witnessed at Becket's shrine were not interpreted in the same way as the illnesses of the head that were listed in medical texts.³⁹ In fact, representations of madness at Becket's shrine were more likely influenced by experiences of sickness in Christ Church's monastic precinct, where various theological and practical interpretations of illness coexisted.

³⁸ Section 5.3 below considers the predominance of demonic aetiologies for madness in the miracle collections.

³⁹ See introductory chapter, Madness in Twelfth-Century England, section 2.

3. Medicine and Healing at Christ Church

As shrine custodians, both Benedict and William had close contact with pilgrims, and part of their role may have been to tend to the sick.⁴⁰ In twelfth-century England, the clergy were taking on an increasingly pastoral role, and many shrine custodians were receptive to both the spiritual and physical health of the lay pilgrims in their care.⁴¹ Both compilers can be seen to ask questions and discuss sickness and healing with the recipients of cures. Benedict of Peterborough was careful to record the details of Matilda's vision despite having problems communicating with her, probably because she spoke German and was not well-versed in English or Latin ('her speech was scarcely intelligible to us'). He also noted the reason she had given for her madness when asked about its causes.⁴² William of Canterbury asked an epileptic pilgrim called Hingram what he thought had caused his condition but was keen to disagree with Hingram's explanation and to provide his own diagnosis, maintaining that epilepsy was not, as Hingram had thought, influenced by the cycles of the moon.⁴³ The collections thus provide insights into the compilers' own experiences with pilgrims at the shrine, and their own interpretations of illness and medicine. By examining each miracle compiler's experiences and engagement with concepts of health and sickness, we can establish what theories and practices might have influenced Benedict and William's perceptions of madness and contributed to its representation in the *Miracula Sancti Thomae Cantuariensis*.

⁴⁰ Bull, p. 111; Barbara Harvey, *Living and Dying in England, 1100-1540: The Monastic Experience* (Oxford: Oxford University Press, 1993), p. 112.

⁴¹ Louise E. Wilson, 'Hagiographical Interpretations of Disability in the Twelfth-Century *Miracula* of St. Frideswide of Oxford', in *The Treatment of Disabled Persons in Medieval Europe: Examining Disability in the Historical, Legal, Literary, Medical and Religious Discourses of the Middle Ages*, ed. by Wendy J. Turner and Tory Vandeventer Pearman (Lewiston, NY: Edwin Mellen, 2010), pp. 135-65 (p. 136).

⁴² BP, IV.37, p. 209

⁴³ WC, II.8, pp. 165-66.

3.1. *The Infirmary*

The Benedictine Priory of Christ Church was one of three monastic establishments in Canterbury in the twelfth century: the two others being Saint Augustine's Benedictine Abbey and Saint Gregory's Augustinian Priory. Christ Church's titular abbot was the Archbishop of Canterbury himself, making it the premier Benedictine monastery in England.⁴⁴ However, the archbishop delegated his duties as abbot to Christ Church's prior to allow him to fulfil his responsibilities as archbishop elsewhere.⁴⁵

Christ Church's infirmary complex predominantly catered for the needs of the monastery, though secular clergy who had connections to the prior, as well as the priory's benefactors, could also be cared for there.⁴⁶ As the infirmary buildings were connected to the prior's private lodgings, important guests often stayed within the infirmary complex too.⁴⁷ William of Canterbury was certainly aware of the comings and goings at the infirmary, and reported the visit of Becket's own physician, also called William, when Becket was ill at Canterbury.⁴⁸ William Urry has identified this William as a physician to Becket's predecessor, Archbishop Theobald (1139-61), who had served Becket throughout his episcopal career, including during his time in exile when he performed basic surgery on the archbishop's infected jaw.⁴⁹

⁴⁴ Peter Fergusson, *Canterbury Cathedral Priory in the Age of Becket* (New Haven, CT and London: Yale University Press, 2011), p. 1.

⁴⁵ *Ibid.*, p. 6.

⁴⁶ *Ibid.*, p. 118.

⁴⁷ *Ibid.*, p. 109.

⁴⁸ Koopmans, p. 184.

⁴⁹ Urry, pp. 18-19 and pp. 60-1.

The Rule of Saint Benedict stressed the importance of caring for the sick as a spiritual duty, with benefits for both the carer and the patient.⁵⁰ Christ Church had a substantial infirmary complex, believed to be the largest in twelfth-century England.⁵¹ The precise dates of construction for the infirmary buildings that were standing in the 1170s are not known but it is estimated that they were built between 1080 and 1160.⁵² The infirmary was located in the eastern part of the monastery.⁵³ The main building consisted of a large hall, the *Domus Infirmorum*, which measured 250 feet from east to west with a peaked roof resembling a church, and allowed for maximum ventilation. Hippocratic and Galenic teaching advised that bad air facilitated the spread of illness.⁵⁴ There was a separate kitchen and bath house for the infirmary, and the Rule of Saint Benedict allowed baths for the sick.⁵⁵ A cloister that was separate from the main monastery was used by those who were recovering their strength.⁵⁶

In the mid-twelfth century, Prior Wibert had made changes to the infirmary buildings because the original structure had been deemed inadequate.⁵⁷ Benedict may have been at Christ Church at this time and witnessed the renovation of the infirmary and water supply. Amongst other changes, Wibert had a fountain house constructed for the washing of hands.⁵⁸ A detailed drawing, originally in the Eadwine Psalter (Cambridge, Trinity College MS R.17.1), shows how Christ Church's hydraulic system would have looked before the great fire of 1174.⁵⁹ The drawing shows that a

⁵⁰ *The Rule of Saint Benedict*, ed. and trans. by Bruce L. Venarde (Cambridge, MA and London: Harvard University Press, 2011), XXXVI, p. 130.

⁵¹ Fergusson, p. 117.

⁵² *Ibid.*, p. 112.

⁵³ *Ibid.*, p. 109.

⁵⁴ *Ibid.*, p. 110 and p. 117.

⁵⁵ *Ibid.*, p. 122 and p. 109; *The Rule of Saint Benedict*, XXXVI, p. 130.

⁵⁶ Fergusson, p. 109.

⁵⁷ *Ibid.*, p. 110.

⁵⁸ *Ibid.*, p. 114.

⁵⁹ Francis Woodman, 'The Waterworks Drawings of the Eadwine Psalter', in *The Eadwine Psalter: Text, Image, and Monastic Culture in Twelfth-Century Canterbury*, ed. by Margaret

complex network of water pipes ensured that a fresh supply of water was available to the monks and in the infirmary every day.⁶⁰ That the monks were proud of their hydraulic system is evident in their inclusion of the drawing in such an exquisitely illuminated manuscript as the Eadwine Psalter.⁶¹

The main infirmary hall contained around thirty beds, divided into screened-off bays of two or three beds.⁶² A chest in the centre of the hall contained bedding, medicines, and other equipment.⁶³ Christ Church grew many of its own medicinal plants in the *herbarium*, which was located within the infirmary cloister.⁶⁴ Beds in the large hall were for old or sick monks or for those who had let blood, a routine surgery in many monasteries that was carried out at least once a year.⁶⁵ Benedict and William would almost certainly have had this surgery, and thus would have come into contact with the infirmary and with basic medical practice at the priory at least once a year. Nonetheless, as Mary Yearl has pointed out, the monastic practice of periodic bloodletting was more a religious exercise than a medical one. Monastic customaries that outlined timetables for bloodletting differed from medical texts that discussed the procedure in their designation of specific times for bleeding that would disrupt monastic life as little as possible without necessarily avoiding the days prohibited in medical texts (for example; bleeding was prohibited during Advent and Lent).⁶⁶ Monastic approaches to bloodletting are likely indicative of Benedict and William's

Gibson, T.A. Heslop, and Richard W. Pfaff (London: The Modern Humanities Research Association; University Park: The Pennsylvania State University Press, 1992), pp. 168-77 (p. 171)

⁶⁰ *Ibid.*, p. 168.

⁶¹ *Ibid.*

⁶² Fergusson, p. 118.

⁶³ *Ibid.*

⁶⁴ *Ibid.*, p. 112.

⁶⁵ *Ibid.*, p. 118.

⁶⁶ Mary K. K. Yearl, 'Medieval Monastic Customaries on *Minuti* and *Infirmi*', in *The Medieval Hospital and Medical Practice*, ed. by Barbara S. Bowers (Aldershot and Burlington, VT: Ashgate, 2007), pp. 175-94 (p. 187 and p. 184).

wider engagement with 'new medical' ideas; medical advice could be adhered to so long as it did not contradict the primary religious occupation.

3.2. *The Library*

Benedict and William's access to 'new medical' texts can be estimated by looking at records of the manuscripts held at Canterbury. Monica Green's 2009 article 'Salerno on Thames' examines the spread of medical knowledge from the schools in Salerno in the long twelfth century (1075-1225).⁶⁷ Her findings indicate that English monasteries and cathedrals contained one of the largest bodies of Latin medical literature in twelfth-century Western Europe.⁶⁸ Green examines which Latin medical texts may have been in circulation, noting the availability of among others, the *Pantegni* and the *Articella* in England and Normandy.⁶⁹ The circulation of theoretical texts, like the *Articella*, was more common, with works of praxis emerging in greater quantities towards the end of the twelfth century.⁷⁰ Green is compiling a list of Latin medical writings in circulation in Western Europe in the long twelfth century, with 375 codices noted at the date of her article, totalling at least 145 distinct texts, twenty-five percent of which came from England or Northern Francia.⁷¹ It is therefore entirely plausible that Latin medical texts of Salernitan origin could have reached Canterbury, though, as will be shown, it is difficult to pinpoint precisely which texts Benedict and William may have had access to at Christ Church. It also must be noted that

⁶⁷ Monica Green, 'Salerno on Thames: The Genesis of Anglo-Norman Medical Literature', in *Language and Culture in Medieval Britain: The French of England, c.1100-c.1500*, ed. by Jocelyn Wogan-Browne (Woodbridge: York Medieval Press, 2009), pp. 220-31.

⁶⁸ *Ibid.*, p. 221.

⁶⁹ *Ibid.*

⁷⁰ *Ibid.*, p. 222.

⁷¹ *Ibid.*, p. 221. I would like to offer special thanks to Monica Green who has provided me with information on the circulation of medical texts at Christ Church, Canterbury and of the *Pantegni* and *Viaticum*. Her list now stands at over five hundred individual manuscripts (February 2013).

William may have gained his medical knowledge before joining the monastic community in Canterbury.⁷²

In the twelfth century, no separate library space existed at Christ Church, and books were kept in cupboards in the cloister, a practice that was not unusual in twelfth-century English monasteries.⁷³ Medical texts may also, for practical reasons, have been housed in the infirmary. A fire in 1067 had destroyed much of the original collection of books, and Archbishop Lanfranc (1070-89) made efforts to re-build it by commissioning copies of patristic texts written in what would become known as the characteristic Lanfrancian script.⁷⁴ Unfortunately, no complete twelfth-century book list survives. A catalogue that can be roughly dated to the mid-twelfth century has survived but only in a fragmented form in a twelfth-century manuscript of the Music and Arithmetic of Boethius, which was originally housed in the cloister.⁷⁵ The catalogue contains sections on grammar, rhetoric, music, arithmetic, poetry, logic, astronomy, and geometry but sections on theology, medicine, and law are frustratingly absent.⁷⁶

To gain an idea of what medical texts may have been available to Benedict and William, we must therefore turn to the complete library catalogue of the thirteenth/fourteenth century. The catalogue was made by Henry de Eastry when he was prior sometime between 1285 and 1331 but most likely in the

⁷² Koopmans, p. 183.

⁷³ Nigel Ramsay, 'The Cathedral Archives and Library', in *A History of Canterbury Cathedral*, ed. by Collinson, Ramsay and Sparks, pp. 341-407 (p. 350).

⁷⁴ *Ibid.*, pp. 346-7; Margaret A. Harris, 'Lanfranc and St Anselm', in *Benedict's Disciples*, ed. by David Hugh Farmer (Leominster: Gracewing, 1980), pp. 154-74 (pp.159-60).

⁷⁵ Cambridge, University Library, MS li 3.12, fols 74^r-76^r. A facsimile is printed in M.R. James, *The Ancient Libraries of Canterbury and Dover* (Cambridge: Cambridge University Press, 1903), pp. 3-6.

⁷⁶ James, p. xxxii.

early fourteenth century.⁷⁷ M.R. James argues that the catalogue consists of subject-based sections up until the time of Becket followed by a list of the books acquired after this time, meaning that the beginning of the thirteenth-century catalogue is in fact the twelfth-century catalogue.⁷⁸ However, this assessment does raise some problems, most notably in that the beginning of de Eastry's catalogue does not match the fragment of catalogue that we have from the twelfth century. For the purposes of this chapter, I shall assume that none of the books in the de Eastry catalogue can be proven to have been in Christ Church in the 1170s but that many of them may have been present.

Eliza Glaze has shown that, in the second half of the twelfth century, many English Benedictine libraries were expanding their book collections to include new medical texts, though this development did not necessarily mean that earlier ideas were entirely displaced.⁷⁹ Between 1122/3 and 1200, for example, the Benedictine priory at Rochester increased the number of medical treatises in its possession from zero to twenty-seven.⁸⁰ These treatises included some pre-Salernitan material as well as several Salernitan texts, such as Constantine's *Viaticum* and Bartholomaeus' *Practica*.⁸¹ It is highly conceivable that Christ Church was similarly expanding its book collection in this period, and that Benedict and William may have had access to new medical texts.

⁷⁷ Ramsay, 'The Cathedral Archives and Library', in *A History of Canterbury Cathedral*, ed. by Collinson, Ramsay and Sparks, pp. 353-62; London, British Library, MS Cotton Galba E.IV. Printed in James, pp. 13-145.

⁷⁸ James, p. xxxix.

⁷⁹ Glaze, pp. 187-261.

⁸⁰ *Ibid.*, pp. 254-55; *English Benedictine Libraries: The Shorter Catalogues*, ed. by R. Sharpe, J.P. Carley, R.M. Thomson and A.G. Watson (London: The British Library, 1996), pp. 463-526.

⁸¹ *Ibid.*, pp. 497-526.

De Eastry's catalogue contains a large section of *libri de phisica*.⁸² Among the works listed are Constantine the African's *Pantegni*, as well as his *Viaticum*, and Bartholomaeus of Salerno's *Practica physici*.⁸³ Both the *Pantegni* and the *Practica* were in Benedict's 1194 book collection, and could potentially have been held at Christ Church in the twelfth century either in his private collection or as exemplars from which his copies were made. The *Viaticum* was translated from Ibn al-Jazzār's *Zād al-mūsafir* by Constantine the African in the late eleventh century. It was a short medical compendium, originally designed for travellers, and mixed practical and theoretical knowledge in the usual head-to-toe format.⁸⁴ At least three full copies of the text are listed in de Eastry's catalogue.⁸⁵

The *Pantegni* was a far larger text, divided into theoretical and practical sections, which then dealt with conditions from head to toe. It is worth noting that the *Pantegni* is listed in the catalogue as two separate items: 'Pantegni Constantini, primus' and 'Pantegni secundus'.⁸⁶ This differentiation would suggest that the *Pantegni Theorica* and the *Pantegni Practica* were held as separate volumes rather than in their abbreviated form (the *Theorica* accompanied by Books I, II and IX of the *Practica*). Monica Green has convincingly argued against the existence, or at the very least the extensive circulation, of the *Theorica* and the *Practica* as two separate volumes before the end of the twelfth century, and it seems unlikely that these texts was held at Christ Church in the 1170s.⁸⁷ Furthermore, Benedict's copy of the *Pantegni* was 'in uno volumine', and it is more plausible that, had Christ Church held a copy at this time, it would also have been in this format. This

⁸² James, pp. 55-61.

⁸³ Ibid.

⁸⁴ Green, 'The Recreation of *Pantegni*', in *Constantine the African*, ed. by Burnett and Jacquart, p. 131.

⁸⁵ James, p. 57.

⁸⁶ Ibid., p. 55.

⁸⁷ Green, 'The Recreation of *Pantegni*', in *Constantine the African*, ed. by Burnett and Jacquart, p. 144.

evidence is contrary to M.R. James' assertion that the *libri de phisica* were part of the original twelfth-century catalogue, and re-iterates the point that we should not assume the presence of any of these texts in the book collection that Benedict and William had access to without further consideration of their contents.

Nonetheless, the possible influence of all three texts on the miracle collections must be considered. With this in mind, the following two sections analyse Benedict and William's diagnoses of both epilepsy and madness by exploring how the miracle compilers distinguished between two conditions that could appear physically similar, and by considering what may have influenced their representations. I begin with epilepsy: of the two, the complaint for which the influence of 'new medicine' is clearest, and then move on to madness, which was compared physically to epilepsy but was distinguished as a *mental* condition.

4. Distinguishing Epilepsy

It is impossible to provide an undisputed definition for medieval epilepsy. Owsei Temkin argues that the concept of epilepsy existed as a range of possible signs, symptoms, and causes.⁸⁸ It was often difficult to distinguish between epilepsy and other conditions like hysteria and insanity.⁸⁹ The focus of this section will be the distinctions Benedict and William made between epilepsy and other physically-similar conditions, like insanity or even fits. William of Canterbury's definition of epilepsy is by far the clearer of the two, and the influence of medical theories on his designation of epilepsy to a separate category of illness will be analysed in terms of what

⁸⁸ Owsei Temkin, *The Falling Sickness: A History of Epilepsy from the Greeks to the Beginnings of Modern Neurology*, rev. edn (Baltimore, MD: John Hopkins Press, 1971), p. ix.

⁸⁹ *Ibid.*

texts may have been available to him in Christ Church's book collection. Benedict's representation of epilepsy – which is far more ambiguous – will then be compared to William's, alongside a discussion of whether, and if so how, Benedict distinguished between epilepsy and fits.

4.1. William of Canterbury on Epilepsy

William of Canterbury's medical learning is evident in his analysis of epilepsy. He began his section on epilepsy, which is in Book II of his collection, with a detailed description of the condition, one of the longest such descriptions to appear in the entire work. He described epilepsy as a lasting suffering that struck with varied frequency anything from once a year to once a day or sometimes more.⁹⁰ He then divided *epilepsia* (epilepsy) into three conditions: *epilepsia*, which affected the brain; *catalepsia*, which originated in the hands, arms and legs, and *analepsia*, which agitated the stomach.⁹¹ William's use and definition of these three terms suggests a fairly sophisticated medical understanding of epilepsy, and this medical knowledge was something that he was keen to show to his readers. Shortly after his description of epilepsy, he criticised Hingram, the Italian epileptic who believed that his epilepsy was caused by the cycles of the moon. William stated that the movements of the stars had no effect on the health of an individual. The only link that he could make between epilepsy and the moon was that the crescent moon induced a damp atmosphere that would negatively affect the humours of someone who suffered from epilepsy, which was believed to be a cold and moist condition.⁹²

The three terms that William used for epilepsy – *epilepsia*, *catalepsia* and *analepsia* – originated in Ancient Greece and were passed down from Galen

⁹⁰ WC, II.6, p. 162.

⁹¹ Ibid.

⁹² Ibid., II.8, pp. 165-66.

via Aesclepius.⁹³ *Analempsia*, in the medical sense, denoted the ascension of vapours from the stomach to the brain.⁹⁴ *Catalempsia* only appeared in medical use in the twelfth century to indicate a subdivision of epilepsy, most often involving a fever, which *ephilensia* did not.⁹⁵ William's application of all three terms to his diagnosis of epilepsy bears some similarities with Bartholomaeus' *Practica*, which we know to have been at Christ Church by at least the fourteenth century, though possibly much earlier. The order of the three terms is particularly noteworthy given that both Bartholomaeus' and William's consideration of epilepsy, catalepsy, and then analepsy is unusual.⁹⁶ The first term used by Bartholomaeus – *epilepsia* – defined the condition as a whole, and also the first distinct category, epilepsy of the brain, which corresponds closely to William of Canterbury's first definition.⁹⁷ The slight discrepancy between this term and William's *ephilensia* should not be given too much significance since Bartholomaeus also used the term *epilempsia* in his description of epilepsy.⁹⁸ For Bartholomaeus, catalepsy, the second category of epilepsy, was defined by its origin in the legs, hands, or arms, and analepsy, the third state, affected the stomach.⁹⁹ Furthermore, William's description of the frequency of epileptic seizures is very similar to Bartholomaeus'. William stated that suffering could occur 'semel in anno, vel semel in mense, vel semel in hebdomada, vel semel in die vel amplius infestans', which can be compared to Bartholomaeus: 'semel in anno, semel in mense, semel in ebdomada, semel in die, bis, ter, vel iij quampluries'.¹⁰⁰ The evidence is not substantial enough to identify the *Practica* as William's source, and he may well have encountered the *Practica*'s theories indirectly

⁹³ Temkin, p. 120.

⁹⁴ Ibid.

⁹⁵ Ibid.

⁹⁶ I am grateful to Thomas Gloning for bringing this distinction to my attention.

⁹⁷ Bartholomaeus, 'Practica Magistri Bartholomaei Salernitani', in *Collectio Salernitana* (Naples: Salvatore de Renzi, 1856), pp. 321-406 (pp. 355-56). 'Cuius autem tres sunt species, ut totius nominis partis. Est una que habet principium a cerebro, que proprie epilepsia dicitur'.

⁹⁸ Ibid., p. 355.

⁹⁹ Ibid., p. 356, 'Secunda species est cathelempsia, cuius origo est a cruribus et manibus et brachiis [...] Tertia species est que dicitur analepsia, cuius principium est a stomacho'.

¹⁰⁰ WC, II.6, p. 162; Bartholomaeus, p. 355.

via another text, but the similarities between the two texts demonstrate that William was familiar with theories taught at the Salernitan schools and at the cutting edge of medical learning in twelfth-century England.

Despite William's initial definition of epilepsy, the three terms examined above are not the only terms he used to describe the condition. Following his initial explanation of the frequency of epileptic attacks, however, he was keen to include details of how frequently cured epileptics had suffered before coming to Becket's shrine. Petronella, an epileptic nun who was brought to Becket's shrine by her sisters, fell nine times a day, Hingram fell once a week but only at night, and an epileptic canon, also called William, suffered with epilepsy for eight years with up to a year between seizures.¹⁰¹ Of William's six/seven¹⁰² descriptions of pilgrims suffering from epilepsy, the term *epilensia* was used twice and *ephilensia* was used once.¹⁰³ *Analempsia* and *catalempsia* were not used at all outside of their initial definition. On one occasion, William used the term *morbus comitialis* (the epileptic¹⁰⁴ sickness) and on another, *morbus caducus* (the falling sickness).¹⁰⁵ There was some overlap between these terms, and pilgrims could be described using more than one term. For example, Hingram's condition was labelled 'comitialis morbus' and 'ephilensia'.¹⁰⁶ Originally, a popular term, *morbus comitialis* had become generally accepted in medical works. Gariopontus (fl.1035-50) listed it as another name under which epilepsy might have been known.¹⁰⁷ *Morbus caducus* was used similarly. Bartholomaeus wrote that epilepsy was called

¹⁰¹ WC, II.6, p. 163; II.10, p. 165; and VI.122, p. 508.

¹⁰² One record is a further confirmation of the miracle reported in the previous record.

¹⁰³ WC, II.6, p. 163; VI.122, p. 508; and II.8, p. 165.

¹⁰⁴ Simon of Genoa (late thirteenth century) defined *comitialis* as an ancient term for epilepsy, Simon of Genoa, *Clavis Sanationis*

<http://www.simonofgenoa.org/index.php?title=Comitialis_morbus>

[accessed 8 November 2015]; Temkin, p. 8. The term came from ancient Rome when the *comitia*, or assembly of the people, could be halted by an epileptic seizure, which required cleansing.

¹⁰⁵ WC., II.10, p. 167 and II.9, p. 166.

¹⁰⁶ Ibid., II.8, p. 165.

¹⁰⁷ Gariopontus, *Passionarius Galeni* (Lugduni: n.p., 1526), I.7, fol. 4^r.

'morb[us] caducus' by the common people.¹⁰⁸ The *Viaticum* stated the ancient writers had named epilepsy after the falls that were experienced by sufferers.¹⁰⁹

Thus, though William's terms for epilepsy were not always consistent with his own definitions at the beginning of his section on the condition, they were consistent with contemporary medical texts. Furthermore, the use of these terms, and the inclusion of epilepsy in its own distinct section demonstrates that William recognised it as a condition with clear signs and symptoms that set it apart from other disorders. William's final two descriptions of epilepsy - *morbus epilepticus* and *morbus caducus* - were terms used by others in letters to the monks at Christ Church, which were then copied into the collection.¹¹⁰ However, as we saw in the case of Hingram, William was keen to make it clear when he disagreed with another's terminology or beliefs concerning illness, and in both of these cases, he did not question the terms used.

4.2. Benedict of Peterborough on Epilepsy

Benedict of Peterborough's concept of epilepsy was arguably less well-defined than William's. He used the term *morbus caducus* once, and described one woman as having *epilepsia* and another as being *epilentica*.¹¹¹ All three terms can be found in Bartholomaeus' *Practica*, and are not inconsistent with Benedict having had access to it.¹¹² However, he never categorised the symptoms of epilepsy and several instances of fits were recorded in his miracle collection that were not linked to epilepsy. Whilst

¹⁰⁸ Bartholomaeus, p. 355.

¹⁰⁹ Constantine the African, 'Viaticum', in *Omnia Opera Ysaac* (Lyons: Trot, 1515), fols cxliiij^r-clxxj^v [in the second set of foliation] (fol. cxlvij^r).

¹¹⁰ WC, VI.123, p. 509 and VI.125, p. 513.

¹¹¹ BP, IV.43, p. 255; III.37, p. 143; and IV.26, p. 202.

¹¹² Bartholomaeus, pp. 355-56.

not attempting any retrospective diagnosis of the pilgrims, it is useful to compare these fits to cases of epilepsy in order to establish why Benedict chose not to define them as such.

The two epileptics who Benedict described were both women. One, a woman in the family of Peter of Alnward, was said to be epileptic ('epilentica'), and was cured of her falls by drinking the water of Saint Thomas.¹¹³ Another, the wife of Henry de Longueville, suffered with epilepsy ('epilepsia'), and was fatigued by the illness almost every day. Her husband sympathised with her condition and sought a cure for her.¹¹⁴ The two distinct features of epilepsy thus seem to have been falls (without hysteria) and long-term suffering.

Fits were not experienced in the same way though they were often similar. The daughter of Aylward of Canterbury suffered from fits for two days, which caused her to fall to the floor ('cadens in terram'), and to hurt herself unknowingly.¹¹⁵ Mary of Rouen's fits consisted of sudden bouts of crying followed by periods of laughter and hand-clapping. She would then fall to the ground in rapture ('corruens in extasi'), and remain lying there for half an hour to an hour.¹¹⁶ Both of these cases involved falling (though *cadere*, the most common verb used in cases of epilepsy, was not used to describe the falls of Mary of Rouen). However, neither description mentioned particularly long-term suffering. Aylward's daughter suffered for two days, and Mary of Rouen's symptoms of crying and laughter were not typical of epilepsy. Nonetheless, the sudden strange behaviour experienced by both sufferers was not connected with madness. Perhaps Benedict did not

¹¹³ BP, IV.26, p. 202.

¹¹⁴ Ibid., III.37, p. 143.

¹¹⁵ Ibid., III.1, p. 118.

¹¹⁶ Ibid., IV.21, p. 199.

attribute these symptoms to epilepsy or madness either because he believed that the fits differed from epileptic or mad fits and so the condition was neither epilepsy nor madness, because he was unsure of the diagnosis and so left the precise nature of the condition ambiguous, or because a more precise diagnosis was not important for his record, which focused on Becket as a healer rather than on the healed themselves.

4.3. *Epilepsy and Madness: Ambiguous Diagnoses*

Three further ambiguous cases reveal a degree of correspondence between epilepsy and madness. Benedict described the illness of a seven-year-old boy called Hermer who was suddenly struck with an astonishing suffering ('repente percussus est passione miranda'), having recovered from a previous sickness.¹¹⁷ The use of the word *miranda* demonstrates Benedict's uncertainty about how to diagnose this condition, and he did not label it as either epilepsy or madness. He did, however, say that the illness – which consisted of constant rotation of the hands, arms, and head – made the boy appear to be insane ('aspectu insano').¹¹⁸ This insane appearance made it seem as though the boy's mind had been taken ('mente captus videretur').¹¹⁹ Whilst insanity could have both physical and mental causes, and both physical and mental symptoms, it was the primary condition to which language pertaining to the mind (*mens*) was applied. Hermer's strange behaviour looked like insanity and, for this reason, it was thought that his mind had been affected.

In William of Canterbury's collection, a priest called William, who was suffering from giddiness feared that he was actually inflicted with either

¹¹⁷ Ibid., IV.19, p. 198.

¹¹⁸ Ibid.

¹¹⁹ Ibid.

madness or epilepsy ('timebat amentiam vel epilensiam incurrere').¹²⁰ Another William, from Saint Alban's suffered for three months with alienation of the mind ('alienationem mentis'), and was cured by Saint Alban after beatings from his friends and words intended to calm him had no effect.¹²¹ Sometime after his cure, he was then affected by a tremor of the hand and falling sickness ('morbus caducus'), with which he was afflicted for nine years, falling every week.¹²² Nonetheless, there is no indication of beatings or attempts to calm him during this time, suggesting that his friends' reaction to epilepsy differed from their reaction to madness. William's epilepsy was diagnosed entirely by his physical symptoms without reference to the state of his mind.

The cases of Hermer, William, and William illustrate the sometimes blurred boundaries between madness and epilepsy. The physical symptoms of these conditions could often be similar, and unusual movement of the head and limbs could be a sign of both. Du Cange has drawn attention to the interplay of terminology in cases of madness and epilepsy in medieval texts.¹²³ The parallels between the two conditions in both miracle collections highlight Benedict and William's conformity to contemporary uncertainties regarding diagnosis. Nonetheless, the comparisons made between epilepsy and insanity show quite clearly that they were not perceived as the same condition. Whilst they were seen to share some symptoms, they were represented using different terminology. The identification of insanity lay in state of the sufferer's mind whereas for epilepsy, falls were the most obvious physical sign of illness. William of Canterbury's medical knowledge of epilepsy was more detailed than Benedict's, but he also used the term *morbus*

¹²⁰ WC., II.87, p. 249.

¹²¹ Ibid., II.9, p. 166.

¹²² Ibid.

¹²³ Charles Du Cange, *Glossarium mediae et infimae latinitatis*, 10 vols (Niort: L. Favre, 1883-87), IV (1885), 377 [*insaniose* – connections between the appearance of falling sickness and insanity], and II (1883), 14 [use of the term *cadiva insania* for epilepsy].

caducus, demonstrating the close relationship between the diagnosis of epilepsy and its physical symptoms.

4.4. *The Representation of Epilepsy in Becket's Miracles: Conclusions*

This section has identified difficulties in defining epilepsy in the two miracles collections, but has distinguished the two major symptoms of the condition: falls and long-term suffering. William of Canterbury had some learned medical knowledge of epilepsy, and his description of the condition was similar to that in Bartholomaeus of Salerno's *Practica*, though it cannot be pinpointed as his source. Benedict of Peterborough's diagnosis of epilepsy was more tentative, and his uncertainty demonstrates the difficulty in distinguishing between epileptic fits and fits of hysteria and madness.

Pilgrims who suffered from epilepsy had their own perceptions of the illness – as in the case of Hingram – and the miracle compilers were keen to discuss these with them. Some pilgrims themselves struggled to ascertain the difference between epilepsy and madness, and some symptoms were indicative of both conditions. Most importantly, both compilers focused on the physical signs of epilepsy that were shown on the body, and paid little attention to the effect of the condition on the mind. Thus, when Petronella of Polesworth left Becket's tomb, she was unsure whether or not she had been cured of her epilepsy.¹²⁴ There was no clear change in her *mental* health, as in the cures for insanity, and no instantaneous physical relief, as there was for wounds or skin conditions. To be cured of epilepsy, she had to show the absence of her fits and of her long-term suffering and for this, she needed patience and faith.¹²⁵

¹²⁴ WC., II.6, pp. 163-64.

¹²⁵ Ibid.

5. Diagnosing Madness

Madness differed from epilepsy in that it was represented as both an ailment of the body, with physical symptoms, and an ailment of the mind, with mental implications. A review of the terms used to describe madness (Table 2, above) has revealed a lack of consensus within both Benedict of Peterborough and William of Canterbury's collections. Specific medical terms (*frenesis*, *mania*, *melancholia*) were not generally used. There were frequent instances of demonic possession, a condition not commonly discussed in medical texts (though not entirely absent from them, as we saw above in section 4 of the introductory chapter on Madness in Twelfth-Century England). Notably, none of the cases of epilepsy discussed above were connected with demons.¹²⁶ However, the lack of specific medical terminology for madness was not necessarily indicative of a departure from medical theories, something that would certainly have been surprising for William of Canterbury who, as has been shown in the above examination of epilepsy, was very keen to display his medical knowledge elsewhere in the collection. This section examines the language used to describe cases of madness, and what this language reveals about Benedict and William's perceptions of the mind and *mental illness* (ie. a suffering of the mind).

5.1. Benedict of Peterborough on Madness

The terms used to describe madness in both collections were more varied than those used for epilepsy. For Benedict of Peterborough, the most common term used was a variant of the verb *insanire* (to be mad), the noun *insania* or the adjective *insanus*. The terms *amentia* and *a mente alienatus* were also used but with less frequency. In nine identified madness miracles in Benedict's collection, the term *insania* was used five times and the term

¹²⁶ Despite its ancient designation as the 'sacred disease', none of the miracle texts examined in this thesis give divine or demonic causes for epilepsy. For more on medieval distinctions between possession and epilepsy, see Tempkin, pp. 86-92.

amentia was used three times. Neither of these terms was as precisely linked with the physical symptoms of insanity as the term *morbus caducus* was for epilepsy or the falling sickness. The focus instead was on the disconnection of the mind from the body, and on the state of the mind itself.

This concentration on the mind does not mean, however, that physical signs and symptoms of insanity are absent from Benedict's collection: far from it, in fact! Matilda of Cologne tore her linen dress and attacked a small child in the cathedral, both visible signs of her loss of control.¹²⁷ Mabel, daughter of Stephen de Aglandre, went insane after suffering another illness (an inflated womb/abdomen): 'at last, such a great intensity of pain tormented her [who had been] put to bed that, with certain astonishing and unusual flingings of limbs, she suggested [in her behaviour] that she was already being transformed into insanity.'¹²⁸ Here, insanity was associated with the physical flinging of Mabel's limbs. Elsewhere in the collection, a man named William who was suffering from toothache was restrained by onlookers because his reaction to pain had made them believe that he was insane.¹²⁹ A Canterbury youth called Edmund was believed to be insane ('insanire putares') because of the twisting and screaming that accompanied his cure of partial blindness.¹³⁰ In William of Canterbury's collection, the Dean of Lindsey's concubine, Alice, lost her mind because of the pain of childbirth.¹³¹ Physical pain could, therefore, drive people mad, or the physical behaviour of those in pain made them appear mad to others.¹³²

¹²⁷ BP, IV.37, p. 208.

¹²⁸ Ibid., IV.53, p. 221. 'Tanta denique doloris vehementia lecto receptam cruciavit, ut miris quibusdam ac insolitis membrorum jactibus in insaniam se jam jamque converti insinuaret.'

¹²⁹ Ibid., I.14, p. 46.

¹³⁰ Ibid., II.9, p. 63.

¹³¹ WC, VI.113, p. 504.

¹³² Esther Cohen, *The Modulated Scream: Pain in Late Medieval Culture* (Chicago, IL and London: University of Chicago Press, 2010), pp. 136-39; For more on the relationship between pain and madness, see Chapter V.

Nonetheless, despite Benedict's frequent references to the physical symptoms of madness, in his descriptions of cures, he focused on the effect of the condition on a sufferer's mental state. Henry of Fordwich, who we met at the beginning of this thesis, was restrained during his madness because of his violence but, upon cure, his mind was restored ('menti restituit'), demonstrating that the source of his suffering lay in his mind, and that it was this suffering that had caused his violent behaviour. Similarly, a young insane girl from Wales was restored to the way of reason as the culmination of her pilgrimage to Canterbury ('Puella in via menti restituta est').

Whereas Petronella, the epileptic nun from Polesworth, had never suffered another fit because of her faith in the martyr, these mad pilgrims received a cure in their minds, indicating that madness was most clearly recognised as a condition of the mind.¹³³ Upon Matilda of Cologne's restoration to sanity, she was asked by Benedict to explain what had caused her madness. She described how her brother had killed her lover, and declared that this act had sent her insane. Whilst seized by this madness, she had struck her newly-baptised baby with her fist and had killed him.¹³⁴ Benedict did not state whether it was the trauma of this experience or the potential sins of fornication and infanticide that had sent Matilda mad but, either way, when Matilda was placed, bound and raving, at Becket's tomb, she was found to be 'suffering in body and in mind'.¹³⁵

Salernitan medical texts of the late eleventh and twelfth centuries did not typically classify madness itself as a single condition. The *Viaticum* of Constantine the African, several copies of which were held in the thirteenth-

¹³³ WC, II.6, p. 163.

¹³⁴ BP, IV.37, p. 209.

¹³⁵ Ibid.

century library at Christ Church, instead separated conditions like frenzy, stupor, and lovesickness, all of which were related to madness.¹³⁶ Nonetheless, whilst all of these conditions affected the mind of the sufferer, none of them were diagnosed using the same terms that Benedict of Peterborough used in his miracle collection. Bartholomeus' *Practica* was similar to the *Viaticum* in that it listed the symptoms and cures of frenzy and mania, which, again, were associated with madness.¹³⁷ The terms Benedict used for insanity sometimes appear in medical texts to describe various aspects or symptoms of these more specific conditions; for example, when outlining the difference between frenzy and mania, Bartholomeus explained that mania caused by red cholera (yellow bile) could make one insane without the presence of fever, a necessary symptom of frenzy ('Maniaci ex cholera rubea sine febre insaniunt').¹³⁸ Nonetheless, the medical diagnosis of such conditions relied heavily on a consideration of the patient's humours, through examination of their complexion or their urine.¹³⁹

Whilst Benedict was aware of multiple terms for madness, he did not diagnose any of the specific conditions outlined in these medical texts, nor did he describe any of the humoral causes or symptoms of the conditions. His imprecision is understandable given that the differences between mental conditions in medical texts were often subtle and, to distinguish them, one needed some knowledge of the brain and perhaps also of urinary examination.¹⁴⁰ Diagnostic precision was not a characteristic of Benedict's collection, regardless of the condition, and it may have been that he lacked the specific medical knowledge to distinguish between frenzy and mania.¹⁴¹ Conversely, the suffering that he recorded in cases like Matilda of Cologne's,

¹³⁶ Constantine the African, 'Viaticum', in *Omnia Opera Ysaac*, fols cxlvi^r-cxlviij^r.

¹³⁷ Bartholomeus, pp. 374-77.

¹³⁸ *Ibid.*, p. 375.

¹³⁹ *Ibid.*

¹⁴⁰ *Ibid.*, pp. 374-77.

¹⁴¹ Koopmans, p. 186.

may not have corresponded to the type of suffering described in medical texts. The focal point of each miracle record was Becket's role in the miraculous cures. Despite the diagnostic uncertainty in Matilda of Cologne's miracle, her vision of Thomas Becket was strikingly clear, from the ecclesiastical vestments he was wearing to the streak of blood across his face.¹⁴² Similarly, the focus of Elward of Selling's miracle was not his madness but the way in which he was able to be close to martyr by fitting through one of the holes in the side of his tomb.¹⁴³ Elward of Selling, a man of great height ('*staturae grandis*'), was 'of a mind driven by insanity' ('*mentis agebatur insania*'). His madness was connected with demons ('*humani generis hostem*'), which he could see in front of him.¹⁴⁴ To escape this demonic onslaught, Elward was able, despite his size, to crawl inside one of the holes in Becket's tomb, which were designed for pilgrims to put their hands through to be close to the relics.¹⁴⁵ It was this element of the miracle record that was tested, to confirm its miraculous nature, when a small boy was asked to repeat Elward's feat and could not.

5.2. William of Canterbury on Madness

In contrast to Benedict, William of Canterbury, as we have seen in his representation of epilepsy, did dedicate large sections of his miracle collection to the diagnosis of specific conditions, using terminology found in contemporary medical texts. Nonetheless, despite such displays of medical knowledge as that which prefaces his section on epilepsy, William of Canterbury does not appear to have had any particular medical tracts in mind in his analysis of madness. In some instances his language is similar to Benedict's, and he used terms that signified an alienation of the mind

¹⁴² BP, IV.37, pp. 208-09.

¹⁴³ *Ibid.*, II.31, pp. 82-3.

¹⁴⁴ *Ibid.*

¹⁴⁵ *Ibid.*

(*alienationem mentis*).¹⁴⁶ He also frequently discussed madness as a form of demonic possession. Terms like *arreptus* and *captivum* imply that the mind was taken against its will.¹⁴⁷ More explicitly, four women were referred to as 'energumena' (possessed by the devil), and 'daemonii' were mentioned multiple times.¹⁴⁸ In total, William recorded ten cases of madness that were linked to demonic possession, and only six cases that were not.¹⁴⁹ Benedict of Peterborough, by comparison, recorded two cases of demonic possession and seven cases of non-demonic madness.¹⁵⁰

These cases of demonic possession should not be dismissed as a rejection of medical theory or as demonstrative of a lack of knowledge of medical ideas about madness. Anne E. Bailey has noted that, as the influence of Galenic medicine was increasingly felt in miracle records towards the end of the twelfth century, demons did not disappear from such narratives, suggesting that contemporaries saw no contradiction, as modern observers would, in running medical and demonic discourses side by side.¹⁵¹ More attention needs to be given to how demons interacted with the mad in both Canterbury miracle collections in order to determine how they were able to interfere with the bodies and minds of their victims, and what their methods of possession can reveal about Benedict and William's perceptions of the body-mind relationship. It is necessary to view demonic language *within* the context of the increased medicalisation of miracle records in the twelfth century rather than *against* it.

¹⁴⁶ WC, VI.87, p. 481.

¹⁴⁷ *Ibid.*, III.49, p. 305.

¹⁴⁸ *Ibid.*, VI.130, p. 519 and III.51, p. 306.

¹⁴⁹ Sixteen individuals in total, though some of their cures were recorded within the same miracle account. Hardwin of Châtillon's madness has been classified as non-demonic because demons were not specifically mentioned, though he was 'arreptitus'.

¹⁵⁰ The madness of William of Earley's child has been classified as non-demonic because his strange utterances were not specifically attributed to demons.

¹⁵¹ Anne E. Bailey, 'Miracles and Madness: Dispelling Demons in Twelfth-Century Hagiography', in *Demons and Illness: Theory and Practice from Antiquity to the Early Modern Period*, ed. by Catherine Rider and Siam Bhayro (Leiden: Brill, forthcoming). Kindly shown to me in advance of publication by the author.

5.3. *Demonic Possession in Becket's Miracles*

Matilda of Cologne came to Becket's tomb 'filled with a demon' ('Plenam daemonio'), and as part of her cure, 'the wicked spirit was truly expelled' ('Expulsus vero spiritus nequam').¹⁵² Nonetheless, aside from its interaction with Matilda, Benedict paid little attention to the physicality of the demon itself; he did not once refer to its appearance or its movements. This approach is true of every case of demonic possession in the two collections; there is not one physical description of a demon in the madness miracles. The absence of physical representations of demons or of their methods of possession calls for a closer examination of how demons *did* interact with those whom they possessed.

It was most common in both miracle collections for demons to be encountered as disembodied voices audible only to the mad or as non-specific figures that lurked outside of the bodies of the mad. Elward of Selling was fleeing the enemy of the human race, and other evil spirits that he could see snarling around him.¹⁵³ In another miracle, a child astounded his family by repeatedly crying "'See where they come, see where they come!'", though no other members of the household could see anything.¹⁵⁴ These sufferers were those in the collections who were closest to encountering physical demons, and yet the demons were never explicitly described as anything more than delusions in the minds of the insane. Benedict did not state that demons physically followed Elward into the cathedral but only that Elward *believed* that he saw them there ('humani generis hostem opposita fronte sibi occurrere putabat').¹⁵⁵

¹⁵² BP, IV.37, pp. 208-09.

¹⁵³ Ibid., II.31, p. 82.

¹⁵⁴ Ibid., II.54, pp. 102-03.

¹⁵⁵ Ibid., II.31, p. 82.

There was some medical basis for demonic apparitions being connected with the delusions of the mad, especially melancholics.¹⁵⁶ In such cases, delusions involving demons were a symptom of madness but not a cause of it.¹⁵⁷ Benedict was certainly aware that supposed demonic attacks could be diagnosed by physicians as delusions. Stephen of Hoyland, a knight who suffered from terrifying nocturnal visions for thirty years, believed his condition was caused by demons. Physicians, however, were sure that Stephen's nightmares were *ephaltes*: the Greek term for the condition of *incubus*, in which a sufferer felt as though he were being crushed in his sleep.¹⁵⁸ Demons themselves could also be the cause of delusions. William of Canterbury explained how many people were allured by the games and illusions of the devil.¹⁵⁹

Other sufferers were described as being possessed, taken or seized by demons. The most common term used in relation to demonic possession was *arripere* (to seize), which indicates that victims of demonic possession were taken against their will and without their complicity. Such possessions were often accompanied by descriptions of violence or beast-like behaviour, as though the introduction of the demonic presence into the human body temporarily terminated its humanity. The demons exerted a control over the physical body that was distinctly inhuman. Robert, the servant of the prior of Colchester, was seized by a demon and upon cure, reported that someone

¹⁵⁶ Catherine Rider, 'Demons and Mental Disorder in Late Medieval Medicine', in *Mental (Dis)Order in Later Medieval Europe*, ed. by Sari Katajala-Peltomaa and Susanna Nirranen (Leiden: Brill, 2014), pp. 47-69 (pp. 56-7).

¹⁵⁷ *Ibid.*, p. 56.

¹⁵⁸ BP, I.13, pp. 44-5; William F. Macle hose, 'Fear, Fantasy and Sleep in Medieval Medicine', in *Emotions and Health 1200-1700*, ed. by Elena Carrera, Studies in Medieval and Reformation Traditions, 168 (Leiden: Brill, 2013), pp. 67-94 (pp. 67-8). For more on the medieval *incubus*, see Maa ike van der Lugt, 'The *Incubus* in Scholastic Debate: Medicine, Theology and Popular Belief', in *Religion and Medicine*, ed. by Peter Biller and Joseph Ziegler, York Studies in Medieval Theology, 3 (Woodbridge: York Medieval Press, 2001), pp. 175-200, as well as the discussion in Chapter III of this thesis.

¹⁵⁹ WC, III.52, p. 307.

else had been in control of his hands and tongue.¹⁶⁰ Another madman, who was troubled by a demon, was scorned by his community, and left to roam as one of the beasts in the wild.¹⁶¹ The allusion, here, to the madness of Nebuchadnezzar (Daniel 4:33) demonstrates that narratives of demonic possession were influenced by biblical precedent. Since saints healed by means outside of those used in contemporary medicine, the inclusion of demonic possession in miracle texts does not mean that hagiographers were not familiar with terms like *frenesis* or *mania*, but that physical, mental, and spiritual suffering could take on many forms.

As we know, when Matilda was visited by Thomas Becket in a vision, he diagnosed her as ‘suffering in body and in mind’, which required physical, mental, and spiritual healing.¹⁶² The physical body of the possessed man or woman was an expression and representation of the tormented internal state of the mind. Consequently, the terminology of possession cannot necessarily be linked to the physical presence of a demon and may instead have been a label used by Benedict and William to describe a set of symptoms involving violent and inhuman behaviour that were indicative of trauma in the mind, which had been *taken* from the body. Hardwin, the artisan who was restored to his mind by Becket’s relics, was described as ‘seized’ (*arreptitius*) though demons were not specifically mentioned.¹⁶³ In Gloucester, two people were demented by the spirit of madness (*spiritus furoris duos dementaverat*).¹⁶⁴ In the miracles of Saint Frideswide, recorded within twenty years of Becket’s miracle collections and heavily influenced by his cult, a young fuller was similarly disturbed by the spirit of madness (*spiritu furoris exagitatus*) when he was lacking all human reason (*humanae prorsus expers*

¹⁶⁰ Ibid., III.49, p. 305.

¹⁶¹ Ibid., VI.86, pp. 480-81.

¹⁶² BP, IV.37, p. 209.

¹⁶³ WC, III.50, p. 305.

¹⁶⁴ Ibid., III.52, p. 307.

rationis').¹⁶⁵ Both demons and madness itself could seize the minds of their victims, and cause them to lose reason.

In contrast to epilepsy, madness was not diagnosed by physical symptoms but was instead characterised by behavioural changes that indicated a problem in the mind of the sufferer. Demons were the main cause of madness. However, the use of demonic terminology may not have denoted the physical presence of a demon – which was not described by either compiler – and may instead have been indicative of a mental state in which the mind was alienated or seized from the body, resulting in inhuman behaviour. Neither Benedict nor William used specific medical terminology but preferred broader vocabulary like *insania*. Such vocabulary did not lack a medical overtone – and indeed, was used in some medical tracts – but it did not conform to the division of insanity into specific conditions like frenzy and mania, as was common in Salernitan tracts. Close association between terminology for demonic possession and for madness suggests either a variability of diagnosis in the texts and practices on which Benedict and William based their representations, or a continued contemporary association between demons and mental illness.

6. Conclusion

By examining the two largest collections of miracles made in twelfth-century England, this chapter had been able to explore the variety of terms used to represent conditions of the mind. Representations of epilepsy and madness by Becket's shrine custodians have been analysed in the context of the increased medicalisation and rationalisation of the miraculous, especially

¹⁶⁵ *Miracles of St Frideswide*, ed. by Josepho van Haecke, Benjamino Bossue, Victore de Buck and Antonio Tinnebroek (Brussels: Typis Alphonsi Greuse, 1853), *Acta Sanctorum*, 8 October, pp. 568-89 (p. 581).

identified by Rachel Koopmans in William of Canterbury's miracle collection.¹⁶⁶ Epilepsy was diagnosed by the miracle compilers after an examination of its physical symptoms: falls, and prolonged and repeated suffering. Many of the accounts of epilepsy contain references to the duration of the suffering in order to distinguish it from isolated fits brought on, perhaps, by rapture. Epilepsy was most commonly defined using the term *epilepsia* or a variant, or the term *morbus caducus*, which was especially connected with the clear visible symptoms of the condition. Both terms were used in contemporary medical tracts. William of Canterbury also defined the specific conditions of *epilepsia*, *catalepsia*, and *analepsia*, demonstrating his awareness of the *new medical* ideas disseminated in Salernitan medical texts, though it is not clear by what means he encountered such theories. Christ Church housed a large infirmary complex where Benedict and William may have witnessed the practice of healing and care. It is possible that Christ Church's book collection may have contained copies of Salernitan tracts; Benedict of Peterborough showed an interest in such texts at Peterborough, and the fourteenth-century library catalogue lists multiple medical works.

When diagnosing the conditions with which pilgrims suffered, it is likely that Benedict and William, as shrine custodians, spoke with the recipients of cures and, if possible, with witnesses. As in the miracle of Matilda of Cologne, they recorded such conversations, and sometimes, as in the case of the Italian epileptic Hingram, they disputed a sufferer's own diagnosis. Their collections thus do not only reflect their own approaches to sickness and healing, but also reveal some of the opinions and concerns of contemporary sufferers and those around them. The behavioural symptoms of madness were often associated by sufferers and their communities with

¹⁶⁶ For the medicalisation and rationalisation of miracle records in the twelfth century, see Introduction 2.2.

distress – physical or mental – or with spiritual impairment, caused by demons, or, as was seen in Chapter I, by sin.

In Benedict and William's representations of madness, we see the flaws in defining medieval beliefs concerning sickness and healing as *medical* and *non-medical*. Many of the cases of madness in both collections were attributed to the presence of demons, and both compilers used language pertaining to possession. Such language was used alongside other terms – *amentia, insania* – that were seen in medical tracts, and attributed madness to a problem in the mind of the sufferer. The demons in Becket's miracles were not physical entities that could attack and possess their victims, but unseen entities that agitated the minds of their victims through illusion and delusion. Madness, demonic or otherwise, was defined by its effect on the mind of a sufferer, and its effects were most-often seen through unusual – or even inhuman – behaviour. It is possible, in some cases, that language associated with possession was used to describe such behaviour (implying that the mind was *taken*) rather than to indicate the physical presence of a demon.

Certainly in the cases of madness in Benedict and William's collections, we see no *naturalisation* or *medicalisation* in the terminology used. The specific terms associated with conditions of the mind in medical tracts (*frenesis, mania, melancholia*) were not used by either compiler. Furthermore, though William of Canterbury defined some specific terms relating to epilepsy, he did not apply these terms to the conditions he recorded in his collection. It is not perhaps useful to think of the *naturalisation* of language in terms of modern understandings of health and sickness. The existence of demons *within* nature was not denied even by medieval medical writers. Representations of demonic possession in the two Becket collections were

not incongruous with other physical and mental causes of madness, and, indeed, multiple causes were discussed in relation to the same condition in several of the recorded miracles. The next chapter explores the implications of a demonic diagnosis further by considering the symptoms of demonic madness as compared with non-demonic madness, and questioning whether such diagnoses can or should be categorised as *unnatural*.

Chapter III

Demonic Disturbance in the Miracles of Saint Bartholomew in London

1. Introduction

Indeed, as he was sleeping, the ancient enemy appeared, transformed into the appearance of beautiful woman, and who seemed to sit, caressing, by his head. And when she had charmed him for some time with her destructive caresses, she placed a small bird in his mouth, and thus disappeared. Awakened, he was frightened by the unsolicited vision and the same hour, his mind was seized: he lost all the vigour of reason, and being ignorant of what should be done and what abandoned, led by madness, he wandered, now this way, now that way, in different directions, and not knowing what he was doing, he rushed headlong where the urge of malign fury drove him.¹

The unfortunate sleeper in this miracle was a youth named Robert, who had broken his journey to London to rest his limbs and to sleep in the woods. The previous chapter showed that, in Thomas Becket's miracles, the vocabulary of demonic possession was often associated with madness, like Robert's. The description of Robert's demon, however, is notably different from the physically-abstract demons in Becket's miracle collections. This chapter focuses on the miracles performed at Saint Bartholomew's church in London, where Robert was taken and cured. I use these miracles to explore

¹ Vespasian B.IX, II.9, fols 29^r. 'Dormienti quippe antiquus hostis in speciem mulieris pulcherimis transformatus apparuit, que qui blandiens capiti eius visa est assidere. Cumque pestiferis cum blandiens aliquodum delinisset aviculam in os eum posuit, et sic non comparuit. Excitus, insolita visioni terretur, et eadem hora mente captus: omni rationis vigore privatur, et quid faciendum quid ne dimittendum fit ignorans: insania duce nunc hac nunc illac discurrendo vagatur, et nescius quid agat praeceps ruit: quo eum maligni furoris impetus impellit'.

the various forms that demonic possession could take in miracle texts and to identify the extent to which madness was attributed to demonic possession. I pay close attention to the language associated with demonic possession and the ways that demonic language was used in conjunction with non-demonic terminology. This approach sheds light on the role of demons within the wider context of hagiographical representations of madness. Demonic possession has been included in this study of hagiographical representations of madness because, for modern historians as for medieval commentators, it is often difficult to differentiate between the two. The condition of one individual could be described both as demonic possession and as madness, and, as was the case too for madness, miraculous cures of demonic possession involved a restoration or healing of the mind.

The structure of this chapter follows the journey of the cure-seeker, focusing not on his or her physical journey to the church, but on the journey within the text, from diagnosis as a demoniac, to how this diagnosis contributed to the narrative, to the representation of the demoniac and his/her treatment at the shrine, and finally to the impact that a demonic diagnosis had on the portrayal of a cure. As Becket's miracles have shown, not all mad people were portrayed as demoniacs. A demonic diagnosis required specific symptoms, and particular interpretations thereof, which were not present in all cases of madness. Saint Bartholomew's miracles illustrate a broad range of demonic symptoms that have parallels in other miracle texts, and that correspond to contemporary understandings of the qualities of demons and of their abilities to manipulate the bodies, minds, and souls of mortals.

2. The Priory Church of Saint Bartholomew

Rachel Koopmans attributes the miracles collected at Saint Bartholomew's Priory to the upsurge in English miracle collecting that directly followed the

death and miracles of Saint Thomas Becket in the 1170s.² The miracles are recorded in the *Liber foundationis ecclesie sancti Bartholomei Londiniarum*, which is divided into two books; the first describes Rahere's foundation of the priory church of Saint Bartholomew in West Smithfield, London, and the miracles that occurred there during his lifetime, and the second details further miracles that were witnessed after his death.³ The original Latin text was most likely composed by an anonymous Augustinian canon belonging to the priory sometime between the death of Prior Thomas in 1174 and that of King Henry II in 1189.⁴ The only surviving copy of the Latin text comes from the late-fourteenth/early-fifteenth century in a manuscript that originally belonged to the priory before it was bought by Sir Robert Cotton and became known as Vespasian B. IX. The manuscript contains two versions of the text: a transcription of the twelfth-century Latin in the first forty folios, followed by a Middle English translation, which was edited by Norman Moore in 1886 and revised by M.M. Weale in 1923. There is no edition of the Latin text, for which I shall be referring to the manuscript. However, an English translation was made for E.A. Webb by Humphrey H. King and William Bernard in 1923, and this has been consulted.⁵

The Augustinian priory of Saint Bartholomew was founded in 1123, and was consecrated in 1129 after the building work had finished.⁶ It was originally home to thirteen canons (with a further eight lay brothers and four sisters at the hospital) but by the time of the composition of the twelfth-century *Liber*

² Rachel Koopmans, *Wonderful to Relate: Miracle Stories and Miracle Collecting in High Medieval England* (Philadelphia: University of Pennsylvania Press, 2011), p. 134.

³ Vespasian B.IX, fols 1^r-40^v.

⁴ Norman Moore, 'The Book of the Foundation of St. Bartholomew's', in *The Book of the Foundation of St. Bartholomew's Church in London. Edited from the original manuscript in the British Museum, Cotton Vespasian B ix*, ed. by Norman Moore, rev. by M.M. Weale, Early English Text Society, 163 (London: Oxford University Press, 1923), pp. ix-xii (pp. x-xi).

⁵ E.A. Webb, ed., *The Book of the Foundation of the Church of St. Bartholomew*, London: Rendered into Modern English, trans. by Humphrey H. King and William Barnard (London: Oxford University Press, 1923).

⁶ Gweneth Whitteridge and Verona Stokes, *A Brief History of the Hospital of Saint Bartholomew* (London: Governors of the Hospital of Saint Bartholomew, 1961), p. 10.

fundationis, it supported thirty-five Augustinian canons.⁷ Saint Bartholomew's Hospital was founded alongside the priory in 1123. Both foundations were made by Rahere, whose life is still the subject of historical debate but who, according to the *Liber fundationis*, was a wayward courtier who had seen the error of his ways following a severe illness whilst on a pilgrimage to Rome, and who founded the priory and hospital as recompense for his sins.⁸ The hospital was staffed separately from the priory by lay brothers and professed sisters, though Rahere was both prior and hospital master until the mastership was granted to Hagno, a clerk, in 1137. Rahere remained as prior until his death in 1143, and was succeeded by Prior Thomas, whilst Hagno kept control of the hospital.⁹ Nonetheless, the master was held answerable to the prior, and hospital and priory were considered united.¹⁰ From the late twelfth to the end of the thirteenth century, the hospital strove for more autonomy from the priory, something that was repeatedly denied until the fifteenth century.¹¹

The hospital of Saint Bartholomew's has received substantially more attention from historians than the priory, no doubt because it is still recognised as a leading London hospital today. In their attempts to trace the *medical* history of Saint Bartholomew's, historians have focused on those events in the hospital's history that illustrate its *progress* towards a modern medical establishment, such as John Mirfield's time there and his compilation of the *Breviarium Bartholomei* (1380-95).¹² Carole Rawcliffe has

⁷ Moore, 'The Book of the Foundation', in *The Book of the Foundation*, ed. by Moore, p. x.

⁸ *Vespasian B.IX, I.1-7*, fols 1^r-6^v.

⁹ *Cartulary of St Bartholomew's Hospital*, ed. by Nellie J.M. Kerling (London: Lund Humphries, 1973), pp. 4-5 and pp. 175-77.

¹⁰ William Page, 'Hospitals: St Bartholomew' in *A History of the County of London: London Within the Bars, Westminster and Southwark* (London: Constable, 1909), pp. 520-25 <<http://www.british-history.ac.uk/vch/london/vol1>> [accessed 20 June 2015].

¹¹ *Ibid*; Whitteridge and Stokes, p. 12. Richard Clifford, Bishop of London, acknowledged the hospital's independence in 1420.

¹² Keir Waddington, *Medical Education at St Bartholomew's Hospital, 1123-1995* (Woodbridge: Boydell, 2003), p. 14.

observed, however, that physicians and surgeons paid little attention to London's hospitals in their early days, preferring to visit fee-paying patients in their homes.¹³ The hospital was originally intended to cater for the poor and for orphaned children, and, like the priory, its primary function was its service to God.¹⁴ Almost a third of London's medieval hospitals, like Saint Bartholomew's, followed the Augustinian rule.¹⁵ The twelfth century saw a rapid growth in the number of Augustinian houses in England, and a stricter way of life was introduced in many of the institutions that had been founded with reduced spiritual duties (as compared with say, the Benedictines), which had allowed them to meet the practical needs of their local communities.¹⁶

Little is known about the author of the *Liber fundationis* apart from his position as a canon of the priory. In this role, it is not clear whether he would have visited the hospital personally but he does mention some of the patients there who received miraculous cures from Saint Bartholomew.¹⁷ His vast biblical knowledge, comprehension of some medical ideas, and references to the primacy of the heart within the body will be discussed below. Basil Clarke briefly examines the miracles of the *Liber fundationis* in his *Mental Disorder in Earlier Britain* but predominantly uses modern diagnostic techniques to discuss the conditions that were recorded.¹⁸ He focuses on nine miracles, which he terms 'psychiatric-social', and include cases of madness that will be analysed here as well as other conditions like

¹³ Carole Rawcliffe, 'The Hospitals of Later Medieval London', *Medical History*, 28 (1984), 1-21 (p. 7).

¹⁴ *Ibid.*, p. 2 and p. 11.

¹⁵ *Ibid.*, p. 5.

¹⁶ Dom David Knowles, *The Monastic Order: A History of its Development from the Times of St Dunstan to the Fourth Lateran Council, 943-1216* (Cambridge: Cambridge University Press, 1950), p. 175.

¹⁷ *Vespasian B.IX, I.28, fols 17v-18r*. Adwyn, a crippled man, was supported in the hospital before his health was restored miraculously, not all at once, but bit by bit over time.

¹⁸ Basil Clarke, *Mental Disorder in Earlier Britain* (Cardiff: University of Wales Press, 1975), pp. 143-51.

an inability to sleep following the incorrect treatment of a loss of blood.¹⁹ This chapter pays attention, instead, to medieval categorisations of conditions, counting only five cases of miraculously-cured madness, and exploring how this complaint was believed to relate to demonic interference.

3. Playing the Fool: The Life of Rahere

3.1. Feigned Madness: Rahere as a Holy Fool

The first case of madness to appear in the *Liber fundationis* is not, as one might expect, a condition that received a miraculous healing, but is instead one of the many discomforts suffered by Rahere in his quest to build the priory and hospital. Rahere was not described as mad or insane but was given the label 'idiote', or 'fool'. Wendy Turner, in her discussion of the medieval terminology associated with mental incompetence, focusing largely on legal texts, has noted that *idiota* indicated a prolonged (usually life-long) period of mental incompetence that often lacked the violence of sudden-onset madness.²⁰ As a literary figure, the *fol* could be a comic character: prized as an entertainer but never considered capable of military gallantry.²¹ This role was also assumed by literary characters like Robert le Diable, who assumed the guise of the *fol* as penance for his sins, and feigned madness as part of a penitential spiritual journey.²² It is likely that the author of the *Liber fundationis* purposefully constructed a comparable redeemed 'hero' in Rahere. Notably, none of the mad pilgrims in the *Liber fundationis*, or in any of the miracle texts examined in this thesis, were described using this terminology, highlighting that Rahere's 'madness' was considered different from that which necessitated a miraculous cure.

¹⁹ Ibid., p. 145.

²⁰ Wendy J. Turner, 'Introduction', in *Madness in Medieval Law and Custom*, ed. by Wendy J. Turner, *Later Medieval Europe*, 6 (Leiden: Brill, 2010), pp. 1-16 (p. 7, n. 21).

²¹ Sylvia Huot, *Madness in Medieval French Literature: Identities Found and Lost* (Oxford: Oxford University Press, 2003), p. 70-1.

²² Ibid., p. 69.

The author of the *Liber fundationis* also made it very clear that Rahere's foolishness was feigned, whereas those who later sought cures from Saint Bartholomew had no control over their conditions. Rahere was forced to hide his true wisdom in order to attract children and servants to help him collect stones and other building materials.²³ He found this task particularly difficult but did it to please the apostle (Bartholomew) even though it made him feel increasingly worthless ('vilior').²⁴ Rahere's period of self-induced foolishness is reminiscent of Arthurian literature of the period in which the protagonist (Tristan, Lancelot, Yvain) sought spiritual/moral renewal by suffering madness, feigned or otherwise.²⁵ Rahere's feelings of worthlessness, then, can perhaps be seen as part of his penance for the sins of his previous life, whilst also protecting him from future sin, such as the pride that could result from founding an establishment like Saint Bartholomew's.

In Rahere, there is something of the Byzantine 'holy fool', who feigned madness with pious intent in order to shun worldly reverence.²⁶ Sergey Ivanov has demonstrated that altered versions of the eastern holy fool made their way into western thought from at least the eighth century, though, unlike his eastern counterpart, the western holy fool initially avoided reverence through his foolishness but often eventually converted to a monastic life to pursue more conventional asceticism, as Rahere did.²⁷ In contrast to eastern holy fools, Rahere's social purpose (the building of the hospital), rather than his social separation, was of primary importance. Though Rahere's foolishness repulsed him, it attracted others and may well

²³ Vespasian B.IX, I.10, fol. 7v.

²⁴ Ibid.

²⁵ Corinne Saunders, "'The thoughtful maladie': Madness and Vision in Medieval Writing", in *Madness and Creativity in Literature and Culture*, ed. by Corinne Saunders and Jane Macnaughton (Houndmills: Palgrave Macmillan, 2005), pp. 67-87 (p. 74).

²⁶ Sergey A. Ivanov, *Holy Fools in Byzantium and Beyond*, trans. by Simon Franklin (Oxford: Oxford University Press, 2006), p. 1.

²⁷ Ibid., p. 380.

have fascinated the compiler of the *Liber foundationis*, who dedicated some of his lengthiest miracle stories to the subject of madness.

3.2. Rahere's Demonic Vision

Like several of the mad pilgrims who later visited his priory and hospital, Rahere also suffered from demonic attack. Three chapters of the *Liber foundationis* are devoted to relating Rahere's dream-vision, and then to interpreting it. When returning from his pilgrimage to Rome, having recovered from the sickness he had suffered there, Rahere was awoken one night having seen a vision ('visionem'). At first, he almost mistook the divine vision for a 'fantastical illusion, which more often happens to men in sleep' ('fantastica illusione que hominibus in sompnis frequencius accidere solet'), as he did not deem himself worthy of a divine message.²⁸ The Augustinian canon who compiled the *Liber foundationis*, however, thought that the divine vision was right to be interpreted as such, and noted the frequent examples of divine dream-visions in the Bible.²⁹

First, Rahere saw a beast ('animali'), which had four feet and two wings.³⁰ The author of the *Liber foundationis* understood this beast to signify the devil who was known as the 'Great Eagle' (Ezekiel 17:7), and whose four feet represented the four passions of the soul: fear, sadness, love, and gladness ('quatuor animi passiones figurantur: scilicet timor et tristitia, amor et leticia').³¹ These passions could 'completely dissipate the quietness of the mind' ('que quietem mentis omnino dissipant').³² Here, there is a clear allusion to balance within the mind, and to excess passion leading to turmoil.

²⁸ Vespasian B.IX, I.5, fol. 3^v.

²⁹ Ibid., fols 4^r-4^v.

³⁰ Ibid., I.4, fol. 2^v.

³¹ Ibid., I.6, fols 4^v-5^r.

³² Ibid., fol. 5^r.

A further reference to balance is in the description of temptation coming in four forms: light and hidden, light and open, heavy and hidden, and heavy and open.³³ The construction of a whole made up of four parts is akin to the organisation of the four elements of the universe, and to the Hippocratic complexions of the body. Each temptation was trodden into the earth by one of the four feet of the beast-devil; thus, sin was connected to mental balance, and demonic interference in the world.³⁴

Rahere was taken by the beast-devil to a high vantage point from which he was able to look down into the pit below him. This phase of Rahere's spiritual journey has obvious parallels with Christ's encounter with the devil in the desert; the devil brought Christ to the top of a high mountain, from which he could see the entire world, in the hope of corrupting him with the temptation of worldly glory (Matthew 4:8-9).³⁵ Rahere was rescued – physically and morally – from the precipice by the Apostle Bartholomew, who appeared to him with royal majesty (*'regiam maiestatem'*), a countenance of wonderful beauty (*'miri pulcritudinis'*), and imperial authority (*'imperialis auctoritatis'*), in stark contrast to the bestial qualities of the devil.³⁶ Bartholomew delivered a message to Rahere, explaining that it was Divine Will that Rahere found the priory and hospital of Saint Bartholomew in West Smithfield.³⁷ Rahere was thus spared from the wiles of the devil, and guided towards the right path by the apostle, which was an important precedent for Saint Bartholomew's later encounters with the devil, through the pilgrims whom he tormented and possessed.

³³ Ibid.

³⁴ Ibid.

³⁵ Ibid., I.4, fols 2^v-3^r.

³⁶ Ibid., fol. 3^r.

³⁷ Ibid., fols 3^r-3^v.

Rahere's divine vision also leads us to consider how medieval theologians distinguished between similar divine visions and demonic visions, which often tormented the mad, and what impact their distinctions had on hagiographical representations of visionary experiences. The twelfth century marked the beginning of an outpouring of spirit literature - which discussed human, demonic, and divine spirits - in texts such as Alcher of Clairvaux's *On Spirit and Soul*, which was initially highly-influential because of its attribution to Augustine.³⁸ These texts identified the heart as the seat of the human spirit, and discussed the possibility of demonic possession of the human soul, with the consensus being that demons could not physically enter the soul, but could *possess* it through trickery. Demons took up residence in the bowels or the reproductive organs.³⁹ The Holy Spirit, by contrast, avoided such polluted organs; instead, it entered the heart and possessed the soul rather than the body.⁴⁰ With the intensification of interest in visionary experiences in the thirteenth century, particularly those of female visionaries, there was a growing concern with the discernment of spirits (the practice of differentiating between good and bad spirits, or between divine and demonic possession).⁴¹

Since the behaviours of both visionaries and demoniacs could appear extreme at times, theologians increasingly contemplated the difficult task of discerning a true prophet from a false one. Alcher of Clairvaux observed that the important distinction between a demonic vision and a divine vision was that the recipient of a demonic vision was deluded into believing that the content of the vision was experienced physically in his/her body, whereas the recipient of a divine vision was able to rationally perceive the

³⁸ Nancy Caciola, *Discerning Spirits: Divine and Demonic Possession in the Middle Ages* (Ithaca, NY and London: Cornell University Press, 2003), p. 180.

³⁹ *Ibid.*, pp. 179-94.

⁴⁰ *Ibid.*, p. 197.

⁴¹ *Ibid.*, p. 56.

spiritual nature of his/her encounter.⁴² Despite almost mistaking his vision for an illusion or a dream, Rahere was aware that what he saw was, in fact, a vision and had no physical substance. By contrast, the mad people who came to Saint Bartholomew's church falsely believed that their visions and delusions had material substance, despite the fact that the source of their afflictions lay in their minds.

4. Demonic Diagnoses

I have identified five cases of miraculously-healed madness in the *Liber fundationis*, all of which were described as 'madness', 'senselessness', or a problem with the mind (as outlined in Table 3, below). Four of these five cases of madness involved demons. A further three cases of demonic disturbance that were not specifically connected with madness concerned a young girl freed from the malign power ('maligna potestate') that had made her deaf, dumb, blind, and crippled, a man who was kidnapped at the instigation of the enemy of the entire human race ('totius humani generationis inimicus'), and a dumb youth who was tormented by the ancient enemy ('antiqui hostis').⁴³ These miracles serve to demonstrate the universal interference of the devil in the lives of humans, and his almost limitless ability to cause harm, through sickness or otherwise: something for which there were multiple biblical precedents (eg. Job 2:7). As Henry Ansgar Kelly has highlighted, the Bible also provided a precedent for connecting demonic possession with a lack of reason (John 7:20 and 8:48), and the four cases of demonic possession from the *Liber fundationis* illustrate a

⁴² 'Treatise on the Spirit and the Soul', trans. by Erasmo Leiva and Benedicta Ward, in *Three Treatises on Man: A Cistercian Anthropology*, ed. by Bernard McGinn (Kalamazoo, MI: Cistercian Publications, 1977), pp. 179-288, (28, p. 224).

⁴³ Vespasian B.IX, II.1, fols 21^r-22^r and II.15, fol. 33^r.

correspondence between the language of possession and the language of madness.⁴⁴

Ref.	Summary of Miracle	Details of Demonic Involvement
II.9	A youth called Robert rested in a wood on his way to London. Upon awakening, he had lost his reason and was mad. He wandered around until he was captured and brought to St Bartholomew's church where he was cured.	As he slept in the wood, the devil appeared to him in the form of a beautiful woman who placed a small bird in his mouth. Robert's cure was illustrative of Bartholomew's ability to cast out devils.
II.10	A knight called Ralph was travelling through Essex on his way to London when he began raving, throwing coins, tearing his clothes, and assaulting people with stones. He was captured and brought to the church, where he stayed for two nights before he was cured.	Ralph was seized by a devil, which rendered him senseless, and caused the symptoms described.
II.12	The unlawful daughter of a priest was entrusted to a matron who was to school her in doctrine and to keep her from vice. She was pursued by a demon in the form of a handsome suitor, who she refused. Thwarted, the demon struck her and her mind was taken, causing disordered movement of the limbs, internal pain, and foaming at the mouth. She was inflicted thus two or three times a day. She was brought to the church, which the demon tried to prevent her from entering. The canons prayed for her, and she was restored to full health and returned to her parents.	The demon appeared as a young and beautiful nobleman with royal blood so as to tempt the maiden's womanly weakness. He tried to seduce her with his words and, when that failed, he tried to force himself on her but she called out to her servants for help.
II.18	A London handmaid was seduced, and then became mad and crippled. She rolled her eyes, tore her clothes, and	Her heart was darkened by the oppression of the devil, and she could not comprehend

⁴⁴ Henry Ansgar Kelly, *The Devil, Demonology and Witchcraft: The Development of Christian Beliefs in Evil Spirits*, rev. edn (New York, NY: Doubleday, 1974), p. 70.

	spouted blasphemies. She went to St Bartholomew's hospital and was miraculously cured by the apostle.	God.
II.24	A little boy was brought to the church by his mother because he had 'lost all sense of reason' and was suffering from 'madness'. The boy was cured and his mother was brought joy.	None.

Table 3: Madness and Demonic Possession in the *Liber foundationis ecclesie sancti Bartholomei Londiniarum*.

4.1. Epilepsy

Notably, the one case of epilepsy ('epilempsia') in the *Liber foundationis* was not attributed to demons.⁴⁵

Now, epilepsy is, the physicians say, a disease which compresses the ventricles of the brain and blocks the vital functions, takes away sight, hearing, and the other senses of the body, and usually wearies the body itself with terrible suffering.⁴⁶

This epileptic was believed to have lost his sight, hearing, and other senses, as well as the health of his limbs because of a problem in his brain and not as a result of demonic interference. This explanation was attributed to physicians, though the epileptic's cure remained the work of Saint Bartholomew and of God. As shown in the previous chapter, epilepsy was usually distinguished from madness because the conditions were aetiologically different; likewise, madness was not associated by this compiler with a physical problem in the brain.

⁴⁵ Vespasian B.IX, II.11, fols 29^v-30^r.

⁴⁶ Ibid., fol. 29^v. 'Est autem epilempsia ut phisia tradunt morbus qui cerebri ventriculos compremens et animales actiones precludit, visum, auditum, et ceteros corporis sensus tollit, ipsum que corpus dira passione fatigare consuevit.'

In another miracle, the compiler denied a *natural* explanation for pestilence – poor air quality – and instead argued that the sickness was brought about as a punishment from God.⁴⁷ When unsure of a diagnosis, however, he would include multiple options, as in the case of a maidservant who was crippled either because she had kept to her bed for too long through illness, or because the sinews of her knees had contracted.⁴⁸ Thus, it would seem that the compiler of the *Liber foundationis* made his diagnoses depending on the individual circumstances of each miracle – and possibly the manner in which that miracle had been relayed to him, if he had not witnessed it personally – and not by his strict adherence to particular theories or principles. Judith Bonzol has argued that ‘families and communities played an important role in the medical diagnosis of demonic possession in early modern England.’⁴⁹ I suggest that Bonzol’s thesis can also be applied to the twelfth-century diagnoses of demonic possession in the *Liber foundationis*; a demonic diagnosis did not indicate *medical* ignorance on the part of the compiler, but rather demonstrated his observation of the treatment of an individual within a community, and his analysis of the truth as presented to him and as remembered by the sufferer and those around him/her.

4.2. *A Mad Boy Brought to the Church by his Mother*

Only one case of madness was not attributed in any way to demonic activity. This miracle is the briefest account of madness in the *Liber foundationis* and is located towards the end of the collection (the fourth from last miracle). A boy, who was insane (‘insano’) and had lost all sense of reason, was brought to Saint Bartholomew’s church in the period following Saint Bartholomew’s Day (24 August), when several other pilgrims were said to have been cured

⁴⁷ Ibid., II.5, fol. 25v.

⁴⁸ Ibid., II.20, fols 37v.

⁴⁹ Judith Bonzol, ‘The Medical Diagnosis of Demonic Possession in an Early Modern English Community’, *Parergon: Journal of the Australian and New Zealand Association for Medieval and Renaissance Studies*, 26 (2009), 115-39 (p. 118).

there.⁵⁰ The boy's mother, who brought him to the church, was the focus of the miracle, presumably because it was she who had related her son's story. She had carried him around several saints' shrines, and was even beginning to find him burdensome. When she arrived at Saint Bartholomew's church, she kept vigil there for her son. The apostle then granted joy to the mother and health to the boy. Not only did the mother witness the miracle, she also participated in it: both by personally making a petition to the saint, and by sharing in his blessing. The journey here was the mother's and not the boy's, and therefore, an in-depth explanation of his changing state was unnecessary. This miracle, furthermore, serves to highlight the difficulty of distinguishing between madness and demonic possession without speaking to the sufferers themselves, when both conditions appeared physically very similar.

4.3. Four Demoniacs: The Characteristics of Demonic Possession

Those pilgrims who were made mad through demonic interference suffered from a comparable set of symptoms, though the precise nature of their possession differed in each case. Robert, whom we met at the beginning of this chapter, was a youth who had been travelling from Northampton to London, and who was possessed after he spent the night sleeping outside.⁵¹ As we know, Robert lost his reason and succumbed to aimless wandering.⁵² Ralph, a knight who was also travelling to London, but this time from Essex, experienced similar deranged wandering when he leapt from his horse, tore his clothes, and scattered his coins, proceeding to roam the woods and hills.⁵³ Likewise, a young handmaid who had been oppressed by the devil into committing the sin of fornication, rolled her eyes, tore her clothes, and

⁵⁰ *Vespasian B.IX, II.24, fols 37^v-38^v.*

⁵¹ *Ibid., II.9, fols 28^v-29^r.*

⁵² *Ibid.*

⁵³ *Ibid., II.10, fols 29^r-29^v.*

spouted blasphemies.⁵⁴ The handmaid was unfortunate in that, having been brought to Saint Bartholomew's hospital, she then suffered a contraction of the limbs, meaning that she became both a madwoman and a cripple. Physical contortions of the limbs were common to three of the four demoniacs, with Robert experiencing loss of control, and the daughter of a priest, who had been struck by a demonic suitor, suffering 'disordered movement of the limbs', along with internal pain, and foaming at the mouth.⁵⁵ Notably, this girl's suffering was labelled 'mente capta' (seized in mind); despite her intermittent falling being similar to modern epilepsy, she was not identified as an epileptic by the twelfth-century compiler.⁵⁶

Katajala-Peltomaa, in her study of miracles recorded in later medieval canonisation processes, has observed that, whilst madness and demonic possession could appear symptomatically similar, there were some symptoms that were more typical of demoniacs: abnormal powers, convulsions, blaspheming, abhorrence of sacred objects, and aggression.⁵⁷ Leaving aggression aside, as this will be explored in more detail below, all of these symptoms hint at the presence of a foreign being inside the body, or an external assault on the body. Abnormal powers (such as xenoglossia and prophecy) belonged to the demon itself, whereas blaspheming (such as that discharged by the handmaid) and abhorrence of sacred objects represented the demon's rage towards God. The careful recording of such symptoms was crucial to a diagnosis of demonic possession. Demonic possession was evident through the symptoms of the sufferer (perceived or described) because the demon itself generally, and certainly in all of the accounts studied in this chapter, remained invisible to onlookers. Convulsions could

⁵⁴ Ibid., II.18, fol. 37^r.

⁵⁵ Ibid., II.12, fol. 32^r 'inordinato gestu membrorum'.

⁵⁶ Ibid., fols 31^v-32^r.

⁵⁷ Sari Katajala-Peltomaa, 'Demonic Possession as Physical and Mental Disturbance in the Later Medieval Canonisation Processes', in *Mental (Dis)Order*, ed. by Katajala-Peltomaa and Niiranen, pp. 108-27 (p. 109).

potentially indicate the violent reaction of the body to demonic onslaught, whether external or internal, and the precise way in which a demon was able to ravage the body and mind deserves further attention.

4.4. *Demonic Possession of Male and Female Bodies*

Nancy Caciola has argued that, in the later Middle Ages, women were believed to be more prone to demonic possession than men.⁵⁸ She examines various sources, including exorcists' manuals, which first appeared in the fourteenth century, and which, by their use of female pronouns, implied that the expected victim of a demonic attack would be female.⁵⁹ Seemingly, it was believed that the female body was more open to demonic attack, and the female soul was also more impressionable so women succumbed to sin more easily than men.⁶⁰ Twelfth-century miracle texts present a very different picture of internal demonic possession.⁶¹ In his analysis of miracles from medieval France, largely recorded between 1050 and 1150, Pierre-André Sigal categorises 241 miracles (8.8% of his total) as cures of 'les affections mentales', 70% of which were caused by a demon.⁶² Notably, 62% of those who suffered from madness – demonic or otherwise – were men, suggesting that the predominance of female demoniacs that has been found in later texts may not have been echoed in twelfth-century hagiographies.⁶³

Table 4 shows the genders of the demoniacs in the miracles examined in this thesis, and reveals that male demoniacs were twice as numerous as female

⁵⁸ Caciola, p. 40.

⁵⁹ *Ibid.*, p. 41.

⁶⁰ *Ibid.*; Dyan Elliott, *Fallen Bodies: Pollution, Sexuality, and Demonology in the Middle Ages* (Philadelphia: University of Pennsylvania Press, 1999), p. 53; Katajala-Peltomaa, 'Demonic Possession', in *Mental (Dis)Order*, ed. by Katajala-Peltomaa and Niiranen, p. 120.

⁶¹ Barbara Newman, 'Possessed by the Spirits: Devout Women, Demoniacs, and the Apostolic Life in the Thirteenth Century', *Speculum*, 73 (1998), 733-70 (p. 740).

⁶² Pierre-André Sigal, *L'homme et le miracle dans la France médiévale (XI^e-XII^e siècle)* (Paris: Cerf, 1985), p. 236.

⁶³ *Ibid.*, p. 237.

demoniacs. Except for *The Life and Miracles of William of Norwich*, none of the miracle texts reveal a great deal of discrepancy in the numbers of male and female demoniacs. In the *Liber foundationis*, of those cure-seekers whose madness was associated with demons, two were female, and two were male. In the wider sample of demonic illnesses in the *Liber foundationis*, four of those afflicted were male, and only three were female, one of whom was a child.

Miracle Text	Gender of Demoniacs	
	Male	Female
<i>Miracles of Saint Edmund</i> , Herman	1	0
Revised <i>Miracles of Saint Edmund</i>	2	0
<i>Miracles of Saint Thomas of Canterbury</i> , Benedict of Peterborough	1	1
<i>Miracles of Saint Thomas of Canterbury</i> , William of Canterbury	5	5
<i>The Book of the Foundation of the church of Saint Bartholomew of London</i>	2	2
<i>The Life and Miracles of William of Norwich</i>	4/5? ⁶⁴	1
<i>The Miracles of the Hand of Saint James</i>	1? ⁶⁵	1? ⁶⁶
<i>The Great Life of Saint Hugh of Lincoln</i> , Adam of Eynsham	1	0
<i>The Life of Saint Hugh</i> , Gerald of Wales	0	0
<i>The Metrical Life of Saint Hugh of Lincoln</i>	2	0
Total	18	9

Table 4: Gender of demoniacs in twelfth-century English miracle texts.

⁶⁴ It is unclear whether Robert's madness was demonic or not (Chapter IV, 3.3).

⁶⁵ Matthew of Boulogne was seized by a demon ('a demonio arripitur') but no symptoms were described. For more on Matthew's condition, see Chapter V, 3.4.

⁶⁶ Adeliza was sent mad after seeing a 'phantom' ('phantasma') but the demonic implications of this encounter are discussed in Chapter V, 4.2.

C.E. and F.E. Forcén have observed that, in the miracles of Saint Francis of Assisi, compiled in the thirteenth century, there was no predominance of female demoniacs over male demoniacs.⁶⁷ Certainly in the *Liber foundationis* and, conceivably, more widely in some hagiographic texts, men too were portrayed as vulnerable to demons, and were perhaps just as vulnerable as women, if not more so. It is worth noting that three of those driven mad by demons in the *Liber foundationis* were young (two young, unmarried women and one young man). There is perhaps a connection here between the physical beauty associated with youth, and the sexual nature of the demonic attacks on these individuals.⁶⁸ Ralph, the only mature adult demoniac, was also the only sufferer whose condition had no sexual connotations.

The illegitimate maiden, whose conception had resulted from the sins of a priest who had given in to lustful pleasure ('lubrice voluptati'), was able to escape 'the vices that cause one to fall, attendant on her age' through the guidance of a matron in whose care her father placed her, and who was able to 'establish a manly mind in the woman's heart'.⁶⁹ The girl was then able to resist sexual desire in a way uncommon to women, as will be shown below, and, for this reason, was masculinised by the compiler. She developed the combined qualities of beauty and chastity, which were begrudged by the devil, who set about to deceive and tempt her in the form of a demonic suitor.⁷⁰ The suitor would certainly have been attractive to many young women, being 'a beautiful youth and conspicuous as a noble of royal blood'.⁷¹ Throughout the maiden's repeated attempts to resist her suitor,

⁶⁷ C.E. and F.E. Forcén, 'Demonic Possessions and Mental Illness: Discussion of Selected Cases in Late Medieval Hagiographical Literature', *Early Science and Medicine*, 19 (2014), 258-79 (p. 267).

⁶⁸ The relationship between youth, physical beauty, fertility, and sexuality is explored in Ruth Mazo Karras, *Sexuality in Medieval Europe: Doing Unto Others* (New York, NY: Routledge, 2005), p. 153.

⁶⁹ Vespasian B.IX, II.12, fol. 30r. 'vitis que labilem comitanter etatem'; 'in femineo pectore virilem animum constituat'.

⁷⁰ Ibid., fol. 30v.

⁷¹ Ibid. 'juvenis pulcherrimi et tanquam regii sanguinis generositate conspiciens'.

numerous allusions were made to the Fall and to women's weakness in resisting sexual desire. The suitor was not all he seemed, and was in fact a serpent ('coluber') in disguise who was 'the enemy of female weakness' ('hostis feminae levitatis').⁷² During a lengthy dialogue with the demon, the maiden contested, and eventually resisted, the 'evil pleasure' ('maligne voluptati').⁷³ She was able to maintain her reason throughout this exchange – even questioning the reason of a potential suitor who would approach her before having obtained the permission of her family to marry her – but her mind was afflicted when the demon physically struck her, angered by her skill in resisting him even when he had tried to force himself upon her.⁷⁴

Another woman, from London, was not able to resist the temptations of the flesh so easily. This handmaid 'willingly' ('sponte') consented to the 'pleasure of unclean sin' ('voluptatem sordidi criminis') that lost her her chastity.⁷⁵ Far from being the passive victim of sexual advances and unwanted desires, the young woman was active in giving in to the devil. The twelfth century saw the increased circulation of philosophical and medical ideas that associated the female body with sexual pleasure and complicity, and thus gave rise to considerations of female sexual desire.⁷⁶ William of Conches, writing in the first half of the twelfth century, explained that, in order to become pregnant, a woman had to release her 'seed', which, like male semen, was ejaculated in response to sexual pleasure.⁷⁷ Thus, a rape victim who had fallen pregnant may well have resisted her attacker mentally but had given in to irresistible physical pleasure. Hiram Kümper has linked the emergence of ideas concerning the female seed in twelfth-

⁷² Ibid.

⁷³ Ibid., fol. 31^r.

⁷⁴ Ibid., fols 31^r-32^r.

⁷⁵ Ibid., II.18, fols 36^v-37^r.

⁷⁶ Elliott, pp. 37-40.

⁷⁷ William of Conches, 'Dragmaticon Philosophiae', ed. by I. Ronca, in *Guillelmi de Conchis: Omnia Opera*, ed. by E. Jeuneau, 3 vols, Corpus Christianorum: Continuatio Mediaevalis, 152 (Turnholt: Brepols, 1997), I, 1-273 (VI.8, pp. 206-07).

century England with the circulation of Galenic medical texts.⁷⁸ Aristotelian models of conception, in which only the male seed was required, were permeated by new theories that both the male and female seed were necessary for conception.⁷⁹ Hence, law codes and legal records reveal an increasing concern with the state of the female body as evidence for whether or not a rape had occurred.⁸⁰ Female *consent* to rape was a physical capitulation of the natural will (of the body), whereas the rational will (of the soul) could remain resistant.⁸¹ Theological and medical writings, therefore, paid greater attention to understanding the physicality of the female body and mind.⁸²

The London handmaid's sin was strongly related to her physical body; she 'prostituted her flesh' and her 'limbs were the weapons of sin'.⁸³ The handmaid's willing consent to physical pleasure is notable. The increasing influence, in the twelfth century, of Augustinian concern with human will brought human rationality to the forefront of discussions of consent; a woman could lack the intention to sin whilst still giving in to natural pleasure.⁸⁴ In a punishment reminiscent of Nebuchadnezzar's (Daniel 4:34), the handmaid lost her mind because she had given in to sin and had failed to stand in awe of God, and thus she would be denied comprehension of Him.⁸⁵ Despite her increased susceptibility, as a woman, to sexual sin, lack of resistance was a sin nonetheless; it simultaneously left her open to demonic attack and disconnected her from God. Moral transgression could manifest

⁷⁸ Hiram Kümper, 'Learned Men and Skilful Matrons: Medical Expertise and the Forensics of Rape', in *Medicine and the Law in the Middle Ages*, ed. by Wendy J. Turner and Sara Butler, *Medieval Law and its Practice*, 17 (Leiden: Brill, 2014), pp. 88-108 (p. 102).

⁷⁹ *Ibid.*, p. 104.

⁸⁰ *Ibid.*, p. 88.

⁸¹ *Ibid.*, p. 103.

⁸² *Ibid.*, pp. 104-05.

⁸³ *Vespasian B.IX, II.18, fol. 37r*. 'carnes prostituit'; 'membra que fuerunt arma iniquitatis'.

⁸⁴ Joan Cadden, *Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture* (Cambridge: Cambridge University Press, 1993), p. 96.

⁸⁵ *Vespasian B.IX, II.18, fol. 37r*.

itself physically and mentally; hence the handmaid became a physical and mental cripple.⁸⁶ Nonetheless, the case of the priest's daughter illustrates that demons could also attack innocent victims, and demonic possession was not always indicative of personal immorality, though we must remember that, in this case, the victim's father had sinned.

Dyan Elliott has argued that, whilst women could be complicit in sexual fantasy, men were thought more likely, in the twelfth and thirteenth centuries, to be the passive recipients of intrusive or demonically-inspired sexual thoughts.⁸⁷ This passivity was certainly true of Robert who went out of his mind upon seeing an 'unsolicited vision' ('*insolitae visioni*') of the devil in the form of a beautiful woman, whilst he was asleep.⁸⁸ Notably, Robert was asleep when he received his vision, whereas the two women were awake. His condition was perhaps associated with the sexual incubus: a demon that visited unsuspecting victims in their sleep. Although the term 'incubus' was not used in Robert's case, Maaïke van der Lugt has posited that this was commonly the case, and that the condition was referred to by various terms.⁸⁹ In a similar way to Rahere, Robert's mind was susceptible to unwanted demonic attack whilst asleep. Sleep itself had altered Robert's sensual perception, which perhaps made him vulnerable to trickery and illusion: 'As he lay, sleep crept over him: it took the sense from the mind'.⁹⁰ The passage is strikingly reminiscent of Saint Antony's night time struggle with a devil in 'the attractive form of a beautiful woman' who tormented

⁸⁶ Katajala-Peltomaa, 'Demonic Possession', in *Mental (Dis)Order*, ed. by Katajala-Peltomaa and Niiranen, p. 122.

⁸⁷ Elliott, p. 36.

⁸⁸ *Vespasian B.IX, II.9, fol. 29r*.

⁸⁹ Maaïke van der Lugt, 'The *Incubus* in Scholastic Debate: Medicine, Theology and Popular Belief', in *Religion and Medicine*, ed. by Peter Biller and Joseph Ziegler, *York Studies in Medieval Theology*, 3 (Woodbridge: York Medieval Press, 2001), pp. 175-200 (p. 178).

⁹⁰ *Vespasian B.IX, II.9, fols 28v-29r*. 'Sompnus eius iacenti surrepens: menti sensus eripuit'.

him in visions in the hope of '[calling] him back from his proper intention', the pursuit of Christian virtue.⁹¹

4.5. *Demonic Attacks and Perceptions of Boundaries*

Athanasius' hagiographical representation of Antony's battles with demons - itself based on Christ's temptation in the wilderness (Matthew 4: 1-11) - set further precedents for the ways in which demons were believed to interact with mortals. Antony fought his demons in the desert and it was, in fact, common for demonic attacks to occur on the boundaries of society, perhaps as a place where lone individuals were more vulnerable.⁹² The youth Robert and the knight Ralph were both possessed in the woods on their way to London. Sleeping alone in these remote locations was (and still is) particularly dangerous, and Robert was not the only traveller to be afflicted in this way; William of Norwich miraculously healed a youth who had slept outside and had by so doing allowed a snake to take up residence in his intestines, and, of course, Rahere himself had been travelling when he experienced his vision.⁹³

The priest's daughter was also alone when attacked by her demonic suitor, but had not crossed a physical boundary; she was in her own room. For women, boundaries could be much more restrictive, and Katajala-Peltomaa has argued that women who moved beyond the boundary of the domestic sphere were more susceptible to demonic attack.⁹⁴ The priest's daughter had relinquished domestic duties in pursuit of spiritual purity whereas, at the

⁹¹ Evagrius of Antioch, 'Life of Antony by Athanasius', trans. by Carolinne White, in *Early Christian Lives*, ed. by Carolinne White (London: Penguin, 1998), pp. 1-70 (5, pp. 11-12).

⁹² Caciola, p. 50; Katajala-Peltomaa, 'Demonic Possession', in *Mental (Dis)Order*, ed. by Katajala-Peltomaa and Niiranen, p. 121.

⁹³ TM1, V.3, p. 190.

⁹⁴ Katajala-Peltomaa, 'Demonic Possession', in *Mental (Dis)Order*, ed. by Katajala-Peltomaa and Niiranen, p. 119.

other end of the spectrum, the London handmaid had flouted the social restriction of intercourse to within the domestic sphere of marriage. The priest's daughter herself represented a broken social boundary in that her conception came about from the unlawful intercourse of a priest who should have been bound to chastity.⁹⁵ The First Lateran Council of 1123 decreed that clerical marriages were invalid, and this decree was reiterated at the Second Lateran Council in 1139.⁹⁶

Boundaries were also an important consideration when negotiating how a demon had been able to enter the body, which, in itself, presented a physical boundary. In the previous chapter, the concept of demonic vision was explored in the context of demonic attack from *outside* the body. However, many of the demoniacs in the *Liber foundationis* suffered from *internal* attacks. For example, the devil, in the form of the beautiful woman, placed a small bird inside Robert's mouth whilst he was sleeping.⁹⁷ The mouth was the most common point of entry and exit for a demon.⁹⁸ Medieval manuscript images depict exorcised demons exiting from the mouths of their victims. For example, a miniature from an eleventh-century French manuscript of the Life of Saint Radegunda depicts the saint expelling a demon from a possessed woman; the demon's foot is still inside the woman's mouth.⁹⁹ The entrance of the demon into the body was physical; the demon occupied a physical space, and required a physical opening to enter.¹⁰⁰

⁹⁵ *Vespasian B.IX, II.12, fol. 30r.*

⁹⁶ *Decrees of the Ecumenical Councils*, ed. and trans. by Norman P. Tanner S.J., 2 vols (London: Sheed & Ward; Washington, DC: Georgetown University Press, 1990), I, 194 and 198.

⁹⁷ *Vespasian B.IX, II.9, fol. 29r.*

⁹⁸ Caciola, p. 41.

⁹⁹ Poitiers, Bibl. Mun., MS 250, fol. 34v.

¹⁰⁰ Katajala-Peltomaa, 'Demonic Possession', in *Mental (Dis)Order*, ed. by Katajala-Peltomaa and Niiranen, p. 115.

Where then did the demon go once it had entered inside the body? According to Augustine, demons were able to penetrate the body, and mingle with the thoughts via visions of the imagination.¹⁰¹ As we have noted, from the thirteenth century, the physicality of demonic possession was associated primarily with the bowels and the reproductive organs, whereas divine spirits interacted with the heart and the soul.¹⁰² Nonetheless, there is also evidence in the hagiographic tradition of demons occupying the hearts of their victims.¹⁰³ Cardiocentric psychology (defined by Leslie Lockett as ‘the association of psychological states and events with the midsection of the body’) recognised the primacy of the heart as the seat of the soul and hence, the heart became a target for demonic trickery.¹⁰⁴ In Alcher of Clairvaux’s twelfth-century pseudo-Augustinian *De Spiritu et Anima*, the spirit (‘spiritus’), which coordinated cognition, originated in the heart and could be subsumed by a demonic spirit.¹⁰⁵ In the *Liber foundationis*, the handmaid’s miracle clearly demonstrates the author’s belief in the primacy of the heart, as well as a demon’s ability to dwell there: ‘The heart, which is the principal of man, was darkened by the oppression of the demon on account of their uniting.’¹⁰⁶ The internal location of Robert’s demon was not specified, perhaps because his possession was not a result of sin. The handmaid’s case shows how demons were able to tempt the soul by invading the heart. Nevertheless, the miracle texts examined in this thesis did not universally advocate the primacy of the heart. In *The Life and Miracles of William of Norwich*, a healed demoniac felt the benefit of his cure in

¹⁰¹ Augustine, ‘De Divinatione daemonum liber unus’, in *Sancti Aurelii Augustini, Hipponensis Episcopi. Opera Omnia*, ed. by J.P. Migne, Patrologiae cursus completus, series latina, 32-47, 12 vols (Paris: Imprimerie Catholique, 1841-49), VI (1846), cols 581-92 (col. 584).

¹⁰² Caciola, p. 200.

¹⁰³ *Ibid.*, p. 31.

¹⁰⁴ Leslie Lockett, *Anglo-Saxon Psychologies in the Vernacular and Latin Traditions* (Toronto, ON: University of Toronto Press, 2011), p. 119.

¹⁰⁵ ‘Treatise on the Spirit and the Soul’, trans. by Leiva and Ward, in *Three Treatises on Man*, ed. by McGinn, 27, p. 222-23; Caciola, pp. 189-94 for detail on these texts and their reception in the twelfth century. For a twelfth-century example, see London, British Library MS Royal 5 A I, fols 21^v-22^r.

¹⁰⁶ Vespasian B.IX, II.18, fol. 37^r. ‘Cor quod principale est hominis oppressione demonis sibi uniti ob tenebratur’.

his brain ('cerebrum').¹⁰⁷ The location of demonic activity in the brain was perhaps indicative of its association with unreason: reason being controlled by the brain's rational faculty.

4.6. *Some Conclusions*

'It is [...] natural that the body follows the soul when it is disturbed, and also that the soul follows the body in its accidents.'¹⁰⁸ Joseph Ziegler's observation certainly seems applicable to the cases of demonic possession in the *Liber fundationis*. Demonic possession was more likely to be associated with madness than with any other condition, including epilepsy, which was, instead, explained by physicians. Like madness, demonic possession had physical symptoms, which affected the body. Because of the similarity between humoral madness and demonic possession, demonic possession was best diagnosed by observation, and by talking with the victim. A demonic attack on the soul implied either that the sufferer had given in to sin through temptation, or that they had been an innocent victim of demonic violence in the heart or brain. The distinction between the two was based on the perceived morality of the victim. Notably, however, the saint could act as both a moral guide for the misled, and as a protector of the innocent. The next section looks closer at the role of the saint, and the ways in which demoniacs were represented in relation to him in hagiographical texts.

5. Saints and Demons

5.1. *Spiritual Battles: Saint versus Demon*

In Rahere's dream-vision, the contrast of saint and demon is depicted very clearly, with the saint acting as Rahere's protector and guide. The tradition

¹⁰⁷ TM1, VI.4, p. 224.

¹⁰⁸ Joseph Ziegler, 'Introduction', in *Religion and Medicine*, ed. by Biller and Ziegler, pp. 3-14 (p. 6).

of demonic challenges to saintly authority stretched all the way to the eastern Byzantine Empire.¹⁰⁹ The resulting battles were developed in the West in thirteenth-century didactic and spiritual texts, which represented verbal duels between a saint/cleric and a demon.¹¹⁰ Earlier examples of these duels can be seen in the hagiographic literature of the Early to High Middle Ages, of which the *Liber foundationis* is a notable example that highlights the ongoing battle between saints and demons in a far more prominent way than the other miracle texts examined in this thesis.

The priest's daughter's miracle contains two spiritual battles, both of which report direct speech. In the first, as noted above, the young woman was able to rebuff the advances of her demonic suitor by reasoning with him. The dialogue has an obvious didactic/moral message, with the maiden informing the demon that courtship without the permission of her family and the Church, and sexual intercourse for any reason other than to beget children were both unacceptable. The demon then criticised her recourse to reason, arguing that reason was not applicable in an act of pleasure (the verbal duel itself was an act of pleasure for him). He also challenged her piety, condemning it as superstition ('supersticio').¹¹¹ The maiden responded with prayers, and, unable to overcome her spiritually, the demon sought to overcome her physically, once again failing, and then delivering the blow that sent her mad.

¹⁰⁹ Anna Kuznetzova, "'A Wall of Bronze' or Demons versus Saints: Whose Victory?," in *Demons, Spirits, Witches*, ed. by Gábor Klaniczay and Eva Pócs, 3 vols (Budapest: Central European University, 2005-8), II: *Christian Demonology and Popular Mythology* (2006), pp. 45-53 (p. 46).

¹¹⁰ Newman, p. 734; Renate Blumenfeld-Kosinski, 'The Strange Case of Ermine de Reims (c.1347-1396): A Medieval Woman Between Demons and Saints', *Speculum*, 85 (2000), 321-56 (p. 338).

¹¹¹ Vespasian B.IX, II.12, fol. 31r.

Witnessing her madness, the maiden's parents requested that she be brought to Saint Bartholomew's church. Presumably afraid of being overpowered by the saint, the demon engaged in his second spiritual battle with the maiden and tried to convince her not to enter the church. He began by threatening her with increased pain but when she ignored him, he moved to promising her health.¹¹² His threats and promises were ignored, and the maiden was restored fully to health ('integre sanitati') by the virtue of Saint Bartholomew, in contrast to the false health promised by the demon.¹¹³ It should be noted, however, that Bartholomew did not engage in battle directly with the demon; physical, verbal, and spiritual battles were fought by the maiden herself, though they would certainly have been lost without the apostle's assistance.

5.2. *The Demoniac as a 'Dark Mirror' to the Saint*

The primary function of the *Liber foundationis* was not to offer moral guidance to its readers – though the author was clearly willing to support carefully-constructed moral messages – nor was it to provide a spiritual compass for the discernment of spirits. Instead, it was written as a record and justification of the founding of the church and hospital, and as an attestation to Bartholomew's influence as patron. The apostle's battles with demons were necessary only in so far as they served to confirm his ability to protect those under his patronage from demonic attack. This patronage extended to the pilgrims who sought his intercession, though significantly, in the case of the priest's daughter, he acted in response to prayers from the Augustinian canons of his church.¹¹⁴

¹¹² Ibid., fols 32r-32v.

¹¹³ Ibid., fol. 32v.

¹¹⁴ Ibid.

The ability to exorcise demons was an attested indicator of holiness. Christ and his disciples were able to perform exorcisms and, when a group of Jews tried to imitate them, the exorcism did not work and the Jews were attacked by the possessed man (Acts 19:13). Importantly, the power of exorcism did not lie with Bartholomew himself (the possession of such a power could lead to pride) but was exercised through God.¹¹⁵ Hence demoniacs were delivered ‘by the merits of the apostle’ or through ‘the mercy of the most blessed apostle’ but never *by the apostle*.¹¹⁶ Upon receiving his cure, Robert blessed God who had bestowed on his apostles ‘the power of healing the sick, cleansing lepers, [and] expelling demons’.¹¹⁷ Reinforcing the cosmological hierarchy was vitally important; demons could possess men, saints could exorcise demons, but only God could bestow the power of exorcism.¹¹⁸

Within the cosmological hierarchy, the demon provided an important antithesis to the saint, which was illustrated in the *Liber foundationis* in the contrasting physicality of the terrifying beast-devil and the majestic Bartholomew. Newman has suggested that the demoniac him/herself also presented a ‘dark mirror’ to the saints ‘not by aping their spirituality, but by doubling some of their distinctive social roles’.¹¹⁹ The relationship between demoniac and saint is particularly complex, in this regard, in the *Liber foundationis* because the text follows two saint-like figures. Saint Bartholomew acted as the patron of the church and hospital, and it was through his intercession that miracles were performed. However, a spiritual journey was made by Rahere. Spiritual journeys were undertaken by the protagonists of the majority of *Vitae*, and here again Saint Antony provides a

¹¹⁵ Kuznetzova, “‘A Wall of Bronze’”, in *Demons, Spirits, Witches*, ed. by Klaniczay and Pócs, II, p. 48.

¹¹⁶ *Vespasian B.IX*, II.12, fol. 32^v and II.18, 37^r.

¹¹⁷ *Ibid.*, II.9, fol. 29^r ‘infirmos curandi, leprosos mundandi, demones eiciendi potestatem’.

¹¹⁸ Katajala-Peltomaa, ‘Demonic Possession’, in *Mental (Dis)Order*, ed. by Katajala-Peltomaa and Niiranen, p. 127.

¹¹⁹ Newman, pp. 737-38.

recognisable parallel in his physical and spiritual journey into the desert. It was Rahere, then, who metaphorically gazed into the 'dark mirror' in which the demoniacs were reflected.

Like the priest's daughter, Rahere had taken steps to improve his spirituality, and like her, he had had to battle demons. Like Robert and Ralph, he was alienated from society by madness. However, Rahere's feigned madness was part of his spiritual journey, whereas Robert and Ralph's demonic madness represented spiritual estrangement. Whereas Rahere was able to attract assistance through his foolishness (despite his personal disgust at it), Robert and Ralph remained distant, in the woods and hills. Rahere acted under Bartholomew's guidance while Robert and Ralph were led astray by demons. These demoniacs served as a reminder of Rahere's sacrifice, and as a reinforcement of Bartholomew's moral guidance. Their presence at Saint Bartholomew's church then should be considered in terms of their relationship with the saint and their participation in the ritual of miraculous healing.

6. Demoniacs at the Shrine

Madness and the social stigma of demonic possession isolated demoniacs from their communities. Nonetheless, all four demoniacs in the *Liber foundationis* participated in the rituals necessary to receive a miraculous cure from Saint Bartholomew. There was, therefore, a social element to the interpretation of demonic possession, which needs to be examined alongside the physical, mental, and spiritual experiences of demoniacs. The demoniacs in the *Liber foundationis* were not described using their own words, nor necessarily those of their communities; their conditions were structured by the miracle compiler whose awareness of the literary traditions of demonic

possession may have been different from their own.¹²⁰ With the miracle compiler's perspective in mind, this section examines representations of community reactions to demonic possession, and how these contributed to the image of the demoniac.

6.1. *Violence and Restraint*

Fury and violence were common symptoms of three of the demoniacs (the priest's daughter was not violent towards herself or others). Robert was driven by the impulse of 'malign fury' ('*maligni furoris*'), and Ralph assaulted with stones those who were unfortunate enough to cross his path.¹²¹ Not surprisingly, people became afraid to approach him. The mad handmaid was bound but, because of her raging ('*furentis*'), was easily able to break her bonds, and more were added.¹²² The anger of these demoniacs was yet another indication of the devil's influence over their bodies and minds. In Romanesque iconography of the twelfth century, the devil was often connected with anger, which was made evident in grotesque images of the devil, demons, and demoniacs with mouths grimacing and eyes wide and staring.¹²³ The devil's anger was the antithesis of Christ's just patience, which members of religious communities, like that at Saint Bartholomew's, would have sought to emulate.¹²⁴ Anger without a just cause (God's wrath, for example, was just) was linguistically connected with madness or a lack of rationality; the term *furor* could refer to anger or to madness.¹²⁵ Kirsten Uszkalo has traced associations between *furor* and madness from Anglo-

¹²⁰ Blumenfeld-Kosinski, p. 343.

¹²¹ *Vespasian B.IX, II.9 and II.10, fols 29r-29v.*

¹²² *Ibid.*, II.28, fol. 37r.

¹²³ For twelfth-century examples, see Lester K. Little, 'Anger in Monastic Curses', in *Anger's Past: The Social Uses of An Emotion in the Middle Ages*, ed. by Barbara H. Rosenwein (Ithaca, NY and London: Cornell University Press, 1998), pp. 9-35 (pp. 19-24).

¹²⁴ *Ibid.*, p. 32.

¹²⁵ Paul Freedman, 'Peasant Anger in the Late Middle Ages', in *Anger's Past*, ed. by Rosenwein, pp. 171-88 (pp. 176-77).

Saxon manuscripts through to the early modern period.¹²⁶ A glossary of the late tenth century equated *furiam* with *insania* and *amentia*, and another from the eleventh century glossed *furiam* as *malignis spiritibus*.¹²⁷ The violent anger of the mad or the possessed was therefore a recognised part of their madness or possession.

The binding of the mad did not indicate their social isolation but was instead demonstrative of the community's efforts to reintegrate them; violent demoniacs needed to be bound so that they could be brought to churches and shrines to be cured. Robert was 'captured' ('captus') and brought to Saint Bartholomew's where he recovered.¹²⁸ Ralph was similarly 'led' ('producitur'), despite his resistance, to the church.¹²⁹ The handmaid was carried ('deportati'), in her bonds, to the hospital.¹³⁰ The priest's daughter, perhaps because of her lack of resistance, was borne more sedately on a litter.¹³¹ Newman has noted that the process of exorcism for demoniacs was often described using passive verbs, as was the case here.¹³²

For Robert, Ralph, the handmaid, and the mad boy who was not a demoniac, the necessity for cure was decided for them, and the process was carried out without their input, and, in some cases, without their cooperation. The nature of the source material, in these instances, does not allow us to identify whether these demoniacs perceived themselves as demonically-possessed, though, presumably, Robert must have related his vision, if it was not

¹²⁶ Kirsten C. Uszkalo, 'Rage Possession: A Cognitive Science Approach to Early English Demon Possession', *Bodies of Knowledge: Cultural Interpretations of Illness and Medicine in Medieval Europe*, ed. by Sally Crawford and Christina Lee, *Studies in Early Medicine*, 1 (Oxford: British Archaeological Reports, 2010), pp. 5-17 (p. 9)

¹²⁷ Ibid.

¹²⁸ *Vespasian B.IX, II.9, fol. 29r.*

¹²⁹ Ibid., II.10, fol. 29v.

¹³⁰ Ibid., II.18, fol. 37r.

¹³¹ Ibid., II.12, fol. 32r.

¹³² Newman, p. 747.

entirely fabricated by the compiler. The communities of these individuals had identified their behaviour as deviant, and judged that saintly intervention would provide the appropriate cure (because, of course, this behaviour required rectifying). The priest's daughter – the only demoniac to self-identify as such – requested that she be brought to Saint Bartholomew's church: most likely as a place where a spiritual cure could be provided for what she saw as a spiritual condition.

6.2. *The Spiritual Implications of Demonic Possession*

As shown in the handmaid's miracle, the spiritual implications of demonic possession could have negative connotations for the perceived moral state of a victim. As explored in Chapter I, in the case of Sheriff Leofstan, demonic possession could undermine the moral legitimacy of victims by highlighting their estrangement from God. Nonetheless, prior to the thirteenth century, when false preachers were increasingly identified as taking their lead from demons, demonic possession was more often suffered by innocent victims than by mortal sinners.¹³³ The biblical example of the Gerasene demoniac shows a man tormented by demons: a victim (Mark 5:1-20).

Katajala-Peltomaa has suggested that blame was sought for the social deviancy of demoniacs outside of the deviant him/herself, because of the social stigma associated with such behaviour.¹³⁴ Thomas Aquinas specifically disassociated the *external* forms of demonic possession from mortal sin, which would prevent partaking of the sacraments. Reasons for demonic attack could range from personal sin or weakness to demonic

¹³³ Ibid., p. 738.

¹³⁴ Katajala-Peltomaa, 'Demonic Possession', in *Mental (Dis)Order*, ed. by Katajala-Peltomaa and Niiranen, p. 126.

malice or even an overindulgence of food and drink.¹³⁵ Both Robert and Ralph were possessed whilst making hazardous journeys through woods. There was no moral judgment of their behaviour; they were the victims of their own circumstances. The priest's daughter was the victim of demonic malice; her chastity was begrudged by the enemy of mankind.¹³⁶ Even so, details of her father's fornication were no doubt included in order to throw her chastity into relief, and, in this way, intimate a connection between demonic attack and sin. The handmaid's miracle is the only case of demonic possession in the *Liber fundationis* in which there is evidence of the victim's own immorality (and hence some degree of self-blame). The handmaid's sexual fornication was contrasted with the honest labour of her domestic servicework.¹³⁷ Nonetheless, she was treated in a similar way to both Robert and Ralph.

The demoniacs in the *Liber fundationis* received a fairly uniform response from their communities (or, at the very least, were portrayed as doing so by the miracle compiler who, if he saw them at all, would have seen them only at the very end of their journeys). But, because demoniac possession could be brought about in different ways, moral judgements of the possessed differed depending on the perceived cause of their conditions. Indeed, as the case of Ralph the Black, a seaman who was punished with and then cured of madness by Thomas Becket for dissuading his shipmates from their pilgrimage to Canterbury, non-demonic madness could also arise from spiritual neglect (Chapter II, Table 2).¹³⁸ Like madness, demonic possession necessitated restraint, and correction, but did not automatically elicit blame.

¹³⁵ Thomas Aquinas, *Summa Theologiae*, ed. by Pope Leo XIII, 8 vols (Rome: Ex Typographia Polyglotta S. C. de Propaganda Fide, 1888-1906), XII (1906), Tertia Pars, Quaestio 80, Articulus 7, p. 237.

¹³⁶ Vespasian B.IX, II.12, fol. 30^v.

¹³⁷ *Ibid.*, II.18, fol. 37^r.

¹³⁸ WC, III.47, p. 303.

7. Exorcising Demons and Curing the Possessed

Exorcism, as shown above, was a power possessed by saints, but exercised through God. Physicians were unable to exorcise demons so recourse to a holy figure was necessary for any demoniac requiring a cure. Luke Demaitre has noted that late medieval physicians, taking their lead from Avicenna, advised practitioners not to concern themselves with demons, except to treat their humoral effects.¹³⁹ A divine force was needed to expel the demon itself.¹⁴⁰ This chapter has revealed that the symptoms of demonic possession and the precise way in which a demon was believed to have interacted with an individual could differ from case to case, despite general patterns. This final section compares common medieval representations of exorcisms with the exorcisms performed by Saint Bartholomew.

7.1. *The New Testament Model*

For Christian thinkers, the New Testament provided an influential archetype of demonic possession and exorcism.¹⁴¹ The majority of the exorcisms performed by Christ and his disciples were executed fairly easily, with the exorcist simply ordering the demon to leave. The one exception was the case of an epileptic boy who could not be exorcised by command alone, and required additional prayer (Mark 9:14-29). Saint Bartholomew's exorcisms seem to have been accomplished with similar ease, though, notably, because they were posthumously performed, Bartholomew was not seen to issue the demons with a command or to converse with them in any way. Robert was cured shortly ('brevis') after arriving at the church.¹⁴² The priest's daughter was also cured instantly, Ralph's cure took two days (though whether this

¹³⁹ Luke Demaitre, *Medieval Medicine: The Art of Healing, from Head to Toe* (Santa Barbara, CA: Praeger, 2013), p. 136.

¹⁴⁰ Newman, p. 738.

¹⁴¹ Simon Kemp and Kevin Williams, 'Demonic Possession and Mental Disorder in Medieval and Early Modern Europe', *Psychological Medicine*, 17 (1987), 21-9 (p. 23).

¹⁴² Vespasian B.IX, II.9, fol. 29^r.

included the time he waited for the apostle to answer his prayers is not specified), and the handmaid's cure-time was not stated. All of the exorcisms performed by Saint Bartholomew were, in fact, strikingly similar to the cures he performed on physical ailments, and to most of the miraculous cures examined in this thesis.

7.2. Exorcisms in Miracle Texts: Proof of Cure

In canonisation records of the High Middle Ages, two forms of proof were necessary to confirm that an exorcism had taken place; first, the sufferer was restored from an unstable state of mind to a stable one; and second, there was some indication that the demon had been removed (crying, vomiting, etc.).¹⁴³ All of the demoniacs in the *Liber foundationis* were returned to a state of sanity; Robert was described as recovering his understanding ('recuperato sensi');¹⁴⁴ Ralph's sanity was brought about ('mentis compos efficitur');¹⁴⁵ the priest's daughter was fully restored to health (integre sanitati restituit');¹⁴⁶ and the handmaid was delivered from her madness ('insania dementer absolint').¹⁴⁷

Only the priest's daughter, however, was specifically freed from her demon ('a demonio liberant') – though Saint Bartholomew was also credited with casting out demons, among other things, after curing Robert – and even she did not display any physical signs of exorcism, perhaps because she had not been internally possessed.¹⁴⁸ It seems then that, certainly in the *Liber foundationis* – and arguably more widely in miracles recorded prior to the

¹⁴³ Katajala-Peltomaa, 'Demonic Possession', in *Mental (Dis)Order*, ed. by Katajala-Peltomaa and Niiranen, p. 124.

¹⁴⁴ Vespasian B.IX, II.9, fol. 29^r.

¹⁴⁵ Ibid., II.10, fol. 29^v.

¹⁴⁶ Ibid., II.12, fol. 32^v.

¹⁴⁷ Ibid., II.18, fol. 37^r.

¹⁴⁸ Ibid., II.12, fol. 32^v.

stringent examinations of canonisation proceedings from the thirteenth century onwards – it was necessary to demonstrate that an individual had been cured but it was not necessary to investigate the specific nature of the cure in relation to the diagnosis of that individual’s condition. Perhaps this emphasis on the miraculous cure, as was also shown in Becket’s miracle collections, is why it was not essential that miracle recorders were certain of their diagnoses.

Following their cures, the demoniacs were reintegrated into society. Brown has argued that, in medieval exorcisms, it was the demon itself that remained separate from human society, and that the act of possession and then exorcism was used to reinforce the humanity of the sufferer.¹⁴⁹ The compiler of the *Liber fundationis* specifically contrasted the actions of each individual whilst under the influence of demons with their actions post-exorcism. Robert, who had been captured in order to be brought to the church, chose to stay there for some time after his recovery; from being a passive receptacle for the ritual of miraculous cure, he had become an active participant in church life.¹⁵⁰ The priest’s daughter was returned to the care of her parents, who had previously seen fit to commit her to Saint Bartholomew’s holy care.¹⁵¹ The handmaid, who had, prior to her cure, been residing in Saint Bartholomew’s hospital, was able to return home.¹⁵² Similarly, those who were cured of physical ailments gained renewed social status. For example, a woman who had become paralysed as a result of palsy was able to take a husband and become a mother of sons after her cure.¹⁵³ Exorcism of demoniacs conformed to this pattern of miraculous cure

¹⁴⁹ Peter Brown, *The Cult of the Saints: Its Rise and Function in Latin Christianity*, rev. edn (Chicago, IL: University of Chicago Press, 2015), p. 111.

¹⁵⁰ Vespasian B.IX, II.9, fol. 29^v.

¹⁵¹ *Ibid.*, II.12, fols 32^r-32^v.

¹⁵² *Ibid.*, II.18, fol. 37^r.

¹⁵³ *Ibid.*, II.19, fols 37^r-37^v.

rather than focusing on the expulsion of the demon itself, which was seen in many of the exorcisms of the New Testament.

8. Conclusion

The predominant cause of madness, or unreason, in the *Liber fundationis* was demonic interference. The compiler used the spiritual battle between saint/holy man and demon as a means of illustrating Rahere's path to salvation and the foundation of Saint Bartholomew's priory and hospital. Similarly, the demoniacs cured by Saint Bartholomew made evident the apostle's role in restoring spiritual balance. Community reactions to demoniacs and the – often forcible – taking of the possessed to receive divine cures are indicative of communal associations between dysfunctional behaviour and spiritual unrest, whether this unrest was the moral fault of the sufferer or not.

Demons and demonic possession affected sufferers physically and mentally, and Bartholomew was capable of healing various ailments regardless of their aetiologies. Certainly, as the three miracle collections examined thus far have demonstrated, the arrival of new medical ideas in twelfth-century England did not mean that demonic aetiologies were rejected in favour of a *naturalistic* approach to illness. Indeed, demons were part of the natural hierarchy, which existed under God and consisted of all He had created. All five miracle compilers used an amalgamation of terminology, including that associated with demonic possession, to denote states of unreason, which required the restoration of the minds of those affected.

The association between demonic possession and the heart in the *Liber fundationis* locates the heart as the seat of the mind, and connects the mind

with the rational faculties of the incorporeal soul. Nonetheless, as the one case of epilepsy demonstrated, the compiler also made an association between the brain, vital function, and sensation. Here, we can see the influence of Galenic texts, which connected the brain with sensation and control of the body. Cardiocentric and cephalocentric models of the mind thus had an impact on the perceived implications of *mental* impairment. The heart (*cor*) was spiritually vulnerable and could be darkened by demonic temptation and immorality. The brain (*cerebrum*), by contrast, controlled sensation and could be obstructed by physical compression. The mind (*mens*) was not given a specific physical location in the body. Disorders of the mind were connected with a loss of reason, which resulted in abnormal behaviour. Healings of the mind brought about the restoration of sanity and health, and delivered the healed person from madness.

Demonic possession and madness could be symptomatically similar, and sufferers were recognised by their extreme behaviour, which will be discussed in the next chapter. It is tempting, and perhaps even accurate, to argue that demonic possession was equivalent to madness in many miracle accounts. Nonetheless, subtle differences between demonic and non-demonic madness should be noted. These differences could most often be discerned by speaking with the victim after his/her cure. He/she may have seen a vision of the demon or have had his/her own interpretation of how immorality had left him/her open to demonic attack. Observers and miracle compilers could also make their own judgements of demoniacs who could be identified by signs that hinted at the influence of the demon over their behaviour: blaspheming, new abilities (such as the gift of tongues), and unusual strength. Furthermore, demons were not only implicated in cases of possession. They could also cause physical illnesses or drive a victim mad without possessing them (through external attacks). Therefore, whilst it is important to consider demonic possession as a facet of medieval madness, it

is also important to place demoniacs within the context of individual miracle collections and the miracle compilers' portrayals of demonic activity.

8.1. Causes and Classifications of Madness

Now that we have explored the many causes of madness, it is perhaps surprising to see that mad men and women themselves were represented fairly consistently in all of the miracle collections. As was demonstrated above, women were no more susceptible to demonic possession or madness than men, and mad women often received similar treatment to their male counterparts. Consistency in reactions to madness implies that, despite varying aetiologies, states of unreason were perceived as similar or even formed a distinct condition. Whereas physical ailments could be recognised because they made sufferers look different, madness seems to have been characterised by the way it made sufferers *behave*. The cessation of this behaviour indicated that a miraculous cure had taken place. As physicians attempted to distinguish between different illnesses in order to provide an appropriate cure, and theologians began to grapple with the discernment of true and false spirits, miracle compilers strove to provide convincing evidence of a saint's intercession through the authenticity of the miracle he performed. The second part of this thesis will explore the connection between madness and miracle: from the management of mad pilgrims at medieval shrines to the role of madness itself in the process of cure.

Treatment and Cure

Chapter IV

Contending with Violence: Managing the Mad in the Miracles of William of Norwich

1. Introduction

But as he was being dragged thither with more violence he burst his bonds, not by his strength but by that of the evil spirit, and attacking his mother, threw her to the ground and fastened his teeth in her throat. And he would certainly have killed her, had not the people run up and rescued her. Then, hissing through his teeth and glaring at the bystanders with savage eyes, he maltreated frightfully all whom he could reach. A crowd assembled; he was savagely seized and bound, and with his hands and feet tied together, was put down willy-nilly beside the holy tomb.¹

Such is the dramatic arrival of an unnamed madman, who was the son of Richard de Needham, at the tomb of William of Norwich in around 1153. It was recorded by the Benedictine monk, Thomas of Monmouth, in his *Life and Miracles of William of Norwich*. Richard de Needham's son was not the only mad pilgrim to arrive at William's shrine with his hands and/or feet bound. Ebrard Fisher had his hands tied behind his back and his feet chained in iron

¹ TM1, V.13, p. 204. 'Cumque illuc uiolentius traheretur, non suo sed maligni spiritus annisu rupit uincula, insurgensque in matrem ipsam humi proiecit, dentibusque per gutter arripuit. Iamque illam morti dedisset, nisi plebs accurrens ereptam liberasset. Tum ille dentibus stridens, toruisque luminibus circumstantes intuens, quos contingere potuit, miserabiliter discerpit. Qua de re confluentibus plurimis, crudeliter arripitur, alligatur, constrictisque ad pedes manibus, uelit nolit, ab latere sancti sepulcri deponitur.'

Miri Rubin's new translation of the text (TM2) has also been consulted but Jessop and James has been used primarily because an edition of the Latin text is provided. I have used Jessop and James' translation but amended it where appropriate.

shackles, and the mad servant of Ralph, a moneyer from Norwich, had to be bound in strong chains.²

1.1. Violence and Madness

The previous three chapters have shown that violence often played a key role in the diagnosis of madness and in representations of mad pilgrims. Violent behaviour was a common symptom of madness in Becket's miracle collections, and pilgrims, like Matilda of Cologne, were restrained to prevent them from harming others (Chapter II, 1). Three of the four demoniacs in Saint Bartholomew's miracles were violent and were bound (Chapter III, 4.3). Furthermore, as well as being suggestive in the diagnosis of madness, the violence of mad men and women also had a significant impact on representations of their experiences at medieval shrines.

This chapter moves on from examining violence as a symptom of madness to consider violence as part of its outcome. As the case of Richard de Needham's son demonstrates, violent madmen required careful management to prevent them from harming themselves and others. It is the purpose of this chapter to assess how violent madness was represented in miracle texts, and how far these representations conformed to wider twelfth-century interpretations of violence. Further attention will be paid to representations of the forcible restraint of mad pilgrims at William's tomb, and to the interaction between reason and violent intent. Did the violent actions of mad pilgrims warrant, by twelfth-century standards, the treatment they received, and how were different types of violence (unpredictable, reactionary, justifiable) displayed in the text?

² TM1, VI.4, pp. 223-24 and IV.3, p. 169.

I am especially interested in the role of the individual hagiographer and what influences shaped his portrayal of the violently mad. I review the context of hagiographical violence and the place of miraculous cures of the mad within this. Thomas of Monmouth's accusations of Jewish violence in William's of Norwich's *Life and Miracles* are well-known, and provide a basis for contextualising his representations of violence. The text was composed at a time of both social upheaval, during the persecution of the Norwich Jews, and political upheaval in the struggle for the throne between the Empress Matilda and Stephen of Blois. Hagiographical representations of violent madness can be situated within this cultural context. The *Life and Miracles* is therefore ideal as a case study of the various ways in which violent behaviour and violent intent were interpreted and portrayed in relation to reason and madness.

1.2. *Defining Violence*

Examining violence within this context presents an etymological challenge in that the meaning of the term *violence* is relative both to the place and to the time in which it is applied. This chapter assesses violence in twelfth-century England, where perceptions of what constituted violence were different from those held today. Richard Kaeuper has argued that, despite the romanticism of the medieval code of chivalry, knighthood was 'nourished on aggressive impulses, that it existed to use its shining armour and sharp-edged weaponry in acts of showy and bloody violence'.³ However, Nigel Saul points out that, though physical violence would almost certainly have been common in medieval society and culture, the seemingly violent (by modern standards) rhetoric of chivalric literature may not have been perceived as

³ Richard W. Kaeuper, *Chivalry and Violence in Medieval Europe* (Oxford: Oxford University Press, 1999), p. 2.

such by contemporaries who valued the qualities of bravery, loyalty, and martial prowess.⁴

It is therefore very important to pay attention to Thomas of Monmouth's own vocabulary and interpretation of violence. Notably, the term *uolentius* (with more violence/force) was applied most often to the actions of bystanders who bound mad pilgrims. At times, bystanders also acted *crudeliter* (cruelly/savagely), perhaps indicating the over-zealous application of an otherwise necessary physical restraint. The mad themselves were described as *torvus* (wild) or as acting *crudeliter* like those who restrained them. Similarly, when he commented on the acts of torture that the Jews were said to have performed on the young martyr, William, Thomas branded the perpetrators *crudeles* (cruel/savage) and additionally emphasised their *malitie* (malicious) intentions.⁵ Warren Brown has observed that this varied use of language was not unusual prior to the thirteenth century when the term *violentia* indicated acts of a particular ferocity but other behaviours that would fall into the modern category of *violence* were described using specific terms, such as *occidere* (to kill) and *vulnere* (to wound).⁶ This chapter considers whether and, if so, how medieval notions of violence extended not just to physical actions but also to the intentions of the perpetrator and the relation of the action to social norms and customs. We have already established that madness was recognised by behavioural abnormality and that it also compromised a sufferer's ability to reason. Now, we can relate representations of violent madness to wider cultural interpretations of violent behaviour as well as to social experiences of managing madness.

⁴ Nigel Saul, *For Honour and Fame: Chivalry in England, 1066-1500* (London: The Bodley Head, 2011), p. 185.

⁵ TM1, I.5, pp. 20-1.

⁶ Warren C. Brown, *Violence in Medieval Europe* (Harlow: Pearson Education, 2011), p. 7.

In order to provide some boundaries for this study of violent madness, I begin by examining modern definitions of violence, noting how historians have categorised medieval violence and exploring how such definitions can be applied to hagiography. The historiographical study of twelfth-century violence is too broad to effectively summarise here so I shall concentrate on those secondary works that relate directly to the examination of violence in this chapter. In his 2011 book, *Violence in Medieval Europe*, Brown endeavours to address the need to explore ‘the different ways of thinking about violence that were possible, and how these ways of thinking evolved as the Middle Ages progressed.’⁷ He notes that, in the twelfth century, there was a growing awareness of the king’s justice and a need for the central control of violence.⁸

Whilst, as we shall see, such attitudes were reflected in increased legal provisions for the insane in the thirteenth century, this setting is less applicable to the violence displayed by mad pilgrims at shrines, which was almost always dealt with by bystanders or sometimes by shrine custodians but rarely ever by royal officials. Furthermore, Brown’s definition of violence as ‘the application of physical force in a way that hurts someone or something or that aims to hurt someone or something’ is somewhat inadequate when analysing the violence of the mentally ill, though he specifically argues that it includes mental and emotional trauma.⁹ Arguably, Brown’s definition could be applied to cases of demonic possession in which the demon sets out to hurt its victim. However, there is little room for the *violent* actions of bystanders who did not intend to harm those they restrained and were, indeed, not represented as causing hurt.

⁷ Ibid., p. 25.

⁸ Ibid., pp. 215-16.

⁹ Ibid., p. 6.

Siegfried Christoph takes these subtler forms of violence into account when he addresses the concepts of violence and violation:

An act of violence may be sanctioned by law or custom and would therefore not be said to violate. Conversely, any act might be said to be violent if it violates some commonly accepted sanction, although no force is exercised, either physically or psychologically.¹⁰

Here, Christoph moves beyond a purely physical definition of violence to explore the repercussions of behaviour that could be deemed to violate the expected norm. This distinction is particularly interesting to bear in mind when considering violent madness because it necessitates reflection on the normal state of humanity and the ways in which madness can be said to have violated this.

We can return here to Brown's insightful analysis of violence as a changing concept that is dependent on the observer's perception of society.¹¹ Certain acts that a modern reader might interpret as exceptionally violent (such as judicial torture) may, for a medieval audience, have not been deemed to violate social custom. Brown points out that it is sometimes difficult for historians to distinguish between acts of violation and acts of obedience to social customs or, as he terms them, acts of 'illegitimate' and 'legitimate' violence.¹²

It is important to see the mad pilgrims who sought cures at William's shrine within the framework of Thomas of Monmouth's judgement of violence, something that was reliant on the actions of the mad themselves, the place of

¹⁰ Siegfried R. Christoph, 'Violence Stylized', in *Violence in Medieval Courtly Literature: A Casebook*, ed. by Albrecht Classen (New York, NY and London: Routledge, 2004), pp. 115-25 (pp. 115-16).

¹¹ Brown, pp. 6-7 and p. 25.

¹² *Ibid.*, p. 7.

violence in the collection as a whole, and the context of twelfth-century attitudes. For the purposes of this chapter, violence is defined as actions or thoughts which can be deemed to expend extreme force or to otherwise violate in extreme form, either physically, mentally, spiritually or in terms of expected norms. Naturally, this definition is dependent on conceptions of what constituted *violation* and what could be said to *violate*, and thus it takes into account the subjective nature of the term *violence*. It also requires detailed analysis of the context for Thomas of Monmouth's interpretation and representation of force and violation, which will be examined in sections four and five of this chapter.

2. The Life and Miracles of William of Norwich

2.1. Cambridge University Library MS Add. 3037

To begin, it is useful to provide some background on the violent death of William of Norwich, which was the focal point of Thomas' *Life and Miracles*. William was found dead in Thorpe Wood (Norwich) on 25 March 1144 (the day before Easter Sunday). He was twelve years old and had been working in Norwich as an apprentice skinner.¹³ His hagiographer, Thomas of Monmouth, was not in Norwich at the time of the boy's death but had joined the Benedictine community there by 1150 at the latest.¹⁴ According to Thomas' account, William had been tricked, through the offer of a job, into entering the home of a prominent Norwich Jew, where he was tortured and then crucified by members of the Jewish community, who then dumped his body in the woods.

In his prologue to *The Life and Miracles of William of Norwich*, Thomas of Monmouth stated that his intention in writing was to save William's

¹³ Augustus Jessop and M.R. James, 'Introduction', in *TM1*, pp. ix-xc (p. lxxxix).

¹⁴ *Ibid.*, p. ix.

memory from oblivion, and his efforts certainly went a long way to sustaining the popularity of the cult, which, by his own admittance, was waning after the initial discovery of William's body.¹⁵ Augustus Jessop and M.R. James, who discovered and edited the sole surviving manuscript of the *Life and Miracles*, believe that the account was composed as a single work in around 1172-73.¹⁶ They argue that, as Thomas summarised all seven books in his prologue, it is likely that this prologue was composed after the books and united what was intended to be a single volume.¹⁷

James McCulloh has challenged Jessop and James' dating of the text by pointing out that Thomas of Monmouth himself, in his prologue to book seven, acknowledged that a considerable amount of time had elapsed since he had finished book six in 1155.¹⁸ McCulloh convincingly argues that books one to six of the *Life and Miracles* were composed in 1154-55 and then book seven was written at a later date, around 1172.¹⁹ In her new edition of the *Life and Miracles*, Miri Rubin agrees that Thomas of Monmouth began composing the text after he arrived in Norwich in the early 1150s, and completed it in around 1173 since William Turbe, Bishop of Norwich, to whom it is dedicated, died in 1174.²⁰

When William of Norwich met his untimely end, England was in the midst of civil war between the Empress Matilda and Stephen of Blois. Only in 1153 did Stephen secure his throne by promising the succession to Matilda's son, the future King Henry II. We must remember, then, that Thomas' account

¹⁵ TM1, p. 3 and III.1, pp. 116-17. Thomas received a vision commanding him to revive the fading cult.

¹⁶ Jessop and James, 'Introduction', in *TM1*, p. liii.

¹⁷ TM1, p. 7.

¹⁸ James M. McCulloh, 'Jewish Ritual Murder: William of Norwich, Thomas of Monmouth, and the Early Dissemination of the Myth', *Speculum*, 72 (1997), 698-740 (p. 740).

¹⁹ *Ibid.*, pp. 706-09.

²⁰ Miri Rubin, 'Introduction', in *TM2*, pp. vii-lxiii (p. xii).

spans the difficulties of Stephen's reign as well as the first twenty years of the reign of his successor, Henry II.²¹ These turbulent years no doubt had some impact on his conceptions of violence and his composition of *The Life and Miracles of William of Norwich*.

Lack of a stable royal authority (especially during Stephen's incarceration in 1141) led to local outbreaks of violence and a greater dependence on local authority. Edward Kealey's analysis of Stephen's chancery writs indicates that there was a marked decrease in royal involvement in government during this period, with sixty-nine writs issued in 1135-40 but only twenty-nine in 1141-45.²² This relative lack of leadership from above meant that violence often had to be managed by local communities. Civil unrest was certainly experienced in East Anglia around the time of William's murder, and ecclesiastics suffered at the hands of rebel noblemen. The bishop's library was burned down in Norwich and the East Anglian land holdings of leading ecclesiastics were seized.²³

What impact did this political and social instability have on Thomas of Monmouth and his writing? Callahan argues that, though the extent of monastic damage caused by the civil war may have been exaggerated, not least by the chroniclers themselves, many monastic chroniclers were appalled that any holy place would be damaged or violated.²⁴ Evidence of Thomas' attitude towards the violation of Christian sacrosanctity can be seen in his representation of the Norwich Jews, who were supposedly responsible for William's violent death. Moreover, for the murder of Christ, the Jews

²¹ Jessop and James, 'Introduction', in *TMI*, p. xxvii.

²² Edward J. Kealey, 'King Stephen: Government and Anarchy', *Albion: A Quarterly Journal Concerned with British Studies*, 6 (1974), 201-17 (p. 204).

²³ E.M. Rose, *The Murder of William of Norwich: The Origins of the Blood Libel in Medieval Europe* (Oxford: Oxford University Press, 2015), p. 19.

²⁴ Thomas Callahan, Jr., 'The Impact of Anarchy on English Monasticism, 1135-1154', *Albion: A Quarterly Journal Concerned with British Studies*, 6 (1974), 218-32 (p. 221).

were 'enemies of the Christians' ('christiani nominis hostes').²⁵ Rubin draws attention to the importance of developments in twelfth-century devotional culture, especially monastic preoccupation with Jews as the killers of Christ, with whom monks shared a spiritual affinity, to the composition of Thomas' account, and particular consideration will be given to this context in this chapter.²⁶

It is unlikely that the *Life and Miracles* was widely circulated (though the story it told spread across Europe). William himself was never officially canonised and was predominantly a local saint; the majority of pilgrims who came to his shrine were from Norwich itself or from the surrounding area. Only one manuscript copy of the text survives: that edited by Jessop and James, who judge it to be a twelfth-century copy produced very soon after the composition of Thomas' original and perhaps even copied directly from it.²⁷ Miri Rubin has shown, however, that the manuscript was more likely produced for the Cistercian order around 1200, and that Norwich's own copies of the text were destroyed in a fire in 1272.²⁸ The manuscript now known as Cambridge University Library MS Add. 3037 was probably originally housed at Sibton Abbey in Suffolk, the only Cistercian house in East Anglia.²⁹

2.2. *Blood Libel*

Despite the modest scope of its contemporary circulation, Thomas' *Life* has received considerable attention from scholars almost certainly because of its prominent place in the study of Jewish ritual murder accusations. Rubin

²⁵ TM1, I.8, p. 28.

²⁶ Rubin, 'Introduction', in TM2, p. xxix.

²⁷ Jessop and James, 'Introduction', in TM1, p. liii.

²⁸ Rubin, 'Introduction', in TM2, pp. liii-lv.

²⁹ Ibid., p. lvi.

suggests that the blood libel was very much fuelled by the fertile environment of Norwich during and immediately after the Anarchy, as well as by the 'creation of [Thomas of Monmouth] who saw the city and its possibilities afresh, as newcomers often do, and used his Jewish fellow newcomers as scapegoats.'³⁰ Gavin Langmuir speculates that Thomas of Monmouth's accusation of ritual child murder had such a lasting impact on the popular image of anti-Semitism that it went on to influence Luther and even Hitler.³¹

Given the significance of the *Life* to the history of anti-Semitic thought, it is nonetheless important not to pass over those parts of the text that do not relate directly to the blood libel accusation. The violent depiction of William's murder influenced Thomas' perception of violence throughout the *Life and Miracles* and had an impact on his portrayal of the insane. This chapter turns to the often-overlooked miracle collection that follows Thomas' account of William life and murder. Were mad people represented as dangerously violent and were they segregated for their violence in the same way as other seemingly dangerous outsiders?

3. Kicking and Biting: Were Mad People Violent?

Thomas of Monmouth described eleven people in his collection who suffered from madness or madness-like symptoms, though not all of these occurrences resulted in a miraculous cure. Only one case of madness did not directly involve extreme behaviour, perhaps because the description of this miracle was relatively short and left little space for elaboration on the

³⁰ Miri Rubin, 'Making a Martyr: William of Norwich and the Jews', *History Today*, 60 (2010), 48-54 (p. 54).

³¹ Gavin I. Langmuir, *Toward a Definition of Antisemitism* (Berkeley, CA, Los Angeles, CA and Oxford: University of California Press, 1990), p. 210.

condition of the individual involved.³² This section examines the miracles themselves in detail and explores the various aspects of both violence and madness that are revealed in them, as outlined in Table 5.

Ref.	Summary	Behaviour of Mad Person	Restraint of Mad Person	State of Healed Person
I.15	William's mother, Elviva, heard of her son's death and violently lamented it. She was compared to a madwoman.	Tore at her hair, clasped her hands, ran around, cried, and wailed.	None.	None.
III.22	Ida, the wife of Eustace, a moneyer from Norwich, suffered from severe gout, the pain of which made her act like a mad person. She offered a candle to William and, upon touching his sepulchre, appeared unharmed.	Shrieking.	None.	<i>apparuit incolumis</i>
IV.3	The possessed servant of Ralph, a moneyer from Norwich, was freed through prayers to the martyr.	Behaved badly.	Bound in strong chains.	<i>liberatus</i>
IV.13	The mad daughter of Eustace, a moneyer, was brought to the tomb and made healthy within an hour.	None.	None.	<i>sanam</i>
V.12	A peasant belonging to	None.	Bound hand	<i>sanam et</i>

³² TM1, IV.13, pp. 182-83.

	Simon de Hempstead was tormented by a demon and was made healthy and unharmed by William.		and foot.	<i>incolumem</i>
V.13	A very violent man (the son of Richard de Needham and Silverun), who was possessed by a devil and had tried to kill his mother, was cured at the tomb.	Could not eat or sleep for six days, refused to go to the tomb, broke his bonds, bit his mother's throat.	Seven men were hardly able to chain him. Bound for six days. Dragged to the tomb.	Calm, quiet, asked to be unbound, able to eat and drink.
VI.4	Ebrard/Everard Fisher was possessed. He attacked people and blasphemed. He was cured after being tied beside William's tomb.	Broke his chains, tore at bystanders with his teeth and nails. Blaspheming and unable to sleep.	Hands tied behind his back, feet bound, brought to the tomb by a number of men.	Quiet, able to sleep and eat, healthy, joyful.
VI.5	Robert, a man suffering from bouts of madness, was brought to the tomb by his mother and was cured.	Shaking, seizing, fiery eyes, crying, stripping, unable to control himself.	Coaxed with soft words and dragged to the tomb.	Returned home with joy (<i>cum gaudio</i>).
VI.6	A woman called Sieldeware was possessed by a demon. She was bound and brought to the tomb by her friends. At the tomb, she seemed cured because the demon was afraid to attack her in front of the martyr. However,	Resisted going into the church. Crying and wailing. Kicking the ground and trying to break her bonds with her teeth.	Four strong men struggled to drag her inside the church. Bound with her own veil and girdle.	Quiet. Able to sleep and eat. Her body grew in health and her soul in faith.

	when she left, she was mad again. She was brought back for a second time and was then permanently cured.			
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Table 5: Madness miracles in Thomas of Monmouth’s collection of the miracles of William of Norwich.

3.1. Mad Behaviour: Elviva, Ida, and Lewin

The first mention of madness occurs during William’s mother, Elviva’s, extreme grief upon hearing of the death of her son. In an episode of deep emotional significance, Elviva’s lamentations were used by Thomas of Monmouth to inspire sympathy in his readers and anger towards the Jews, who had allegedly committed this crime. When told of her son’s murder by various people, Elviva tore out her hair, wrung her hands and ran through the streets, weeping and wailing. Thomas described her as acting like a mad person (*‘tanquam amens’*).³³ Here, mad behaviour was equated with being out of control or letting one’s emotions get the better of oneself in a physical manifestation of emotional trauma.

It is important to remember that Elviva was not identified as mad but was likened to a mad person. Such actions as hair-pulling and lamenting were common visualisations of female grief and would no doubt have been recognisable as such to Thomas’ intended audience.³⁴ William, as the Christ-like martyr, was mourned by his mother, just as Mary had grieved for the

³³ Ibid., I.15, p. 41.

³⁴ Robert Bartlett, ‘Symbolic Meanings of Hair in the Middle Ages’, *Transactions of the Royal Historical Society*, 4 (1994), 43-60 (p. 53).

crucified Christ.³⁵ Maternal grief was typified by theatrical displays of emotion that made visible the mother's internal pain.³⁶ Such displays had a biblical precedent (Rachel weeping for her children, Jeremiah 31:15), and were repeated in other child murder stories, such as that of Little Saint Hugh, whose death in the mid-thirteenth century was attributed to the Jews, and whose mother purportedly frantically searched the Jewry, crying out for her child.³⁷ Elviva's mad behaviour was not a surprising reaction to grief and so was not a violation of social expectations. Her behaviour was tolerated without resorting to restraint, and was even used to inspire sympathy in others.

There are other examples in the *Life and Miracles* of people acting as though they were mad. Ida, the wife of Eustace, a moneyer from Norwich, reacted so forcefully to the severe pain of gout that people thought she had gone mad ('amens putaretur'). Her hideous shrieks ('horrendos clamores') made her sound insane.³⁸ The graphic description of Ida's behaviour emphasised the severity of her physical pain and, much as Elviva's heightened emotional state led to madness-like symptoms, Ida's extreme pain was associated with abnormal behaviour, such as screaming and rolling around. This association suggests that excesses in the body and mind could be connected with extreme and sometimes violent behaviour, and this behaviour in turn was linked to a loss of reason, or madness. Excessive suffering caused an excessive reaction.

Excesses were not, however, always negative. Lewin, an invalid from Wells, was so severely sick that he was on the brink of death. In his delirious state, he was guided by an angel in an ecstatic vision and witnessed both the

³⁵ William F. MacLehose, *"A Tender Age": Cultural Anxieties over the Child in the Twelfth and Thirteenth Centuries* (New York, NY: Columbia University Press, 2008), p. 109.

³⁶ *Ibid.*, p. 136.

³⁷ *Ibid.*, pp. 135-36.

³⁸ TM1, III.22, pp. 154-55.

horrors and the wonders of the afterlife.³⁹ Though Lewin was not described as being mad, his mind was said to have become separate from his body for the duration of the vision and was then reunited with it.⁴⁰ This separation was enabled both by the extreme suffering of his illness and by the spiritual guidance of the angel. Once again, an association was made between extreme experiences/actions and extreme pressures on the body and the mind. In fact, it was Lewin's tremendous resilience of spirit that enabled the cure of his physical body.⁴¹ A similar connection can be made between the body and mind in the case of Ida, but, whereas Ida's weak body weakened her mind, Lewin's strong spirit strengthened his body.

3.2. *Demonic Violence*

Strength of spirit was again demonstrated in another miracle: that of a desirable virgin from Dunwich. This young woman had chosen a celibate lifestyle and yet was pursued by many suitors, the most ardent of whom proved to be an incubus.⁴² The incubus tried to win her affection with various gifts and by so doing influenced her mind ('mens'). Nonetheless, her mind ('animus') remained strong through its connection to Christ, and she refused the incubus' advances.⁴³ It is noteworthy that the term *mens* was used to describe the mind that was susceptible to demons, whereas the term *animus* was used to describe the mind that was strengthened by Christ. *Mens* seems to have referred to the virgin's human ability to make judgements (whether or not to accept the temptations of the demons), and *animus* was the reasoning faculty by which she was connected to Christ; *mens* was the mind to which the human body was subject, and *animus* was the mind that

³⁹ Ibid., II.4, p. 68.

⁴⁰ Ibid., p. 70.

⁴¹ Ibid., p. 72.

⁴² Ibid., II.7, p. 80. 'eorum quos faunos dicunt et incubos, ad luxum procliues ac sepe mulieribus insolentes' / 'one of those beings whom they call fairies and incubi, who are prone to lust and are often the seducers of women'. Later in the miracle account, the term *demon* was used.

⁴³ Ibid., p. 81.

was subject to Christ. Having failed to tempt her, the evil spirit then began to torment her with violence ('uiolentia'), and 'it soon became known to all that it was a demon that was infesting her.'⁴⁴ Despite the infestation of the demon, the young virgin continued to resist his violence and was eventually released thanks to William's intercession.⁴⁵ Unlike the virgin who was similarly attacked by a demon and then healed by Saint Bartholomew (Chapter III, 4.4), this virgin did not become mad. It is noteworthy here that it was the incubus that acted violently and the virgin who remained resistant and pure in body, mind, and soul. The violation was his and not hers.

To what extent, then, did the possessed take on the violence of the demonic tormentors who had violated their bodies and minds rather than display extreme force of their own making? Several of the pilgrims who were brought to be cured at William's shrine were described as being possessed. The servant of Ralph, a moneyer from Norwich, was seized by a demon ('demonio arreptus') and then behaved so badly ('male se habuit') that he had to be locked in irons.⁴⁶ Though the demon itself did not 'behave badly', its violation of the servant's body and mind caused his bad behaviour and resulted in him being restrained. Restraint itself was not necessarily violent, and was not portrayed as a violation but as a logical and expected reaction to the servant's behaviour. In fact, all those present in their right minds offered prayers of support for the young man.⁴⁷ Similarly, in another miracle, a peasant ('rusticus') of Simon de Hempstead was tormented by a devil ('demonio uexatum'). His hands and feet were bound ('ligatum manus et pedes') despite there being no specific mention of violence or of his behaviour at all.⁴⁸ There is an implication here that the behaviour of

⁴⁴ Ibid., pp. 82-3. 'Vniueris iam innotuerat demonem esse qui sic eam infestabat'.

⁴⁵ Ibid., p. 83.

⁴⁶ Ibid., IV.3, p. 169; TM2, IV.3, p. 110. Rubin's translation of 'male se habuit' as 'he behaved so badly' is more literal than Jessop and James' translation as 'he was in such an evil plight.'

⁴⁷ TM1, IV.3, p. 169.

⁴⁸ Ibid., V.12, p. 203.

demoniacs or the violation by the demon itself necessitated restraint, and that this restraint did not require individual explanation.

The son of Richard de Needham, whom we met at the start of this chapter, was seized by a demon that gave him the strength of seven men and made him act so fiercely ('acriter') that he needed to be restrained.⁴⁹ His violence continued, however, and upon reaching the tomb of the martyr, he broke his bonds. Thomas specifically stated that the man's extreme strength came not from within himself but from the demon that possessed him.⁵⁰ The strength that made his violence possible was inhuman and was consequently a violation of normal human behaviour. This inhuman violence escalated when the possessed man attacked his mother, Silverun, and tried to kill her by tearing her throat out with his teeth.⁵¹ He then went on to attack anyone he could reach.⁵² The man's actions were described using wild imagery to emphasise his disconnection from humanity and his subservience to the violation and consequent violence of the demon; he hissed through his teeth ('ille dentibus stridens') and looked at bystanders with savage eyes ('toruisque luminibus circumstantes intuens').⁵³

Similar language was used to describe Ebrard Fisher who was violently mad and had to be brought to the tomb bound in iron shackles. When his shackles accidentally broke, he savagely tore with his nails and teeth ('quos contingere poterat, unguis ac dentibus crudeliter laniabat').⁵⁴ Like Richard de Needham's son, Ebrard was also possessed; he tormented by a spirit

⁴⁹ Ibid., V.13, pp. 203-04.

⁵⁰ Ibid., p. 204.

⁵¹ Ibid.

⁵² Ibid.

⁵³ Ibid.

⁵⁴ Ibid., VI.4, p. 224.

(‘uexatus spiritu’).⁵⁵ The spirit was not explicitly responsible for Ebrard’s violence, but Thomas made a link between his ungodliness and his behaviour. Whilst at William’s tomb, Ebrard repeated various blasphemies and it was only by God’s grace that he was eventually cured.⁵⁶

3.3. Non-Demonic Violence: Robert of Saint Michael Conisford

As we have seen, demonic possession was the most common cause of violent madness in Thomas’ collection. However, it is important to acknowledge that one violent madman, who came to the tomb with his mother, was not specifically depicted as the victim of demonic attack, though demonic involvement cannot be ruled out since his symptoms mirror those of the other demoniacs and some language that hints at possession was used to describe his condition. Robert was from the parish of Saint Michael Conisford in Norwich and had been suffering for some time with bouts of madness interspersed with periods of lucidity. Upon arriving at the church, he became tormented (‘uexari’) and, when placed by the tomb, he began to display similar wild behaviour to those possessed: ‘his eyes sent out fiery sparks, he made loud, horrible cries’.⁵⁷ Robert forgot his humanity and removed his clothes, violating normal social behaviour and not seeming ashamed to do so.⁵⁸ The madman also exhibited enormous strength which he was unable to control.⁵⁹ Robert was cured by William’s intercession, and the insane spirit (‘spiritus insania’) was driven from him.⁶⁰ Though demons were not mentioned, madness itself seems to have taken possession in this case, highlighting the duality of language that existed for cases of madness and demonic possession (discussed in the previous chapter), and

⁵⁵ Ibid., p. 223.

⁵⁶ Ibid., p. 224.

⁵⁷ Ibid., VI.5, p. 225.

⁵⁸ Ibid.

⁵⁹ Ibid. ‘Pudenda parent nec pudet, sui impos potenti uirtute plurima exercet.’

⁶⁰ Ibid.

emphasising the similarity between the violent behaviour of demoniacs and madmen.

3.4. Non-Violent Madness: The Mad Daughter of Eustace

We cannot ignore one case of madness in which violence was not mentioned at all. The mad daughter of Eustace, almost certainly the same moneyer who was married to Ida who had suffered with severe pain from gout, was brought to the tomb and cured within an hour. She was not said to have been bound and the only description given of her was that she was 'insanam'.⁶¹ It is noteworthy that there was no mention of possession or spirits, demonic or otherwise. Perhaps, Thomas of Monmouth had forgotten or misplaced the details of this miracle, which explains why he did not include them. He was clearly referring back to a miracle that had occurred in the past, because he prefaced the story with 'We also saw in those days' ('Vidimus quoque hisdem diebus').⁶²

Two epileptics were also cured at the tomb but their condition was described as a disease ('morbus') and was recounted methodically by Thomas, who reported the name of one of the epileptic's father, a knight called Ranulph, (he had forgotten the name of the other epileptic), the severity of the illness, the nature of the cure, and the proof that the cure-seekers had not relapsed.⁶³ In line with what we saw in Chapters II and III, these epileptics did not display violent behaviour and their conditions were not connected with demonic involvement.

⁶¹ Ibid., IV.13, p. 182.

⁶² Ibid.

⁶³ Ibid., VI.7, p. 228.

4. Binding and Restraining: Were Mad People Treated with Violence?

The violently mad all exhibited some form of extreme physical behaviour or physical symptoms that made them appear to be abnormal. Symptoms associated with mad behaviour were clawing, wailing, tearing, and attacking. These symptoms were savage or wild because they violated expected social norms. Sufferers acted without control of their bodies or, as was more often the case in this miracle collection, whilst their bodies were under the control of demons. It is perhaps for this reason that relatives and bystanders saw the need to restrain them: to place some form of restraint on an otherwise unrestrained and powerfully violent body. This section considers whether such restraints were themselves represented as violent, and identifies how and why mad pilgrims were restrained.

4.1. *Restraining the Mad: Sieldeware*

A possessed female pilgrim, Sieldeware, exhibited an unusual strength similar to that of the male pilgrims examined above – equivalent to that of four men – and was taken hold of with more violence (*‘uolentius arripiunt’*), then bound with her own veil and girdle.⁶⁴ Sieldeware was the victim of a spirit (*‘spiritus’*) possession and was also described as being *‘insane’* (*‘insana’*). Yet she was treated with violence by her contemporaries.⁶⁵ The violation by the demon provoked violent behaviour in Sieldeware (forceful refusal to enter the church), which then necessitated a violent response from the crowd. Whilst the crowd was able to restrain her temporarily, Sieldeware’s violence had a demonic cause and demanded a spiritual cure. Thomas explained that the evil spirit feared the martyr and was afraid to cry out in his presence. In this way, William restored a sense of calm, so much so that it was believed that Sieldeware was cured and she was removed from

⁶⁴ *Ibid.*, VI.6, p. 226.

⁶⁵ *Ibid.*, p. 227.

the tomb. In the martyr's presence and without the interference of the spirit, she restrained her foolish cries ('clamoresque ineptos repressit') but this self-restraint was lost when she was moved away from his tomb.⁶⁶ As soon as the spirit had regained its confidence, it began to torment her again and she beat the floor and tore at her bonds with her teeth. The abrupt changes in Sieldeware's behaviour highlight that it was the spirit that had caused her violent symptoms and not Sieldeware herself. Sieldeware was eventually cured after being returned to the tomb and remaining there for three days, which, presumably, the spirit could not endure.

Thomas provided no explicit justification for the removal of Sieldeware's veil and girdle and for the binding of a madwoman, perhaps because he felt that these actions did not need explanation and that the motives of the binders were obvious from the situation. It was Sieldeware's own forceful refusal to enter the church that elicited their response, which involved unusual levels of force. The violent actions of bystanders were actually intended to help Sieldeware by enabling her to be brought to the protection of the saint's tomb. The violence that Sieldeware was subjected to followed a pattern of response to madness and demonic possession (terms that were often, as they were for Sieldeware, used to describe the same condition). This pattern was customary in miracle accounts, and was employed on several occasions by Thomas of Monmouth, as we shall see below. Sieldeware's extreme behaviour, on the other hand, was spontaneous and shocking. Her refusal to enter the church was not normal or expected behaviour and elicited a response to correct it, which came in the form of violence. The sometimes brutal restraint of the mad was a necessity that was used to contain their violence.

⁶⁶ Ibid., p. 226.

It is helpful here to return to the challenge of defining *violence* that was encountered at the beginning of this chapter and that is explored throughout: was there a difference between *legitimate* and *illegitimate* violence, and did *legitimate* violence constitute violence at all? Christoph argues that the stylised violence of courtly literature was not in itself an act of violation because it conformed to the expected social customs associated with the genre.⁶⁷ Similarly, Thomas of Monmouth's portrayal of violent pilgrims and their restraint at William's shrine followed recognised hagiographical patterns. Many of the miracle collections studied in this thesis detail the extreme behaviour of at least some of the mad pilgrims who visited the various shrines. At Thomas Becket's shrine, Matilda of Cologne, having already killed her own baby, attempted to strangle a child in the cathedral, and Henry of Fordwich had attacked his friends on the way there.⁶⁸ The eyes of Ralph the Black, whose miraculous cure was recorded by William of Canterbury, cast around, filled with fire ('oculos ignitos circumferret') in a similar way to those of Robert of Saint Michael Conisford, which sent out fiery sparks ('ignei scintillant oculi').⁶⁹

Like Thomas of Monmouth, the other miracle compilers I have studied focused on physical signs of madness when representing mad pilgrims, several of whom were bound, at shrines and in their communities. The mad handmaid, who was healed by Saint Bartholomew, was confined in stricter bonds as her madness increased ('Accrescente insania: vinculis artioribus constringitur').⁷⁰ A madman from Cheshunt, who was later cured by Hugh of Lincoln, was secured to four wooden posts inside his house with the added precaution of also tying his feet to a wooden beam.⁷¹ This man's

⁶⁷ Christoph, 'Violence Stylized', in *Violence in Medieval Courtly Literature*, ed. by Classen, p. 122.

⁶⁸ BP, IV.37, pp. 208-09 and II.13, p. 66.

⁶⁹ WC, III.47, p. 303; TM1, VI.5, p. 225.

⁷⁰ Vespasian B.IX, II.18, fol. 37^r.

⁷¹ AE, V.9, II, 125. Chapter VI, 2.5 and 3.2.

madness was clearly evident in his behaviour (he rolled his eyes, gnashed his teeth, and grimaced), and seems to have been the reason for his incarceration.⁷² The binding of many mad pilgrims implies that restraint was an expected reaction to the condition and was not something unique to Thomas' collection or to Norwich. Furthermore, violence or extreme physical behaviour from the mad at saints' shrines was not considered uncommon. It is possible to relate Thomas of Monmouth's representations of how mad people were treated in Norwich to contemporary social provisions for the management of the insane, and to examine how far Thomas's hagiographical construction of violent madness was reflective of social reality.

4.2. *Managing Madness at the Shrine: The Social Context*

The lack of provision for the mad in English secular law in the twelfth century has received limited attention from historians. Records of wards being appointed for mad people do not emerge until after 1250, and it is thought that such individuals were cared for by their families and communities (if at all) before this.⁷³ Brandon Parlopiano has found some evidence in legal texts of the twelfth-century to suggest that the insane were dealt with in the same way as orphaned minors; their estates were to be managed but not appropriated by guardians.⁷⁴ Theoretically, guardians would be formally appointed but family members would also take the responsibility of care upon themselves.⁷⁵ The *Leges Henrici Primi*, produced by an anonymous author most likely in the early twelfth century to record

⁷² Ibid.

⁷³ Wendy J. Turner, 'Silent Testimony: Emotional Displays and Lapses in Memory as Indicators of Mental Instability in Medieval English Investigations', in *Madness in Medieval Law and Custom*, ed. by Wendy J. Turner, Later Medieval Europe, 6 (Leiden: Brill, 2010), pp. 81-95 (p. 85).

⁷⁴ Brandon T. Parlopiano, 'Madmen and Lawyers: The Development and Practice of the Jurisprudence of Insanity in the Middle Ages' (unpublished doctoral thesis, The Catholic University of America, 2013), p. 269.

⁷⁵ Ibid., pp. 270-71.

the legal practices of his day, states that 'their relatives should compassionately care for insane persons and dangerous people of this kind.'⁷⁶ Two inferences can be drawn from this statement. First, it supports the work of historians who have argued that madness was largely cared for within the home and that compassion was an important part of this care. Conversely, it identifies the mad as dangerous people and insists upon the necessity of others taking responsibility for them, for the sake of their own welfare and that of others. George Rosen argues that, even in the late Middle Ages, the mad remained 'members of a community' and were entrusted to the care of their families so long as they did not disturb other members.⁷⁷

These beliefs and practices are very much reflected in the treatment of the mad at Norwich. Many of the mad pilgrims were described as being taken to the tomb, which suggests that they were assisted by other members of the community. The mad daughter of Eustace was led ('adduci') to the tomb and Ebrard Fisher was similarly led ('adducitur') to the shrine by many men.⁷⁸ Richard de Needham's son was led ('adduceretur') to the tomb by his parents and Robert came with his mother ('cum matre uenerat').⁷⁹ The presence of companions on journeys of pilgrimage was not unusual. Anne Bailey found that relatives, friends, villagers and strangers made up almost one quarter of the pilgrims recorded in sixteen twelfth-century English miracle collections, and it is likely that many more companions were not mentioned by the compilers.⁸⁰ In cases of madness, companions were almost always present which suggests that they played a key role in the care and

⁷⁶ *Leges Henrici Primi*, ed. and trans. by L.J. Downer (Oxford: Oxford University Press, 1972), p. 245.

⁷⁷ George Rosen, *Madness in Society* (Chicago, IL: University of Chicago Press, 1968), p. 139.

⁷⁸ TM1, IV.13, p. 182 and VI.4, pp. 223-24.

⁷⁹ *Ibid.*, V.13, p. 204 and VI.5, p. 225.

⁸⁰ Anne E. Bailey, 'Wives, mothers and widows on pilgrimage: categories of "women" recorded at English healing shrines in the High Middle Ages', *Journal of Medieval History*, 39 (2013), 197-219 (p. 199).

management of mad pilgrims. It was clearly an accepted practice for members of the mad person's family or community to assist in the process of their cure. Furthermore, the fact, as we have seen, that most of these pilgrims were bound perhaps alludes to the recognition that they could be dangerous and needed to be contained by those caring for them. Sieldeware, for example, was bound and brought to the tomb by her friends/relatives.⁸¹ In these cases, the mad were recognised as members of the community who needed special provision and this status was reflected in their treatment at Norwich.

Community provision for the mad was also prescribed in canon law. According to Gratian's *Decretum*, the mad were not to be excluded from the sacraments so long as they had expressed their desire to receive them prior to losing their sanity.⁸² This recommendation could no doubt be fairly loosely interpreted since it may often have been difficult to tell whether or not previous desire had been expressed. The mad were not rejected by the religious community and madness was not always conceived as a permanent state. The mad had once been lucid and had the potential to become lucid again. Indeed, beneficed clergy were not expected to relinquish their positions if they succumbed to insanity. Instead, they were appointed a *coadiutor* who would oversee their ecclesiastical duties until they recovered or passed away.⁸³

The inclusion of the mad in the religious life of the church is very clear in Thomas' miracle collection and can be compared to the case of a sorceress who was opposed by the martyr. The sorceress came to William's tomb with

⁸¹ TM1, VI.6, p. 226.

⁸² R. Colin Pickett, *Mental Affliction and Church Law: An Historical Synopsis of Roman and Ecclesiastical Law and a Canonical Commentary* (Ottawa, ON: University of Ottawa Press, 1952), p. 31.

⁸³ Parlopiano, pp. 262-63.

a group of pilgrims from Cambridge. However, as she tried to approach the tomb, she was denied access by the invisible force of William because of her profane lifestyle. Becoming frustrated, the sorceress resorted to violence, pulling her head scarf off, tearing at her hair and face, beating her breast and trampling on the ground.⁸⁴ Such behaviour is reminiscent of Ebrard Fisher, the madman who tore at bystanders with his teeth and nails, or Robert who removed his clothes at the tomb.⁸⁵ The sorceress was not described as being mad; her unnatural behaviour was the result of a tormented mind living in mortal sin ('sacrilega mente').⁸⁶ She was denied access to the saint because of her sin, whereas the mad, who were, despite their antisocial behaviour, allowed to approach the tomb, were not associated with sinfulness.

The mad approached the shrine as did other pious pilgrims and were not denied the saint's blessing. Madness was also recognised as a curable illness and, through William's intercession and God's grace, the mad were returned to a state of sanity and wholeness. Sieldeware was healed with a heavenly remedy ('celeste remedium') and the peasant belonging to Simon de Hempstead was made healthy and unharmed ('sanum et incolumem').⁸⁷ Thus, despite their violence, mad people remained part of secular and religious society and were catered for by it. Their miraculous cures are very much a reflection of their inclusion in a communal process that demanded both public restrictions and public sympathy for their conditions. Nonetheless, as the final section of this chapter will show, Thomas' unusual use of the term *crudeliter* to describe the violence of the mad, as well as those who bound them and the Jews who murdered William of Norwich, requires further investigation, and may result from the distinct context of William's cult and miracle collection.

⁸⁴ TM1, VII.18, pp. 279-81.

⁸⁵ Ibid., VI.4, pp. 223-24 and VI.5, pp. 224-25.

⁸⁶ Ibid., VII.28, p. 280.

⁸⁷ Ibid., VI.6, p. 227 and V.12, p. 203.

5. Violence in *the Life and Miracles of William of Norwich*

Many *Vitae* include aspects of violence and *The Life and Miracles of William of Norwich* is no exception. The boy martyr's death was vividly described by his hagiographer, Thomas of Monmouth, with specific emphasis on the cruelty or savagery of the Jews. The great importance placed on the violent nature of William's death probably stems from the fact that it was his death alone that gave him his saintly status. His short life had not been particularly exceptional and would not have warranted veneration had it not ended at the time and in the manner it did. With the successful cult of Saint Edmund at nearby Bury as inspiration, Thomas of Monmouth constructed William as a Christian martyr whose violent death represented a renewed struggle against non-Christian adversaries. It is possible that the monks of Norwich envisaged William as a potential rival for Edmund, given the Bishop of Norwich's repeated failure to assert his authority over Bury (Chapter I, 2.3), and Edmund's prominent international reputation and prestige.⁸⁸ Therefore, when considering Thomas of Monmouth's conception of violence, it is necessary to examine his representation of William and of those who were held responsible for the boy-martyr's death. This approach contextualises violence in the *Life*, and elucidates the perspective through which violent madmen and madwomen can be viewed.

5.1. *Jewish and Anti-Jewish Violence*

As mentioned in the introduction to this chapter, much has previously been written on Thomas of Monmouth's attitude towards the Jews of Norwich, and the first book of the *Life*, in which William's murder takes place, has received the greatest analysis. As McCulloh has pointed out, however, the importance of the ritual murder accusation lies not simply in Thomas' invention, or otherwise, of the events, but in the acceptance of the Christian

⁸⁸ Rose, pp. 104-07.

population that the Jews were capable of such violence.⁸⁹ This acceptance highlights twelfth-century attitudes towards alleged Jewish violence as well as attitudes towards the detainment of violent minorities in general, which is particularly revealing in this study of the violently mad. Israel Yuval has observed that Thomas of Monmouth, in composing his tale of ritual murder, was able to 'harness to local needs' a pre-existing perception of the Jewish population as dangerous.⁹⁰ Thomas' application of the term *crudeliter* to Jews as well as to the insane leads us to question whether the cruelty of the Jews differed from the savagery of the mad, and what role violent intention played in the perception of and reaction to physical violence?

The twelfth century marked a period of growing distrust of minority groups in England, especially religious minorities like the Jews, following the religious fervour of the First Crusade and the failures of the Second Crusade, which left the few *fortunate* survivors in debt, and many others disillusioned and seeking a spiritual scapegoat.⁹¹ McCulloh puts forward a convincing argument against Thomas' account being the first to make an accusation of ritual murder against the Jews, pointing out that sources that appear to be non-derivative of the *Life* also interpret William's death in this way and highlighting similar ideas that were forming on the Continent.⁹² Though there were clearly those who disagreed with Thomas' interpretation of events (he admits as much himself), there were also those who shared in his suspicions, including perhaps William's uncle, Godwin Sturt, who is said to have accused the Jews of his nephew's murder. The Jews themselves, when seeking the protection of the sheriff, anticipated the negative reaction of the Christian population towards them. The mad, by contrast, relied on the

⁸⁹ McCulloh, p. 740.

⁹⁰ Israel Jacob Yuval, *Two Nations in Your Womb: Perceptions of Jews and Christians in Late Antiquity and the Middle Ages*, trans. by Barbara Harshaw and Jonathan Chipman (Berkeley, CA, Los Angeles, CA and London: University of California Press, 2006), p. 170.

⁹¹ McCulloh, p. 700; Rose, p. 50.

⁹² McCulloh, pp. 700-01.

protection and care of others *within* the Christian community. The crowd of onlookers that saw Sieldeware's mad ravings, including Thomas himself, pitied her, and Thomas personally asked for assistance for her.⁹³ The violence of mad pilgrims, which lacked malicious intent, was distinguished from the suspected covert violence of the Jews, and this distinction is worth pursuing further by looking at the role the Jews played in Thomas' representation of violent intention.

The Jews' violent intention was accentuated by the innocence and virtue of their victim: William of Norwich. Langmuir argues that William's own role in the account of his murder was 'passive'. Far more important were his Jewish tormentors and the revelation of their crime.⁹⁴ Nonetheless, though more emphasis was placed on the actions of the Jews, William's function in Thomas of Monmouth's re-telling of the murder was equally powerful; he was set up as the reverse of his murderers, or as the personification of anti-violence. Thomas' description of William prior to and during his capture is very important in arousing disgust towards the violence of the Jews. William was a pious and Christian child. From the age of seven, he was devoted to abstinence, fasting when his elder brothers would not and celebrating the vigils of all the apostles and other saints. William was also depicted as exceptionally innocent ('admodum reuera innocentem'), and it was this innocence that made him particularly susceptible to the trickery ('fraudis') of the Jews.⁹⁵ William's vulnerability, as an innocent child, was the antithesis of the cunning malice of the Jews.⁹⁶ William was constructed as the embodiment of good qualities, marked by piety and innocence, which sharply contrasted the deceitful qualities of the Jews and increased the

⁹³ TM1, VI.6, p. 227.

⁹⁴ Gavin I. Langmuir, 'Thomas of Monmouth: Detector of Ritual Murder', *Speculum*, 59 (1984), 820-46 (p. 820).

⁹⁵ TM1, I.3, p. 16.

⁹⁶ MacLehose, p. 121.

outrageousness of their violation, since defenceless child victims were unable to defend themselves.

William's Life and Miracles was composed within the wider context of increasing concern for and awareness of the frailty of children, epitomised in the image of the Christ Child.⁹⁷ The two focal points of Christ's life (his childhood and his Passion) were paralleled in *William's Life* through the descriptions of his childhood innocence and his crucifixion.⁹⁸ According to Thomas, the Jews waited to seize William whilst he was eating dinner in imitation of the Last Supper. After various tortures, which will be examined below, they shaved his head and stabbed it with thorns. Next, they tied him to a make-shift cross made from wooden beams in their house to mock the passion of the Lord ('in dominice passionis obprobrium'). In a great clamour and vying to see who could kill him first, the Jews then attacked William and the mortal blow was inflicted by a wound to his left side.⁹⁹ The resemblance to Christ's death is very clear and was evidently intended to be so. The biblical allusion to William as an innocent lamb facing the wickedness of the Jews renders their actions a violation of his goodness (Jeremiah 11:19).¹⁰⁰ This violation echoed the Jews' ultimate act of violence for which they were punished with living as a subservient underclass in a Christian society: the death of Christ.

Let us now take a look at the Jews themselves: the perpetrators of this violence. Thomas maintained that William's murder was pre-planned and was part of a world-wide ritual in which one population of Jews in one town was chosen once a year to sacrifice a Christian.¹⁰¹ Thomas described the

⁹⁷ *Ibid.*, p. 109.

⁹⁸ *Ibid.*

⁹⁹ TM1., I.5, pp. 20-2.

¹⁰⁰ *Ibid.*, p. 19.

¹⁰¹ *Ibid.*, II.11, pp. 93-4.

Jewish plot as wicked ('malignitatis'), a characteristic also assigned to the demon that tormented the man who tried to kill his mother, Silverun.¹⁰² Furthermore, in order to trick William's mother into entrusting him to their care, a messenger of the Jews lied that he would be taken to work as a servant in a large manor house, and paid her in silver for his service. By so doing, her mind was fiercely vanquished ('His itaque matris acriter pulsabatur animus'), and contrary to the virgin whose mind remained steadfast in the face of temptations from the incubus (section 3.2), William's mother - the Judas to William's Christ - gave in to the temptation of the silver.¹⁰³ It is particularly telling that the Jews were able to vanquish Elviva's mind, which again provides a parallel between them and the demonic figures that appear in the madness miracles and that overcome the minds of their victims.

A second Judas can be seen in the Jews' messenger, who convinced Elviva to give up her son by his 'false snares of words' ('fraudentis uerborum insidiis') and his 'deceitful promises' ('fallacibus promissus').¹⁰⁴ Thomas of Monmouth was unsure whether the man was a Christian or a Jew but repeatedly referred to him as 'the traitor ('traditor'), and once, explicitly as 'Judas'.¹⁰⁵ Both 'Judases' - the mother and the messenger - embodied the sins of greed and deceit, which contrasted with William's childhood innocent, and mirrored the perceived immorality of wealthy Jewish communities. The violence of the Jews was not spontaneous and frightening, like that of the mad people at the tomb, but was a pre-planned and malicious ('malitie') violation, achieved through trickery. This behaviour corresponds to that of the demons examined in the previous chapter, which deceived their victims with trickery, illusion, and temptation.

¹⁰² Ibid., I.3, p. 16 and V.13, p. 204.

¹⁰³ Ibid., I.4, pp. 18-19.

¹⁰⁴ Ibid., p. 17.

¹⁰⁵ Ibid., I.4-5, pp. 16-19.

Though many of the mad pilgrims who would later visit William's tomb shared the savagery ('crudelitas'), of the Jews, they did not share their malicious intention. Indeed, upon cure, the possessed servant of a Norwich moneyer was 'freed' ('libertus'), which suggests that his previously violent state had been imposed on him against his will.

Though both the insane and the Jews displayed extreme physical violence, the physical violence of the Norwich Jews was manifestly connected to their malicious intent. As a means of torture, the Jews placed a teasel in William's mouth and tied his head and neck with a knotted rope, placing the five knots (corresponding to the five wounds of Christ) on pressure points to cause maximum pain when the rope was pulled tight. William's head was shaved and stabbed with thorns, and then he was crucified and stabbed. To halt the severe blood flow from the wounds, the Jews poured boiling water over the corpse, which was subsequently placed in Thorpe Wood.¹⁰⁶ Throughout this section, Thomas repeatedly emphasised the cruelty or savagery ('crudelitas') of the Jews' actions and the torment they caused.¹⁰⁷ The Jews tortured William using a 'torture device' ('tormentum').¹⁰⁸ This terminology is indicative of the link made between the Norwich Jews and the Jews as the torturers and killers of Christ. In this way, Thomas drew specific attention to the motives behind the extreme actions of the Norwich Jews, something that was not possible for the mad, who did not have the ability to fore-plan their actions. The application of the word *crudeliter* seems to indicate the severity or excessively forceful nature of the actions of both the Jews and the mad, but whereas the former were malicious torturers, the latter were violated sufferers.

¹⁰⁶ Ibid., I.5, pp. 21-2.

¹⁰⁷ Ibid., pp. 20-1.

¹⁰⁸ Ibid., p. 20.

5.2. Aggressors and Victims

Thomas of Monmouth often described the sick as victims of aggressive diseases, which attacked them in a similar way to madness and demonic possession. Emma de Wighton, for example, was 'oppressed' ('premebatur') by a serious condition.¹⁰⁹ Gilliva, a blind woman, was compared to a mad person whilst suffering the agony of her cure. Her eyes were struck with a fiery vapour ('oculus uterque uapore quodam igneo corripitur') and she collapsed to the floor, tearing at her cheeks and rolling around as if in a fury ('furiam').¹¹⁰ We saw in the last chapter that the grotesque physicality that accompanied fury was also often connected with the devil and demonic images (Chapter III, 6.1). In a similar way to the demoniac Sieldeware, Gilliva let out terrible cries ('horrendis clamoribus') that were terrifying and filled the church.¹¹¹ Gilliva was not mad herself and was not thought to have lost her mind like Ida, the moneyer's wife who suffered with gout, but her physical symptoms were similar to those of someone who was suffering from madness (clawing, screaming, and rolling around). The difference, it seems, is that Gilliva continued to make pious pleas to the martyr even after her collapse, and thus does not seem to have lost her reason.¹¹²

Loss of reason was the first step in a process that saw the mad regress into illness, behave excessively, be restrained, and then be cured. It was also the first instance of violence in many miracle accounts. This violence was sometimes linked with some preceding contravention of norms, but it could also be attributed to sudden-onset madness or to the sudden violation of demons. The story of the moneyer's mad servant begins with the moneyers engaged in their work: an expected behaviour. Then 'unexpectedly' ('subito'), the servant was seized by a demon ('demonio arreptus'). This

¹⁰⁹ Ibid., III.30, p. 161.

¹¹⁰ Ibid., VI.8, p. 229.

¹¹¹ Ibid.

¹¹² Ibid., pp. 229-30.

demonic attack was an act of violation since the term 'arreptus' implies that the servant was taken by force.¹¹³ After his demonic possession, the servant behaved badly ('male se habuit'), and this behaviour necessitated his restraint in strong chains ('fortibus uinculis').¹¹⁴ Here, the forceful response from the community was precipitated by the servant's bad behaviour, which itself was caused by the violation of the demon. When prayers were made for his health, the servant was freed ('liberatus'), which implies that the demon's violation had taken his liberty.¹¹⁵ The process described by Thomas of Monmouth can be said to reflect a cycle of violation and violence, in which one violent act was triggered by another.

This cycle of violence can be seen in other madness miracles. The peasant of Simon de Hempstead was tormented ('uexatum') by a demon, then he was bound ('ligatum'), and brought to the shrine where he was made healthy and unharmed ('sanum et incolumem').¹¹⁶ Particularly striking is the case of Richard de Needham's son who was seized ('correptus') by a devil, and then acted so fiercely ('acriter') that he almost killed his mother.¹¹⁷ He was then cruelly seized ('crudeliter arripitur') by bystanders at the shrine who bound him.¹¹⁸ Then,

as soon as he touched the sacred spot, wonderful to say, neither by voice nor look did he show the least token of madness. After an hour had passed he gently and meekly asked to be loosed, and was unbound by one of the servants of the Church. Thereafter he behaved

¹¹³ Ibid., IV.3, p. 169.

¹¹⁴ Ibid.

¹¹⁵ Ibid.

¹¹⁶ Ibid., V.12, p. 203.

¹¹⁷ Ibid., V.13, pp. 203-04.

¹¹⁸ Ibid., p. 204.

himself as quietly and tamely as if he has suffered no touch of madness.¹¹⁹

Contact with the saint's shrine had an instantaneous effect on the madman's behaviour, which was emphasised by the adverbs 'blande', 'humiliter', 'placide' and 'mansuete'. Such terms directly contrast the adverb 'acriter', which was used to describe his actions when mad. Furthermore, once cured, Richard de Needham's son was unbound ('solutus'), which demonstrates that his previous binding, though violent in its forcefulness, was necessary only to counter his own violent behaviour.

Three important conclusions can be drawn here. First, mad cure-seekers, unlike the Jews, were victims of violence themselves: most often, in Thomas of Monmouth's collection, in the form of demonic attack. Second, violent mad men and women were catered for by members of their communities or by bystanders, and their violent behaviour was met with forceful restraint. Finally, the saint alone exercised the power to restore calm and, in effect, to reverse the violation of demonic possession and madness. The mad were thus managed within the Christian community and healed by its local saint, who was himself a symbol of Christ's forbearance against Jewish violation.

The Norwich Jews, by contrast, were outsiders who inflicted their violence on Christians. As Jeffrey Cohen has pointed out, the gap between Christians and Jews in Norwich was widening. Jews did not follow the Christian calendar, they spoke French when Christians principally used English, and they sent their dead to be buried in London, outside the local community

¹¹⁹ Ibid. 'Mox ut sacrum locum attigit, mirum dictu, nec uoce nec uultu uel minimum furoris signum demonstrauit. Pertransito uero hore unius spacio, blande atque humiliter ut solueretur expetens, a quodam ecclesie famulo solutus est, atque postmodum adeo placide ac mansuete se habuit ac si nichil antea furoris habuisset.'

and as part of the national Jewish community.¹²⁰ The anxieties of the local Christian community were compounded by secular protection of the Jews.¹²¹ Thomas' narrative fits into the tradition of a growing suspicion of the Jews and an escalating fear of violence from them. As the twelfth century progressed, saints increasingly protected their communities by restoring stability (largely by curing illnesses) rather than by punishing sin as Saint Edmund had done. In William of Norwich's miracles, violent mad people were afforded Christian protection, whereas the manipulating violence of Jews and demons was condemned by the Christian community.

5. Conclusion

Madness was detected by behaviour that violated normal social expectations in an extreme way, though, as we have seen, it was itself characterised by its own set of culturally-accepted representations. The behaviour of mad pilgrims arriving at shrines provided a spectacle, which drew the attention of onlookers and, most likely, of those who read and listened to miracle accounts. Recognised mad behaviours included 'savage' snarling, glaring, and biting, as well as extreme physical strength. Such behaviours could, and sometimes did, cause harm to bystanders.

Different forms of violence – including physical violence and the violation of social custom – have been discussed in this chapter. Representations of interactions between mad cure-seekers and those around them form a recognised hagiographical pattern of violent mad behaviour. The binding of the mad was a 'savage' act in that it required extreme force to counter that of mad themselves. Restraint was a necessary reaction to violence, and was not

¹²⁰ Jeffrey J. Cohen, 'The Flow of Blood in Medieval Norwich', *Speculum*, 79 (2004), 26-65 (p. 53).

¹²¹ *Ibid.*, p. 54.

itself part of the cure, which was performed solely by the martyr. William's intercession restored the mad to a state of calm and quiet: the antithesis of mad behaviour and a clear sign that they had been cured.

In Thomas of Monmouth's account, the malicious savagery of the Jews can be contrasted to the wild actions of the mad. Crucial to the conception of violation were the intention of the perpetrator and the outcome for the victim, both of which were reliant on Thomas of Monmouth's perception and representation of events. In Books One and Two of the *Life*, William of Norwich was a victim of the pre-meditated and intentional violence of the Jews, whose supposed predisposition towards violence was emphasised in the parallels drawn between the boy martyr and Christ. The violently mad, on the other hand, whilst inflicting injuries on others, were also victims, either of illness or, more often in this collection, of demonic torment. They were frequently afforded sympathy from their communities, and assistance was offered (either through prayers or by escorting them to the shrine) to aid their cure. It was recognised that their state was curable (through William's intercession) but also that they violated normal social expectations and thus required a cure. The Jews were necessary outsiders (their social role was to stand as a reminder for Christians of the consequences of sin) whereas the mad were Christians in need of physical, mental, and spiritual guidance. Both displayed violence in their use of extreme force and their violation of perceived boundaries, but the Jews did so with malicious intent and the mad acted beyond their own control.

Restraint was a central component in the representation of madness and, as Sieldeware's case has demonstrated, mad cure-seekers were only able to restrain themselves when freed from the influence of demons or of madness itself. Loss of reason was marked by identifiable physical symptoms and

behaviours, which often involved violence. Nonetheless, as Thomas of Monmouth's representation of Elviva, William's mother, has shown, such behaviours were not unique to madness. Loss of control to overwhelming emotions, like grief, could make a sufferer appear mad, though it was recognised that he/she was not truly mad, and he/she was not restrained. The next chapter probes further the distinction between madness and madness-like behaviour, which could be equally violent, and the represented causes of both. In many miracle records cases, madness was not the condition for which a cure was sought but was instead symptomatic of distress elsewhere. By examining the relationship between madness and distress, we can observe the connections between physical and mental suffering, and the role of madness as both the product of torment and an expression of torment itself.

Chapter V

Madness at the Shrine: The Visual Significance of Mad Behaviour in the Miracles of Saint James at Reading

1. Introduction

A certain girl from Essex called Adeliza, daughter of a certain clerk, went to the sheepfold to milk the sheep just at the break of dawn on Good Friday. When she was returning, an imaginary form, with a face like a man's and an appearance as though dead and prepared for funeral and burial, appeared and ran towards her. When she saw it, the woman became frightened and trembled all over, and the blood was frozen still around her diaphragm. The phantom disappeared, departing quickly. The woman fled and ran away, as fast as she could go. Her hair stood on end and bristled, her senses were confused [and] her reason was taken. At length she came home and, seeing a fire, swept it into her face and, as though turned to insanity, she became greatly disturbed and every gesture and movement was similar to those of an insane person. With sleep supervening, she made an end of this. She fell asleep, however, with her left arm placed over her bare ribs under her breast. When alone she woke up and returned to herself, the aforesaid arm had withered and now had stuck to the abdomen, so that skin could not be separated from skin nor flesh from flesh and also the bone pressing on bones brought her violent pain.¹

Adeliza then left her home in Essex and travelled around various unspecified saints' shrines, seeking a cure for her physical deformity, which

¹ GCL, VIII, fols 172^r-172^v.

See Appendix for my Latin transcriptions and English translations of key miracles.

she eventually received from Saint James when she came to Reading. Adeliza's miraculous cure was recorded in a collection of *The Miracles of the Hand of Saint James* at Reading Abbey in the 1190s. Despite madness not being the condition for which a cure was sought, its part in the miracle record was essential in that it provided the connection between the phantom, Adeliza's illness, and her miraculous cure. Having seen the phantom, Adeliza behaved in a similar way to an insane person, and acted without reason, causing herself harm. Her disordered senses and loss of reason were marked by physical symptoms (bristling hair, gesticulating, throwing fire at herself).

Like Adeliza, mad people in miracle texts were diagnosed largely on the basis of behavioural symptoms. This chapter reviews these behavioural symptoms in the context of Saint James' shrine at Reading and the theological and medical basis for the hagiographer's representations of shrine behaviour. Many of the people who acted insanely at shrines were not thought to be mad; they were not described as mad and had not come to seek a cure for madness. Non-mad cure-seekers often exhibited behaviour that was the same as that displayed by madmen and was sometimes likened to madness. This behaviour was connected by the hagiographer with the pain and distress of illness or with the suffering that was a necessary part of the miraculous cure. In this chapter, I question to what extent this suffering was *mental*, and explore the connections between mad behaviour and the mind (as the seat of reason and understanding). I ask whether *psychological* pain (to use the modern term) and distress were connected with the mind by the hagiographer, and whether they can therefore be understood to be forms of mental suffering. I then compare this mental suffering with madness, and question what role it served in the miracle narrative and why it was not understood to be true madness: a condition which, in these texts, necessitated miraculous healing.

Fernando Salmón has observed the increasing use of medicalised categorisations for pain in Scholastic medical texts of the twelfth century, which, according to his argument, overlaid the voice and experience of the individual patient whose unique experience of pain is impossible to trace through the labels given to it by physicians.² Such impersonal diagnoses were in stark contrast, he contends, to contemporary perceptions of madness, which relied on the signs, symptoms, and experiences of sufferers for its diagnosis.³ Nonetheless, as Joanna Bourke has noted, pain, like madness, was diagnosed by behaviours recognised by both the sufferer and observers.⁴ In twelfth-century England, many of these pain behaviours were similar to, and even sometimes signs of, madness.

In her history of *Pain in Late Medieval Culture*, Esther Cohen goes so far as to claim that 'madness and pain were one, and pain could be decoded through the dance of madness'.⁵ Here, she is referring to the behavioural signs of pain, which, she notes, were closely identified with those of madness in miracle texts.⁶ The reason for this close identification, she argues, is that both madness and pain were invisible in that they left no marks on the body (save for any physical ailment associated with pain) and, therefore, in order to establish that a miraculous cure had taken place, the miracle compiler had to demonstrate the sudden disappearance of behavioural symptoms.⁷ This chapter investigates the relationship between pain and madness further by exploring the role of the mind in the sensation of pain, and the role of

² Fernando Salmón, 'From Patient to Text? Narratives of Pain and Madness in Medieval Scholasticism', in *Between Text and Patient: The Medical Enterprise in Medieval and Early Modern Europe*, ed. by Florence Eliza Glaze and Brian K. Nance (Florence: Sismel, 2011), pp. 373-95 (p. 376).

³ Ibid.

⁴ Joanna Bourke, *The Story of Pain: From Prayer to Painkillers* (Oxford: Oxford University Press, 2014), p. 26.

⁵ Esther Cohen, *The Modulated Scream: Pain in Late Medieval Culture* (Chicago, IL and London: University of Chicago Press, 2010), p. 144.

⁶ Ibid., pp. 133-38.

⁷ Ibid, pp. 134-35.

behavioural signs in the records of miraculous cures. I extend Cohen's thesis by also considering the role of mad behaviour (rather than its absence) as an indicator of miraculous healing. Pain is associated with mad behaviour in four of the twenty-seven miracles in *The Miracles of the Hand of Saint James*, and these four miracles will form the basis of this chapter.

Though it is a significantly shorter miracle collection than those studied thus far (consisting of only twenty-seven miracles), *The Miracles of the Hand of Saint James* contains some of the longest and most-detailed individual miracle accounts examined in this thesis. As part of efforts to reinvigorate veneration for Saint James at Reading in the 1190s (discussed presently), the miracle compiler was keen to centre the action at the shrine in Reading, and therefore described at length the experiences of pilgrims who were cured there (as opposed to pilgrims cured elsewhere who came to Reading only to give thanks).⁸ At least nineteen of the miracles took place in Reading itself and five individual recipients, as well as countless others who were spared from the Reading plague, which was halted by the intercession of Saint James, were local people or monks. For this reason, the collection contains vivid descriptions of pilgrims' behaviour at shrines, which allow me to explore the visible signs associated with pain, distress, and miraculous healing, and to examine the significance of mad behaviour in the context of miraculous healing. It is necessary to precede this examination with a review of the context in which the miracle collection was compiled so as to gain an idea of its aim and scope, and how these may have influenced representations of madness and shrine behaviour.

⁸ Benedicte Ward, *Miracles and the Medieval Mind: Theory, Record and Event 1000-1215*, rev. edn (Philadelphia: University of Pennsylvania Press, 1987), p. 117.

2. The Hand of Saint James at Reading

2.1. *Saint James and the Angevins*

Saint James had a greater connection to the Continent than any other saint whose miracles are examined in this thesis. His shrine at Santiago de Compostela was, of course, a renowned site of pilgrimage in the High Middle Ages, and Reading was not the Hand's only claimant. The Emperor Frederick Barbarossa (r.1155-90) repeatedly asked for its return to the imperial court after it was taken by Henry I's (r.1100-35) daughter, the Empress Matilda (1102-67), on her return to England following the death of her husband, the Emperor Henry V, in 1125.⁹ In addition to Saint James' personal wide-ranging appeal, the Cluniac monastery at Reading may also have had more Continental connections than its Benedictine cousins.¹⁰

Perhaps surprisingly then, the main focus of the miracle collection is towards England and specifically the Angevin royal house. An explanation for this royal emphasis lies in the founding of the monastery and in the coming of the Hand itself to Reading. The Cluniac abbey was founded in 1121 by Henry I and supported at least twelve monks from the outset.¹¹ Its royal foundation meant that Reading was richly-endowed but lacked independence; it owed its allegiance to the king.¹² This dependency on the stability of the king was only accentuated during the Anarchy when the monks' precious relic, the Hand of Saint James, was taken from them in 1136 and moved by Henry of Blois (Bishop of Winchester, 1129-71) to Winchester

⁹ K. Leyser, 'Frederick Barbarossa, Henry II and the Hand of St James', *The English Historical Review*, 90 (1975), 481-506 (p. 499 and p. 491).

¹⁰ Dom David Knowles, *The Monastic Order: A History of its Development from the Times of St Dunstan to the Fourth Lateran Council, 943-1216* (Cambridge: Cambridge University Press, 1950), pp. 154-58.

¹¹ Brian Kemp, *Reading Abbey: An Introduction to the History of the Abbey* (Reading: Reading Museum and Art Gallery, 1968), p. 9.

¹² Simon Yarrow, *Saints and their Communities: Miracle Stories in Twelfth-Century England* (Oxford: Oxford University Press, 2006), p. 192.

where it remained until 1155.¹³ Upon its restoration to Reading, Henry II (r.1154-89) was keen that the Hand stay there to emphasise the link between strong Angevin rule and the protection of Saint James. He promoted the cult by providing the abbey with a four-day fair on Saint James' feast day.¹⁴

At the same time as Henry II granted Reading their annual fair, various English bishops also issued indulgences for pilgrims who visited Reading during the feast of Saint James.¹⁵ These indulgences were issued as part of the dedication ceremony for the abbey's church, which was completed in the early 1160s. The ceremony of consecration was overseen by Archbishop Thomas Becket who also issued indulgences.¹⁶ The response of the Reading monks both to the dispute between Becket and Henry II in the 1160s and, after 1170, to Becket's death and cult, has been assessed by Rachel Koopmans. It is worth summarising her findings here because of the impact that Becket's cult in Canterbury had on the cult of Saint James at Reading. Many of the monks of Reading had shown a keen interest in Becket's cult in the 1170s and 1180s. Four Reading monks were recorded as receiving miraculous cures from Becket in Benedict of Peterborough and William of Canterbury's miracle collections.¹⁷ A list of the relics held at Reading Abbey in the early 1190s includes six entries for the relics of Thomas Becket (more than for any other saint, excluding Christ and the Virgin).¹⁸ Clandestine interest in Becket's cult seems to have thrived at Reading, even during Abbot William's abbacy (1165-73), when the abbot, keen to maintain favour with the King, made his disapproval of the Canterbury martyr known. Abbot Joseph (1173-86), however, positively encouraged veneration of Saint

¹³ *Ibid.*, pp. 194-95.

¹⁴ Leyser, p. 498.

¹⁵ Rachel Koopmans, 'Thomas Becket and the Royal Abbey of Reading', *English Historical Review*, 131 (2016), 1-30 (pp. 4-5).

¹⁶ *Ibid.*, p. 4.

¹⁷ *Ibid.*, p. 11.

¹⁸ *Ibid.*, p. 21.

Thomas Becket. Henry II himself may have donated some of Becket's relics to Reading after his penitential pilgrimage to Canterbury in 1174.¹⁹

It was only after the deaths of Henry II in 1189 and Abbot Joseph in 1190 (he had resigned his post in 1186) that the cult of the Hand of Saint James at Reading came into its own.²⁰ It is possible that the Hand was considered the King's property until 1189: held in safe-keeping by the monks but not freely accessible to them (even the two Reading monks who were healed by Saint James did not have direct contact with the Hand, which was perhaps kept locked away because its size made it easy to steal).²¹ It is likely that after 1189, Abbot Hugh (1186-99) made a significant effort to tie Reading's identity to the Hand of Saint James. It was only in 1192 that 'the church of St Mary of Reading' started to adopt the name 'the church of St James at Reading'.²²

Henry II's death in 1189 and the instability of Richard's reign (1189-99), may have caused the monks to fear once again that their relic might be lost, and could explain Abbot Hugh's focus on promoting the Hand. Efforts were made to solidify in writing the abbey's rights, including its ownership of the Hand. It was at this time that the Reading Abbey Cartularies were compiled, containing, among other liberties granted by the king, an almost-certainly forged charter gifting the Hand of Saint James to the abbey.²³ Despite the questionable legitimacy of the charter, the fact that the Reading monks felt it necessary to include it in their cartulary illustrates their unease about the future of the Hand. To strengthen their position further, the collection of *The*

¹⁹ *Ibid.*, p. 23.

²⁰ *Ibid.*, p. 26.

²¹ *Ibid.*, p. 25.

²² *Ibid.*, pp. 25-6.

²³ *Reading Abbey Cartularies*, ed. by Brian Kemp, 2 vols, Camden Society Fourth Series, 31 and 33 (London: Royal Historical Society, 1986-87), I (1986), pp. 39-40.

Miracles of the Hand of Saint James was also compiled at this time.²⁴ Brian Kemp has deduced that, since none of the miracles can be dated to after the death of Henry II in 1189, and the only surviving manuscript, which is believed to be a close-copy of the original, dates to c.1200, the original collection was likely put together in the 1190s.²⁵ The miracles were not designed to further James' own saintly image (he was famous enough already), but instead emphasised the connection between the Angevin royal house, the abbey at Reading, and the approval of an already-popular saint.

Benedicta Ward points to the small size of the collection as an indicator of the careful selection of miracles for inclusion.²⁶ She is perhaps a little unfair in suggesting that the 'miracles at Reading could be those at any healing shrine of the period.'²⁷ *The Miracles of the Hand of Saint James* was a carefully-structured collection, which sought to promote the abbey at Reading. Those miracles that were recorded glorified the positive relationship between the king, the abbey, Saint James, and English subjects from nobles to peasants. Henry II himself was described sending healing gems to a pregnant noblewoman who was unable to give birth.²⁸ At the other end of the social scale, a life-long cripple was cured upon seeing the apostle's relics.²⁹ These examples demonstrate the demographic variety represented in the collection.

The collection is particularly distinctive when examining representations of madness because of the miracle compiler's focus on descriptions of individual suffering, through which madness-like behaviour, such as writhing and wailing, can be observed. Furthermore, in the curious case of

²⁴ Yarrow, pp. 195-96.

²⁵ Brian Kemp, 'The Miracles of the Hand of St. James', *Berkshire Archaeological Journal*, 65 (1972), 1-19 (p. 18).

²⁶ Ward, p. 116.

²⁷ Ibid.

²⁸ GCL, XXI, fol. 174^v.

²⁹ Ibid., XII, fol. 173^r.

Adeliza, medical and theological interpretations of the body, mind, and soul, and of madness converge. The representation of Adeliza's condition is notably ambiguous, and has puzzled and intrigued historians.³⁰ The compiler's diagnostic ambiguity, in this miracle, and his focus on symptoms rather than categorisations of suffering, is indicative of the representation of madness as a symptomatic state of suffering in the body, mind, and soul.

2.2. Medical Learning in Reading

As an abbey with such a powerful patron and stronger continental ties than others in twelfth-century England, it might be presumed that Reading Abbey had both the finances and the inclination to engage with continental medical learning. The abbey was certainly open to new ideas in particular aspects of its monastic regime. The monks, for example, came from a wider range of social backgrounds than that preferred in Benedictine monasteries, which is perhaps another reason for so many social classes being represented in such a short miracle collection.³¹ The abbey had a fair interest in charitable care and healing for the sick. The leper house of Saint Mary Magdalene was founded in 1130-35 inside the abbey precinct and the hospital of Saint John the Baptist was founded in the 1190s outside the abbey walls.³²

However, knowledge of the latest medical theories was required for neither leper house nor hospital, both of which dedicated themselves to the charitable provision of hospitality. It is difficult to gauge the extent of medical learning in the abbey. Of those manuscripts that do survive from Reading, none that were produced earlier than the thirteenth century were

³⁰ Yarrow, p. 211. 'Unfortunately we are left to muse on the significance of [the phantom's] appearance to Alice and the community that she left to serve in the church at Reading.'

³¹ *Ibid.*, p. 193.

³² *Ibid.*, p. 192.

medical.³³ The manuscript known as Lord Fingall's Cartulary of Reading Abbey (London, British Library, MS Egerton 3031), which was re-discovered in the late eighteenth century in a bricked-up room in a manor house in Berkshire, contains a list of books belonging to Reading and its dependent cell at Leominster that can be dated to sometime between 1180 and 1191.³⁴ As can be expected, the books listed are largely liturgical and patristic, and the influence of such texts will be discussed throughout this chapter.

However, one entry reads:

Liber de Physica, Passionarius scilicet qui fuit abbatis Anscherii, in uno volumine; Item liber graduum³⁵

Gariopontus' *Passionarius* was made up of interwoven sections from three Galenic and pseudo-Galenic tracts, and was compiled in the eleventh century, as was Constantine the African's *Liber graduum*, a list of medicinal drugs and herbs, organised in alphabetical order according to their category, or grade, of heat.³⁶ Anscher was Abbot of Reading between 1130 and 1135 so, if the *Passionarius* was his, it would indicate the transmission of Salernitan medical ideas to Reading by the mid-twelfth century and certainly before the composition of James' miracle collection. Glaze has suggested too that, since the *Passionarius* and the *Liber graduum* are listed consecutively, they may

³³ N.R. Ker, ed., *Medieval Libraries of Great Britain: A List of Surviving Books*, Royal Historical Society Guides and Handbooks, 3, 2nd edn (London: Royal Historical Society, 1964), pp. 154-58; Andrew G. Watson, *Medieval Libraries of Great Britain: A List of Surviving Books. Supplement to the Second Edition*, Royal Historical Society Guides and Handbooks, 15 (London: Royal Historical Society, 1987), p. 57.

³⁴ Ker, p. 154; *English Benedictine Libraries: The Shorter Catalogues*, ed. by R. Sharpe, J.P. Carley, R.M. Thomson and A.G. Watson (London: The British Library, 1996), pp. 420-61; Alan Coates, *English Medieval Books: The Reading Abbey Collections from Foundation to Dispersal* (Oxford: Oxford University Press, 1999), pp. 19-36.

³⁵ *English Benedictine Libraries*, ed. by Sharpe, Carley, Thomson and Watson, pp. 445-46.

³⁶ Florence Eliza Glaze, 'Gariopontus and the Salernitans: Textual Traditions in the Eleventh and Twelfth Centuries', in *La Collectio Salernitana di Salvatore De Renzi*, ed. by Danielle Jacquart and Agostino Paravicini Bagliani (Florence: Sismel Edizione Del Galluzzo, 2008), pp. 149-90 (p. 158); Danielle Jacquart, 'The Influence of Arabic Medicine in the Medieval West', in *Encyclopedia of the History of Arabic Science*, ed. by Roshdi Rashed, 3 vols (London: Routledge, 1996), III, 963-64.

have been acquired at the same time.³⁷ The presence of Salernitan texts in the book collection belonging to the abbey does not necessarily mean that the monk(s) who compiled the miracle collection had access to them or had read them. Nonetheless, the possible influence of Salernitan ideas must be taken into account when exploring the relationships between the body and mind, and between physical, mental, and spiritual suffering, represented in James' miracles. This method gives an indication of the scope of Salernitan influence within monasteries that possessed Salernitan texts and questions whether the impersonal categorisations of pain that Salmón observed in twelfth-century medical texts were employed more widely.

3. Pain, the Mind, and Mad-Like Behaviour

In the descriptions of shrine behaviour in *The Miracles of the Hand of Saint James*, we see the convergence of *new* medicine and Christian theology rather than the disparity between them. This section reviews the combined influence of contemporary medicine and religion on representations of mental suffering in James' miracles. Specific attention is paid to those miracles that expound the relationship between the body, mind, and soul, and those that reveal associations between mad behaviour and pain as a form of mental suffering (mental in the sense that the human mind and its reasoning faculties were an intrinsic part of the experience). Connections were drawn between physical and mental suffering in various ways, and it is not unusual to see comparisons between multiple ailments in miracle texts. For example, a woman called Ysembela would collapse 'like an epileptic' ('tamquam epilentica') as part of a 'wretched illness' ('egritudine miserabili') that made her so cold that it was impossible to get warm.³⁸ Nonetheless,

³⁷ Florence Eliza Glaze, 'The Perforated Wall: The Ownership and Circulation of Medical Books in Europe, ca. 800-1200' (unpublished doctoral thesis, Duke University, 1999), p. 241.

³⁸ GCL, XVII, fol. 173^v.

pain and mental distress were distinctive in their depiction as part of the necessary suffering that facilitated a cure.

3.1. *Medical Interpretations of Pain*

Though experiences of pain appeared physical, for medieval physicians, the ability to sense pain did not lie solely in one's physical faculties. According to Galen, in order to feel pain, one must be capable of sensation.³⁹ Sensation was felt through the senses, which were experienced in the body and then flowed to the brain, via the animal spirit, for interpretation by the common sense and imagination.⁴⁰ Physicians connected these faculties of the brain with the mind. John Gaddesden, an English physician writing in the fourteenth century, recommended treating the mind as well as the body to alleviate pain. For example, putting a person to sleep meant that pain could no longer be experienced by the conscious mind.⁴¹

Twelfth-century Salernitan medical texts - the type which, as we have seen, was included in Reading's book collection - placed a greater emphasis on theoretical understandings of pain than had previously been seen in western medicine.⁴² Though pain was experienced via the sensory faculty of the mind, it was not necessarily caused there. Avicenna, whose *Canon of Medicine* was translated into Latin by Gerard of Cremona in the mid-twelfth century and thence widely circulated, was the first known medical writer to classify pain as a non-natural: an external force that impacted upon the body

³⁹ R.J. Hankinson, 'Philosophy of Nature', in *The Cambridge Companion to Galen*, ed. by R.J. Hankinson (Cambridge: Cambridge University Press, 2008), pp. 210-41 (p. 212).

⁴⁰ C.M. Woolgar, *The Senses in Late Medieval England* (New Haven, CT and London: Yale University Press, 2006), p. 15.

⁴¹ Luke Demaitre, *Medieval Medicine: The Art of Healing, from Head to Toe* (Santa Barbara, CA: Praeger, 2013), p. 125.

⁴² Esther Cohen, *The Modulated Scream: Pain in Late Medieval Culture* (Chicago, IL and London: University of Chicago Press, 2010), p. 89.

and mind.⁴³ Since pain, in this sense, was contrary to nature, physicians were urged to assuage it as best they could.⁴⁴ Various methods, often involving herbs and potions, were used to alleviate pain.⁴⁵ Pain resulted from an imbalance in the humours and needed to be treated with its opposite, which often meant the application of a cooling substance to counter the heat associated with this symptom.⁴⁶ Avicenna recommended substances in the 'first grade of heat' (ie. the coolest substances) to relieve pain; these included camomile ('camomilla'), celery plants ('semina apii'), and cabbage ('caules').⁴⁷ Pain in a certain part of the body could be used as a diagnostic tool to signify a medical crisis in that area, though this method was not considered as precise as taking the pulse or analysing urine samples.⁴⁸ In such instances, pain was evidently associated with other bodily functions and was indicative of, if not explicitly caused by, complications in the area of the body in which it was felt.

3.2. *Theological Interpretations of Pain*

The classification of pain as a non-natural implied that, in its perfect state, humanity would not suffer pain.⁴⁹ This model was consistent with theological explorations of pain as an experience of the human soul brought about by the Fall, which set the precedent for a connection between suffering in the soul as a result of sin, and suffering in the body and mind. Martyrdom, modelled on the Crucifixion, was a recognised form of earthly suffering for spiritual reward. Notably, Saint James is the only apostle

⁴³ Ibid., pp. 88-9.

⁴⁴ Ibid., p. 89.

⁴⁵ Ibid., p. 87.

⁴⁶ Roselyne Rey, *The History of Pain*, trans. by Louise Elliot Wallace, J.A. Cadden and S.W. Cadden (Cambridge, MA and London: Harvard University Press, 1995), p. 46.

⁴⁷ Avicenna, *Liber canonis Avicenne revisus et ab omni errore mendaque purgatus summaque cum diligentia impressus* (Venice: Paganinum de Paganinis, 1507), fol. 80^r.

⁴⁸ Rey, p. 47.

⁴⁹ Cohen, p. 89.

whose martyrdom, at the hands of King Herod, is recorded in the New Testament (Acts 12:2).

Just as pain, for the physician, was often a necessary part of the process of physical healing, theologians understood that pain could also bring about spiritual cleansing. Bernard of Clairvaux, writing in the first half of the twelfth century, compared contrition to a salve ('unguentum') that produced beneficial pain.⁵⁰ For William of Auvergne, writing in the early thirteenth century, penitential contrition was expressed by fear, shame, pain, and anger, amongst other things.⁵¹ It is possible that William was referring here to something that could be understood as emotional pain or distress, since, in a similar way to Avicenna, he connected pain with the passions of the soul, like fear and anger. The emergent prospect of lay salvation in the twelfth century meant that lay penance became increasingly visible through behavioural signs, like weeping, that illustrated emotional pain. We see similar behavioural signs exhibited by sick pilgrims, who were healed physically, mentally, and spiritually by the saint. The close connection between mad behaviours and the behaviours of those suffering from mental pain and distress leads us to investigate the role of *madness* in the miracle record as a means of describing extraordinary behaviour and *mental* suffering.

3.3. *Ysembela: Mad Behaviour as a Sign of Physical and Spiritual Cleansing*

Associations between pain, mad-like behaviour, and spiritual cleansing are evident in the miraculous cure of a fisherman's daughter called Ysembela (not the same Ysembela who suffered from an illness comparable to epilepsy). Having visited many shrines, including that of Saint Thomas

⁵⁰ Ibid., p. 28.

⁵¹ Ibid., pp. 28-9.

Becket, in search of a cure for the paralysis of the entire left-hand side of her body, Ysembela eventually came to Reading following the urging of Saint James who had appeared to her in a vision.⁵² After lighting her candle in the cathedral, her cure began:

Thus entering the church, when she had lit her candle, the hand of the Lord came upon her and His spirit was troubled inside her. And so, stirred up for her cure, she collapsed on the pavement and, breaking forth in a sharp voice and high-pitched cries, she screamed in all directions. She shook her hair around, pounded her head and struck her body against the stone without consideration for herself so that one might have believed that she wished to pound herself to pieces and to extinguish what life remained.⁵³

The agony ('agonis') of the initial stage of her cure left Ysembela exhausted and she was taken to the altar of Saint Mary Magdalene where she fell asleep.⁵⁴ The reason for moving Ysembela is not clear in the text, and may have been purely practical. However, the symbolic connections between Mary Magdalene and physical and spiritual contamination should be noted, and give emphasis to the physical and spiritual nature of Ysembela's cure. Many leper hospitals across England were, because of these connections, founded in the name of Mary Magdalene, and one of them stood at Reading.⁵⁵

Upon awakening at the altar, Ysembela coughed up a bloody poison ('virus sanguineum'), followed by more blood.⁵⁶ This mixture of blood and poison was the fluid that had harmed her ('humor que nocuerat') in the first place

⁵² GCL, XX, fol. 174^r.

⁵³ Ibid., fol. 174^v.

⁵⁴ Ibid.

⁵⁵ Carole Rawcliffe, *Leprosy in Medieval England* (Woodbridge: Boydell, 2006), p. 119.

⁵⁶ GCL, XX, fol. 174^r.

and its removal completed her cure.⁵⁷ The miracle compiler speculated that the girl's paralysis had started after she had slept overnight in the open air, and it is conceivable that poisons were believed to have entered her body at this time. Sleeping outside was associated with illness in other miracle narratives of this period, and foreign substances could enter the body whilst a person slept. In *The Life and Miracles of William of Norwich*, Thomas of Monmouth recorded how a herdsman had become very ill after sleeping outdoors and allowing a viper to crawl into his mouth and take up residence in his intestines.⁵⁸ We also saw in Chapter III, 4.5 that sleeping outside increased the risk of demonic attack since demons operated on the boundaries of human society.

Notably, Ysembela's paralysis occurred on the left side of her body. According to the writings of John Cassian, the left side was more open to temptations and to attacks from demons.⁵⁹ Cassian's *Collationes patrum in scetica eremo* was widely circulated throughout the Middle Ages and a copy was held at Reading from the twelfth century.⁶⁰ That Ysembela's spiritually-weaker side had succumbed to harmful poisons perhaps explains the necessity for a spiritual element to her cure, through the Lord's possession of her. In order to remove the poisons inside Ysembela, the Lord's spirit entered her – note that James explicitly acted as intercessor and did not perform any part of the cure himself, unlike his contemporary, Saint Thomas Becket – and was troubled inside her ('anxiatus est in ea spiritus eius').⁶¹ That it was necessary for the Lord to enter Ysembela could imply that His purity was used to counter the poisons inside her, which is in line with the

⁵⁷ Ibid.

⁵⁸ TM1, V.3, pp. 189-90.

⁵⁹ James Hall, *The Sinister Side: How Left-Right Symbolism Shaped Western Art* (Oxford: Oxford University Press, 2008), pp. 43-4; John Cassian, 'The Conferences', trans. by Edgar C.S. Gibson, in *A Select Library of Nicene and Post-Nicene Fathers of the Christian Church: Second Series*, ed. by Philip Schaff and Henry Wace, 14 vols (Grand Rapids, MI: WM. B. Eerdmans, 1890-1900), XI (1894; repr. 1986), 291-546 (pp. 356-57).

⁶⁰ Ker, p. 157.

⁶¹ GCL, XX, fol. 174^v.

medical principle that *contraries cure*.⁶² Thus, spiritual and physical cleansing (the latter via the expulsion of harmful fluids) were combined in Ysembela's cure.

Just as a possessing demon was a physical presence within the body, made visible through physical symptoms, the Holy Spirit could also be tangibly seen, for example in the bloated abdomens of divinely-possessed women who were sometimes referred to as being 'pregnant with Christ'.⁶³ The Lord's physical presence inside Ysembela was made visible through the behaviours described above (screaming and shaking), and when He saw fit to heal her, she 'was made in possession of herself and obtained her desired health' ('sui compos effecta et sanitatem optatam adeptam').⁶⁴ Similar wording was used to describe Ralph when he was cured of demonic madness by Saint Bartholomew ('mentis compos efficitur'), and a fuller who was cured of alienation of the mind (*mentis alienatione*) by Saint Frideswide at Oxford ('mentis compos effectus').⁶⁵ The Lord's possession of the sick body during the process of cure resulted in a temporary loss of self-possession, as with the demoniac or with the man whose mind was alienated. Ysembela's obvious distress echoed the troubled ('anxiatus') spirit inside her. Her physical reaction to distress (shaking her hair and wailing) mirrored the grief-stricken actions of William of Norwich's mother, Elviva, when she heard that her son had been murdered (Chapter IV, 3.1). Though derived from grief, Elviva's actions were compared to madness, and made visible her internal suffering.

⁶² Demaitre, p. 123.

⁶³ Nancy Caciola, *Discerning Spirits: Divine and Demonic Possession in the Middle Ages* (Ithaca, NY and London: Cornell University Press, 2003), p. 61.

⁶⁴ GCL, XX, fol. 174^v.

⁶⁵ Chapter III, 7.2; *Miracles of St Frideswide*, ed. by Josepho van Hacke, Benjamino Bossue, Victore de Buck and Antonio Tinnebroek (Brussels: Typis Alphonsi Greuse, 1853), *Acta Sanctorum*, 8 October, pp. 568-89 (p. 581).

Ysembela's distress suggests that her cure affected her physically and mentally, though the cause of her illness was the physical presence of poisons in her body and its ultimate cure was brought about by miraculously purging the body through vomiting. The purging of harmful fluids or poisons from the body was a technique recommended by physicians, and often required the use of emetics, diuretics or laxatives, which were, of course, not necessary for miraculous cures. Gariopontus' *Passionarius*, for example, recommended that manic patients be given a radish to induce vomiting, which would expel the excess phlegm and melancholy that were associated with mania.⁶⁶

In his analysis of *The Miracles of the Hand of Saint James*, Simon Yarrow makes a connection between vomiting, moral restoration, and physical recovery.⁶⁷ Similarly, just as vomiting allowed the patient to physically cleanse their body, writhing, as well as other madness-like behaviour, at the shrine could be seen as part of the process of cleansing the mind and soul. Ysembela had transgressed before she came to Reading. Despite numerous invitations from Saint James, who guaranteed a cure, she chose instead to visit several other shrines, and made two pilgrimages to the shrine of Saint Thomas Becket at Canterbury.⁶⁸ The emphasis on Becket's inability to provide a cure for Ysembela is perhaps telling given the royal connections with Reading, and Henry II's troubled relationship with Canterbury. It is therefore plausible that Ysembela needed to atone for negligently ignoring Saint James before her cure could be completed, though the compiler did not specifically connect her behaviour with her moral misdemeanours.

⁶⁶ Gariopontus, *Passionarius Galeni* (Lugduni: n.p., 1526), I.9, fol. 6r.

⁶⁷ Yarrow, p. 209.

⁶⁸ GCL, XX, fol. 174r.

Madness as a punishment for, and a means to cleanse oneself of, sin was a common trope in the Middle Ages, with its origins in biblical stories (as shown in Chapter I). King Nebuchadnezzar, whose great kingdom had made him over-mighty and proud, was humbled when he lost his reason ('sensus') and was made to eat grass with the oxen (Daniel 4:31). He was cured when he learnt humility and understood that God is the true ruler of all kingdoms on earth and in heaven (Daniel 4:25-34). In a similar way, Ysembela's madness-like behaviour may have formed part of the process of cleansing at the shrine. It contributed to the physical spectacle of the cure, and visually represented her physical and spiritual healing.

Experiences of purging comparable to Ysembela's can be seen throughout James' miracle collection. The cure of a woman from Earley who was suffering from dropsy ('ydropico') has striking similarities:

At about the first vigil of the night, as the monks were beginning matins, the aforesaid woman, falling on the pavement of the presbytery, became agitated ('cepit agitari'), and was disturbed to her marrow ('medullitus conturbari'). Her bowels were indeed stirred up. Having passed some part of the night in this anxiety, behold, the pits of her stomach burst forth and the flood gates of her bowels were opened. She thus vomited and vomited again the venom, which had been built up for a long time, and removed all the putrefaction of the harmful fluid.⁶⁹

Both Ysembela and the woman from Earley displayed madness-like symptoms during the purging process of their cures. These symptoms can be compared with representations of mad pilgrims in other miracle collections. Like the woman from Earley who became disturbed before she

⁶⁹ Ibid., II, fol. 171^v.

vomited venom, Gerard, who was cured by Saint Thomas Becket, was 'disturbed by a disturbance of the brain' (*'cerebri turbatione agitaretur'*), after being poisoned (Table 2).⁷⁰ Ysembela's cries (*'clamores'*) mirror the crying *'clamans'* of Sieldeware as she was brought to William of Norwich's tomb to be cured of her madness (Chapter IV, 3.5).⁷¹ Just as Sieldeware, *'lying on the ground, pounded the ground with her heels'* (*'humi iacens, talis tellurem conculcabat'*), Ysembela *'struck her body against the stone'* (*'corpus suum ad petram elisit'*).⁷² However, in Ysembela's case these symptoms were not indicators of her illness; they were signs of her cure.

Screaming and writhing were perhaps symptoms of the pain that accompanied healing, as was shown in the case of Ida, who sought her cure from William of Norwich and who, from the pain of gout, *'broke forth in such terrible cries that she was thought mad'* (*'in tam horrendos prorupit clamores ut amens putaretur'*) (Chapter IV, 3.1).⁷³ In these cases, disturbed behaviour was not part of the primary illness (the original state of ill health) but nor were such symptoms considered indicative of a state of health. Following Ysembela's agitated behaviour, *'the things which are of the body were restored to the body and the things which are of the sense to sensibility'* (*'Reddita sunt que sunt corporis corpori, que sensus sensibilitati'*).⁷⁴ The Lord saw fit not only to cure her illness but also to heal her distress (*'sanare contritiones'*).⁷⁵ Both statements suggest that a full healing required more than recovery from illness and the restoration of bodily health. Concern was also shown for the happiness of the sufferer. Before returning home, Ysembela was made *'well and joyful'* (*'sana et hilaris'*), which contrasts with the sickness and distress that she had previously suffered.

⁷⁰ WC, VI.3, p. 410.

⁷¹ TM1, VI.6, p. 226.

⁷² Ibid., p. 227.

⁷³ Ibid., III.22, pp. 154-55.

⁷⁴ GCL, XX, fol. 174^v.

⁷⁵ Ibid.

3.4. *Matthew of Boulogne: Punishment and Pain*

The miracle of Matthew of Boulogne is one of the few non-healing miracles in the collection, and provides a comparable example of the relationship between physical, mental, and spiritual *health*. Unlike Ysembela, Matthew's pain and distress was not relieved by the saint, and he died as the result of divine punishment. As mentioned above (section 2.1), direct connections were made between the abbey and the Angevin royal house through the people cured at Reading. James' protection of Angevin interests extended to punishment of their enemies. Matthew of Boulogne received such a punishment for his part in the rebellion against Henry II in 1173, which involved storming a castle on Saint James' Day:

a small arrow, which is called a *pila* in the common tongue, lodged under his kneecap, as if it were sent from heaven. When he was wounded, the army was seized by anxiety, fell back on all sides, and stopped the assault. He himself was brought back to his lodging and was tortured more and more acutely with each moment. He was eventually seized by a demon and afflicted for a considerable time and thus a fitting death punished the shameful audacity of his presumption.⁷⁶

The precise nature of the demonic attack against Matthew is not clear from this description. However, the Latin phrase 'a demonio arripitur' was frequently used, as was illustrated in Chapter III, to describe the demonically possessed, who often shared symptoms with the mad. Chapter I demonstrated how demonic possession, when inflicted as a punishment, could bring shame on the sufferer (section 3.4). Both pain and demonic attack resulted from Matthew's injury, which came 'as if it were sent from

⁷⁶ GCL, XXV, fol. 175^r. 'sagittula quedam quam uulgas pilam vocat tanquam caelitus missa subpatella genu eius infigitur. Quo uulnerato exercitus curum quaque cepit declinare et ab oppugnatione desistere. Ipse vero ad hospitium dedatum et per momenta singula acrius et acrius cruciatum. Tandem a demonio arripitur et aliquam diu affligitur et sic indignam presumptionis sue audaciam mors digna puniuit.'

heaven'. That his death was not instantaneous was clearly intended as part of his punishment, and was 'fitting' to his crime. Both the physical torture caused by his knee injury and the demonic assault were evocative details of Matthew's suffering, and stood witness to James' power as an avenger of wrongs.

Descriptions of madness-like behaviour provided details both of the suffering of illness and of the process of healing. These symptoms were not meant to represent conditions in themselves but rather to demonstrate the extent of physical and mental suffering. In line with contemporary medical theories and practices, pain and distress were indicative of illness, and were alleviated by the saint. Nonetheless, they could also serve a spiritual purpose and the distress that accompanied both sickness and healing was not necessarily a negative experience. Furthermore, elaborate displays of distressed behaviour would have helped those reading the miracle collection to visualise the spectacle of the miraculous cure, and to recognise that a cure had taken place. The language of madness thus could be used representationally to describe behaviours that were recognisably extraordinary.

4. Madness as a Spectacle: Adeliza's Phantom

In this final section, we return to the case of Adeliza, who we met at the beginning of this chapter, and the role of madness in her miracle record. I explore how the details of Adeliza's madness might have intrigued the miracle compiler, and why he saw fit to record them. As we have seen in Ysembela's miracle record, writhing and self-harm could be indicative of physical and spiritual cleansing. Is it possible that Adeliza's madness was, likewise, part of a process of redemption, and, if so, what does this process reveal about interpretations of madness and mental suffering? We must also

consider the possibility that the story of Adeliza's phantom and subsequent madness was recorded because it was exciting; the phantom story would have frightened readers and amplified their wonder at the extent of James' intercessory powers. Mad behaviour was a recognised trope that signified distress and made visible suffering that otherwise lay hidden. The graphic descriptions of mad behaviour in miracle texts were significant in that accentuated the wonder of the miracle itself.

4.1. Madness as a Penitential Spectacle

As we know, Adeliza went mad after seeing a phantom. Her 'senses were confused [and] her reason was taken' ('confunditur sensus tollitur intellectus').⁷⁷ This description suggests a breakdown in the mind, where both the senses and reason functioned. The resemblance between Adeliza's 'phantasma' and Christ is striking, whilst, at the same time, perplexing. On Good Friday, Adeliza encountered the 'phantasma' as an almost Christ-like figure 'with a face like a man's and an appearance as though dead and prepared for funeral and burial'.⁷⁸ Adeliza had been tending to her family's sheep, which could be a further allusion to Christ as the Good Shepherd who provided spiritual guidance to his flock (John 10:1-21). Given the associations with Christ, it is surprising that Adeliza was harmed both mentally and physically by her encounter. It is possible that Adeliza's madness and physical injury were forms of spiritual redemption proffered by Christ, though why the miracle compiler would not have made this connection clearer is difficult to ascertain. It is noteworthy that, following her cure, Adeliza dedicated her life to the Church by offering her services as a washerwoman, which could indicate that her life prior to her encounter with the 'phantasma' was spiritually compromised. She later abandoned her service to God and married a smith, which casts doubts on her morality.

⁷⁷ Ibid., VIII, fols 172^r-172^v.

⁷⁸ Ibid., fol. 172^r.

Adeliza's case can be compared to that of Matthew of Boulogne, who, as we have seen, was the recipient of a divine punishment. Adeliza's cure stands out as being the only prolonged cure in the collection, and she remained in the church for a considerable time ('aliquamdiu') before she fully recovered. The compiler was keen to stress the speed with which other cures were performed. A sick child was cured 'quickly' ('citissime'), and Goda, the sick wife of a knight from Herefordshire, was healed 'immediately' ('jam') after drinking James' water.⁷⁹ The only other case of an illness lasting for a considerable time ('aliquamdiu') was the torment that Matthew suffered at the hands of a demon, having been struck by the heavenly arrow.⁸⁰ It is possible that both Matthew's and Adeliza's prolonged sufferings were penitential.

Adeliza's miraculous cure conforms to the model of penitence laid down by Augustine in his *De Libero Arbitrio*:

Evil is aversion to the immutable good, and a conversion to changeable goods. This aversion and conversion result in the just punishment of unhappiness ('miseriae'), because they are not compelled, but committed voluntarily.⁸¹

Changeable goods signified bodily pleasures, whereas the immutable good was for the benefit of the soul. Conversion to changeable goods brought about unhappiness but, Augustine went on to argue, one could be liberated from this suffering through penitential pain, by means of which the body re-assumed its subordinate position to the soul.⁸² Adeliza's miracle can perhaps be read in this way; her spiritual encounter led to mental distress, which was relieved but left her in physical pain, which was prolonged. The

⁷⁹ Ibid., VI, fol. 172^v and VII, fol. 172^v.

⁸⁰ Ibid., XXV, fol. 175^r.

⁸¹ Donald Mowbray, *Pain and Suffering in Medieval Theology: Academic Debates at the University of Paris in the Thirteenth Century* (Woodbridge: Boydell, 2009), p. 76.

⁸² Ibid.

removal of the physical pain by Saint James resulted Adeliza's pursuit of spiritual good through her service to the Church. Her seduction by the smith and departure from Reading put an end to 'the praiseworthy intention of her conscience' ('laudabile conscientie propositum'), and acted as a reminder of man's predisposition to sin.⁸³

Adeliza's mental suffering can certainly be connected with her later physical pain. When Adeliza saw the 'phantasma', the blood, which, according to humoral theory, was usually hot and moist, 'stood ice cold around her diaphragm' ('gelidusque stetit circum precordia sanguis').⁸⁴ Notably, her later injury occurred in the same area of her body (the abdomen), and therefore the same fear that caused her mental distress could also have resulted in her physical suffering. Having thrown fire at herself and fallen asleep, Adeliza's left arm, as we know, became attached to her abdomen, causing her violent pain. The process of Adeliza's cure caused her pain to become more intense ('dolor intensior'), and this intense pain lasted for two or three hours.⁸⁵ Still, she was not fully cured. Her arm had separated from her abdomen but the flesh was torn and smelly, and soon became swollen ('tumescebat').⁸⁶ Her arm also continued to cause her pain ('dolebat'), and was only completely restored after a considerable time spent in the church.⁸⁷ It is conceivable that Adeliza's encounter with the 'phantasma', her madness, her physical injury, and her continued experience of pain were all connected with the suffering and cleansing of her soul. In this scenario, her madness was part of her long process of healing, and signified her spiritual distress. Her mad behaviour made the effects of the phantom visible, connected the encounter with her later injury, and added further dramatic detail to what was already an extraordinary account.

⁸³ GCL, VIII, fol. 172v.

⁸⁴ Ibid., fol. 172r.

⁸⁵ Ibid., fol. 172v.

⁸⁶ Ibid.

⁸⁷ Ibid.

4.2. *Mad Behaviour as a Wonderful Spectacle*

James' miracle compiler certainly had an appreciation for the dramatic details of the stories he recorded.⁸⁸ When recounting the miracle of Aquilina, who, after a long labour, was unable to give birth to her child, which had died inside her, he graphically described how 'it really looked like a dead body buried in a dying body, a corpse within a corpse, a child within its mother'.⁸⁹ These three images were clearly intended to shock the reader and to emphasise Aquilina's desperate situation. As Adeliza's miracle has suggested, it is possible that descriptions of mad behaviour were used in a similar way: to provide dramatic details in miracle accounts that focused on other conditions. That is not to say that the madness-like symptoms described in the collection were pure literary fictions created by the compiler to enhance the story. Instead, they were carefully constructed symptom lists, based loosely in theology and medicine and possibly on the observations of the compiler or others. These symptom lists bore witness to complex conditions, which affected the body, mind, and soul, and which were only within God's power to heal, through the intercession of Saint James.

The Apostle James was most celebrated in the collection for his cures of those on the brink of death, and Yarrow has suggested that the reason for the compiler's promotion of this theme may have been to demonstrate James' superior healing ability against other contemporary saints, like Thomas Becket.⁹⁰ A hitherto-incurable patient was Edward Haver, who had become so severely ill with multiple ailments that 'all food was distained by his soul and he drew near to the gates of death' ('omnes escam abhominata est anima eius, et usque ad portas mortis').⁹¹ The references to Edward's soul and to the gates of death highlight the urgency of his situation and the magnitude

⁸⁸ Yarrow, p. 210.

⁸⁹ GCL, XXI, fol. 174^v.

⁹⁰ Yarrow, p. 208.

⁹¹ GCL, V, fol. 172^r.

of his miraculous cure. In addition, the interconnectedness of body and soul (his bodily illness made his soul disdain food, which led to further physical suffering) indicated the necessity for an amalgamation of physical and spiritual healing, which was provided by James' holy water. It may be, likewise, that the descriptions of writhing and madness-like behaviour at the shrine emphasised the severity of the conditions that James was able to cure. Such descriptions also added a further element of spectacle to the process of miraculous healing.

As we know, Adeliza's madness was not the condition for which she sought a cure from Saint James, yet the miracle compiler felt compelled to describe it in detail. Having fled from the phantom, Adeliza began to act like a mad person and she became disturbed ('agitari cepit') in the same way that the woman from Earley did.⁹² However, Adeliza's disturbance and madness were not associated with the pain of a cure but rather with the fear of seeing the phantom. Yarrow points to rumours of the walking dead that were circulating in chronicles at this time as evidence that there was certainly some trepidation about the possibility of encountering a spirit and what such an encounter could do to the mind, body, and soul.⁹³ There was a fear that spirits could cause harm to the living, and efforts were made to prevent corpses emerging from their graves. For example, in Buckinghamshire, in 1196, a family was terrorised by the corpse of a dead relative, who only ceased his wanderings when a letter of absolution was placed on his tomb.⁹⁴ Other corpses were dismembered or cremated to stop them from threatening the living.⁹⁵ The combination of madness and debilitating physical illness that Adeliza suffered as a result of her encounter with the phantom would no doubt have amplified this fear for those who were aware of her story.

⁹² Ibid., fol. 172v.

⁹³ Yarrow, p. 210.

⁹⁴ Ibid.

⁹⁵ Ibid.

Jean-Claude Schmitt has observed the parallels between the process of demonic exorcism and that used for exorcising ghosts, and he suggests that bad ghosts provoked a similar fear to that incited by demons.⁹⁶ Adeliza's left arm was disfigured following her encounter with the phantom. This left-side injury echoes the paralysis of the left side of Ysembela's body, which, as discussed, was more vulnerable to demonic attack. It is also significant then that Adeliza, having seen a phantom, experienced symptoms of madness, which, as was shown in Chapter III, was often connected with demonic possession. At Reading, she was brought James' reliquary, which was held over her withered arm whilst water was poured over both. Her arm slowly detached from her abdomen in a painful process that took two to three hours. The Hand of Saint James was likely a left hand, as Brian Taylor has noted in its portrayal in a seal from 1239, and it is significant that two cures in the collection involved injury to the left side of the body.⁹⁷

It is also noteworthy that Adeliza came to Reading with a complaint affecting her arm and that this was cured through contact with Saint James' Hand. Adeliza's cure is thus illustrative of a pattern that emerges from the collection and can give an insight into the focus of the compiler. The miracle collection contains several references to the healing of weakened limbs. The withered arm of a Reading monk called John was cured by the water of Saint James.⁹⁸ A Suffolk woman, who had no bones in her shins and thus could not stand, saw James' reliquary in a procession and was instantly cured.⁹⁹ A Reading boy called William, whose legs were shrunken to the thickness of

⁹⁶ Jean-Claude Schmitt, *Ghosts in the Middle Ages: The Living Dead in Medieval Society*, trans. by Teresa Lavener Fagan (Chicago, IL and London: University of Chicago Press, 1998), p. 29.

⁹⁷ Brian Taylor, 'The Hand of St James', *Berkshire Archaeological Journal*, 75 (1997), 97-102 (p. 98). In 1786, the remains of a human left hand were discovered by a workman at Reading Abbey. There has been some speculation that this hand was the Hand of Saint James but this theory has not been proven and veneration of the hand was forbidden by the Bishop of Nottingham in 1960.

⁹⁸ GCL, X, fols 172^v-173^r.

⁹⁹ *Ibid.*, XII, fol. 173^r.

thumbs, was healed at the altar of Saint James.¹⁰⁰ In fact, of the twenty-seven miracles in the collection, over one fifth specifically involve the strengthening of weak limbs. Through his focus on limbs, it is entirely conceivable that the miracle compiler wanted to draw attention to the importance of James' Hand, as opposed to his body, which was not held at Reading. It is possible that, for this reason, the association between an otherworldly encounter and suffering on the left side of the body was emphasised in Adeliza's miracle; the left Hand of Saint James provided spiritual protection and physical healing for the physically and spiritually weaker side of the body. Adeliza's madness provided a dramatic spectacle that served as a visual verification of James' intercessory power, just as the behaviour of demoniacs demonstrated demonic power and control.

6. Conclusion

Once again, this chapter has demonstrated the distinct nature of individual miracle texts, as well as their conformation to certain hagiographic conventions. Patterns can be seen between the pilgrims and illnesses described by different miracle compilers (most notably in the similar descriptions of *mad* behaviour that we have seen in all of the collections thus far), and yet variations also emerge, which depend largely on the focus of the individual collection. The miracles in this collection were carefully selected to emphasise both the validity of James' connection to Reading and the divine favour of the Angevin royal house through the miracles performed there. Not only did James possess greater healing capability than mortal physicians, his intercessory power was also superior to that of other saints, in particular, Saint Thomas Becket at Canterbury. The comparison with Becket may have been included in the collection because *The Miracles of the Hand of Saint James* was compiled as part of Abbot Hugh's efforts in the 1190s

¹⁰⁰ Ibid., XIII, fol. 173r.

to establish a separate identity for Reading: separate from the indulgences granted by Becket himself, and with its own relic, the Hand of Saint James.¹⁰¹

As an apostle, James' sanctity was not to be questioned but his patronage of Reading was important to confirm, especially given the previous theft of his precious relic from the abbey. Indirect allusions to the Hand of Saint James were made throughout the collection of miracles, such as the reoccurrence of withered limbs and left-side injuries cured at Reading. There was also an emphasis on the process of healing, as opposed to the detailed diagnosis of ill health, and in many cases, this healing took place at Reading itself. Dramatic and vivid descriptions of cures provided a visible testament to James' patronage. The disturbed behaviour of those experiencing miraculous cures was similar to the writhing and screaming of mad people and demoniacs who, as shown in the previous chapters, were diagnosable largely on the basis of their abnormal behaviour.

Behaviours that were indicative of madness, such as screaming, writhing, self-harming, and violence, could also signify a person in distress or pain, and, for this reason, pilgrims suffering with various conditions could be compared to mad people. In such cases, it was the internal experience of the sufferer that differed rather than the outward signs of his/her condition; a person in pain may appear mad without experiencing madness. Nonetheless, such behaviour was not considered to be normal, and, if not diagnosed as madness, it instead denoted severe suffering or miraculous healing. That pilgrims sometimes had to suffer for their cures did not detract from the miraculous nature of such healings. The act of pilgrimage itself was a process of physical hardship from which the pilgrim hoped for a gift of divine grace. The course of suffering could involve physical and spiritual

¹⁰¹ Koopmans, p. 26.

cleansing, as when the Lord's spirit was troubled within Ysembela before she vomited the poisons that had been causing her illness.

A complete cure required attention to be paid to the body, mind, and soul, and the connections between them.¹⁰² The saint attended to the spiritual needs of his pilgrims as well as their physical needs. The pilgrims healed by Saint James were joyful as well as healthy, and their mental distress was removed along with their physical ailments. The only pilgrim to die in torment was Matthew of Boulogne, whose soul was tainted by his arrogance and his rebuttal of the saint. The notion that human pain was experienced in the mind and soul as well as in the body demonstrates the undeniable connections between the body, mind, and soul. As we saw in Chapter I, the saint could punish moral misconduct with bodily and mental injury. Correspondingly, the healing saint restored balance with physical, mental, and spiritual care. Pilgrims like Adeliza, whose condition was multifarious, left the shrine at Reading in 'full health' ('perfectam salutem').¹⁰³ The next chapter will examine representations of the saint's role in restoring a healthy relationship between body, mind, and soul, and will explore further the distinctiveness of miraculous cures for the mad.

¹⁰² Latin terms for the body, mind, and soul are outlined above in *Madness in Twelfth-Century England*, 1.

¹⁰³ GCL, VIII, fol. 172v.

Chapter VI

Balance and Health: Restoring Sanity in the Miracles of Saint Hugh of Lincoln

1. Introduction

There was a raving ('furit')¹ sailor, who even with his hands and feet tied up would scarcely allow himself to be touched. The bishop [Hugh of Lincoln] gave his mind ('Attendat praesul') to stopping his madness ('furorem'), and read the gospel of Saint John to him. The sailor made a twisted grimace and stuck his curving tongue out at the saint, seeming as it were to mock him. The holy father exorcised water, gave a blessing, and commanded the snares of the devil to disappear. After being asperged the lunatic ('furens') felt no more traces of his lunacy ('furoris') and recovered the discernment of human reason ('humanae rationis acumen').²

This miracle was recorded in *The Metrical Life of Saint Hugh of Lincoln*, a poem composed in the 1220s to celebrate the canonisation of Hugh, Bishop of Lincoln, who had died in 1200. The miracle of the mad sailor, taken from Hugh's official canonisation report, which was drawn up in 1219/20, also appeared in an earlier *Vita* of Saint Hugh, written in the first decade of the thirteenth century, shortly after the bishop's death, by Adam of Eynsham, who had served as his chaplain.³ A third *Vita* was compiled in c.1213 by Gerald of Wales, which, though shorter than Adam's *Magna Vita*, included more accounts of Saint Hugh's posthumous miracles because of the time that

¹ Garton translates 'furit' as 'lunatic' but 'he was mad' or 'he was raving' is a more appropriate translation.

² *Metrical Life*, 1079-87, pp. 66-8. A literal translation is 'the sharpness of human reason'.

³ 'The Canonization of St Hugh of Lincoln', ed. by D.H. Farmer, *Lincolnshire Architectural and Archaeological Society Reports and Papers*, 6 (1956), 86-117.

had elapsed since the bishop's death. Connections can be drawn between the three accounts, and it is possible that Adam and Gerald, both writing in the early thirteenth century, knew of each other's works.⁴ The author of the *Metrical Life* certainly had access to the papal commissioners' report, which drew on Adam and Gerald's *Vitae*.⁵ It is therefore possible to compare representations of madness in three different but associated accounts.

The miracle of the mad sailor was performed during Hugh's lifetime and, as is typical of many of the miracle accounts in the three *Vitae* of Saint Hugh, it includes specific details of the saint's actions during the process of cure, as well as representations of the sufferer's physical and mental state before and after his healing. The previous chapter explored connections between the body, mind, and soul in relation to hagiographical representations of mad behaviour, and these connections can be seen again in the grimacing face and curving tongue that were indicative of the mad sailor's demonic ensnarement. In this case, Hugh gained command over the demon using exorcised water and a blessing.

Unlike the saints whose miracles were examined in Chapters I-V, Hugh performed many of his miracles during his lifetime, by way of his deeds and not his relics. Therefore, in his three *Vitae*, Hugh's own physical, mental, and spiritual goodness is conspicuous against the sickness and suffering of the people he cured, which provides an interesting platform for comparison. The miracles of Saint Hugh are the subject of my final case study because, as miracles predominantly performed by a *living saint*, they illustrate the growing popularity, in the thirteenth century, of 'modern' saints (ie. those who were canonised soon after their deaths), whose virtuous lives reflected

⁴ Richard M. Loomis, 'Introduction', in *GW*, pp. xiii-lv (p. xxxvi).

⁵ Richard M. Loomis, 'Appendix: The Rebuilding of Lincoln Cathedral from *The Metrical Life of St. Hugh*', in *GW*, pp. 83-95 (p. 83).

the religious convictions of their contemporaries, who were themselves increasingly concerned with their own personal piety.⁶ The *sick* minds of mad pilgrims sharply contrast the virtuous mind of Saint Hugh himself, who represented an *ideal* model of Christian piety.

1.1. Mental Health

In order to explore medieval madness as a state of unreason related to imbalances in the mind, it is important to consider understandings of the *healthy mind* and whether these extended to include a concept of the *ideal mind*. This approach allows us to contemplate the ways in which mad men and women were represented as physically, mentally, and spiritually *sick*, and how their miraculous cures were believed to *heal* their minds. It is in saints' lives that we see the stark contrast between the recognised perfection of the saint and the imperfections of his/her patients.

In her study of *Disability in Medieval Europe*, which focuses on physical impairment, Irina Metzler defines one necessary field of enquiry as 'medieval, theological and philosophical notions of the impaired body and how it was seen to differ from the perceived *normal* body'.⁷ Perceptions of what it was to be *normal* as well as reactions to impairment could be 'culturally specific, situationally specific, specific to the object or even specific to a personality'.⁸ This study of the miracles of Saint Hugh of Lincoln takes into account cultural representations of the mind (outlined above in the introductory chapter on Madness in Twelfth-Century England),

⁶ Robert Bartlett, *Why Can the Dead Do Such Great Things? Saints and Worshippers from the Martyrs to the Reformation* (Princeton, NJ and Oxford: Princeton University Press, 2013), pp. 77-8; See Introduction, 1 for more on personal piety.

⁷ Irina Metzler, *Disability in Medieval Europe: Thinking about physical impairment during the high Middle Ages, c.1100-1400* (Abingdon: Routledge, 2006), p. 1.

⁸ *Ibid.*, p. 37.

the position of the mad within the saint's *Vitae*, and the specific perspective of each of Hugh's hagiographers.

By the thirteenth century, there was a long theological tradition that understood spiritual good health to be beneficial to the efficacy of medicines intended to restore physical health, which suggests that balance was not simply necessary in the body and mind, but also in the soul and, moreover, between the body, mind, and soul.⁹ For Saint Ambrose, writing in the fourth century, the internal goodness of the saint meant that physical perfection was maintained even in cases of mutilated martyrs. Whereas imperfections of the body could be seen as marks of sin, imperfections on the body of a saint represented the sins of the saint's persecutors and not of the saint himself.¹⁰ Saint Augustine theorised that the body and soul together formed a single being: the human.¹¹ The soul (*animus*) was intended to partake of reason and to rule over the body.¹² The term *animus* could also denote the reasoning mind rather than the soul (*anima*), and this terminological distinction is indicative of the perceived purpose of the human mind: to direct the body.

Canon Twenty-Two of the Fourth Lateran Council (1215) decreed that 'physicians of the body, when they are called to the sick, [...] warn and persuade them first of all to call in physicians of the soul so that after their spiritual health has been seen to they may respond better to medicine for their bodies'. The canon acknowledged that bodily and spiritual illnesses

⁹ Chapter V, 3.1.

¹⁰ Lisi Oliver and Maria Mahoney, 'Episcopal Anatomies of the Early Middle Ages', in *Rhetorics of Bodily Disease and Health in Medieval and Early Modern England*, ed. by Jennifer C. Vaught (Farnham: Ashgate, 2010), pp. 25-41 (p. 25).

¹¹ Augustine, *De Trinitate Libri XV*, ed. by W.J. Mountain, *Corpus Christianorum, Series Latina*, 50, 2 vols (Turnholt: Brepols, 1968), XV.7, II, 474-75.

¹² Augustine, 'De quantitate anima', in *Opera Omnia*, ed. by J.P. Migne, *Patrologiae cursus completus, series latina*, 32-47, 12 vols (Paris: Imprimerie Catholique, 1841-49), I (1841), cols 677-734 (col. 693) 'substantia quaedam rationis particeps, regendo corpori accommodata'.

were sometimes connected ('sickness of the body may sometimes be the result of sin') and so, after the soul was cleansed, 'when the cause ceases so does the effect'. Provision was also made for those patients who might have given up hope of recovery when a priest was summoned, believing themselves only capable of receiving the Last Rites before death.¹³ Instead, the soul was to be protected, first and foremost, in the hope that this protection could lead to a bodily cure, but with the understanding that, were recovery not possible, the soul should be prepared for the next life.

The *Vitae* of Saint Hugh contain multiple examples of the conviction that the mind/soul should govern the body through reason in order to achieve a state of health, and these examples will be the focus of this chapter. The bishop often deprived himself physically for the sake of his soul: such deprivations stood witness to his sanctity and his place in Paradise. Adam of Eynsham explained that Hugh looked on the illness that eventually ended in his death with a noble heart ('magnanimi cordis'), since all earthly lives ended in Lord's harvest in which the grain (symbolising the mind/soul: 'spiritus') was separated from the sheaf (symbolising the body: 'corpus'). Life's hardships provided the threshing that was necessary for this separation.¹⁴ Physical suffering thus prepared the 'spiritus' for its separation from the body and its ascent to Paradise. For this reason, Hugh's self-control throughout the physical suffering that he experienced in his lifetime bore witness to his saintly virtue. The next section contextualises hagiographical constructions of Hugh's sanctity in his three *Vitae*, and then juxtaposes his *ideal* body/mind relationship with representations of the bodies and minds of the mad people he cured.

¹³ *Decrees of the Ecumenical Councils*, ed. and trans. by Norman P. Tanner S.J., 2 vols (London: Sheed & Ward; Washington, DC: Georgetown University Press, 1990), I, 245.

¹⁴ AE, V.15, II, 182-83.

2. The Three *Vitae* of Saint Hugh of Lincoln

2.1. *Hugh as Bishop and Saint*

In 1186, Hugh of Avalon was made Bishop of Lincoln by King Henry II.¹⁵ At Henry's request, he had come to England from the Grande Monastery of Chartreuse near Grenoble in 1179-80 to become prior of the failing Carthusian priory of Witham.¹⁶ By the time of his death on 16 November 1200, Hugh had achieved a great deal and had successfully navigated his way through the reigns of three English kings with few complications.¹⁷ At the Council of Oxford in 1197, Hugh famously refused Richard I's demand for knights to serve for him overseas and declared that he had no obligation to provide men for overseas service. He avoided the confiscation of revenues that Richard wished to impose as penalty for his disobedience by visiting the King himself whilst he was at mass and winning his respect.¹⁸

Hugh had a reputation for fairness and wisdom, so much so that he served as a papal judge-delegate on several occasions, notably overseeing a dispute between the Archbishop of Canterbury and the monks of Christ Church over the establishment of a new house of canons in Canterbury.¹⁹ Hugh's magnificent funeral was held on 23 November and was attended by two kings as well as many archbishops, bishops, magnates, abbots, and nobles.²⁰ Despite multiple miracles occurring on the day of the funeral and in the

¹⁵ Decima L. Douie and David Hugh Farmer, 'Introduction', in *AE*, I, pp. vii-liv (p. vii).

¹⁶ David Hugh Farmer, *St Hugh of Lincoln: An Exhibition to Commemorate the Eighth Centenary of His Consecration as Bishop of Lincoln in 1186* (Oxford: Bodleian Library, 1986), p. 1.

¹⁷ *Ibid.*, p. 15.

¹⁸ Henry Mayr-Harting, 'Hugh of Lincoln (1140?-1200)', in *ODNB* <<http://www.oxforddnb.com/view/article/14060>> [accessed 27 January 2016] (para. 8 of 13).

¹⁹ David Hugh Farmer, *Saint Hugh of Lincoln* (London: Darton, Longman and Todd, 1985), p. 79.

²⁰ David Hugh Farmer, 'The Cult and Canonization of St Hugh', in *St Hugh of Lincoln: Lectures delivered at Oxford and Lincoln to celebrate the eighth centenary of St Hugh's consecration as bishop of Lincoln*, ed. by Henry Mayr-Harting (Oxford: Oxford University Press, 1987), pp. 75-87 (p. 77); *AE*, V.19, II, 225. According to Adam, the funeral was attended by 'regem Anglie et regem Scotie, archiepiscopos, episcopos, principes, abbates et proceres'.

years that followed, canonisation proceedings did not start until 1219 perhaps because of the disruption caused by the papal interdict between 1208 and 1213, and by Magna Carta in 1215 and its aftermath.²¹ Proceedings progressed fairly rapidly once they had begun and a bull of canonisation was issued at Viterbo in Italy by Pope Honorius III on 16 February 1220.²²

2.2. *Adam of Eynsham's Magna Vita Sancti Hugonis*

Two *Vitae* were available for the papal commissioners to use in Hugh's canonisation proceedings: Adam of Eynsham's *Magna Vita Sancti Hugonis* and Gerald of Wales' *Vita Sancti Hugonis*. Both texts were written with canonisation in mind, and both Adam and Gerald intended to represent the bishop as a man who bore the necessary attributes of sanctity, which, as will be discussed in section 4.1 below, extended beyond the performance of miracles.²³ Adam began compiling his *Vita* in the early thirteenth century, shortly after Hugh's death, and finished it in c.1212. He presented his work to Robert of Caveford, the Prior of Witham, and to the community there.²⁴ It was written, by his own admission, at the persuasion of Robert FitzHenry, a hermit at Witham, and Ralph, a sacrist, in order to preserve Hugh's exemplary deeds and miracles for future generations ('hec posteris de Hugone cognoscenda scripto mandata sunt').²⁵

Adam came from an Oxford burgher family and his father may have been Edmundus Medicus, an Oxford landowner and physician who died in the Holy Land between 1185 and 1190.²⁶ The evidence for this paternal

²¹ Farmer, 'The Cult and Canonization of St Hugh', in *St Hugh of Lincoln*, ed. by Mayr-Harting, p. 77.

²² *Ibid.*, p. 82.

²³ *Ibid.*, p. 79.

²⁴ *AE*, I.0, I, 1.

²⁵ *Ibid.*, II.14, I, 88.

²⁶ Douie and Farmer, 'Introduction', in *AE*, I, pp. viii-ix.

connection is circumstantial but H.E. Salter has been able to identify Adam's brothers, William of Oxford and Edmund the Monk, from *The Vision of the Monk of Eynsham*, a miraculous vision recorded by Adam and included in the *Eynsham Cartulary*. Salter argues that the Oxford background of all three brothers provides a link to Edmundus Medicus, and the rarity of the name Edmund – with only one in every thousand bearing that name – suggests a familial tie between him and Edmund the Monk.²⁷ Edmundus Medicus may have served the Augustinian canons of Oseney Abbey, in Oxfordshire, as their medical practitioner.²⁸ A familial relationship with an experienced practitioner could explain Adam of Eynsham's own medical knowledge, which is fairly detailed.²⁹

Adam himself had been very close to Hugh, serving as his chaplain for the last three years of his life, and his admiration for the bishop is very apparent in the text.³⁰ The community at Eynsham was a small Benedictine order of no more than thirty monks. The Bishop of Lincoln had the right of patronage over the monastery so could select his chaplain from among their number, choosing Adam in 1197.³¹ It is important to consider Adam's role as Hugh's chaplain and his close physical proximity to the bishop, as well as his aspiration for Hugh's canonisation, when analysing his representation of Hugh's sanctity, and of the saint's interaction with those he healed.

²⁷ H.E. Salter, 'Vision of the Monk of Eynsham: Introduction', in *Eynsham Cartulary*, ed. by H.E. Salter, Oxford Historical Society, 51, 2 vols (Oxford: Oxford University Press, 1908), II, 257-283 (pp. 272-3).

²⁸ C.H. Talbot and E.A. Hammond, eds., *The Medical Practitioners in Medieval England: A Biographical Register* (London: Wellcome Historical Medical Library, 1965), p. 37.

²⁹ H.E. Salter, 'Vision of the Monk of Eynsham: Introduction', in *Eynsham Cartulary*, ed. by H.E. Salter, p. 272.

³⁰ Douie and Farmer, 'Introduction', in *AE*, I, p. viii.

³¹ *Ibid.*, p. ix.

2.3. *Gerald of Wales' Vita Sancti Hugonis*

Gerald of Wales, who composed a second *Vita* of Saint Hugh, did not have such an intimate relationship with the bishop, though he was a personal acquaintance. His admiration for the man and the saint is nonetheless very clear. Gerald's *Vita* was completed c.1213 and is far shorter than Adam's, which he may have known of but had most likely not read. Gerald focused to a greater extent than Adam on the miracles themselves; Hugh's death occurs at the end of the first part, and the second and third parts are dedicated to his funeral and posthumous miracles.

Gerald himself held a clear ideal image of how a bishop should behave. Having failed to obtain the bishopric of Saint David's in 1198-1203, Gerald had become disillusioned with the Church in England and Wales. He was also forced to acknowledge his own unsuitability for the role of bishop.³² He conceded that he perhaps lacked the grace necessary for such a high-ranking Church position, as he was not so far down the road to perfection that he could not notice the injustice of his present state.³³ Hugh, by contrast, was an example of how an ideal bishop should be: happy, loving and generous, learned and at peace with himself and others.³⁴ In line with the biblical model of the ideal bishop, Hugh was 'not violent but retrained' ('non percussorem sed modestum') (1 Timothy 3:3).³⁵ In his possession of these attributes, we shall see, he stood in stark contrast to those afflicted with madness. Hugh's restoration of the insane to sanity was not only a mark of

³² Robert Bartlett, *Gerald of Wales 1146-1223* (Oxford: Oxford University Press, 1982), p. 46 and p. 57; Loomis, 'Introduction', in *GW*, p. xxi.

³³ Gerald of Wales, 'Letter to the prior of Llanthony', in *Speculum Duorum or A Mirror of Two Men*, ed. by Yves Lefèvre and R.B.C. Huygens, trans. by Brian Dawson, Board of Celtic Studies, University of Wales, History and Law Series, 27 (Cardiff: University of Wales Press, 1974), pp. 242-61 (pp. 254-55).

³⁴ Loomis, 'Introduction', in *GW*, p. xxi.

³⁵ John S. Ott and Anna Trumbore Jones, 'Introduction: The Bishop Reformed', in *The Bishop Reformed: Studies of Episcopal Power and Culture in the Central Middle Ages*, ed. by John S. Ott and Anna Trumbore Jones (Aldershot: Ashgate, 2007), pp. 1-20 (p. 2).

his sanctity but was also a representation of his pastoral role, as a bishop, to restore wandering souls to his flock.

2.4. *The Metrical Life of Saint Hugh of Lincoln*

In celebration of Hugh as bishop and as saint, the *Metrical Life of Saint Hugh of Lincoln* was composed sometime between Hugh's canonisation in 1220 and the death of Hugh of Wells in 1235 because Hugh II was referred to in the poem as the current Bishop of Lincoln.³⁶ Though the author is anonymous, speculations have been made as to his identity. In his edition of the text, the most recent editor, Charles Garton, subscribes to the theory put forward by M.R. James and now 'generally accepted as established fact' that the author was Henry of Avranches, a travelling poet who wrote in England, Italy, and France.³⁷ In his edition of the fourteenth-century *Matricularium* of Peterborough Abbey, James notes an entry for a *Life of St Hugh, Bishop of Lincoln, in verse, by 'Mag H. de Hariench'*, and identifies 'Hariench' as a fourteenth-century rendering of 'Avranches'.³⁸ He also draws parallels between the *Metrical Life* and Henry's *Life of St Francis*, such as an interest in contemporary medicine, which may have influenced Henry's interpretation of madness. Henry was known to have been putting various saints' lives into verse – including *Vitae* of Saint Guthlac, Saint Birin, Saint Oswald and Saint Thomas Becket - in around 1220.³⁹

It is likely that the poem was written to celebrate Hugh's canonisation and it was certainly a salutation of his life. This perspective must be taken into account when exploring how Hugh was portrayed in relation to those he healed. The focus of the poem was Hugh as a saint and not Hugh just as a

³⁶ Charles Garton, 'Introduction', in *Metrical Life*, pp. 1-7 (p. 4).

³⁷ *Ibid.*, pp. 4-5.

³⁸ *Ibid.*, p. 4.

³⁹ *Ibid.*, pp. 4-5.

healer, which means that his personal virtue is more prominent than that of the saints in the *Miracula* we have examined in previous chapters. The *Metrical Life* was intended to be read aloud to a clerical and perhaps a lay audience on Hugh's feast day on 17 November.⁴⁰ The poet certainly had access to the report made by the papal commission for Hugh's canonisation since the two examples of madness that he included in the *Metrical Life* are both in the report, and one of them does not appear in either the *Magna Vita* or Gerald's *Vita*.⁴¹ The miracles chosen for the *Metrical Life* reveal which events were thought to have had the most impact or the highest significance in the celebration of the saint's life. It is therefore worth reviewing which madness miracles were recorded in which *Vita* in more detail.

2.5. Madness Miracles in the Three Vitae

The three *Vitae* of Saint Hugh contain five detailed accounts of madness (summarised below in Table 6) as well as further shorter references. The *Metrical Life* mentions that, among the miracles presented to the papal court as part of Hugh's canonisation procedure, there were nine accounts of mad people ('furiosi').⁴² The use of the word 'furiosi' to describe these pilgrims is noteworthy because it implies a frantic and furious interpretation of madness, the significance of which will be discussed below. This term was used in every case of madness in Hugh's canonisation report, and it is likely that the author of the *Metrical Life* reproduced it from there.⁴³ Despite mentioning nine accounts of madness, the *Metrical Life* itself only gives the details of two cases: the miraculous cure of the mad sailor, which was recorded in Adam of Eynsham's *Magna Vita* as well as the papal

⁴⁰ Ibid.

⁴¹ 'The Canonization of St Hugh of Lincoln', pp. 97-8.

⁴² *Metrical Life*, 1251-52, p. 76.

⁴³ 'The Canonization of St Hugh of Lincoln', pp. 97-104.

canonisation report, and another account of a violent madman that was also in Hugh's canonisation report.

Summary	Ref.	Symptoms and Diagnosis
A sailor from the village of Cheshunt had been possessed when his ship was near London. Having attacked his shipmates, he was brought home and secured with his head tied to a post, his hands to two stakes in the ground, and his legs to a wooden beam. Hugh exorcised the man by reciting the gospels and sprinkling him with blessed water.	AE, V.9	Demonic possession: rolling eyes, twisting mouth, sticking tongue out, gnashing teeth.
	Metrical Life, lines 1079-87	Mad/furious ('furit'): bound, grimacing, sticking tongue out.
A madman, who had been driven mad by acute fever, had to be restrained by eight sane men to stop him from devouring his wife and children. Hugh used holy water to exorcise him and to cure his fever.	Metrical Life, lines 1088-1105	Madness/ demonic possession: doubled strength and the desire to harm others.
A mad youth from Ancaster was taken to various shrines by his parents in the hope of a cure. He was brought, bound in chains, to Saint Hugh's tomb. He stayed at the tomb for seven days, praying and gradually improving. He went home, cured and carrying the chains that had previously been used to bind him.	GW, II.7	Mad ('amens')/ frenzied ('in frenesim').
A frenzied girl from Wigford was bound and brought to Saint Hugh's tomb. She stayed there for several days, crying out and disturbing the services. Having fallen asleep, she woke up cured and began to behave correctly, covering her head and devoutly praying.	GW, II.12	Frenzied: crying.

Table 6: Madness in the Miracles of Saint Hugh of Lincoln.

The miraculous cure of the mad sailor was first recorded in the *Magna Vita* and is the only case of madness where Adam goes into significant detail. In fact, he claims that, wanting to avoid idle gossip, he had originally decided not to include it at all but changed his mind at the last minute when he thought that the story would encourage virtue ('virtus') and not simply satisfy curiosity ('curiosus').⁴⁴ The miracle was the first miracle in Hugh's canonisation report, and Adam's account was cited as its source.⁴⁵ In the report, we learn that the sailor's name was Roger Colhoppe.⁴⁶ On his way to see the king, Hugh passed through the village of Cheshunt where the villagers, having been abandoned in the matter by their own bishop, beseeched him to cure one of their neighbours. Adam described Roger (unnamed in his account), who was a sailor, as 'possessed by a very savage demon' ('a seuissimo possessum demone'), whereas, in the *Metrical Life*, he was mad/raving ('furit'), in line with the terminology used in the canonisation report.⁴⁷ The use of the word 'furit' does not firmly indicate demonic involvement, though the linguistically-related term *furia* was sometimes connected with evil spirits.⁴⁸

Demonic possession was, however, alluded to in the *Metrical Life's* version of the miracle when 'The holy father [Hugh] exorcised water, gave a blessing, and commanded the snares of the devil to disappear' ('Exorcizat aquam sanctus pater, et benedicit;/ Ille diabolicas jubet evanescere fraudes').⁴⁹ Variations in terminology could be due to constrictions of space or metre in the poem or because the poet wished to place more significance on the spiritual nature of the cure in relation to the illness itself. Both the *Magna Vita* and the *Metrical Life* emphasised that it was necessary to restrain the

⁴⁴ AE, V.9, II, 124.

⁴⁵ 'The Canonization of St Hugh of Lincoln', p. 97.

⁴⁶ Ibid.

⁴⁷ AE, II, 125; *Metrical Life*, 1079, p. 66.

⁴⁸ Charles Du Cange, *Glossarium mediae et infimae latinitatis*, 10 vols (Niort: L. Favre, 1883-87), III (1884), p. 634.

⁴⁹ *Metrical Life*, 1084-85, pp. 66-8.

sailor though Adam had the freedom of space to go into much greater detail. In the *Metrical Life*, the sailor's 'hands and feet were bound' ('manibus[que licet] pedibusque ligatus'), whereas, in the *Magna Vita*, Adam explained how the man's head was tied to a post, his hands to two stakes in the ground and his legs to a wooden beam, resembling the form of a crucifix and rendering him unable to move anything except for his face.⁵⁰

The second case of madness in the *Metrical Life* is that of a madman whose insanity was brought about as the result of acute fever, and left him in a state of such derangement that he wanted to devour his wife and children.⁵¹ His condition was described as 'rabiem': a term that could refer to madness in general or to the fatal insanity that led to foaming at the mouth and that followed a bite from a rabid dog.⁵² Demonic possession was discussed too as part of the cure - 'the demon departed' ('abit daemon') - but the main emphasis was on the restoration of the balance of hot and cold using holy water. The warm blood shrank away from the cold water and restored the body to an even temperature, cooling the fever and the raging madness.⁵³ The poet's explanation that 'each thing rebounds at the sensation of its opposite' ('ad oppositi sensum res quaeque resultat') is perhaps indicative of his interest in medical explanations for ill health - which supports M.R. James' theory that he was Henry of Avranches - and highlights the apparent importance of finding a balance between two extremes in order to achieve *physical* and *mental* health.⁵⁴ Though the demon was mentioned in the canonisation report, the medical explanation seems to have been added by

⁵⁰ Ibid., 1079, p. 66; AE, V.9, II, 125.

⁵¹ *Metrical Life*, 1088-1105, pp. 68-9.

⁵² Constantine the African, 'Liber Pantegni', in *Omnia Opera Ysaac* (Lyons: Trot, 1515), fols j-cxliij^v [in the second set of foliation] (fol. xcix^v). In his chapter 'De mania et alienatione mentis', Constantine the African stated that 'si ex morsura canis rabidi hec passio alicui contingat, et spumam reiecerit per os sine dubio die vij morietur'.

⁵³ *Metrical Life*, 1088-1105, pp. 68-9.

⁵⁴ Ibid.

the poet.⁵⁵ Additionally, the stabilising of opposites could allude to the juxtaposition of the holy water against the unholy demon. In this way, the exorcism performed by Hugh was as much spiritual as it was physical; the fever was broken and the demon was expelled.

Though one of Gerald of Wales' two madness miracles was recorded in Hugh's canonisation report, neither was included in the *Metrical Life*, perhaps because it focused primarily on the deeds of Hugh's lifetime, and the madness miracles that Gerald recorded were performed posthumously.⁵⁶ In both of his madness miracles, Gerald of Wales used the word 'frenesim' to describe those afflicted. A youth from Ancaster was 'in frenesim versus et amens effectus'.⁵⁷ In contemporary medical texts, frenzy (*frenesis*) was a specific medical condition that could cause someone to go out of his/her mind (*amens*) and act insanely, requiring restraint.⁵⁸ In the canonisation report, the youth, whose name, we learn, was John, was described as 'furiosus' and his madness was attributed to the loss of his property.⁵⁹ Gerald may have been unaware of this loss, which he did not mention, if he had not spoken with the youth or his family directly. In Gerald's account the youth was bound at Hugh's shrine despite having the wits to pray and to hear mass.⁶⁰ Upon his cure, the youth's actions were 'sane et discrete' in contrast to his previous madness and frenzy.⁶¹ Similar is true of Gerald's second case of madness: a mad girl from Wigford who was also 'in frenesim'

⁵⁵ 'The Canonization of St Hugh of Lincoln', p. 98.

⁵⁶ *Ibid.*, pp. 99-104. Five mad women were recorded in the report, and it is possible that Gerald's mad girl from Wigford was among them, though this hypothesis seems unlikely as her story does not match any of theirs.

⁵⁷ GW, II.7, p. 54.

⁵⁸ Bartholomaeus, 'Practica Magistri Bartholomaei Salernitani', in *Collectio Salernitana* (Naples: Salvatore de Renzi, 1856), pp. 321-406 (p. 375) 'Magis insani ligentur fortiter'; *Dictionary of Medieval Latin from British Sources*, ed. by R.E. Latham, 17 fascicules (London: Oxford University Press, 1975-2013), I (1975), 76. As well as indicating someone suffering from madness, the term *amens* could be applied to one who was demented or greatly excited.

⁵⁹ 'The Canonization of St Hugh of Lincoln', p. 102.

⁶⁰ GW, II.7, p. 54.

⁶¹ *Ibid.*

but, upon cure, was 'sapienter et discrete', 'recte satis et discrete' and 'sapienter et devote'.⁶² Both cases suggest that, for Gerald, a wise and spiritually-devoted mind was an ideal state, which was undermined by madness and thus needed rectifying.

The final case of mental affliction in the *Vitae* is not a case of madness but a case of sadness, which is described briefly in the *Magna Vita*. Though the cure was not necessarily miraculous – Hugh's kind words cheered up ('exhilaravit') the afflicted maiden – it is still worth mentioning because it is one of the rare cases in which sorrow or grief is discussed as a condition in need of spiritual attention in a miraculous text. The word 'merore' – meaning sorrow – was used to describe the maiden's sadness that was caused by grief following a recent loss.⁶³ What is most striking is that, following Hugh's intervention, the maiden's mind was made happy ('animum gereret letissimum'), which suggests that her previous sorrow was a condition in the mind that required emotional stimulus to cure it and to restore her *accidents of the soul* to a state of equilibrium.⁶⁴

In summary, then, the language used to describe the mad men and women in Hugh's *Vitae* focused on the loss of the mind, using a range of terms that denoted imbalance and a loss of self-control. The author of the *Metrical Life* presumably selected the two accounts he related from the nine that he was aware of in order to illustrate a point. In the poem, which narrates Hugh's spiritual journey towards sainthood, these mad figures represent imbalance in the mind. Adam claimed to have included the miracle of the mad man from Cheshunt because it would encourage virtue. This miracle could also have been used to contrast Hugh's virtue with the impurity of others, made

⁶² Ibid., II.12, pp. 62-5.

⁶³ AE, V.13, II, 156.

⁶⁴ Ibid.

especially poignant in the case of demonic possession. The next two sections of this chapter examine what Hugh represented in terms of virtue in the body and mind, and how this virtue contrasted with the mad people we have encountered in this section, whose unruly temperaments signified their own imbalances and highlighted Hugh's *ideal* state.

3. The Balanced Body

3.1. Hugh's Physical Body

During his lifetime, Hugh often made physical sacrifices for the sake of his spiritual welfare. Even on the brink of death, he refused to allow the hair shirt he was wearing on his sick bed to be changed more than was absolutely necessary. The hair shirt caused Hugh obvious discomfort; it forced him to lie in congealed perspiration and covered his skin in scratches.⁶⁵ Despite causing physical sores, which Adam had seen on his body, Hugh claimed that his hair shirt was able to heal sores.⁶⁶ In this way, bodily suffering was shown to be of spiritual benefit; the sores that Hugh was referring to were in his soul and the torment of the hair shirt acted as penance for past sins. An analogy can be made to Saint Paul's thorn in the flesh, which was interpreted as a symbol of physical illness. The thorn acted as a reminder of his humanity, despite the divine revelations that he had received, and prevented him from succumbing to pride (2 Corinthians 12:7).

On his deathbed, Hugh's physical suffering and decline did not represent a loss of spiritual and mental clarity. In fact, Hugh's physicians remarked with surprise that his spirit ('spiritus') seemed utterly undefeated by his illness.⁶⁷ Throughout his sickness, Hugh made sure that his body, despite

⁶⁵ Ibid., V.16, II, 190.

⁶⁶ Ibid., pp. 190-91.

⁶⁷ Ibid., p. 193.

his fever and weariness, obeyed his spirit and not the other way round.⁶⁸ On another occasion, Hugh explained the importance of self-control to his attendants who wanted to witness personally a miraculously-bleeding host of which they had been told. By informing them that it was enough to have faith in the miracle without having seen it, Hugh 'restrained their idle curiosity and by directing their devotion to inner sight and touch, he instructed his listeners about the true and living food of their souls.'⁶⁹

Hugh's spiritual virtue was apparent in his physical appearance after death. Adam compared his skin to that of Saint Martin in its pureness and beauty ('puritatem uero et decorem').⁷⁰ This comparison to a saintly body – remember that, at this time, Hugh had not yet been canonised – denoted the highest level of physical and spiritual purity. Interjections, lifted from Sulpicius Severus (a hagiographer and chronicler, who composed his *Life of Saint Martin* in Gaul in the late fourth/fifth century), that Hugh's skin was whiter than milk ('lacte candidior') and that his blush was redder than the rose ('rosis [...] uernantior') enhanced the connection with Saint Martin and suggested that Hugh's spiritual goodness was reflected in a physical appearance akin to, if not finer than, that seen in nature.⁷¹ Furthermore, the red rose, as a symbol of Christ's Passion, provided a parallel between Hugh's death and that of Christ, and thus, though he had not been martyred, his incorrupt corpse reflected his goodness, and the faith for which he had dedicated his life.⁷²

⁶⁸ Ibid., V.17, II, 199. 'Hugo artus febre iugiter, ut premissum est, fatiscentes spiritui seruire coegnisset.'

⁶⁹ Ibid., V.4, II, 95. 'a proposito curiose uisionis illos cohercuit, et ad excitandum deuotionis aspectum pariter et amplexum, as hec uera et uiuifica cordium alimena mentes audientium erudiuit'.

⁷⁰ Ibid., V.17, II, 206.

⁷¹ Ibid.

⁷² Agostino Paravicini-Bagliani, *The Pope's Body*, trans. by David S. Peterson (Chicago, IL and London: University of Chicago Press, 2000), p. 82.

3.2. *Healthy Mind, Healthy Body*

In contrast to the saint himself, the mad patients to whom Hugh attended were often portrayed as grotesque and unnatural in physical appearance. Such a representation is especially manifest in the deranged sailor who was cured by Hugh at Cheshunt. Adam's description of the sailor's physical appearance is worth looking at in detail:

The unhappy wretch was rolling his eyes, and his mouth kept twisting now in this direction and now in that with a ghastly leer. At one moment he stuck his tongue out, and at the next he gnashed his teeth, and then opening his mouth wide he showed the whole back of his throat which appeared to the spectators like some horrible cavern.⁷³

The rolling of his eyes and the gnashing of his teeth give the sailor an unnatural physical appearance. Much of the description also has a demonic overtone: from the sailor's twisted mouth to the vast, unnatural hell of his throat. The author of the *Metrical Life* repeated these unnatural and hellish images in his account of the miracle, describing the sailor's twisted face and curved tongue ('genas torque, linguamque recurvam.')

The sailor's mind was unbalanced by his insanity, and this imbalance was reflected in his physical appearance. Just as Hugh was at one with nature, the sailor was grotesque and unnatural. Similarly, whilst Hugh's close spiritual bond with God was shown through his physical comparison to Saint Martin, the sailor's demonic possession was indicated in his hellish physical appearance. As we have seen, Hugh was careful, even in the depths

⁷³ AE, V.9, II, 125. 'Ipsius autem oculi miserabiliter rotabantur in girum; os nunc in hanc, nunc illam in partem, miserabili rictu contorquebatur. Nunc linguam in immensum protendebat ab ore, nunc dentibus gutturis meatum ac si quiddam ingens baratrum et intuentibus horridum, demonstrabat.'

⁷⁴ *Metrical Life*, 1082, p. 66.

of physical illness, to preserve his spirit as the master of his body. In the case of madness, when the mind was not in control of the body, the body sank into an inhuman and unnatural state, which could only be reversed by the re-assumption by the mind of its position as controller of the body.

In line with their unnatural physical capabilities was the frequent acquisition by the mad of inhuman powers, most commonly inhuman strength. It was only with the help of a large number of people that the mad sailor from Cheshunt was secured to a large beam on his ship and taken home.⁷⁵ In the case of the man who went insane during a severe bout of fever, as recorded in the *Metrical Life*, madness doubled the man's strength and it took eight sane men to restrain him.⁷⁶ Had he not been restrained, the man would have had the strength (and perhaps more frighteningly, the desire) to devour his entire family.⁷⁷ The madman's capitulation to desire demonstrates that his mind was unable to control the urges and strengths of the body and by so doing, maintain the careful balance of human nature.

Since they lacked any self-restraint, mad people often required some form of man-made restraint. The mad sailor from Cheshunt was possessed by a demon whilst aboard his ship, near London, and there is perhaps a connection between his possession and the instability of his seafaring lifestyle, which may have put him at greater risk of ill health.⁷⁸ Notably, before he was cured by Hugh, the sailor was secured and brought home, thus restoring some level of stability.⁷⁹ Bound in the form of a crucifix, he suffered physically for the evil spirit ('spiritus malignus') inside him, just as Christ had suffered for mankind.⁸⁰ What was clearly a striking image was

⁷⁵ AE, V.9, II, 126.

⁷⁶ *Metrical Life*, 1089-90, p. 68. 'geminat dementia vires: / Insanus sanis vix unus ab octo tenetur'.

⁷⁷ *Ibid.*, 1091, p. 68. 'Quin velit et valeat pueris et conjugē vesci.'

⁷⁸ See section 1.1 above for imbalance as a risk-factor for ill health.

⁷⁹ AE, V.9, II, 126.

⁸⁰ *Ibid.*, p. 125.

repeated in Hugh's canonisation report, and again in the *Metrical Life*, which stated that the sailor's hands and feet were bound.⁸¹ After his cure, the sailor did his best to amend ('emendare') his life and does not seem to have returned to the sea.⁸² Away from the unstable lifestyle of a sailor, he died in peace/harmony ('in pace').⁸³

In the other madness miracles in the *Vitae*, madness was repeatedly connected with the necessity for restraint. Gerald of Wales did not mention inhuman strength but nevertheless, both of the insane people who appear in his *Vita* were bound in some way. The mad youth from Ancaster was bound with chains and tied up.⁸⁴ Upon his restoration to sanity, the youth returned home, carrying the chains that had once been used to bind him.⁸⁵ For the youth, home may have been a place of stability, as it was for the sailor. The chains are almost symbolic of his madness: whilst mad, he was bound but when sane, he carried his chains freely. Thus, his mental incapacity was reflected in his physical incarceration and his inability to control his body. Gerald's mad girl from Wigford was fettered for a long time because of the frenzy she was in ('in frenesim rapta fuit, adeo ut vincta diucius et graviter vexata').⁸⁶ At Hugh's tomb, her cries were so loud that she disturbed the celebration of mass, and those who witnessed her madness prayed for her cure.⁸⁷ The girl's lack of regard for Church ceremony, as well as the recognition by others that her behaviour required a cure, were indicators of the degeneration of her mind.

⁸¹ 'The Canonization of St Hugh of Lincoln', p. 97 'ligatum fuit capud ad postem et manus ad paxillos tam a dextris quam a sinistris et pedes similiter ad paxillum; *Metrical Life*, 1079, p. 66 'manibusque licet pedibusque ligatus'.

⁸² *AE*, V.9, II, 126.

⁸³ *Ibid.*

⁸⁴ *GW*, II.7, p. 54. 'astrictus vinculis et ligatus'.

⁸⁵ *Ibid.* 'cathenas manibus deferens'.

⁸⁶ *Ibid.*, II.12, p. 62.

⁸⁷ *Ibid.*, p. 64.

3.3. *The Implications of Physical Suffering*

Perhaps the most striking medieval image of physical degeneration is that of the leper, which can be compared to representations of the sick minds of mad men and woman, who were unable to restrain their bodies. All three hagiographers took note of Hugh's close association with lepers, which suggests that it was unusual and made Hugh different from other men. Gerald of Wales marvelled at how Hugh could bear to kiss the lips of lepers without any horror of a form more monstrous than human.⁸⁸ Gerald's language emphasises the shocking physical appearance of the lepers with terms such as 'monstruose' and 'deformitas', and the graphic description of men whose mouths had been completely eaten away, leaving only their teeth in the space where their lips should have been.⁸⁹

It is important to note, however, that Gerald did not record any mental and spiritual weakness in the cases of these leprous sick. Certainly, there were those among Gerald's contemporaries who associated leprosy with sin: the twelfth-century *Chronicon Abbatiae Rameseiensis* reported that the monks of Evesham had attributed their abbot's apparent leprosy to his sacrilegious attempt to move the relics of Saint Osyth, though the chronicler himself acknowledged that there may have been other causes for the abbot's illness.⁹⁰ Nonetheless, the twelfth century also saw the emergence of a new narrative that associated the leper not with sin but with salvation. Carole Rawcliffe has suggested that this alternative interpretation of leprosy may have been influenced by the increased occurrence of leprosy among prominent and respected members of the nobility, such as Baldwin IV, the leprous King of Jerusalem (d.1185).⁹¹ The biblical narrative that Christ, upon taking on the

⁸⁸ Ibid., I.8, p. 30. 'nec rei monstruose magis quam forme humane'.

⁸⁹ Ibid. 'etiam oris seu labiorum forma apparuit ulla, sed tantum dentes extabant et prominebant.'

⁹⁰ Carole Rawcliffe, *Leprosy in Medieval England* (Woodbridge: Boydell, 2006), p. 51.

⁹¹ Ibid., p. 54.

sins of mankind, was shunned as a leper ('quasi leprosum') established a parallel between the leper and Christ himself. To extend love to one was to extend love to the other (Isaiah 53:4).⁹² In the *Magna Vita*, Adam explained that Hugh himself had declared lepers to be blessed ('felices').⁹³ Their diseased bodies were a sign that they had been singled out by God for spiritual salvation.⁹⁴ Just as Hugh's physical suffering on his sickbed ended with his death, leaving his body pure and uncorrupted, so too did the scourge of leprosy end with the death of the sufferer.⁹⁵

If bodily cure was spiritually unimportant, one must ask what Hugh believed his kisses would bring to the ill-fated leper. The short answer is nothing. Gerald explained that Hugh's reason for kissing lepers was not an attempt to heal them in body, as Saint Martin had done, but to heal himself in his soul.⁹⁶ This point held significance and whilst he did not go into such detail about the physical condition of leprosy, the author of the *Metrical Life* repeated it in very similar terms.⁹⁷ The physical corruption of lepers may have brought them spiritually closer to salvation or given them the ability to bring others so. Hugh's kissing of the lepers was an act of love ('caritatis').⁹⁸ The humility and love that Hugh showed to the lepers by kissing them were indications of his sanctity.⁹⁹ Again following Sulpicius Severus' *Life of Saint Martin*, kissing a leper was, certainly by the twelfth century, a literary *topos* that was used as a model of sanctity.¹⁰⁰

⁹² Ibid., p. 61.

⁹³ AE, IV.3, II, 14.

⁹⁴ Ibid.

⁹⁵ Rawcliffe, *Leprosy in Medieval England*, p. 55.

⁹⁶ GW, I.8, p.30. "Martinus osculando leprosum curavit eum in corpore. Leprosus autem osculo sanavit me in anima."

⁹⁷ *Metrical Life*, 1060-61, p. 66. 'Oscula Martini sanarunt carne leprosum, / Oscula leprosi me spiritualiter aegrum.'

⁹⁸ GW, I.8, p.30.

⁹⁹ Carole Rawcliffe, 'Learning to Love the Leper: Aspects of Institutional Charity in Anglo-Norman England', in *Anglo-Norman Studies XXIII*, ed. by John Gillingham (Woodbridge: Boydell, 2001), pp. 231-50 (p. 239).

¹⁰⁰ Ibid., p. 328.

Hugh's healing of the mad was also represented as a spiritual pursuit, though the cures he performed on madmen were done not for his spiritual gain but for theirs. Perhaps, this is why Adam claimed that he was first inclined to leave stories of madness out of his collection because they seemingly added little to the depiction of Hugh's personal journey. In his efforts to cure the mad sailor, Hugh was described almost as though he were fighting in a physical and spiritual battle. He was a vigorous conqueror of the powers of darkness ('indignatus ille strenuus potestatis aduerse debellator').¹⁰¹ In the *Metrical Life*, Hugh was not a conqueror but a physician, causing the heated spirit to leave a madman by using cold water, which repelled it.¹⁰² In line with twelfth-century medical theory (outlined in section 1.1), Hugh fulfilled the role of physician by bringing harmony to the body and mind, which the poet highlighted by drawing attention to the balancing qualities of the hot and cold water (discussed in section 2.5).

Against Hugh's physical, mental, and spiritual harmony, the mad patients to whom he attended presented a stark contrast of dysfunction. The saintly figure of Hugh had found a balance between body and mind, in which his mind was spiritually superior to his body and could thus control his physical passions and lusts. Lepers could also possess this control, demonstrating that the soundness of the mind was more important than the health of the body in the pursuit of spiritual perfection. What the mad lacked was self-control in the mind, and this lack of control was reflected in their violent and unrestrained physical actions. Their appearances were often grotesque and hellish reflecting their lack of natural and spiritual goodness. Their conditions were unnatural and thus required spiritual assistance by way of a miraculous cure in order to allow for the re-assumption of control by the reasoning mind.

¹⁰¹ AE, V.9, II, 126.

¹⁰² *Metrical Life*, 1099-1101, p.68. 'Spiritus in tepido discurrens sanguine frigus / Sentit; ad oppositi sensum res quaeque resultat, / Vimque caloris ibi contrarius excitat algor.'

4. The Sane Mind

If a sane mind was necessary for a balanced body, we should now consider what constituted a sane mind and what role the saint played in restoring sanity to the minds of the insane. This section examines the contrast between ideal minds, exemplified by Saint Hugh and also by infants in the *Magna Vita*, and deranged minds. The language of madness will be explored in relation not only to states of insanity but also to heresy and savagery. I analyse the language of madness in terms of the corruption (or perceived corruption) of the mind. Finally, the idea of control will be investigated. Close attention will be paid to whether or not the mad were responsible for their loss of control, and to the spiritual role that Hugh played in their journeys from sickness to health.

4.1. *Virtus and the Ideal Mind*

By the mid-twelfth century, it had become generally accepted that no one could be venerated as a saint without official canonisation from the papacy.¹⁰³ Under Pope Alexander III (1159-81), papal canonisation procedures were regularised and made clearer.¹⁰⁴ Sanctity was recognised by the demonstration of *virtus*, which could be seen in the physical purity and incorruptibility of the saint's body, and by signs of the saint's intercessory power through miracles.¹⁰⁵ The aim of the three hagiographers who composed Hugh's *Vitae* was to relate Hugh's spiritual journey within this context. The *Metrical Life* was written in dactylic hexameter, the traditional epic metre, and opens with the first words of the *Aeneid*.¹⁰⁶ The poet used these techniques to portray the story as a 'spiritual epic' and to

¹⁰³ André Vauchez, *Sainthood in the Later Middle Ages*, trans. by Jean Birrell (Cambridge: Cambridge University Press, 1997), p. 27.

¹⁰⁴ *Ibid.*, pp. 25-6.

¹⁰⁵ *Ibid.*, p. 427.

¹⁰⁶ Garton, 'Introduction', in *Metrical Life*, p. 5; *Metrical Life*, 1, p. 8. The poem opens with the line 'Arma virumque cano'.

compare Hugh's spiritual journey with Aeneas' legendary journey from Troy to Italy, where he became ancestor to the Romans.¹⁰⁷

On his spiritual journey, Hugh's biggest personal battle was with his own lust and it is interesting that, here, the situation of later miracles was reversed, and Hugh took on the role of the impure sinner. Hugh received a vision of Basil, the Prior of the Grande Monastery of Chartreuse, who had died in 1174, and who acted as Hugh's spiritual healer. Adam of Eynsham's familiarity with medical language is apparent; Basil acted as a 'medicus' and cured Hugh in both mind and body ('in corde et in carne') of his earthly lust.¹⁰⁸ Hugh's mind was improved during his battle with his lust by the workings of the 'heavenly doctor' ('celestis medicus') who gave him the 'poison' ('venenum') of lust to quell his spiritual pride and then the 'balm of celestial medicine' ('balsamum superni medicaminis') to remove the temptation of the flesh.¹⁰⁹ Thus, the mind required the body to fulfil its spiritual potential and the body needed the mind to guide it and to quell its earthly temptations. Hugh's battle with lust was particularly relevant to the clerical reforms of the thirteenth century when clerical marriage was gradually dying out after its prohibition in the major orders at the First Lateran Council (1123), and 'manly' strength of mind and body was increasingly connected to religious male chastity.¹¹⁰ Strength emerged not from a lack of lust but from an ability to resist and control it.¹¹¹ Hugh, as a bishop and prospective saint, exemplified ideal male virtue in his battle with lust.

¹⁰⁷ Garton, 'Introduction', in *Metrical Life*, pp. 5-6.

¹⁰⁸ AE, II.2, I, 52; See *Madness in Twelfth-Century England*, 2 for more on the heart (*corde*) as the seat of the mind.

¹⁰⁹ *Ibid.*, II.3, I, 53.

¹¹⁰ Jennifer D. Thibodeaux, *The Manly Priest: Celibacy, Masculinity, and Reform in England and Normandy, 1066-1300* (Philadelphia: University of Pennsylvania Press, 2015), p. 17.

¹¹¹ *Ibid.*

Following his own battle with lust, Hugh seems to have possessed a virtuous connection between body, mind, and soul that led to his spiritual improvement. Even when eating, he did not merely taste food physically but inwardly with his entire soul.¹¹² When physically asleep, Hugh's mind ('mentis') continued to be alert and prayed constantly.¹¹³ The idea that the mind could be alert whilst the body rested (Psalms 16:7) was repeated again later in the *Magna Vita* and also in the *Metrical Life*.¹¹⁴ When receiving a dream-vision of the life he would lead as Bishop of Lincoln, Hugh's 'mind was the more free in proportion as his limbs were weighed down by sleep' ('mens liberior, quanto plus membra gravantur').¹¹⁵ Both when eating and when sleeping, the mind used bodily sensations to improve itself spiritually. With Hugh as a model of physical, mental, and spiritual balance, I can examine madness as a state of imbalance, and consider the role of the saint in miraculous healings of the mad, who underwent their own journeys to restore balance. I compare Hugh's state of spiritual harmony to other cases of harmony and disharmony to identify the connection between balance and *mental* health.

One of the most striking spiritual connections that Hugh experienced in the *Magna Vita* was with infants, and Adam emphasised this connection by dedicating a lengthy discussion to it.¹¹⁶ Even timid infants were said to be relaxed in Hugh's company, as they were in Christ's (Matthew 19:14), and onlookers were amazed by the happy connection he shared with them. Their amazement indicates that it was unusual for an adult stranger to be able to connect with babies in this way.¹¹⁷ Those who witnessed the connection attributed it to the fact that the infants' pure souls allowed them to perceive

¹¹² AE, I.12, I, 36 'immo impressius gustans et interius dentibus terens, totis anime sue'.

¹¹³ Ibid., II.9, I, 74-5.

¹¹⁴ Ibid., V.7, II, 116 'ut constraret eum, corpore etiam soporato, Deo uigili mente iugiter inherere'.

¹¹⁵ *Metrical Life*, 717, p. 46.

¹¹⁶ AE, III.14, I, 129-33.

¹¹⁷ Ibid., I, 130.

Hugh's sanctity when others could not (Matthew 5:8).¹¹⁸ Not only does this biblical reference set up a comparison between Hugh's spirituality and God's perfect state of being, it also denotes infants as being pure of soul. The implication is that young souls are corrupted from their original state of purity the longer they are within their bodies.

Consideration of the spiritual state of infant souls was particularly relevant to the thirteenth century when dualist heretical movements, like Catharism, were gaining popularity. Dualists denied infant baptism since, they argued, infants lacked the ability to reason, and with it, the ability to consent to baptism and to share in the Christian faith.¹¹⁹ Notably, mad individuals were also considered unable to use reason, and there is a parallel here between the madman and the infant, which will be explored in more detail presently. As we saw in Chapter IV (section 3.7), mad people were permitted to partake in the sacraments provided that they had previously given their consent. On a similar line, Christian teaching argued that infants should receive baptism since, as they had inherited Original Sin from adults, they could also be granted salvation through baptism performed with the consent of adults.¹²⁰ The infants who engaged with Hugh were portrayed as worthy of salvation, and were welcomed by the bishop just as Christ had welcomed the children in Judea despite the scepticism of his disciples (Matthew 19:13-15). Hugh marked the children who were brought to him with the sign of the cross, as though baptising them, and was able to perceive their potential 'greatness' ('magnum') where others could not.¹²¹ Fittingly, the infant with whom Hugh had the strongest connection grew up to be unusually good.¹²² Perhaps, the infants' souls were 'pure' in the sense

¹¹⁸ Ibid. "'Beati mundo corde, quoniam ipsi Deum uidebunt'".

¹¹⁹ William F. MacLehose, *"A Tender Age": Cultural Anxieties over the Child in the Twelfth and Thirteenth Centuries* (New York, NY: Columbia University Press, 2008), p. 58-63.

¹²⁰ Ibid., p. 81.

¹²¹ AE, III.14, I, 129-30.

¹²² Ibid., p. 131.

that they had the potential to be good, whereas, as we shall now see, heretics were condemned for their spiritual corruption.

4.2. Mental and Spiritual Corruption

We saw in Chapter I that parallels could be drawn between illness and sin, and such associations are prevalent in Adam's text. For example, an adulterous parishioner was described as 'morbida'.¹²³ The most common sin to be associated with madness and the language of madness in these *Vitae* was heresy or an error of belief. Adam described how heretics madly dreamt ('delirando sompniant') that they could be saved from hell by the intercession of any saint.¹²⁴ Though the heretics in this case were presumably not mad in reality (and it is noteworthy that the word 'delirando', though denoting madness, was not used specifically to describe any of the mad people in the *Vitae*), their beliefs lacked reason and were therefore described as being mad. Sleep and dreaming were also connected with a lack of rationality, except in cases like that of Hugh himself, who was able to keep his mind active when asleep. Dreams were a result of the continued production of images by the imaginative faculty whilst the rational faculty was inactive and unable to interpret them.¹²⁵ The heretical men were slaves to their bodies and did not let their minds guide them in correct belief in the same way that mad people did not allow their minds to guide their bodies in correct behaviour.

Heresy was a growing concern for the thirteenth-century papacy, and Adam's condemnation of heresy would have appealed to a papal

¹²³ Ibid., I.6, I, 19.

¹²⁴ Ibid., I.10, I, 33.

¹²⁵ William F. Macle hose, 'Fear, Fantasy and Sleep in Medieval Medicine', in *Emotions and Health 1200-1700*, ed. by Elena Carrera, Studies in Medieval and Reformation Traditions, 168 (Leiden: Brill, 2013), pp. 67-94 (p. 83).

canonisation committee.¹²⁶ By associating heresy with the dysfunction of madness, Adam was able to undermine heretical beliefs. One such case in the *Magna Vita* is that of Andrew and Alexander who were described as 'spiritually children' ('ueritate paruuli'), though they were in fact grown men, when they criticised Hugh.¹²⁷ Here, the association with childlike qualities was negative because the minds of these men had failed to develop alongside their bodies. For rejecting the Carthusian way, the men were described as 'perverse and insane men' ('hominis peruicacia uesani').¹²⁸ That they were stubborn implies that they had the ability for spiritual improvement but lacked the willpower, and that they were mad suggests that their spiritual feebleness lay in the failure of their minds to assume control over their bodies because of a lack of reason. As mentioned above, a connection was made here between madmen and children, both of whom were deemed spiritually deficient, like the heretics, because of their lack of reason.

The association between lack of reason and sin is emphasised again in the *Magna Vita* in the case of a sinner who was cured by Hugh at Rochester in 1198.¹²⁹ Unlike the other miracles we have encountered, the story was relayed in the first person. The sinner did not share a dialect with Hugh and spoke via an interpreter so the account was presumably designed to be the interpreter's translation of the man's own words. The man described himself as 'troubled in mind' ('mentis confusionem') though he was not necessarily mad and was able to converse with Hugh via the interpreter.¹³⁰ The man's lack of reason was brought on by demonic possession, which he mentioned frequently in his account. When he met Hugh at Rochester, the man

¹²⁶ Michael Goodich, 'The Politics of Canonization in the Thirteenth Century: Lay and Mendicant Saints', *Church History*, 44 (1975), 294-307 (p. 294).

¹²⁷ AE, II.11, I, 80.

¹²⁸ Ibid., I, 81-2.

¹²⁹ Ibid., IV.2, II, 7.

¹³⁰ Ibid., p. 8.

described how he had been ensnared by the tricks of the devil ('illaqueauerat dolis hostis humani generis').¹³¹ Under the influence of the devil, he had committed a terrible crime.¹³² We are not told what the crime was, through the physical illness that followed it may give an indication, as discussed below. The sinner feared his fate in hell and was so deeply ensnared to the devil that, at the instigation of a demonic vision, he almost committed suicide before following the advice of a vision of the Virgin Mary to seek cure from a priest.¹³³ This link between the devil and the man's loss of reason demonstrates that it was the man's reason that the devil had targeted and thus his mind was ensnared before his body.

Demonic enticement towards suicide had a well-known precedent in the tale of the Santiago Suicide, widely circulated from the twelfth century in, among other texts, William of Malmesbury's *Miracles of the Blessed Virgin* (compiled in England, c.1135) and the *Codex Calixtinus* (composed around the same time in Lyons).¹³⁴ In the tale, a simple ('simplex') French pilgrim, on his way to Santiago de Compostela to unburden himself of his sins at the shrine of Saint James, was intercepted by the devil, in the guise of the Apostle, who persuaded him that suicide was a faster and easier way to salvation.¹³⁵ The description of the pilgrim as 'simplex' may allude to his weak mental capabilities, which again connects him to the 'troubled' man who sought Hugh's help. Unlike Hugh's 'troubled' man, the French pilgrim went through with his suicide but was resurrected by Saint James and the Virgin Mary and was able to return to his life as a tailor.¹³⁶ The urging of the devil, the temptation of the next life, and the involvement of the Virgin in the

¹³¹ Ibid., p. 7.

¹³² Ibid. 'contigit me infelicem ex insidiis aduersarii humane salutis detestabile enormis cuiusdam piaculi incurrisse crimen.'

¹³³ Ibid., p. 8.

¹³⁴ Alexander Murray, *Suicide in the Middle Ages*, 3 vols (Oxford and New York, NY: Oxford University Press, 1998-forthcoming), I: *The Violent Against Themselves* (1988), pp. 277-78.

¹³⁵ Ibid., pp. 281-82.

¹³⁶ Ibid., pp. 282-83.

healing all correspond with the case in the *Magna Vita*. It is possible that Adam of Eynsham wanted to direct his readers' attentions to the parallels between Hugh and Saint James (the pilgrimage to Compostela was, after all, a renowned spiritual journey), and to emphasise that the true path to salvation was to absolve oneself spiritually, as the sinful man had done when he went to the priest and as Hugh did throughout his life.

The man in Adam's account also developed a gangrene-like disease that rotted the flesh on his thighs and was perhaps symbolic of the spiritual corruption of his mind through his sin and his loss of reason.¹³⁷ The corruption of his flesh could have been a hint that his sin was of a sexual nature. Hugh was able to heal the man in body and in mind, signifying his dual role as spiritual guide and bodily physician, and also highlighting, once again, the connection between sickness in the mind and sickness in the body.¹³⁸ In the cases examined above, an unruly mind resulted in an unruly body and, in this instance, a decay of the body was simultaneous with a decay of the mind.

Hugh's role as a spiritual guide was a repeated theme in the *Magna Vita*. Hugh took a guiding role in the spiritual lives of King Henry II and King John. Henry II pledged to seek advice from Hugh on all matters concerning the welfare of his soul.¹³⁹ Later, as his ships were threatened by a storm at sea, the King turned his prayers to Hugh and by Hugh's intercession, the storm was quelled and the ships were saved.¹⁴⁰ The quelling of a storm was a common miracle for a saint to perform. Nonetheless, the close proximity,

¹³⁷ AE, IV.2, II, 10.

¹³⁸ Ibid., p. 6 'De alterius conuersione iuuenis, qui mentis simil et corporis per episcopum nostrum consecutus est medelam.'

¹³⁹ Ibid., II.6, I, 68 "'Tecum enim partiar consilia salutaria, tecum et studia anime mee necessaria.'"

¹⁴⁰ Ibid., II.8, I, 74.

in the text, of the pledge for spiritual guidance to the protection of the King's physical body against the storm emphasises the link between the protection of the body and the protection of the soul. Furthermore, this miracle represents Hugh as providing stability in a nautical setting, and can be contrasted with the instability in the miracle of the mad sailor from Cheshunt (discussed in section 3.2).

The theme of stability is raised again in Hugh's interactions with King John. In the *Magna Vita*, John was not portrayed as a particularly spiritual man. Unlike Hugh, he failed to learn the spiritual significance of eating certain foods on certain feast days, and ate only for temporal pleasure.¹⁴¹ Hugh delivered an exceptionally long sermon on Easter Sunday despite John's repeated requests to cut it short because he was hungry!¹⁴² The King's follies were, rather tactfully by Adam, blamed on his bad advisors. King John's 'most wicked councillors' were first referred to in 1211 by the chronicler, Roger of Wendover, and it was a standard literary tool in the Middle Ages, from Æthelred II (r.978-1013 and 1014-16) onwards, to blame *bad* advisors for royal mistakes.¹⁴³ Interestingly, it was the minds of such men that were criticised. King John's advisors were depraved ('peruersas mentes'), and their evil council was thus equated with a failing in the mind.¹⁴⁴ In a similar way, Richard I's vicious army captain, Mercadier, was a savage beast ('belluine seuitie'): a description that echoes the violent and sometimes bestial language used to describe the mad.¹⁴⁵ We have seen, therefore, that stability in the mind was associated with positive behaviour types, such as the laughter and innocence of infants, and that instability and depravity in

¹⁴¹ Ibid., V.11, II, 143 'Princeps uero ille, utriusque refectionis, uerbi scilicet et sacramenti expers, carnem suam carnibus saturare festinans, mentis ieiunia non curabat.'

¹⁴² Ibid.

¹⁴³ Nicholas Vincent, 'King John's evil counsellors (*act.* 1208-1214)', in *ODNB* <<http://www.oxforddnb.com/view/theme/95591>> [accessed 4 June 2016] (para 1 of 9).

¹⁴⁴ AE, IV.7, II, 34.

¹⁴⁵ Ibid., V.7, II, 114.

the mind were associated with negative behaviour types: the givers of bad advice, the savage, and the heretical.

The implication of such comparisons is an association between madness, and sin and depravity. How then was the stigma of madness reversed upon cure? Hugh's spiritual journey is not the only one of its kind to feature in the *Vitae*, and his hagiographers were keen to demonstrate the role he played in the spiritual journeys of others. For this reason, greater attention was paid to what happened to mad people after their cures than was always the case in other miraculous texts, which predominantly focused on the moment of cure itself. Hugh's role in the spiritual journey of another is perhaps the reason that Adam included the miracle of the mad sailor from Cheshunt against his initial instincts. After his cure, the sailor went on a 'pious pilgrimage' ('peregrinationi pie'), and lived 'faithfully' ('deuote'). The language used here to describe the sailor's own spiritual journey (by way of pilgrimage) and his lifestyle thereafter contrasts significantly with the ghastly, savage, and demonic language used previously to describe him.¹⁴⁶

The most noteworthy case of spiritual reform appears in Gerald of Wales' *Vita Sancti Hugonis*. We have already come across the case of the mad girl from Wigford, whose frantic mental state was made apparent in the language used to describe her ('furibunda' and 'in frenesim').¹⁴⁷ Upon cure, Gerald's account of her mental state is detailed ('sapienter', 'discrete', 'recte satis', 'devote') and all of the descriptions imply that reason and goodness had been restored to the mind.¹⁴⁸ Such words could easily have been used to describe Hugh himself and are in fact remarkably similar to Gerald's model of the ideal bishop: a devoted and learned man. One could say then that,

¹⁴⁶ Ibid., V.9, II, 126.

¹⁴⁷ GW, II.12, p. 62.

¹⁴⁸ Ibid., p. 64.

upon her restoration to sanity, the girl was brought closer to God and to the ideal state that Hugh embodied.

Like Hugh, the girl, in turn, strove to provide others with physical and mental wellbeing by taking up a position in a hospital in Lincoln to tend to the sick.¹⁴⁹ Again, in much the same way as Hugh interacted with the lepers, the girl carried out work not solely for the benefit of others but also to improve her soul through the practice of charity. We could even speculate that the girl served in the leper hospital of Saint Leonard without the Castle of Lincoln, which was first documented in 1300 but was certainly founded before then.¹⁵⁰ According to Gerald, the girl's perseverance in charity would win her 'the final golden halo or aureole' ('*finalem auream sive aureolam*'), a reference to angelic perfection far removed from the girl who had previously disturbed mass in the cathedral with her insane cries.¹⁵¹ It is unlikely that Gerald would have been unaware of the parallels between this spiritual journey and Hugh's own journey. The miracle appears at the end of the second book, where he originally expected to end his *Vita*, and it was perhaps intended to illustrate Hugh's influence over the most desperate of minds and his guidance in the spiritual journeys of others.

Despite the spiritual disconnectedness of those mad men and women cured by Saint Hugh, there is no implication in the accounts of their conditions that their derangement necessitated atonement post-cure. At Canterbury, Matilda of Cologne was instructed by Saint Thomas Becket to continue her pilgrimage after receiving a cure for her madness from him, with the

¹⁴⁹ Ibid.

¹⁵⁰ William Page, 'Hospitals: St Leonard without the Castle of Lincoln' in *A History of the County of Lincoln*, 2 vols (London: Constable, 1906), II, 233

<<http://www.british-history.ac.uk/vch/lincs/vol2/p233c>> [accessed 7 June 2016].

¹⁵¹ GW, II.12, p. 64.

implication that such a venture would be spiritually cleansing.¹⁵² Nonetheless, such undertakings were rare in miracle texts. It was, of course, not often that a hagiographer recommended the services of another saint rather than the subject of his text. In Saint Hugh's *Vitae*, the spiritual journeys undertaken by the insane after their cures were more likely aimed towards further improvement of their minds rather than atonement for sins, which does not seem to fit the context of their stories. Alternatively, the girl from Wigford's charitable work following her cure can be interpreted as a means of giving thanks. Gerald closed the miracle with the hope that 'all others who have regained health and those who sincerely seek merciful favours in this place prosper and rejoice in gaining their desire'.

The friends, families, neighbours, and communities of the mad people in Saint Hugh's *Vitae* were shown to share in the desire for a cure to be performed, and to join in the joy and thanksgiving upon the fulfilment of this desire. We have already seen how the villagers of Cheshunt rushed out to meet Hugh in order to obtain his help for their neighbour. The girl from Wigford was pitied by those in the cathedral even whilst she was disturbing the celebration of mass.¹⁵³ The mad youth from Ancaster was taken round several shrines by his parents and friends.¹⁵⁴ When he finally found his cure in Lincoln, his father was unbelievably gladdened ('*ultra quam credi possit exhilaratus*') and his parents, friends, and neighbours went to give thanks.¹⁵⁵ The youth's father was among those who testified to his madness and miraculous cure in the report of Hugh's canonisation made by the papal commissioners.¹⁵⁶ The *Metrical Life*, uniquely, does not mention the reactions of friends and neighbours, perhaps again because of the restrictions of space or because Hugh's spiritual journey was central to the narrative, and it was

¹⁵² BP, IV.37, pp. 208-09.

¹⁵³ GW, II.12, p. 64.

¹⁵⁴ *Ibid.*, II.7, p. 54.

¹⁵⁵ *Ibid.*

¹⁵⁶ 'The Canonization of St Hugh of Lincoln', p. 102.

detrimental to the impact of this spiritual journey to distract the audience with details of others. The praise that onlookers gave to Hugh was recorded but their reaction to madness was not.¹⁵⁷

Of primary importance was Hugh's own spiritual goodness and his power to intercede with God on behalf of others. Hugh's spiritual guidance, as well as other spiritual pursuits, could therefore bring about an improvement of the mind, which resulted in harmony in the body and brought the recipient closer to God. The case of the sad maiden in the *Magna Vita* has already been mentioned (section 2.5) and it is worth reconsidering it here. Hugh's kind words transformed the sorrow that the young woman had been suffering into happiness, and 'henceforth her face and mind were made happy' ('uultum de cetero et animum gereret letissimum').¹⁵⁸ In this way, a harmony was achieved between body and mind, and the maiden's internal happiness was reflected externally in her face. The sad maiden was Blanche of Castile, the new bride of the French Dauphin and future King of France, Louis VIII (r.1223-26), and granddaughter to King Henry II of England (r.1154-89), who had himself sought spiritual guidance from Hugh, as noted above (section 4.2). Blanche's marriage to Louis was celebrated in 1200 when she was twelve years old. Hugh's meeting with her took place on a physical journey through Francia, but also represented Hugh's rising influence in both temporal and heavenly realms. As demonstrated by his interaction with Blanche of Castile, he used this influence to achieve harmony where he could.

This section has compared *madness* to representations of the *sane mind*. The healthiest minds were those that were happy and that sought spiritual goodness, just like the infants who valued their connection with Hugh and

¹⁵⁷ Metrical Life, 1104, p. 68 'Unde Deo grates, et sancto solvit Hugoni'.

¹⁵⁸ AE, V.13, II, 156.

the sad maiden who benefitted from his words. Depraved and uncontrollable minds were those that submitted themselves to the passions of the body or those that fell into spiritual error. Madness was among these predicaments but was not always the direct fault of the sufferers whose minds were often influenced by the trickery of demons. Once set upon the road towards mental improvement by Hugh's guidance and miracles, the recently-cured gave thanks and sought self-improvement through pilgrimage, prayer or charitable gestures. Each *Vita* was written to glorify the sanctity of Hugh, whose own goodness was shown in the fact that the very practices that he followed - his dedication to spirituality even on his deathbed and his charitable care of the sick - were the practices that led to spiritual improvement in others.

5. Conclusion

In order to explore medieval representations of healing, it is necessary to consider health, as the intended result of the healing process. Health could be maintained by balance, and both over-indulgence and excessive deprivation could upset that balance. The sick could be healed by taking measures to right the imbalances that had caused their illnesses. Not only was balance important within the body, but an equilibrium was required between the body, mind, and soul. The relationship between body, mind, and soul was not equal, and a hierarchy existed in which the soul took precedence over the body. Sickness in the body could not corrupt the soul, though sin and moral corruption could be reflected in a sick body.

Madness, in contrast to other conditions cured by the saints, bore no physical mark, either externally or internally. The visible effects of madness were behavioural, and included violence, extreme strength, and screaming. Nonetheless, these behavioural signs of madness suggested imbalance in

that they were beyond what was considered reasonable. The parallel association between madness and the irrational beliefs of heretics further emphasises this point. Upon cure, a different set of behaviours was seen in the once insane patient; the cured madman was pious, faithful, charitable, and discrete. These Christian qualities were attributes of the reasoning mind that demonstrated the mind's resolve to exert control over the urges of the body.

Hugh, as a living healer, led both by example and by guidance. His *Vitae* strove to attest to his virtuous life and to his ability to perform miracles. The virtue of the saint was not the focus of the miracle texts examined in Chapters I-V; there was no need to substantiate the saintly piety of apostles, Bartholomew and James; and Edmund, Thomas Becket, and William of Norwich predominantly demonstrated their sanctity through their posthumous miracles. Thus, by examining the miracles of a *living saint*, I have been able to contrast Hugh's ideal physical, mental, and spiritual health with the dysfunction of madness, and to review the role of the prospective-saint in restoring balance to sick members of his community. Even in the throes of an illness that would prove fatal, Hugh demonstrated the ideal relationship between body, mind, and soul. His body, and its physical torment, served only to strengthen his soul through his self-restraint in the face of physical temptation. In his miracles, Hugh restored balance to the sick. He used cold water to cool the madman whose insanity had been brought on by fever, and holy water to exorcise the demon that had possessed him. The parallels between saint and physician are hard to ignore here, in that both performed their cures through the application of opposites and both aimed thus to restore balance to their patients.

Human reason (*humana ratio*), which was restored to the mad sailor from Cheshunt after his miraculous cure at the hands of Saint Hugh, functioned as a restraint that maintained balance between body, mind, and soul. Madness indicated a loss of this human reason, and could result in physical, mental, and spiritual imbalance. Madness, in the miracle texts examined here, cannot be considered a solely physical, mental, or spiritual state because it did not result in imbalance in the body, the mind, or the soul individually but, instead, it disturbed the balance *between* them.

The miraculous cures of the mad were not wondrous because they were contrary to nature. Indeed, they restored a natural harmony to the bodies, minds, and souls of sufferers. Nonetheless, miracles were worked beyond the limits of nature that were known to man, hence cold water could cure a mad fever but holy water was required to expel a demon, something that, as demonstrated in Chapter III, was beyond the scope of physicians. A miraculous cure not only restored balance to the sick but also bestowed healing as a mark of God's favour, worthy of thanks. Saints were human but they were also distinct from the majority of mankind in that they achieved an ideal humanity that few others were able to emulate. For Gerald of Wales, Hugh was indeed a man, but 'a true [ideal] man as very few men are' ('vere virorum vir perpaucorum').¹⁵⁹

¹⁵⁹ GW, I.1, p. 8.

Conclusion

To conclude this study of representations of madness in medieval miracle texts, I return to my preliminary definition of madness that was drawn from the record of Henry of Fordwich's miraculous cure. Henry's madness was a state in which the mind lacked reason, diagnosed by the observation of unusual behaviours, and an illness in the sense that it was contrary to health and necessitated a cure. The aim of this thesis has been to evaluate this definition in relation to six key questions, which were posed in my introduction. By way of conclusion, I propose answers to each of these questions, and consider the implications of this research for the historical study of madness and of miracle texts. A comparative approach is taken and attention is paid to the differences and similarities between individual records. Madness was not a specific condition in that it did not have a definite cause or a conclusive set of symptoms. Rather, we can distinguish madness as encompassing impairments of the mind, and representations of unusual, inexplicable or unreasonable behaviour.

1.1. What were the main representations of madness in twelfth-century English hagiography?

In the miracle texts examined in this thesis, various terms were used to denote states in which an individual was perceived to be lacking in reason: reason being the faculty of the human mind by which rational control was exerted over the body. In order to understand these terms, they need to be considered in the context of the conditions they describe. The following terms were raised in my introductory discussion of madness but are re-defined here solely according to their specific use in cases of madness in the miracle records:

a daemonio arreptus (v) The most common term associated with demonic possession. The body acted under the internal influence of a demon. The mind of the victim may or may not have been aware of the demonic influence but was powerless to stop it. Behaviour was thus abnormal and sometimes required restraint.

Eg. Robert, servant of the Prior of Colchester, was *arreptus a daemonio* and lost control of his hands, causing him to strike his friends. (Thomas Becket, WC, III.49)

a daemonio vexatus (v) A much less common term than *a daemonio arreptus*, though seemingly equivalent. Referred to demonically-induced wandering and animal-like or violent behaviour. Sometimes the victim displayed demonic behaviour, such as blaspheming.

Eg. Roger de Berkley reported to the monks of Christ Church, Canterbury the case of a man who was *a daemonio fuisse vexatum* and had succumbed to foolish wandering. (Thomas Becket, WC, VI.86).

alienatio capitis (n) Mental distraction and wandering thoughts. This term was only used once in the miracle texts examined in this thesis, and was likely used instead of the more-common term *alienatio mentis* because it allowed the compiler to maintain the alliterative rhythm of the sentence.

Eg. Ranulf, a Norman courtier, was confined to bed for eight days and was unable to sleep or eat because he was suffering from *capitis alienatione*. (Edmund, Herman, 34).

alienatio mentis (n)

Lack of awareness and agitation/raving. Frequently used in conjunction with *amentia*.

Eg. Alice, concubine of Ralph, dean of Lindsey, was freed from *alienatione mentis*, which had caused her to rage and was brought on by the pain of childbirth. (Thomas Becket, WC, VI.113).

amentia (n)

A state in which the individual behaved abnormally, (such as, throwing their limbs and shouting).

Eg. Elviva's grief-stricken screaming and tearing at her hair made her seem like a mad person (*tanquam amens*). (William of Norwich, TM1, I.15).

cerebri turbatione agitaretur (v)

Abnormal movements and extreme emotions caused by a physical imbalance. Only used once in all the miracle texts to describe agitation brought about as a result of poisoning.

Eg. Having been poisoned, Gerard, a clerk of Liege, *cerebri turbatione agitaretur*, which caused shaking and movement of his eyes. (Thomas Becket, WC, VI.3)

energumena (adj)

Applied to demonically-possessed women who could acquire demonic abilities (such as xenoglossia). *Energuminus* was used to describe a

male demoniac only once (Osgod Clapa, Edmund, Herman, 23).

Eg. One *energumena* was able to speak the language of the devil in Latin and German. (Thomas Becket, WC, VI.130).

frenesis (n)

A state in which a person displayed extreme behaviours, some of which were deemed beyond their capability. Not frequently used in miracle texts though common in medical tracts.

Eg. Wulmer's sudden recovery from an illness that had been deemed fatal was mistaken for *frenesy* [sic] by his neighbours. (Edmund, Herman, 37).

furere (v)

To behave savagely, sometimes at the instigation of demons. Connected with rage, madness, and demonic influence. Often required restraint.

Eg. A sailor, who *furit*, was caught in the snares of the devil, causing him to grimace and stick out his tongue (Hugh of Lincoln, Metrical Life, 1079-87).

in mentis excessus

Only used once to describe faintness and inability to move. Sufferer considered close to death. Perhaps some connection with divine revelation.

Eg. Wulmer suffered *in mentis excessu*, having fallen faint. He remained in bed for eight days before receiving a miraculous vision. (Edmund, Herman, 37).

- insanire* (v) To act without reason/awareness. Could involve harming self/others and struggling against restraints, as well as unconscious movements of the limbs. Frequently used and could be used in conjunction with other terms in this list.
- Eg. Henry of Fordwich *insaniverat* for several days and, having wounded his friends, was bound. (Thomas Becket, BP, II.13).
- mania* (n) Uncontrolled and extreme behaviour. Not frequently used in miracle texts though common in medical tracts.
- Eg. Osgod Clapa suffered *maniam*, which caused him to roll around on the ground. (Edmund, Herman, 23).
- mente captus* Recognised faculties of the mind (reason, speech, ordered movement) ceased to function. The implication was that the mind had been taken, usually as a result of demonic attack (most often external as opposed to the internal attacks suffered by those who were *a daemonio arreptus*).
- Eg. Robert suffered *mente captus*, following his seduction by a demon in the form of a beautiful woman. He lost all vigour of reason and did not know which way to turn, so succumbed to wandering. (Bartholomew, Vespasian B.IX, II.9).
- passus debachando* (n) Uncontrollable behaviour connected with intoxication. Only used once in Herman's

collection of the miracles of Saint Edmund, which contains other classical references.

Eg. Osgod Clapa suffered *passus debachando*, having been drunk and irreverent at Saint Edmund's shrine. (Edmund, Herman, 23).

plenam daemonio (adj)

Used once in the case of Matilda of Cologne who was filled with a demon, which required expulsion. Caused raving and abnormal behaviour.

Eg. Matilda of Cologne was *plenam daemonio* when she attacked a small child in Canterbury Cathedral. The wicked spirit was expelled by Thomas Becket. (Thomas Becket, BP, IV.37).

rabies (n)

A state of extreme behaviour, causing harm to self/others. Could be demonically-induced. Not related in any of the miracle texts to bites from a rabid dog.

Eg. One man, suffering *rabiem*, was in such a state of derangement that he wanted to devour his wife and children (Hugh of Lincoln, Metrical Life, 1088-1105).

It is at once apparent that a range of different terms was applied by the miracle compilers to a fairly similar set of symptoms. These symptoms were largely behavioural and indicative of the mind's incapacity to exert control over the body. The individuals described using these terms were perceived as breaking normal behavioural boundaries: sometimes by attacking others or by causing injury to themselves. Despite some distinctions between the

terms (as outlined above), miracle compilers often applied multiple terms to the same set of symptoms or to the same individual's condition, and many terms (such as *amentia* and *alienatio mentis*) seem to have been understood as equivalent.

1.2. How was madness represented as being caused?

Madness could not be diagnosed by unusual behaviour alone. Alternate explanations existed for such behaviour, such as grief and pain. Thus, miracle compilers often provided some context for those represented as mad. It was possible for physical or emotional distress to either drive a person mad or make them act as though they were mad. The onset of madness could also be sudden with no discernible cause, as in the case of the child, Hermer, whose insanity struck 'suddenly' ('repente'), as recorded in Benedict of Peterborough's *Miracula Sancti Thomae Cantuariensis*.¹ Some cases of sudden-onset madness were associated with divine punishment. The miracles of Saint Edmund reveal that such punishments could be connected with unreasonable behaviour on the part of the sinner, which prompted the fitting penance of madness. Saints who had been scorned or otherwise wronged protected both their own reputations and the living community that served them through miraculous punishment. Madness could incapacitate powerful adversaries, like Sheriff Leofstan, who was rendered unable to break the sanctuary of Saint Edmund's shrine.²

1.3. To what extent was madness attributed to demonic possession?

Other instances of madness could be caused by demonic attack, either external or internal. Many of the terms associated with madness were also connected with demonic possession. The application of both *natural* and

¹ BP, IV.19, p. 198.

² Herman, 3, pp. 10-15; Edmund Revised, I.3, pp. 142-45.

demonic language to cases of madness is indicative of the spiritual significance of the mind (drawn from Platonic-Christian theories of the incorporeal, rational soul), as well as the continued influence of demons within the natural hierarchy, despite the increased circulation of Galenic medical texts, which offered other explanations for sickness.

There was no rejection by any of the hagiographers of demonic aetiologies for madness, and, to a lesser extent, other conditions. Some medical writers acknowledged the role of demons in causing illness, and hagiographers do not appear to have perceived demonic and non-demonic diagnoses as incompatible. Indeed, seemingly incongruous (to the modern eye, at least) explanations for illness are indicative not of confused hagiographers but of a multifaceted approach to healing in medieval England, and to the place of the demonic in medieval medicine. Notably, language pertaining to demonic possession was not always accompanied by the physical presence of a demon. It is possible that some miracle compilers applied the language of *possession* metaphorically to cases in which the mind was affected, rather than attributing the symptoms of a mental disorder to the literal involvement of demons. Even if we take hagiographical references to demons at face value, we do not physically see any demons in the texts discussed (save perhaps for the demons that appeared in visions in the *Liber foundationis ecclesie sancti Bartholomei Londiniarum*). Instead, the presence of a demon was indicated by the behaviour of the possessed person. Concentrated assessments of demonic behaviour foreshadow the increased concern with the discernment of spirits that would be seen in the thirteenth century and later.

Demons could induce seemingly irrational behaviour similar to that presented by non-demonic conditions of the mind. The strange symptoms of

demoniacs could also be associated with the abilities of the demons that possessed them; some demoniacs could speak in tongues, and others displayed extreme strength. The unpredictable and harmful behaviour of many mad men and women (whether their madness was demonic or not) frequently meant that they had to be restrained. Restraint was not generally intended to aid the recovery of a mad individual or as part of the process of demonic exorcism, but rather to control his/her violence with force.

1.4. What connections were made between madness, reason, and the body, mind, and soul?

Though, as can be expected, none of the states of madness represented in miracle texts could be cured by mortal medicine, mad individuals were nonetheless represented as in need of healing. States of madness were incongruous with health, which relied on a careful balance between the body and mind. Saints were able to give health of the mind ('dare salutem mentis') to heal the insane, as Thomas Becket did for mad Henry of Fordwich. In Henry's case, the mind was clearly differentiated from the body: 'what is easier, to give health of the mind or of the body' ('quid est facilius, dare salutem mentis an corporis')? Nonetheless, throughout this thesis, we have seen some overlaps between the terms *anima*, *mens*, and *animus*. Both *mens* and *animus* could refer to the mind but *animus* was never used in relation to the loss of the mind that resulted in madness. *Anima* (and occasionally *animus*, though with far less frequency) was used in relation to that part of a human that could be protected and punished by God, and influenced by emotions (accidents of the soul) and sin. The mind (*mens*) seems, therefore, to specifically have referred to the cognitive and reasoning ability of a person. The mind (*mens*) was connected to both the body (from which it interpreted sensory stimuli) and the soul (from which it expressed feeling and desire). Yet, we need to recognise that these terms were

interrelated and, therefore, present a linguistic challenge to historians who must remain sensitive to the diversity of their medieval meaning.

It was possible for an individual to go mad through the pain or torment of a bodily health problem, which illustrates the connection between *physical* and *mental* health. For example, Mabel went insane because of the pain of a swollen womb (Thomas Becket, BP IV.53). In such cases, madness subsided once the original physical problem had been rectified by the saint. For those whose madness lacked a specific physical cause and was solely diagnosed through behavioural symptoms, the correction of these abnormal behaviours was indicative of a cure. Thus, the mental attributes of an individual once cured were often antonyms for their behaviours when mad. The sane individual was pious, faithful, charitable, and discrete. Such is true of the mad girl from Wigford who had disturbed the celebration of mass in a frenzied state, but who, having been healed by Hugh of Lincoln, was 'sapienter et discrete', 'recte satis et discrete' and 'sapienter et devote'.³ All of these qualities demanded harmony between body and mind, which was exercised through human reason. Madness was, therefore, a state of unreason, and to have a healthy *mind* was to have a human capability to reason.

1.5. *Was there a change in how madness was represented in English miracle texts over the course of the twelfth century?*

The characteristics and definitions of madness expounded in section 1.1 above are drawn from hagiographical representations of mad pilgrims. Thematic case studies have shown that such representations were dependent on hagiographical tropes, the local context of saints' cults, and the approach of individual hagiographers. The specific expertise of a saint was reliant on

³ GW, II.12, pp. 62-5.

the circumstances of his veneration, and this context, in turn, had an impact on his reputed interaction with the mad, as well as with other pilgrims. Saint James, for example, was shown to heal several injured limbs at Reading, perhaps because it was his Hand and not his entire body that was held there. Instances of madness-like behaviour in Reading itself heightened the drama associated with James' Reading cult, and his physical, mental, and spiritual cures rivalled the renowned healings of Saint Thomas Becket.

All six cults flourished in twelfth-century England, where the recording of saints' miracles was becoming increasingly popular, and hagiography was influenced by wider cultural changes. Nonetheless, it has been made evident in this thesis that the dissemination and absorption of these changes were not determined so much by chronology as by the specific local context of each cult. The twelfth century does not perhaps mark the beginning of 'modern' miracle collecting, as Benedicta Ward has argued (Introduction 2.1). Instead, twelfth-century miracle collections represent the development of miracle records within the immediate local context of the individual cult and compiler, *as well as* in relation to the wider theological and intellectual context. By paying close attention to the distinctions between specific hagiographers and specific shrines, I present a more nuanced form of Ward's 'traditional' and 'modern' miracle collections model. As shown in Chapter V, Ward's model does not fit her analysis of Saint James' miracles at Reading, which she claims are typical of healings shrines of this period but which also contain elements of protection and patronage similar to those seen in the earlier collections of Saint Edmund's miracles. There was an increasing trend towards the recording of healing miracles (as opposed to miraculous punishments) through the twelfth century, but individual adherence to this trend was dependent on the response of each cult and each hagiographer to wider theological and intellectual developments.

1.6. *How did miraculous representations of madness relate to the wider twelfth-century theological and intellectual context?*

Twelfth-century records of miraculous healings follow the precedents of biblical miracles and of earlier saints' Lives (such as Athanasius' *Life of Antony*). Miracle compilers embellished, extended, and adapted these models to accommodate their immediate settings. The increasing influence of the papacy over the canonisation of saints, culminating in 1234 when Pope Gregory IX made canonisation the exclusive prerogative of the pope, led to increasingly stringent processes for the verification of miracles. Nonetheless, in the miracle collections discussed in this thesis, various representations of madness are apparent, which suggests that multiple interpretations of madness were recognised.

To be perceived as credible, miracle records had to observe contemporary understandings and structures. Alignment of the miraculous with, for example, contemporary medical discourses, affirmed its place within God's natural order, albeit beyond the limitations of man's knowledge. Historians should approach medieval miracles as one part of the human experience of the natural world rather than as events separate from or even contrary to what modern observers could mistake for the more rational disciplines of medicine and law.

The dissemination of newly-accessible medical texts has been examined with reference to the book collections at Bury and Canterbury in particular. Significant to twelfth-century notions of health and sickness were Greek and Arabic medical texts, translated into Latin in and around Salerno, which were introduced into monastic libraries in the late eleventh and twelfth centuries. Nonetheless monastic libraries acquired manuscripts at different paces, and awareness of specific medical texts cannot be assumed across

English monasteries. Even within one monastery, individual monks may have possessed (or may have felt it appropriate to include in their miracle collections) varying degrees of medical knowledge, as was demonstrated in the miracles of Thomas Becket, compiled in two collections by Canterbury monks Benedict of Peterborough and William of Canterbury.

Alongside the diffusion of Galenic medical ideas, the twelfth century saw the increased dissemination of Patristic texts in England, which stimulated contemporary theological debates concerning individual human spirituality. Influenced by Augustine, Platonic-Christian concepts of the incorporeal soul prompted writers like Alcher of Clairvaux and William of Conches to consider further the human body and mind in relation to reason, will, and morality. The implications for hagiographical representations of madness were twofold. First, reason was a necessary contributor to physical and spiritual health. Reason was lost in cases of madness, and sufferers were affected physically and spiritually. The effects of madness were displayed through improper behaviour. Second, a change in the relationship between saint and pilgrim was illustrated in the hagiographer's representation of unreason. Whereas the madmen who encountered Saint Edmund were deprived of their reason in order to incapacitate them physically and spiritually, the madmen and women who were healed by the saints who followed were restored to full health and to piety and discretion. Saint Hugh himself presented a compelling example of an ideal balance between body, mind, and soul. There was a gradual, and by no means chronologically uniform, shift in the role of the saint from the protector of the few to the protector of the many. The reason for this shift was that *the many* were increasingly seen as capable of attaining salvation.

2. Meaning in the Madness?

This thesis has placed madness within the context of twelfth-century intellectual, cultural, and medical developments. Rather than arbitrarily categorise this study as a cultural or a social history, I have endeavoured to observe the ways in which madness was represented both as a lived experience and as a hagiographical tool. In the Middle Ages, the 'dialogue' between reason and unreason was perhaps even subtler than Foucault envisaged. The Holy Fool was not the same as the madman, nor was he described using the same terms, as was shown in Chapter III's analysis of Rahere. The forms of madness that were cured at twelfth-century shrines were, nonetheless, described with a variety of terms, many of which contained demonic language, and all of which were applied to abnormal individuals whose behaviour was believed to require a *cure*. The cause of the abnormality identified as madness could be physical, mental, or spiritual: concepts that were, themselves, intertwined. This study has considered the distinctions and connections between medieval concepts of body, mind, and soul. Future studies of medieval madness would benefit from further research in this area since madness was a *human* condition and disturbed all parts of man. Comparisons with representations of other conditions in miracle texts would also be valuable, and would elucidate whether madness was unique in its variability. Miracle texts demonstrate convergence between *religious* and *medical* theories, which complemented rather than displaced each other.

The variable representations of madness in miracle texts also highlight the importance of paying close attention to medieval terminology and its contemporary context when using hagiography to explore social and cultural history. Though composed with the glory and veneration of a particular saint in mind, miracle records are especially attractive to historians, and presumably were also to contemporaries, because of their engagement with

the lives of individuals. From a distance of over eight hundred years, we cannot directly penetrate the realities of those individuals whose miraculous experiences were recorded, but we can consider how individual experience was represented. In miraculous records of madness, we encounter the constructed experience of both the mad individual and the miraculously-healed individual. We can discern the signs and symptoms by which madness was recognised. Sometimes, we are given details concerning the individuals believed to be mad (young, old, male, female, rich, poor) and the circumstances of their madness. We see how individuals – the mad and their associates – were expected to participate in the cult of saints, and we observe the ways in which the saint was shown to interact with his earthly community. We follow the rituals or ‘rhythms’ of miraculous healings; how was an individual recognised as being cured, and what form did the process of healing take?⁴ In the face of such tempting glimpses of individual lives and social realities, however, we must not lose sight of the often-neglected individuals whose roles were fundamental to the construction of these realities: the miracle record compilers who shaped their observations of the miraculous into enduring records of individual and communal devotion.

⁴ Peter Brown, *The Cult of the Saints: Its Rise and Function in Latin Christianity*, rev. edn (Chicago, IL: University of Chicago Press, 2015), p. 81. Discussed in Introduction 2.1.

Appendix

Madness Miracles in *The Miracles of the Hand of Saint James*

All transcriptions and translations are my own from Gloucester Cathedral Library, MS 1, fols 171^v-175^v. I have consulted Brian Kemp's translation but have aimed for greater literalness.

54. Miracle II, fol. 171^v (Dropsical woman from Earley)

Sub eodem fere tempore erat quedam mulier in uilla que di[citur] erleia morbo tumef[a]c[t]a ydropico. Que de beati jacobī confisa suffragi[o] uenit in uigilia natalis eiusde[m] Rading[i] d[eu]m et beatum ap[oste]l[u]m p[ro] sua incommoditate deprecatur[a]. Circa p[ri]mam uigiliam noctis monachis matutinos inchoantib[us] mulier prefata secus pauim[a]tu[m] p[re]sbit[er]ij corruens cepit agitari, et in salute[m] suam medullitus conturbari. Commota sunt quippe uiscera eius. Decurso in hac anxietate aliq[ua]nto noctis spacio, ecce vent[ri]s eruperunt abissi et cataracte uiscerum ap[er]te sunt. Vomuit itaq[ue] et reuomuit virus iam diu conceptum, omne[s]q[ue] tabem noxi[i] humoris exinaniuit. Anteq[ua]m diesceret p[ri]usq[ua]m nox in suo curso ultimum iter haberet, beati jacobī clementia tantam habuit efficaciam ut uenter mulieris zona p[ro]pria p[ro] admiratione remensus q[ua]tuor palmis gracilior haberetur. Ig[itur] in p[er]fectam sanitatem roborata, ad gra[tia]r[um] accenditur actiones. Turba multa que est uenerat ad gra[tia]rum diem festum laudabant et gl[or]ificaba[n]t deu[m] in omnib[us] que audierant et uidera[n]t.

At about the same time, a certain woman in the village called Earley was made to swell up by the disease of dropsy. Confident of the judgement of the blessed James, she came on the vigil of the nativity of the same to Reading to pray to God and the blessed apostle regarding her affliction. At about the first vigil of the night, as the monks were beginning matins, the aforesaid woman, falling on the pavement of the presbytery, became disturbed, and was stirred up from her marrow for her health.

Her bowels were indeed stirred up. Having passed some part of the night in this anxiety, behold, the pits of her stomach burst forth and the flood gates of her bowels were opened. She thus vomited and vomited again the venom, which had been built up for a long time, and removed all the putrefaction of the harmful fluid. Before day broke, before the night had run its full course, the mercy of the blessed James had such great efficacy that it was held wondrous that the woman's stomach shrunk back to being four handbreadths slimmer than her own girdle. And so strengthened to full health, she was stirred to acts of thanks. The great crowd, who had come for the feast day, praised and glorified God for all that they had heard and seen.

55. Extract from Miracle VIII, fols 172^r-172^v (Adeliza)

Puella quedam de esexia no[m]i[n]e adeliza cuiusdam cl[er]ici filia in die s[an]c[t]o parasceue[i] ualde dilud[i]o ut oues emulgeret, ad ouile p[er]rexit. Cui redeunti apparuit et occurrit q[u]edam phantastica effigies h[abe]ns faciem quasi hominis, aspectum et spe[cie]m tanq[ua]m mortui in funus et sepultiuam preparati. Quo uiso mulier expauit et contremuit, gelidusq[ue] stetit circum precordia sanguis. Phantasma migrans ocius p[er]transi[v]it. Mulier fugiens et aufugiens, q[ua]ntocius preteri[v]it. Come illi steterunt pil[us] inhorruerunt, confundit[um] sens[us] tollit[um] intellectus. Tandem domum ueniens et ignemas aspiciens in faciem corruit et tanq[ua]m in insaniam uersa, agitari enormiter cepit omne[m]q[ue] gestum et motum insanienti simillimum prete[n]dit. Sopore tandem sup[er]ueniente hiis finem fecit. Obdormiuit au[t] sinistro brachio sub mamilla nudis costis sup[er]posito. Cu[m] u[na] euigilaret et in se rediret, predictum brachium aruerat et iam ypocondriis inheserat, ita ut cutis a cute discerni caro a carne disiungi n[on] posset s[ed] et os ossib[us] incumbens uem[e]ntem dolorem ingessit.

A certain girl from Essex called Adeliza, daughter of a certain clerk, went to the sheepfold to milk the sheep just at the break of dawn on Good Friday. When she was returning, an imaginary form, with a face like a man's and an appearance as though

dead and prepared for funeral and burial, appeared and ran towards her. When she saw it, the woman became frightened and trembled all over, and the blood stood ice cold around her diaphragm. The phantom disappeared, departing quickly. The woman fled and ran away, as fast as she could go. Her hair stood on end and bristled, her senses were disordered [and] her reason was taken. At length she came home and, seeing a fire, swept it into her face and, as though turned to insanity, she became greatly disturbed and every gesture and movement was similar to those of an insane person. With sleep supervening, she made an end of this. She fell asleep, however, with her left arm placed over her bare ribs under her breast. When alone she woke up and returned to herself, the aforesaid arm had withered and now had stuck to the abdomen, so that skin could not be separated from skin nor flesh from flesh and also the bone pressing on bones brought her violent pain.

56. Extract from Miracle XX, fol. 174^v (Ysembela from Estonie)

Int[ro]iens [i]gi[tur] eccli[si]am cum candelam sua[m] acce[n]diss[et],
f[a]c[t]a est sup[er] eam manus d[omi]n[us] et anxius est i[n] ea sp[iritus]
eius. Itaq[ue] i[n] salutem suam c[on]turbata s[up]er pauim[en]tum corruit
et in uocem clamore[s]q[ue] acutissimu[m] prorumpens usquequa[ue]
ingemuit. Crines sparsit capud contudit corp[us]q[ue] suum ita absq[ue] sui
respectu ad petram elisit putari posset se ip[s]am uelle contere et q[ue]
sup[er]erat sp[iritu]m extingere. Post tres fere horas placuit d[omi]no
sanare contritiones eius et finem facere infirmitati ei[us]. Reddita sunt
[i]g[itur] que sunt corporis corpori que sensus sensibilitati. Motu sensibili
sensuq[ue] p[er]cepto motabi*; membra que emortua fuerant i[n] usu[m]
nature rediuiua redierunt que diuaricata ordinem pristinum et officium
receperunt. Ita[que] puella sui compos effecta et sanitate[m] optatam adepta
a loco quo ceciderat ammouetur et ad altere s[an]c[t]e mari magdalene
adducitur. Ubi cum se re collocasset, post agonis sui laborem obdormiuit.
Euigilans aute[m] ad miraculi attestationem et ad inchoante salutis
p[er]fectionem, vir[us] sanguineu[m] excreauit. Post excreationem:

multu[m] sanguinis euomuit. Vomuit et reuomuit donec humor q[ue] nocuerat et q[ue] nocere poterat in posterum ad purum excludere uidere[n]t, et sic ip[s]a sana et hilaris efficeretur. Igitur in p[er]fectam sanitate[m] corroborata abiit i[n] pat[ri]am sua s[an]c[t]am iacobum i[n] domino et d[omi]n[u]m i[n] beato iacobo gl[or]ificans.

*very likely a misspelling of 'motabili'

Thus entering the church, when she had lit her candle, the hand of the Lord came upon her and His spirit was troubled inside her. And so, stirred up for her cure, she collapsed on the pavement and, breaking forth in a sharp voice and high-pitched cries, she screamed in all directions. She shook her hair around, pounded her head and struck her body against the stone without consideration for herself so that one might have believed that she wished to pound herself to pieces and to extinguish what life remained. After almost three hours, it pleased the Lord to heal her distress and to make her sickness end. Therefore, the things which are of the body were restored to the body and the things which are of the sense to sensibility. With feeling the movement of the senses and the sense of movement, the limbs that had been lifeless become alive again, returned to use, and from spreading around recovered their former place and function. Thus when the girl was made in possession of herself and obtained her desired health, she was moved from the place she had fallen and led to the altar of Saint Mary Magdalene. When she had repositioned herself there, after the agony of her suffering, she fell asleep. On awakening, in testimony to the miracle, and to complete her return to full health, she coughed up a bloody poison. After coughing, she vomited a lot of blood. She was sick and was sick again until the fluid that had harmed her and that could harm her in the future seemed absolutely removed, and thus she was made healthy and joyful. Accordingly, she departed, strengthened in full health, to her home country, glorifying Saint James in the Lord and the Lord in the blessed James.

57. Miracle XXV, fol. 175^r (Matthew of Boulogne)

Comes bulonie math[eu]s fr[ater] philippi comitis fla[n]drensis cum henrico tertio rege anglor[um] cum drincuitam obsedisset [et] in die s[an]c[t]i Jacobi regi importunus erat, ut castellu[m] inuaderet, ex expugnare temptaret. Rex autem et optimates illi[us] honore[m] beato ap[os]t[ol]o deferentes nullatenus illo die asseruerunt sese audere arma mouere. Comes aute[m] prefatus efferus et sup[er] hu[iu]s indignans postulauit ut predam et spolia quecu[m]q[ue] illo die acquireret s[ibi] retinere liceret. Quo impetrato multis milit[ar]ibus pugnatoru[m] s[ibi] societis castellum prefatii obpugnare aggressus est. In p[ri]mo [i]gi[tur] conamine sagittula q[ue]dam q[ua]m uulgas pilam vocat tanq[ua]m c[a]elit[us] missa sub patella genu eius infigit[ur]. Quo uuln[er]ato exercit[us] cur[um] quaq[ue] cepit declinare et ab oppugnatione desistere. Ip[s]e vero ad hospitium d[e]dat[um] et per momenta singula acrius et acrius cruciat[um]. Tandem a demonio arripit[ur] et aliquam diu affligitur et sic indignam presumptionis sue audacia[m] mors digna puniuit.

The Count of Boulogne, Matthew, brother of Philip, the Count of Flanders, had besieged Driencourt with Henry III,¹ King of England, and on Saint James' Day, he inopportuned the king that he should storm the castle by tempting him away from laying siege. However, the king and his nobles, deferring honour on the blessed apostle, each declared that they in no way dared to take up arms on that day. But the aforesaid count, fierce and indignant with them, demanded that he be allowed to keep whatever booty and spoils he acquired that day himself. When this was granted, with many thousands of soldiers joined with him, he advanced to storm the aforesaid castle. Accordingly, at the first attempt, a small arrow, which is called a pila in the common tongue, lodged under his kneecap, as if it were sent from heaven. When he was wounded, the army was seized by anxiety, fell back on all sides, and stopped the assault. He himself was brought back to his lodging and was tortured more and more acutely with each moment. He was eventually seized by a demon and afflicted

¹ Henry the Young King (d.1183), son of Henry II.

for a considerable time and thus a fitting death punished the shameful audacity of his presumption.

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