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Miracles, Science, and Testimony in Post-Tridentine Saint-Making

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Argument

Seeing a prodigious cure happen and then testifying about it certainly differs from attending an air pump experiment in order to bear witness to it. Yet early-modern saint-making and the "new" or "experimental philosophy" shared juridical roots, and thereby an understanding of the role of testimony for the establishment of "matters of fact" and for the production of legitimate knowledge. The reforms carried out after the Council of Trent, especially during Urban VIII's pontificate (1623–1644), of the juridical procedures for saint-making in the Catholic Church implied a new attitude towards the examination of proposed miracles. Most of these miracles were healings. While the appeal to medical expertise had long been common, and skepticism had often manifested itself regarding cures or extraordinary bodily phenomena, both were now given formal status. Miracle inquests henceforth leaned towards refuting miraculousness by means of natural explanations. The procedure was systematized in a treatise published in the 1730s by Prospero Lambertini (later pope Benedict XIV). The combination of Lambertini's work with the canonization causes in which he acted as the "devil's advocate" in charge of disputing arguments favorable to a sainthood candidate allows for a reconstruction of the interplay between the juridical and scientific economies of saint-making, and of the role of testimony in the production of trust and evidence.

The Christian, and since the Reformation, the Catholic Church, have required miracles to make someone a saint. After an inquest into the reputation and the virtues of the "servant of God" (the person for whom a case has been opened for sainthood), the Church examines the miracles attributed to the intercession of the candidate. How was it decided that miracles happened, and were genuine? Testifying under oath to ecclesiastical authorities, witnesses reported extraordinary events. If juridical form was respected, there was no reason to doubt that they told the truth. Moreover, if testimonies converged, the question was not if an extraordinary event took place, but whether its causes were natural, supernatural, or demonic; at stake was not the reality, but the meaning of the attested facts. The details of the depositions reinforced the factuality of the event. Additionally, experts competent in the knowledge of nature, mostly physicians, were asked whether or not the extraordinary events, mostly healings, had a natural explanation. If they did, then they were not miracles. I will be interested here in the connection between natural knowledge and the ascription of meaning

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to the reported events in a very special situation: Since, in making saints, miracles are considered as having been performed by God through his "servant" to confirm the latter's holiness, the ultimate goal of natural knowledge in that context is to help discover God's will and intention.

After the Council of Trent (1545–1563), and especially since pope Urban VIII's reforms in the first half of the seventeenth century, medical judgment was given an increased role in evaluating claims of miracles. Medicine played its role in the framework of a testimony-based epistemology in which witnesses provided the basis on which to make inferences from events to causes. In the contemporaneous context of the "experimental philosophy" of the Royal Society of London, testimony too was understood as necessary for the constitution of legitimate knowledge. While happening to see or know about a prodigious cure and then testifying about it differs from attending an air pump experiment in order to bear witness to it, testimony was in both cases required for the establishment of "matters of fact." Presumably due to their common roots in legal practices and criteria for the production of facts and evidence, saint-making and the "new philosophy" shared an understanding of the conditions of legitimate knowledge.[1]

By virtue of its juridical nature and its inclusion in a long-standing legal tradition, saint-making, particularly the certification of miracles, provided a model for evidentiary and investigative practices. In turn, by virtue of the supernatural origin of miracles, inquests concerning them were pursued through procedures that coalesced around the challenge of "defining the boundaries of the natural" (Smoller 1997). Finally, in the early modern period, the reliability of reports about both Biblical and historical miracles became a major occasion for debate in theology and in the theory of knowledge; by the mid-eighteenth century, any discussion of miracles would emphasize probability and testimony (Burns 1981; cf. Craig 1985).

The cases I examine here took place early in the eighteenth century, at the latter end of the period when testimony was constitutively linked to the production of natural knowledge. These cases are significant largely because Prospero Lambertini (1675–1758), a longtime "promotor of the faith" in canonization causes, played a role in them. Lambertini became archbishop of Bologna and pope Benedict XIV. Popularly known as "devil's advocate," the *promotor fidei* had to challenge arguments favorable to the sainthood candidate. Lambertini used his vast experience when, in *On the*

[1] Research on the early-modern concept of "fact" and related assumptions about trust, evidence, credibility, and probability has given testimony a central role, and examined its function in the production of natural and medical knowledge (Cerutti and Pomata 2001; Fontes da Costa 2002; Sargent 1989; Serjeantson 1999; Shapin 1994; Shapiro 1994, 2000, 2002). To an even larger extent than legal medicine (De Renzi 2002), the "factualization" of miracles is absent from this historiography. Within the history of science, miracles have been best studied in connection with the development of the Newtonian laws of nature (Harrison 1995), the naturalization of the preternatural and the severing of evidence and divine intention (Daston 1991), and the correlation between Protestant societies and "experimental" sciences, and Catholic societies and "mathematical" sciences (Dear 1990).

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Beatification of the Servants of God, and on the Canonization of the Blessed (1734–1738), he gave miracles their first extensive canonistic treatment (Lambertini 1743).[2]

As pope, Lambertini worked to replace the visionary "excesses" of Counter-Reformation piety and seventeenth-century mysticism with moderate and non-superstitious forms of devotion (Rosa 1991). He treated canonization against the background of the late seventeenth- and early eighteenth-century critique of miracles. He furthered the appeal to medical expertise, and turned the imagination into a fundamental concept for defining the boundaries of the supernatural. The writings of Lambertini combined with the cases in which he acted as *promotor fidei* thus offer a unique opportunity to study saint-making as an epistemic process in the post-Tridentine era.

Miracles, Beatification, Canonization

While fulfilling social, psychological, and spiritual functions, miracles always involve the relationship between the natural and the supernatural, the human and the divine (Hardon 1954). According to Thomas Aquinas, whose definition was in the main followed during the period considered here, miracles are "those things which God does outside those causes which we know [*praeter causas nobis notas*]."[3] They are always beyond the order of created nature, but in different ways, which Aquinas described as *above, against*, or *outside* nature (*Quaestiones disputatae: De potentia Dei*, Quaest. 6, Art. 2).

Miracles that are *above nature* (*super naturam* or *quoad substantiam*) are occurrences, such as the Incarnation, that nature could never accomplish. Instances of miracles *against nature* (*contra naturam* or *quoad subjectum*) are the virginal conception and birth of Jesus, or Daniel's companions not burning in Nebuchadnezzar's furnace. Finally, a miracle occurs *outside* or *apart from nature* (*praeter naturam*) when God produces a natural effect, but in a way that nature could not; such miracles are said to differ from nature "as regards manner" (*quoad modum*). Thus, Christ changed water into wine at the wedding at Canaa, or a terminally ill person may be instantaneously cured after invoking a servant of God. In the influential *Medico-Legal Questions* of Paolo Zacchia (1584–1673), a pioneer of forensic medicine and a regular Church consultant, the resurrection of a dead person exemplifies a *miraculum supra naturam*, levitation, a *miraculum contra naturam*, and a sudden unexpected healing, a *miraculum praeter naturam* (Zacchia 1651, 199). *Supra*, *contra*, and *praeter* define the three miracle degrees, classes, or *genera* used in the saint-making process, where the third class predominates (Malvezzi

[2] References for Lambertini 1743 will be given thus: Book 3 = DS III; Book 4, part I, *de miraculis* = DS IV.I – followed by chapter, section and page number. For Lambertini on miracles, see also Alessandrini 1995.

[3] *Summa theologica*, 1ª, Quaest. 105, Art. 7. Trans. Fathers of the English Dominican Province, 2nd ed. (1920), www.newadvent.org/summa/ (last accessed 22 February 2007).

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1487, 100v°, § 25; Rocca 1610, chap. 19; Matta 1678, part 3, chaps. 8–10, 18; Spagni 1785, pars I). Canonization proceedings show that in some cases, e.g. a blind person's recovering sight, there could be disagreement about whether the accepted miracle was of the second or the third degree.

Since the seventeenth century, saint-making is formally divided into beatification and canonization.[4] Canonization is the process whereby a dead person becomes a saint whose cult is prescribed for the entire Roman Catholic church; it is preceded by the person's beatification, which bestows the title of "blessed," and permits the celebration of a local cult (Dalla Torre 1991; Delooz 1969, chaps. 2–3; Misztal 2005; Sieger 1995; Veraja 1992; Woodward 1990). Beatification candidates must first be shown to enjoy a durable *fama sanctitatis*, or holy reputation, and to have lived the Christian virtues to a "heroic" degree (DS III.21; Bonhome 1969). Against the early primacy of miracles in the definition of sanctity, pope Innocent III (pontificate 1198–1216) insisted on the reciprocal verification value of virtues and miracles (Kleinberg 1989, 189; Paciocco 1986). Since miracles serve to confirm heroic virtues, they play, from the strictly juridical point of view, only a complementary role. That is why, although *in vita* miracles are central in an individual's *fama* and biographies, canonization takes into account only those that happen after the servant of God's death (Gutiérrez 1998, 2004). As mentioned, most of these are cures (Delooz 1997, Appendix I).

The case of the Franciscan Joseph of Cupertino (1603–1663), beatified in 1753 and canonized in 1767, is in this respect typical. He performed or was endowed with so many supernatural wonders (bodily fragrance, raptures, visions, flights, transports, bilocation, predictions, infused science, healings) that his biographer spoke of a "miracle theater" and refrained, or so he said, from reporting everything, lest he write not a life, but *un'Historia de'miracoli* (Bernino 1767, 504). Yet even Joseph's flights, his most spectacular, widely reported and well-known miracles, did not play a juridical role. The two approved miracles that led to Joseph's beatification were a child's recovery of sight at his tomb, and the disappearance of a knee tumor by contact with the knee-mark he left on an altar (*Acta Sanctorum*, 18 September, 1013C-E); three further healings were accepted for canonization.

Partly in response to the Lutheran doctrine of salvation, the notion of heroic virtue rose in formal importance during the pontificate of Urban VIII (1623–1644) (De Maio 1972). Nevertheless, while the saint's power to perform miracles was officially considered a consequence of saintliness, for the faithful, the ability to cure miraculously was in itself an indication of sanctity (Gentilcore 1999, 165; Sallmann 1979, 845). Fifteenth-century processes emphasized collecting miracles (Wetzstein 2002), and Counter-Reformation saints remained local intercessors whose miracles continued to be the most visible signs of holiness (Ditchfield 1996, 111, criticizing De Maio 1972; Sallmann 1999). From the cognitive, juridical, and moral viewpoints, therapeutic

[4] Except when referring specifically to beatification (an individual's or the process), I will speak generally of "canonization."

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miracles offer several advantages. In contrast to motivations, they are observable and verifiable. Moreover, they can be examined by experts, teach trust in God's will and patience in suffering, and, even if the illnesses differ from those cured in the New Testament, they correspond best to Biblical miracles (Gentilcore 1999; Kleinberg 1989). In short, as Emile Zola cruelly put it in his novel *Lourdes*, it is the sick who are miracle-fodder – *chair à miracles* (Zola [1894] 1995, 142).

Skeptical Saint-Making

Even though in twelfth- and thirteenth-century canonization processes, a supposedly supernatural intervention involving the pope or his close associates sometimes played a decisive role in the papal decision to canonize, a proper judicial procedure and skepticism vis-à-vis proposed miracles were the rule (Goodich 2004). Since at least the thirteenth century, a chief expression of such skepticism has been the consultation of physicians to examine proposed miraculous healings and decide if they had natural causes (Antonelli 1962; Ziegler 1999). Doctors were also asked to perform autopsies and diagnose extraordinary bodily conditions. Yet, although medical conclusions could be subsequently revised, a ratified miracle could not. This is an important point. The case of Filippo Neri (1515–1595, beatified 1615, canonized 1622), founder of the Congregation of the Oratory, is exemplary. While meditating in the catacomb of San Sebastiano, he felt a ball of fire (the Holy Ghost as *fuoco d'amore*) go through the mouth into his breast. He later noticed a swelling close to his heart, and experienced strong palpitations in states of ecstasy or contemplation. The doctors who dissected his body found the pulmonary artery and heart abnormally enlarged, and two ribs broken and incurved to give the heart more room. They believed that although the palpitations occurred *per viam naturae praeter naturam*, they operated *non praeter naturam, sed supra naturam* (Belloni 1950, 675). For them, Neri's condition resulted from the intensity of his devotion and communication with the divine, which required an increased flux of spirits to the heart (Siraisi 2001).

A century after Neri's canonization, Lambertini discussed miraculously cured aneurisms, and decided that the saint's heart had been enlarged *ex morbo naturali*. He nevertheless concluded that, in the context in question (*in eo rerum contextu, de quo nunc agitur*), it was necessary to admit supernatural agency (DS IV.I.19.27.221b; Neri's case, §§ 25–27). Lambertini based his diagnostic observation on medical knowledge that had been unavailable a hundred years earlier, but understood that the cognitive and moral efficacy of medical explanation and methodological skepticism depended on their applicability *in the present* to cases under active consideration. Another century later, Ernest Renan differed from the Catholic position in that he thought miracles were creations of popular imagination and feeling. Nevertheless, wishing to understand the past in its own terms, he also refused retrospective medical explanations, and aptly observed, "qu'il n'arrive de miracles que dans les temps et les pays où l'on y croit,

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devant des personnes disposées à y croire" (Renan [1863] 1974, 102; see Richard 2003). In short, both for the believing ecclesiastic and for the critical historian, a miracle is an event (real and God-sent, or imagined and socially generated) for the people of a certain time and place. Such situatedness defines the range and boundaries of skepticism in saint-making.

Together with a belief in miracles and a desire to confirm them, the process of miracle assessment intrinsically called for a skeptical attitude. Although medieval clerical elites and the common people shared attitudes towards miracles, the ecclesiastics involved in canonization were suspicious of proposed miracles and punctilious about such juridical criteria as concordant testimonies; by the fourteenth century, there was a noticeable tendency to take into account only the miracles that were hardest to explain in terms of secondary causes, such as resurrections or cures of illnesses declared incurable (Vauchez 1988, 561–581; Vauchez 1991). Increasing emphasis was placed on first-hand ocular testimony, witnesses began to be interrogated according to a pre-established questionnaire, and their depositions to be notarially recorded in juridical formulae (Klaniczay 2000; Michetti 2004).

Testimony, a central topic of legal proof doctrine, prevailed over physical evidence and written documents in the middle ages and early-modern period (Lévy 1939, 68–72; Lévy 1981). In the seventeenth and eighteenth centuries, criminal law began to accept weaker testimonies, and to give more weight to the judge's intimate conviction (Briegel and Porret 2003; Schnapper 1965). Canonization, however, remained an entirely testimonial procedure (Fiume 1999 and 2003). This applied not only to living witnesses. Historical narratives were considered testimonies and were weighted according to the writer's relation to the events; first-hand testimony was therefore preferred to both research and tradition (see DS III.1–7 on witnesses, 8–10 on historical evidence). Artisans and artists were routinely called to testify on material objects. In 1622–1645, for example, doubts about the authenticity of a parchment *tabella* recording the miracles of a thirteenth-century pope undermined the proof for miracles, and contributed to the case's failure (Ditchfield 1992). In 1652, during the canonization hearings of Fernando III, the painter Bartolomé Murillo was asked to date portraits representing the medieval king with a diadem and halo; the dating provided evidence for the longevity of a local cult (Wunder 2001).[5]

Lambertini's treatise, which incorporates centuries of canon law and saint-making precedent, often deals with the calculation of testimonial evidence. One disputed issue concerned the demand that all miracles be attested to by all witnesses: some jurists considered it impracticable, and in practice it was enough that some witnesses depose

[5] These are two major cases, but the procedure was always the same. For instance, in the 1670s, in the case of the Franciscan Pedro Regalado (1390–1456, beatified 1684, canonized 1746), sculptors and painters used stylistic and material comparisons to date (also for the purpose of establishing the antiquity of the cult) an altarpiece, portraits, miracle depictions, and ornaments. *Oxomen. Canonizationis Beati Petri Regalati . . . Summarium* (s.l.n.d), 19–62. Bibliothèque nationale de France (BNF): H 1306, n° 6590 (BNF catalog in Schamoni 1983).

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on one miracle, others on others (DS III.2.8). The traditional two-witness rule was also debated. Based on the principle that two direct (*de visu*) agreeing testimonies constitute a *probatio plena*, the rule applied to proposed miracles. Yet, as Lambertini argued, since dying and coming back to life are two "extremes" that can be temporally distant, in resurrection cases two persons must testify to the death, and two others to the resurrection. For instantaneous healings, however, the same two persons must testify to the illness *and* the cure, otherwise there would be no proof of instantaneity, which is since the middle ages a crucial miraculousness criterion (DS III.5.11).

The nature of the testimony involved in miracle enquiries is rooted not only in legal tradition, but also in the nature of the miraculous itself. Personal testimony must always be perceptual (mainly visual or auditory); however, since the supernatural transcends the senses, it is impossible to testify on that by which an event *is* a miracle. Testimonies, therefore, concern only that through which a miracle may be proved, while decisions about miraculousness rest with a theological commission.[6] In practice, of course, even expert witnesses routinely gave their opinion on whether an event was a miracle or not, but that was not their legal obligation nor was it juridically relevant. We shall later give examples of how the connection between testimony, supernaturalism, and sensory perception functioned concretely.

Physicians and surgeons testified as treating doctors or as external experts (*periti*). Treating doctors reported on diagnosis and prognosis, the course of the illness, attempted treatments, and the cure. Starting in the 1620s, proving miracles required two *periti* to state if the cure could have happened *ex causa naturali* (Contelori 1634, 209). Experts, however, did not examine patients, but based their opinion on depositions interpreted according to medical knowledge. In contrast to the penal expertise in which the physician looked for the bodily indices that might objectify a crime, direct examination of the alleged *miraculé*'s body was not a source of evidence (De Renzi 2001 and 2002). As in law generally (Crawford 1994; Pastore 1998), experts' "facts" and "conjectures" gained probative value, and the discussion of miracles became a usual topic of forensic medicine. In spite of the range of attitudes among physicians, from unwavering faith in miraculous healing to more than hints of skepticism, medical knowledge became the chief warrant for the thaumaturgic powers of sainthood candidates (Gentilcore 1995; Pastore 1998, Introduction and chap. 1).

In response to Protestant criticism of the cult of relics and saints, the Catholic Reformation gave critical urgency to the question of genuine sanctity. In 1588, Sixtus V created the Congregation of Rites to supervise the performance of rites, and undertake

[6] I found the clearest expression of this in a short treatise by the Bologna jurist Troilo Malvezzi, canon of Saint Peter's and protonotary apostolic: "... sed testimonium in caso nostro [canonizations], tanquam quid supernaturale transcendit sensum hominis naturalem, ergo non est propriè testimonium. Sed in hoc puto esse aduertendum, nam testis deponens de miraculo, non deponit de eo, prout est miraculum, sed prout ex eo probatur miraculum. . . ." (Malvezzi 1487, 102r°, § 71). Lambertini still refers to Malvezzi as an authoritative source.

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canonization causes. Later reforms tightened the procedure (Papa 1988). The major ones took place under Urban VIII, who reinforced the papal prerogative in the matter, introduced delays before the opening of a cause, and prohibited the public worship of servants of God before their beatification. His 1634 bull *Coelestis Ierusalem cives* marked the "definitive shift from a theological to a juridical definition of sanctity" (Ditchfield 1996, 103). The methodological skepticism of post-Tridentine practices is embodied not only in increasingly bureaucratized norms, but also in the function of the *promotor fidei*, formally instituted in 1631, but distinguished from the prosecutor only in 1708. In its general decree *Sanctissimus* of 15 October 1678, the Congregation of Rites ordered that, in addition to the physicians and surgeons who confirmed miracles on behalf of the postulators, other medical experts had to testify on whether the healings were natural or not (Antonelli 1962, 75). The decree turned earlier practices into an official norm, and by obliging the *promotor fidei* to sollicit *periti*, it allowed for a stronger role of medical skepticism in the certification of miracles (Pomata forthcoming).

The tighter juridical structure reinforced the demand for medical and historical criteria for evaluating sanctity. It is indicative of the medico-legal nature of post-Tridentine reforms that Zacchia devoted an entire section of his *Medico-Legal Questions* to miracles. Before discussing pathologies potentially subject to miraculous healing, Zacchia laid out basic conditions: the illness must be dangerous, worsening, and difficult or impossible to heal; the cure must be sudden, instantaneous, and perfect, and be neither preceded by a "crisis" or evacuation of evil humors (supposed, according to Galenic medicine, to usher in recovery), nor followed by metastasis or relapse (Zacchia 1651, 224–225).[7] Earlier canonization treatises had elaborated on these conditions (Contelori 1634, chap. 17), and later ones invariably referred to Zacchia (Matta 1678, part 3, chap. 18; DS IV.I.8). No treatment of miracles could fail to present them (e.g. Bordoni 1703, 102), and they were sometimes listed at the beginning of physicians' reports.[8]

The Medico-Legal Economy of Miracles

The first step in beatification procedures consisted of an "informative" or "ordinary" local investigation into the canonizand's virtues and miracles. These initial hearings (*processus*) contain the fullest version of the testimonies. In the subsequent, "apostolic"

[7] Although the absence of crisis helped define a cure as miraculous, "as far as many non-medical witnesses were concerned, saints could also use their miraculous intercession to bring about the vital purge" (Gentilcore 1999, 183).

[8] For example, in the process of the sixteenth-century pope Pius V, the Roman clinician and anatomist Giovanni Maria Lancisi (1654–1720), who was papal physician and regular expert in canonization trials, listed the conditions as questions, with references to Aquinas, Matta, Contelori, Zacchia, and Bordoni. *Sac. Rituum Congregatione... Romana, seu Terdonen. Canonizationis Beati Pii Papae Quinti Votum pro Veritate Illustrissimi Domini Ioannis Mariae Lancisi...* (Rome, 1708), 2. Biblioteca Apostolica Vaticana (BAV): Barberini LL.VII.28.

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or "curial" phase of the trial that took place in Rome, the different parties (postulators or advocates of the cause, promotor of the faith, experts) processed these "raw materials," and produced the numerous documents (*summaria*, *positiones*, *animadversiones*, *responsiones*, *consultationes*, *vota* and others) that allow for a "thick" reconstruction of the way in which extraordinary events become recognized miracles.

Though crucial, the hearings are intrinsically limited as historical sources. First, they were conducted by ecclesiastical authorities according to a pre-established questionnaire. Second, they privileged favorable witnesses. Finally, depositions were shaped by forgetting, the candidate's fame, a common language to describe illness, and a relatively fixed pattern in recounting miraculous healings (Gentilcore 1999, chap. 7; Sallmann 1979, 865–871). These limitations are inherent to historical testimony, whose content can barely be separated from its conditions of enunciation and from the socialization and objectification of the narrated events (cf. Schmitt 1994, Introduction, on medieval revenants). Nonetheless, the hearings gave ample room for the negotiation of testimonial particulars.

A case in point, the questionnaire used in the case of the Florentine noblewoman Juliana Falconieri (1270–1341), founder of the Servite Tertiaries canonized in 1737, is typical of seventeenth- and eighteenth-century proceedings. After witnesses are warned about the significance of the oath, they are asked twenty-four questions. The first four request civil and religious information. A second group investigates the witnesses' motivations for testifying. The third set of questions asks them to distinguish between miracles and graces, and then proceeds to inquire into the witness-patient relationship, illness duration, remedies, the invocation to the servant of God, the patient's condition and cure, doctors' opinions, if the healing "is commonly reputed to be miraculous," and finally if other miracles are attributed to the candidate, whence the reputation originates, and if it is constant and permanent.[9]

The item concerning miracle and grace illustrates the transactions between clergy and laity. Lambertini explained that graces lack miracles' true *ratio*, but, through some circumstance of time, place, or person, may look like miracles. Such would be the case of a sick person who commends himself to a saint, uses prescribed medicines, and regains health, "probably more quickly than expected," thanks either to remedies or temperament (DS IV.I.1.13.14a). "Grace," here understood in the general sense of "gratuitous gift," merely furthers a spontaneous or medically-assisted healing process.

Some of this view found its way into testimonies. The cleric Grazio Fortunato Viminaldi said he wished Falconieri canonized because he received from her "a special grace" (*una grazia particolare*); he then stated, however, that he did not know if others also benefited from miracles, but that he received "a great one" (*uno ben grande*). Interrogated

[9] [Canonization of Juliana Falconieri] *Processus Remissorialis Pisanus Super Miraculis* [1710–1712], Archivio Segreto Vaticano (ASV): Congr. Riti, Processus, 808, 55r°-58v°. Cf. for example *Curien. Canoniz[ation]is. . . Fidelis a Sigmaringa. . . Processus, authoritate apostolicae confectus super nouis miraculis. . .* [1710]. ASV: Congr. Riti, Processus, 536. For the seventeenth-century questionnaire, see Fiume (2003, 74–75) and Sallmann (1979, 830–831).

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about "miracle," he defined it, "che sia un proditio, che naturalmente non possa farsi." His reply prompted the court clerk to ask him about "prodigy." Ignoring the question, Viminaldi replied that a grace is for example a cure that happens gradually after repeated prayers to a saint, while a miracle occurs instantaneously when one commends oneself to a saint.[10] Sister Caterina Alessandra Bonsi thought she had been cured from aneurisma through the intercession of the Florentine Dominican tertiary Caterina de' Ricci (1522–1590). For her, again, a miracle took place straightaway, whereas a grace "happens little by little" (*segue a poco à poco*).[11] The hierarchy miracle-grace is dictated by increasing waiting time and decreasing healing speed.

Doctors could have a refined version of these criteria. A Sienese physician, who prudently recognized that he should have been present at the event in order to testify "on the miracle believed to have been made" on Sister Caterina, used the learned language of causes and natural reasons. All effects result from God as first cause; miraculous are only those that exceed "the limit of the ordinary power of natural causes" (*la linea della potenza ordinaria delle cagioni naturali*). For him too, miracles and graces differ "according to the more, or less." A miracle happens "with most extraordinary circumstances, and outside the order of natural causes, as for instance if a person dying as the result of an apoplectic attack was instantaneously cured." A grace also transcends the "forces of nature, but does not happen with such singular and marvelous circumstances, as for example the efficacy of a remedy."[12] The scales of time and speed are here compounded with degrees of gravity and corresponding degrees of wonder.

In spite of their slippery handling of the concepts, witnesses could have a certain apprehension of canonical distinctions. Moreover, in the doctor's case, the action of a remedy as instance of grace allowed medicine to retain some of the value it lost with miracles. The interaction of witness selection, the questionnaire, shared narrative structures and motifs, complementary and mutually supporting notions of sanctity, and the ambiguous position of doctors shaped an environment where judges and witnesses tended to confirm each other's expectations and representations. Yet the voluminous exchange of objections and replies shows that the outcome of the process was not entirely predetermined.

As often happened with living saints (Gentilcore 1999, chap. 6; Keitt 2005; Sallmann 1994, part 2, chaps. 3–4), Joseph of Cupertino's extraordinary manifestations took him to the Inquisition. The inquisitors, like those who were later involved in his canonization, did not doubt that he really flew. In *De servorum Dei*, Lambertini recalled having accepted the flights on the basis of trustworthy ocular testimonies (DS III.49.9.566b). As *promotor fidei*, he considered them as established facts, but raised

[10] [Canonization of Juliana Falconieri] *Processus . . . Pisani super noui miraculis* [1711–1718]. ASV: Congr. Riti, Processus, 809, 49r°-v°.
[11] Canonization of Caterina de' Ricci, Notarial register "pro construenduo Processu . . . super miraculis in specie. . .," 278v°. ASV: Congr. Riti, Processus, 798.
[12] Ibid., 150v°-151v°.

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two difficulties. The first one was that, since Joseph went into ecstasy on non-religious occasions, such as hearing music, and since (according to some) he was subject to raptures since childhood, their cause was likely to be natural rather than divine.[13] Valid testimonies thus legitimated the appeal to medical observations and accepted psycho-physiological doctrines about the effects of music. The second difficulty derived from the inquest into virtues. Lambertini wondered if Joseph showed genuine humility and reserve, and if his flights had been followed by positive spiritual consequences. Without such evidence of a holy life, the friar's ecstasies could not be deemed miraculous.[14]

In addition to dispelling doubts about Joseph's virtues, the postulator replied that since music can lead to the contemplation of celestial things, Joseph's raptures in non-religious contexts could not be held against him, and that God might have given the friar precocious extraordinary gifts in anticipation of his future holiness.[15] The reply missed Lambertini's point that, since the flights did not happen *exclusively* on religious occasions, they did not *necessarily* have a supernatural cause. The advocate was satisfied with a lower degree of certainty than the promotor of the faith. In conformity with juridical logic, since *most* witnesses confirmed virtues and reported ecstasies on religious occasions, Lambertini's objections did not undermine Joseph's case; as Benedict XIV, he beatified the friar in 1753.

The case of Margaret of Cortona (1247–1297), a thirteenth-century Franciscan tertiary beatified in 1515 and canonized in 1728, further illustrates the interaction of juridical and medical considerations, but on an occasion that necessitated retrospective judgment. Seven miracles were proposed for her canonization: the incorruption and integrity of her body; the fragrance it exhaled; somebody not falling from Cortona's walls; and several cures (from intestinal obstruction, total paralysis, a "dangerous illness," and chronic asthma).[16] The patient in the last case was the Cortona noblewoman Constantia de Angelieri, and the healing was accompanied by an apparition of the Blessed Margaret.

Lambertini objected in particular to Constantia's cure. Since the witnesses were her three granddaughters, and their testimonies were by hearsay, the miracle lacked legal proof (*probatio legalis*).[17] The advocate replied by citing cases where indirect testimonies had been accepted.[18] He thus used precedent against Lambertini's normative objections.

[13] "Animadversiones Fidei Promotoris super dubio: An constet de Virtutibus Theologalibus . . . ac de Cardinalibus. . .," 18, in *Sac. Rituum Congregatione. . . Neritonen. Beatificationis, & Canonizationis Ven. Servi Dei Iosephi a Copertino. . . Positio scilicet Super dubio An constet de Virtutibus. . .* (Rome, 1714). BAV: Barberini LL.VI.67.
[14] Ibid., 21.
[15] "Responsio ad Animadversiones Reverendissimi Fidei Promotoris. . ." (Ad tertiam partem quoad Ecstases, & Raptus, caeteraque Supernaturalia Dona), in *Canonizationis. . . Iosephi a Copertino. . . Positio* (note 13 above).
[16] "Summarium super dubio. . .," in *Sacra Rituum Congregatione. . . Cortonen. Canonizationis B. Margaritae de Cortona. . . Positio Super dubio An, & de quibus Miraculis constet in casu, & ad effectum, de quo agitur* (Rome, 1723). BAV: Barberini LL.V.14.
[17] "Animadversiones. . . super dubio. . .," 14, ibid.
[18] "Responsio ad animadversiones. . .," in *Canonizationis B. Margaritae de Cortona. . . Positio* (note 16 above).

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As for the physicians, they dealt only with the medical features of the disease, its incurable condition, and the unusual nature of the cure.[19] Two new miracles were later proposed: the conservation (with fresh natural odor) of a sample of Margaret's fat taken from her body over four centuries earlier, and an instantaneous cure from acute fever and pulmonary inflammation.[20] This time, Lambertini questioned the healing not only on juridical bases (contradictions among witnesses), but also on such clinical features as lack of instantaneity.[21]

In the case of another Franciscan tertiary, Hyacintha Mariscotti (1585–1640), beatified in 1726, the most extensively discussed miracle was the allegedly instantaneous cure of Virginia Pedante, a nun in the Viterbo monastery where Hyacintha had lived and died, from what doctors described as incurable and inherited epilepsy. The healing took place in December 1709, and was accompanied by a vision. This case illustrates the challenge of assessing apparitions: only the patient experiences the vision; only witnesses see the external signs that might authenticate something they themselves are unable to perceive; only experts and judges may decide on the trustworthiness and meaning of those signs. Determining the divine, demonic or pathological origins of visions, trances and raptures was the traditional task of the "discernment of spirits" (Caciola 2003; Sluhovsky 2007). But the problem of discerning elusive internal phenomena, such as pain, was common in the medico-legal context, where it raised questions about simulation and the establishment of facts, the use and evaluation of signs and testimonies, and the production of admissible evidence (De Renzi 2002, § 5).

Virginia reported that her room was suddenly inundated with a great splendor; a woman sitting on her bed then looked at her, touched her head with the right hand, and said, "In the name of God, be healed: I am Sister Hyacintha Marescotti." The episode includes symbolized forms of two elements current in non-visionary healings: the materialization of the invoked servant of God through his or her corpse, tomb, relic, or image; the healing touch of living saints. Hyacintha had died in Virginia's room, which therefore functioned as a spatial relic. The vision, in turn, literally performed the healing touch (cf. Gentilcore 1999, 192–193).

After the touch, Virginia wished to contemplate Hyacintha again, but the apparition was gone; she saw the room filled only with other sisters, brought in by Maria Genuefa Pizzi, the responsible of the infirmary.[22] Pizzi testified that, while Virginia stared

[19] "Ponderationes Medico-Physicae D. Camilli Gualandi. . .," "Ponderationes Medico-Dogmaticae Iatrophysici Petri Angeli Papi. . .," "Vota Alexandri Pascoli. . . Super septem miraculus. . .," ibid.

[20] For the healing: "Nonum, & Novissimum Miraculum. Instantaneae Sanationis Sororis Mariae Fortunatae de Vannuccis. . .," in *Sacra Rituum Congregatione . . . Cortonen. Canonizationis B. Margaritae de Cortona. . . Positio additionalis Super dubio An, & de quibus Miraculis constet in casu, & ad effectum, de quo agitur* (Rome, 1725). BAV: Barberini LL.V.16.

[21] "Animadversiones additionales R[everendissi]mi Fidei Promotoris, super dubio An, & de quibus Miraculis constet in casu, & ad effectum, de quo agitur," ibid.

[22] Virginia quoted in *Memoriale Reasumptivvm nouae animaduersiones, & Responsiones Facti, & Iuris. Super dubio An constet de Virtutibus. . .* (Rome, 1713), Pars II (De Miraculis), Miraculum XV (Liberationes instantaneae

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at her vision, she exclaimed several times, "Oh, how beautiful she is!" Virginia's open fixed eyes, the feelings she expressed, and her exclamations were for Pizzi signs that the vision was not *un'immaginazione*, but "true, and real."[23] The patient's "joy and admiration" demonstrated that the event was "a celestial favor." Maria Genuefa stressed her competency and the ocular quality of her testimony: what she reported, she insisted, she *knew* for having assisted Virginia, and "having been present at everything."

The doctors too concluded that the healing was miraculous. They took into account the etiology, diagnosis, prognosis, and continuity of the cure. Citing Hippocrates, the treating physician explained that Virginia could not be cured naturally and with remedies. He had told her to entrust herself to God, because adult epilepsy produces a "naturally incurable" dyscrasia.[24] Another doctor and a surgeon concurred that the vision was "true, real, and not imaginary," and concluded that, since Virginia was totally cured, the healing must be miraculous.[25] Lancisi confirmed their opinion.[26] In sum, as one physician explained, if it is established that the patient's epilepsy is "per se and absolutely speaking" incurable, yet it was instantaneously cured, then there is a double reason to consider the healing miraculous.[27] The combination of two antithetical conditions (incurability and instantaneity) constituted an indisputable confirmatory sign.

While physicians ignored Virginia's vision, Lambertini paid considerable attention to it. In the case of Margaret of Cortona, he judged the testimonies about Constantia's vision so inadequate that it was not even necessary to discuss the apparition. In Virginia's case, he kept the vision and the cure separate. His objections against the former combined legal precedent, medicine, and psychology.[28] Lambertini started by cautioning against female visions, then emphasized the inferior value usually attributed to women's and children's testimonies, related the case of a child's cure-with-vision where the healing was declared miraculous but the vision not mentioned, and recalled

Monialis ab incurabilis Epilepsia), 116. BAV: Barberini LL.IV.61. See also ASV: Congr. Riti, Processus, n° 3588 (Processus remissorialis, et Viterbensis super miraculis in specie [1711]) and n° 3592 (Processus remissorialis Viterbien. Super continuitate sanitatis Sor Virginia Pedante [1717]).

[23] Pizzi quoted in *Sacra Ritvvm Congregatione . . . Viterbien. Beatificationis, & Canonizationis Ven. Servae Dei Sor. Hyachinthae Mariscottae . . . Positio Super dubio An constet de sex Miraculis post obitum in casu, & ad effectum, de quo agitur* (Rome, 1715), VI. Miraculum. Sanationis, & liberationis instantaneae Sororis Virginiae Pedante [. . .] ab incurabili Epilepsia, per Apparitionem, ac Intercessionem Seruae Die, manus in caput eius imponentis, eique sanationem denunciantis [pagination starts anew], § 141, quotation p. 31. BAV: Barberini LL.IV.62.

[24] Dominicus de Antiseris, ibid., 54.

[25] Ioannes Baptista Martinuccius, ibid., 59. Followed by the surgeon Ioseph Banconus' similar opinion.

[26] *Medicae Animadversiones pro veritate Illustrissimi Domini Jo. Mariae Lancisii . . . Circa sex Miracula Ven. Servae Dei Sor. Hyacinthae Mariscottae . . .* (Rome, 1716), 35. Archives of the Congregation for the Causes of Saints (ACCS): E7.

[27] "Consultatio D. Pauli Manfredi super sexto Miraculo," ibid., 65.

[28] "Animadversiones ad sextum assertum miraculum. Sanationis, & liberationis instantaneae Sororis Virginiae Pedante . . . ab incurabili Epilepsia per apparitionem, ac intercessionem Seruae Dei manus in Caput eius imponentis, eique sanationem denunciantis," 69–72, in *Canonizationis . . . Hyachinthae Mariscottae . . . Positio* [note 23 above], VI. Miraculum. Section numbers are given in the text.

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the imagination's power to produce auditory, sensitive, and visual apparitions (1). He then moved on to the case. Since Virginia spent the night before the cure asking Hyacintha for her and her uncle's health, the vision may have resulted from an excessive effort or intensity of thought (2). The addition of a gender-specific propensity and individual circumstances resulted in a medico-psychological challenge to the cure's miraculousness.

Lambertini then proceeded to another set of conditions. If Virginia invoked the Virgin, the miracle should be attributed to her. According to some testimonies, once healed, she thanked the Virgin, and on the following day fasted in honor of the Immaculate Conception, whose feast was celebrated a day later (3). It was therefore uncertain if the apparition was Hyacintha – a crucial doubt, since the cure was announced by the vision, itself subject to psychomedical objections (4).

Having thus used Virginia's and other sisters' testimonies, Lambertini examined the doctors'. The supposedly miraculous cure, he explained, may consist in the mere end of the paroxysm (severe fit of a disease), in "liberation" from the paroxysm followed by remission, or in complete healing. If it was the end of paroxysm, then a miraculous explanation was unnecessary in general, and even more so in Virginia's case, since physicians believed that one of the remedies had perhaps worked (5). As for instantaneity, one of the doctors argued that, if water had flown from the stone an hour after Moses hit it with his stick, the flowing would still be miraculous, and applied the same reasoning to Virginia's cure. Lambertini replied that Moses performed a higher miracle (of the second class, against nature), but that in healing miracles of the third class, instantaneity was indispensable (7). Moreover, he argued, since epilepsy is cyclical, it is impossible to affirm that the healing is permanent (8).

The advocate Thomas Montecatini responded to each of Lambertini's objections, devoting about half of his reply to the apparition.[29] He began by recalling that the resurrected Christ first appeared to women, and that the Church confirmed the divine origin of many female visions. The examples were qualitatively different from Virginia's, since they did not concern patients, but such holy women as Catherine of Siena, Teresa of Avila, and Maria Maddalena de' Pazzi (4). Yet they showed that women's stronger imagination did not invalidate their visionary experience; Virginia's vision was therefore not *vana, & chimerica*, and its having been followed by a cure indicated that the announcement, and especially the apparition of Hyacintha, were "subsistent" (10).

Montecatini realized the difficulty of determining whether visions are genuine. In Augustine's widely followed classification of visions into corporeal, spiritual, and intellectual, the second category concerns corporeal images perceived with the soul rather than with the eyes of the body. Augustine explained that such images can be true (*veras*), for example those of objects retained in memory, or fictitious (*fictas*), as

[29] "Responsio Facti, et Ivris ad Animadversiones R.P.D. Fidei Promotoris. Sextum Miraculum. . . ." (signed Thomas Montecatini), 73–91, in *Canonizationis . . . Hyachinthae Mariscottae . . . Positio* [note 23 above], VI. Miraculum, Cap. I. Section numbers are given in the text.

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may be formed by thinking (*sicut cogitatio formare potuerit*; *De Genesi ad litteram* XII, 6.15). When Montecatini (14) referred to a spiritual vision such as Teresa of Avila's as "imaginary," his usage lacked the connotation of "false" found in common parlance (cf. Pizzi's testimony, quoted above). Moreover, as he noted (29), it did not actually matter if Virginia's vision was corporeal or "imaginary;" what counted was the certainty that after having the vision, she was cured (15). Montecatini also recognized that the difficulty of establishing a vision's cause was especially great in miracles of the third class. Yet the apparition's form (a woman surrounded by celestial light) seemed to him a strong argument in favor of its divine origin (17). In any case, the miracle did not consist in the vision itself, but in the fact that it was followed by immediate, instantaneous, perfect and complete health (29).

The second part of Montecatini's reply focused on Virginia's illness.[30] He first insisted on the doctors' consensus about its incurability (1). As for Lambertini's distinction between total cure and liberation from paroxysm, he considered it irrelevant, since the former includes the latter (3). Concerning instantaneity, it should not be an absolute requirement given that, according to Hippocrates, epileptics never heal after the age of twenty-five, and that, in Virginia's case, incurability was confirmed by the proven hereditary nature of the illness (14–15). Moreover, Virginia had abandoned hope in medicine and trusted Hyacintha (20). The cure, therefore, could not have resulted from natural causes. For Montecatini, the only remaining doubt concerned the class, second or third, *contra* or *praeter naturam*, to which the miracle belonged (21). In a 1722 decree that did not mention the vision, the healing was approved as a miracle of the third class.[31]

In sum, within the medico-legal economy of miracles, testimony constituted the factualization process par excellence, the ultimate foundation of the empirical existence and epistemic legitimacy of miracles. A narrative, however, becomes testimony both by the way it fits in the narrator's life (the questionnaire reveals some biographical elements), and by its integration into codified circumstances of production and reception (Dulong 1998, Introduction). In the case of miracles, as in other juridical contexts, medical expertise played an essential role; but here its mission was to search for explanations that would confute miraculousness, or to pronounce itself against its own capacity to cure. A miracle, in this context, resulted from debates and negotiations involving several actors: postulators, witnesses, medical experts, the promotor of the faith, a curial commission, and finally the pope, who made a definitive decision.

The Imagination and the Boundaries of the Supernatural

The bargaining and compromises involved in decisions about miraculousness could concern fundamental criteria. In the case of Virginia Pedante, we saw a doctor defend

[30] Ibid., Cap. II. Section numbers are given in the text.
[31] *Decretum S.R.C. in Viterbien. V. S. D. Hyacinthae de Mariscottis super Mir.* (18 July 1722). ACCS: F8.

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the instantaneity of her cure by commenting that Moses' making water flow from a stone would not have been less miraculous had the water flown an hour after the prophet touched it with his stick. For the advocate of the cause, although Virginia's cure took some hours, it had to be considered instantaneous because the noxious matter could not be naturally eliminated so quickly; in any case, since there was no relapse, it must have been totally eliminated.[32] Such a pragmatic attitude in view of a negotiated outcome can be found in earlier canonists, is often illustrated in practice, and sometimes even in the justifications. During the cause of the Capuchin martyr Fidelis of Sigmaringen (1577–1622), the advocate asserted, against Lambertini's objections, that "mathematical instantaneity" was not required for miracles of the third class but, rather, that judgments about duration should be adjusted to the nature of the cured illness.[33]

Even as crucial a criterion as incurability was sometimes subject to negotiation. In the cause of Francisco Solano (1549–1610), a Franciscan missionary in South America, the famous Marcello Malpighi described as *mirabile* the lack of "corrupt blood" flowing from a wound in a case of breast cancer and the instantaneity of the reduction of buboes in a case of pest. He thus implied that the cures were not miraculous; contrary to several other medical *consultationes*, Lambertini agreed.[34] The advocates nevertheless argued that Malpighi actually meant "miraculous."[35] In the cancer case, the treating physician, who was persuaded of the miracle, thought the illness *quasi incurabile*; the ecclesiastical reader (perhaps Lambertini) turned around his intended sense, and noted on the margin that the doctor did *not* judge the illness incurable.[36] In the end, both healings were declared miraculous.

Jesus' therapeutic miracles could be used as medico-legal precedent. In the cause of the Polish Jesuit Stanislas Kostka (1550–1568, beatified 1605, canonized 1726), Lancisi invoked them to claim that miraculously cured illnesses (paralysis of a Jesuit

[32] Thomas Montecatini, in *Memoriale Reasumptivvm* [note 22 above], Pars II, Miraculum XV, 127.

[33] "Responsio Facti, et Iuris ad Animadversiones R[everendissi]mi Fidei Promotoris super dubio...," § 124, in *Sacrum Rituum Congregatione... Constantien., seu Curien. Beatificationis, & Canonizationis sive Declarationis Martyrij Ven. Servi Dei Fr. Fidelis a Sigmaringa... Positio super Dubio An constet de Martyrio, & Causa Martyrij, necnon de Signis, seu Miraculis in casu de quo agitur* (Rome, 1728). ACCS: D 21; BAV: Barberini LL.IV.2. Killed by a crowd while preaching to Calvinists in the Grisons, Fidelis was beatified in 1729 and canonized in 1746.

[34] "Summarium additionale. Num. unico: *Censura bo. me. Medici Malpichi super praedictis tribus miraculis...*" and "Animadversiones additionales" [by Lambertini], both in [*Sacra Rituum Congregatione... Limana Canonizationis Beati Francisci Solani...*] *Super dubio An, & de quibus Miraculis constet in casu, & ad effectum de quo agitur...* (Rome, 1724). BAV: Barberini LL.VII.16.

[35] "Memoriale cum Responsionibus ad Animadversiones additionales...," in *Sac. Rituum Congregatione... Limana Canonizationis B. Francisici Solani... Super dubio An, & de quibus Miraculis constet in casu, & ad effectum de quo agitur...* (Rome, 1711). BAV: Barberini LL.VII.7(int.27–28).

[36] Physician quoted in "Consultatio Medico-Physica pro Veritate D. Angeli Modij...," p. 7, in *Sacra Rituum Congregatione... Limana Canonizationis B. Francisci Solani... Super aliquibus Dubijs Excitatis in Congregatione Antepreparatoria...* (Rome, 1703). BAV: Barberini LL.VII.16.

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novice in this instance) need not be incurable, but only very serious and resistant.[37] In another paralysis case, also allegedly cured through the intercession of Kostka, he defended miraculousness by citing the healing of the centurion's paralytic slave (Matt. 8.5–13, Luke 7.1–10).[38] In the twentieth century, a German priest and theologian embodied the conviction that sworn testimonies demonstrate that "miracles are facts" in a collection of excerpts from canonization records about approved miracles that paralleled New Testament ones (Schamoni 1976, see also 1968). But there is one type of "cures" that, though attested in the New Testament, ended up excluded from the realm of the possibly miraculous.

In 1628, Catharina Knuppfler from Appenzell was liberated from demonic possession (*a Spiritibus immundis*) thanks to contact with Fidelis of Sigmaringen's skull. When communing, Catharina felt nausea and could not swallow; in days of religious festivity, she ate lime from walls and sand from rivers; she was affected by tremors, pulled her hair and hit her head against the wall, spoke of remote and unknown things that were subsequently confirmed, wanted to kill herself and her mother. Both medicine and exorcism failed, and witnesses insisted that the demonic origin of her condition was common knowledge. Aged sixteen, after six days praying in the Feldkirch chapel where Fidelis' skull was kept, Catharina ejected, from an unspecified part of her body, the instrument of the evil spell.[39]

Lambertini raised several objections: the exorcists were not interrogated, yet the witnesses were incompetent to judge in a situation where simulation is easy, and where the signs, especially in women, can resemble symptoms of hysteria, excess of black bile, or a sick imagination; Catharina knew the origin of her condition only *de auditu*, from her mother and other women *ex fama publica*; only she could tell about her nausea upon receiving the sacrament; testimonies disagreed on the expulsed malefic object, and did not state, as would be necessary to rule out simulation, from which part of Catharina's body it fell; finally, even if she was a demoniac (*energumena*), since the liberation did not happen immediately upon invocation of Fidelis or contact with his relic, it should not be considered miraculous.[40] The advocate did not touch upon

[37] [G. M. Lancisi] "Votum pro veritate... super asserto XII. Miraculo instantaneae Sanationis Francisci Xauerij a perfecta Paralysi...," § 6. BNF: H 1352, in n° 7264.

[38] "Votum pro veritate Illustrissimi domini Io. Mariae Lancisi..... Super primo asserto Miraculo instantaneae sanationes Annae Theodorae Ligniuille ope B. Stanislai Kostkae Societatis Iesu. Atrophia, & impotentia crurum a multo tempore laborantis" [ca. 1712], § 9. BNF: H 1352, in n° 7264.

[39] "Informatio super dubio..." and "Summarium super dubio...," both under "Sextum Signum, siue Miraculum. Liberationis Catharinae Knupfflerin a Spiritibus immundis," in *Canonizationis... Fidelis a Sigmaringa... Positio* (note 33 above). See also *Constantien., seu Curien. Beatificationis, & Canonizationis Sive Declarationis Martyrij Ven. Servi Dei Fr. Fidelis a Sigmaringa... Summarium super dubio an constet de Martyrio, & causa Martyrij, necnon de Signis, seu Miraculis*.... (s.d.), 30–37. BNF: H 869, n° 2242. What came out of Catharina's body? Witnesses speak of a *fistula lignea* on the third day, and a *rubiginosa clavis* on the sixth; a seventeenth-century chronicler writes of a *clavis pendula* (Mayer 1964–1965, 225).

[40] "Animadversiones R[everendissi]mi Fidei Promotoris super dubio...," 9–11, in *Canonizationis... Fidelis a Sigmaringa... Positio* (note 33 above). The chapter on the expulsion of demons is one of the longest in the

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the medical dimension of Catharina's case, and doctors dealt only with other cured illnesses, such as mammary inflammation, ulcer of the cornea and acute back pain, that excluded "mental" pathology.[41]

"Mental" here requires quotation marks because hysteria, melancholy, or maladies of the imagination were seen as dependent on the state, quantity, and movements of the bodily humors and the vital and animal spirits. Understood in this way, the notion of imagination could play a decisive role in the rejection of a proposed miracle.

One of the miracles submitted (but not approved) for the beatification of Jean François Régis (1597–1640), a Jesuit who devoted his life to converting French Huguenots and rescuing prostitutes, was the healing through relic contact of the Salesian monial Marie Louise Du Rye from a seven-year atrophy of the thumb.[42] Lambertini's objections concerned the diagnosis, the gravity of the illness, and the cure's lack of instantaneity.[43] Lancisi considered in addition that such an illness could suddenly cease through the action, prompted by the imagination, of the bodily spirits in the brain – an effect he demonstrated from "reason and experience" by quoting medical treatises and recalling the effects of the maternal imagination on the fetus.[44] The advocate Dominicus Maria Vaccarius insisted on the gravity of the condition, and reasoned that, if it was immediately cured by contact with the relic, then the healing must be ascribed to divine intervention (9).[45] To Lancisi's "obscure conjectures," he acrimoniously opposed the consensus of witnesses, doctors, and surgeons (§ 26). He thus contrasted two sources of factuality and reliability: the theoretical possibilities established by medical learning, and the accumulation of testimonies in juridical practice, as illustrated by the presentation of a catalog of witnesses against each of Lambertini's objections.

An illness may indeed cease through the action of the imagination, *per fortem animi imaginationem*; but that, Vaccarius emphasized, was in Du Rye's case mere speculation (§ 46). Disproving the cure's miraculousness necessitated more than asserting a healing potential. For Vaccarius, Lancisi's reasoning boiled down to claiming that since the

miracles book of *De servorum Dei*; relic contact is first described as a "mirabilis et extraordinarius modus Daemones expellendi," but the discussion and examples make it clear that Lambertini considers it miraculous (DS IV.I.29.8–10).

[41] "Responsio Facti, et Iuris ad Animadversiones R[everendissi]mi Fidei Promotoris super dubio. . .," §§ 109–124; "Dissertatio Pietro Assalti. . .," "Vota Alexandri Pascoli. . .," all in *Canonizationis . . . Fidelis a Sigmaringa. . . Positio* (note 33 above). Together with saving the Grisons town of Maienfeld from a fire, these healings are cited as miracles in the beatification brief; new cures were authenticated for canonization.

[42] "Informatio super dubio. . ." (Informatio Miraculum secundum. Instantaneae sanationis Mariae Ludovicae Du Rye, Monialis Molinensis a septenni pollicis impotentia, atrophia, ariditate, & inflexibilitate, Anno 1702), in *Sacra Rituum Congregatione . . . Viennen. in Gallia Beatificationis, & Canonizationis Ven. Servi Die Io. Francisci Regis . . . Positio super dubio An constet de octo Miraculis post obitum in casu, & ad effectum, de quo agitur* (Rome, 1712). BAV: R.G. Riti II.276(1–2).

[43] "Animadversiones Reverendissimi Fidei Promotoris super dubio. . .," 8–10, ibid.

[44] "Vota pro veritate . . . Io. Mariae Lancisi . . . Super assertis Miraculis. . .," 10–13, ibid.

[45] "Responsio facti ad vota Illustrissimi D. Lancisij Super Miraculis Ven. Servi Dei Io. Francisci Regis" (signed Dominicus Maria Vaccarius), ibid. Page or section numbers are given in the text.

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imagination cured Peter and John, it also cured Paul; yet one should rather say, "the imagination has not healed hundreds of thousands of sick men; it therefore did not cure Paul" (§ 54). In *De servorum Dei*, Lambertini sketched this discussion, sided with Lancisi, saw Vaccarius' argument as a way of dodging the question of the effects of the imagination, and observed that going along with it would bar the Church's "most diligent investigation" into proposed miracles (DS IV.I.[33].23–24).

While Vaccarius' emphasis on concordant witnesses was on the side of empirical testimonial facts, Lambertini defended passing judgment on the basis of possibilities that restricted the range of the miraculous. Such a position can be explained by his goal to determine the boundaries of the supernatural so as to simultaneously strengthen the role of scientific expertise in canonization trials, legitimate miracles by reinforcing the criteria for their screening and acceptance, and regulate devotion by setting limits to the intensity and nature of admissible piety. The imagination, and consequently the phenomena in which it was believed to operate (including some of the most exalted expressions of baroque religiosity), ultimately escaped external testimony and the probabilistic conditions of miracle assessment. It thus defined a limit to what we can know about God's will on the basis of naturalistic and juridical evidence.

Lambertini gave prominence to the imagination by devoting to it the last chapter of *De servorum Dei*'s book on miracles. His questions about its pathogenic and healing powers – for example if it can affect one's own body or somebody else's, or if it can produce and cure illness in oneself and others – were traditional, and thoroughly discussed in one of his main sources, Thomas Fienus' 1608 *De Viribus Imaginationis*. The answers too. Like earlier authors, Lambertini found in Aquinas the key to knowing if the imagination can alter the imaginant's body. For Aquinas, the imagination affects only bodily processes inherently connected to it, such as the passions of the soul and the movement of the spirits, and has no influence over unrelated corporeal dispositions, such as the form of the hand or foot (*Summa theologica*, 3ª, Quaest. 3, Art. 3, ad 3). These issues predate the juridification of saint-making, and were central to discussions of demons, magic and witchcraft.

Demons, explained for example Aquinas, can produce changes in the body, or make certain things appear to the imagination, but nothing they do can be considered a miracle. Even if they could cure an illness immediately, they would do so by the intermediary of a natural power; they cannot heal diseases against which nature is truly powerless (*De potentia Dei*, Quaest. 5, resp.). Demonological treatises tended to follow these opinions. The *Malleus maleficarum* (1487), which became a major reference in later demonology and a source for judges, explained that

> Since the faculty of fantasy (imagination) [*potentia fantastica siue imaginatiua*] is a bodily one, that is, one attached to an organ of the body, it is also naturally subordinate to the evil angels, so that they can change it in form by creating various fantasies through causing the humors and spirits to descend to the origin of perception [*ad principium sensitiuum*].

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(Part I, Quest. 10, on whether witches can change men into the shapes of beasts; Institoris and Sprenger 1487, 60C)

A demon does not alter the organs of perception and imagination themselves, but affects them by setting in motion the spirits and humors (ibid., 62C).

Some later books devote specific chapters to the imagination. In his massive *Disquisitionum magicarum libri sex* (Investigations into Magic, 1595, Book I, chap. 3, Quaest. 3), the Jesuit Martin del Rio reached two conclusions. One is that the soul cannot act at a distance "upon a body quite unconnected with that of the imaginer, whether by imagination or by any other power." The other is that, probably, a person's imagination can act on another's body provided the imagination is very strong, and the bodies are not only in contact, but also have a "strong affinity" with each other (Del Rio [1595] 2000, 41 and 42). Some years later, the *Compendium maleficarum* (1608) of the Ambrosian priest Franceso Maria Guaccio, which is heavily indebted to both the *Malleus* and the *Disquisitiones*, devoted its very first chapter to the powers of the imagination; it followed Aquinas and reproduced examples from Del Rio. At the opposite end of these books that served as inquisitors' manuals, the physician Johann Weyer's *De praestigiis daemonum et incantationibus ac venificiis* (On the Impostures of Demons, and on Incantations and Sorceries, 1563) argued that women accused as witches suffer from melancholia and a disturbed imagination (a point on which he was opposed by Jean Bodin in *De la démonomanie des sorciers*, 1580). Weyer may have introduced the insanity defense into witchcraft trials (Clark 2002). Nonetheless, like most sixteenth-century doctors (Céard 1976), he admitted the devil's predilection for illnesses of the brain, and the action of demons on predisposed intellects and imaginations.

In relation to saints, a major early use of the concept of the imagination concerns Francis of Assisi's stigmata, which gave rise to controversies soon after the saint's death in 1226 (Frugoni 1993; Vauchez 1968; specifically on the imagination, see Boureau 1995). These controversies throw light on the evolution of ideas about the workings of miracles which led to Lambertini's position. In a sermon of the 1280s, the Dominican Jacobus de Voragine, most famous as author of the saints' lives known as *Golden Legend*, considered Francis' stigmata as, among other things, signs of the "highest charity." In this connection, he mentioned the saint's *vehemens imaginatio* as one of their causes (the others, also capable of imprinting the flesh, were his vehement *dilectio*, *admiratio*, *meditatio* and *compassio*) (Voragine 1926). This, however, is not an early instance of psycho-medical reductionism.

Around 1270, the Franciscan John Peckham had already argued that Christ's sweat of blood on the Mount of Olives resulted from the "vehemence" of his imagination of his Passion.[46] In 1366, Petrarch explained that "so assiduous and profound was his [Francis']

[46] Luke 22, 44, states Christ's sweat was *like* large drops of blood falling on the ground.

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meditation on the death of Christ that his soul was filled up with it, and appearing to himself to be also crucified with his Lord, the force of that thought was able to pass from the soul to the body and leave visibly impressed in it the traces" (Vauchez 1968, 625, n. 1). As shown by Alain Boureau, these are expressions of a "scholastic-mystic" or neo-Augustinian position, according to which a *vehemens imaginatio* driven by the power of love or by the will, and consequently capable of neutralizing the senses, could be an instrument of the cooperation between the saint and God, between human nature and supernatural causation. Thus, when in the 1320s, the Franciscan Petrus Thomas denied that the imagination might have produced the stigmata, he was not attacking a naturalistic or rationalistic position that would be akin to later clinical explanations, but the neo-Augustinian natural-mystical interpretation which had become contrary to official Church doctrine after the reinstatement of Thomas Aquinas by the Council of Vienne (1311–1312). The way was thereby open for the appeal to the imagination as a purely psycho-physiological (and no longer partly spiritual) explanation of certain miraculous phenomena.

In *De naturalium effectuum admirandorum causis, sive De incantationibus liber* (On the Causes of the Wonders of Nature, or on Incantations) written about 1520 (chap. 5, octava dubitatio), Pietro Pomponazzi claimed that even if one admits the stigmata, they would not have been the result of a miracle, but of the natural forces of the imagination – just as a fetus is really influenced by the mother's imagination, and just as imagining leprosy gives the disease. Pomponazzi was radically skeptical concerning prodigies and miracles, and so would be Montaigne in the chapter on the imagination of his *Essais* (Book 1, chap. 21), first published in 1580. At the same time, both were in line with medieval and Renaissance psychophysiology in assuming that the imagination could produce bodily transformations. The same applies to post-Tridentine authors of canonization treatises.

One of the earliest describes how demons mystify the human external and internal senses (*sensuum ludificatio*), and affect the organ of the phantasy (*organum phantasticum*) so as to produce *falsae imaginationes* (Rocca [1601] 1610, esp. chap. 13). The point was to distinguish the preternatural and the supernatural, the wonders (*mirabilia*) of demons and the miracles (*miracula*) of saints. A later work deals with the difference between true miracles, and the magical prodigies and apparent miracles performed by evil people (Contelori 1634, chap. 20). It examines extensively the medical prerequisites for assessing cures (ibid., chaps. 17 and 18), and offers a formula that acquired the status of a juridical rule, namely "that a miracle can be proved not only by witnesses who were present at the miracle, but also by two experts, for example physicians or surgeons, who were not present at the miracle, but who, having examined all the circumstances of the fact attested by the witnesses, conclude that the cure could not have been carried out by a natural cause, and who, as a necessary consequence, judge that the cure has to be ascribed to a miracle" (ibid., chap. 18, § 12, 209).

The most important canonization treatise immediately prior to *De servorum Dei* gave medicine much more room than any of its predecessors, including a lengthy

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presentation of human anatomy, and discussing the notions of illness and health in a Galenic perspective (Matta 1678, pars tertia, chap. 18). Its major medical source was Daniel Sennert, a leading authority at the Lutheran University of Wittenberg, whose works, like that of many early-modern medical theorists, brought together medicine and natural magic to investigate the occult causes of diseases. Its discussion of the imagination occurs in a chapter on the occult powers of nature that comes, appropriately, right after a presentation of therapeutic miracles. Focusing on the capacity of the imagination to produce and cure illness, the author explained that the imagination does not act by itself, directly, and by its own power (*per se, directe, & proprie virtute*), but rather by moving the bodily humors (ibid., chap. 19, § 13). (Demons here play a major role in connection with visions, dreams, and ecstasy and rapture, all phenomena involving the imagination, and concerning which the author is indebted to Del Río; ibid., chaps. 2–4).

These few observations suggest the extent to which post-Tridentine canonization treatises fit in the early-modern web of knowledge and practices associated with natural philosophy, natural magic, demonology, and medicine. They also suggest the central place the notion of imagination occupied in that universe. Many of Lambertini's sources belonged to that universe, and indeed his chapter on the imagination addresses traditional questions: if the imagination can act on a body that is distinct, separate, and distant from the body of the imaginant; if it can act on a body that is distinct, but neither separate nor distant from the body of the imaginant; if it can produce illnesses in those bodies; if it can cure instantaneously. Lambertini's innovation concerns the function and admissibility of imagination phenomena in saint-making.

It is well known, Lambertini observed, that some attribute to the imagination a certain number of phenomena that seem to go beyond nature (DS IV.I.[33].1.381b-382a).[47] Nevertheless, the fact that the imagination has curative power did not, in his view, jeopardize the reality of therapeutic miracles. The difficulty was elsewhere. Lambertini explained that the imagination may have healing effects in two very different situations: one in which the patient trusts natural remedies, another in which he believes recovery will take place thanks to a holy person's intercession. In the latter case, God may use the imagination as a "natural instrument" to restore health. Taken in itself and in the eyes of God (*in se et coram Dei*), such recovery would therefore be miraculous. The problem is that since the Church can only judge on the basis of what can be observed (*de externis*), it should not admit such healing as a miracle. To the extent that, in any particular case, one cannot determine if the imagination's effect derives from divine intention or from its own powers, the imagination should never be considered a secondary agent of miracles, and, obviously, no approved miracle can ever be attributed to its action (34.400ab).

[47] I will henceforth give only paragraph and page numbers of DS IV.I.[33].

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The imagination thus emerges as an absolute limit among medical explanations. God may cure through natural processes (as in the reduction of a tumor or the cicatrization of a wound), but by making them act with supernatural speed. Yet because in any given case, it is impossible to know if He made use of the imagination in a similar way, Lambertini excluded that faculty from among the possible natural mechanisms at work in miracles. Such a decision was purely methodological, since God retained the power of miraculously curing through an individual's imagination. Nevertheless, by ceasing to be *for us* one of God's "natural instruments," the imagination became in effect a criterion of the non-supernatural.

Rather than expanding the extension of the miraculous, as did the neo-Augustinian interpretation of stigmata, the psycho-medical concept of *imagination* thus restricted it.[48] At the same time, what escaped its explanatory range while satisfying the usual miraculousness criteria could plausibly count as a miracle. In *De servorum Dei*, the action of the imagination emerged as the prime means of demarcating the natural from the supernatural. Lambertini insisted on establishing what should be imputed to the force of the imagination, and what to a superior cause (24.394a); in other words, one should find out if a cure takes place supernaturally and as a consequence of divine power, or *naturaliter: ope videlicet imaginationis, vel phantasiae*, "naturally, that is to say by means of the imagination or fantasy" (1.381b; 22.392b).

* * *

Unless one wishes to engage with ontology or psychology, canonization miracles are best understood through the procedures that objectify them, and as the outcome of social and epistemic negotiations (cf. Claverie 1991 and 2003 on the Virgin's apparitions, or Lagrange 1990 on UFOs). Assuming belief in the possibility of miracles, the cognitive and moral foundation of canonization lies in testimonies, and in ecclesiastical authorities' and medical experts' trust in witnesses. By setting limits to testimony and restricting the possibility of knowing God's action and will regarding a sainthood candidate, Lambertini's doctrine of the imagination simultaneously protected and jeopardized the miraculous. It protected it by excluding from its realm the cases that seemed to escape multiple concordant testimony. Without such testimony, there was no way of factualizing extraordinary events, nor of objectifying them into miracles. At the same time, the triumph of the imagination as an explanatory concept signalled a limitation of testimony and the potential breakdown of the medico-legal economy of miracles.

[48] As Boureau (1995, 168) observes in connection with Petrus Thomas' arguments against the power of the imagination as producer of stigmata, one of the key issues of the debate was that "la causalité naturelle-mystique [defended by the neo-Augustinians] ouvre la voie à une multiplication des miracles et à une individualisation des marques et moyen du salut."

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Lambertini's doctrine of the imagination represents the systematized culmination of post-Tridentine methodological scepticism. He formally integrated into the canonization procedure the traditional function of appeals to the powers of the imagination as a way of casting doubt on an event's miraculousness. He might have thereby authorized the extension of "psychological" explanations to the entire domain of the miraculous, and thus potentially endangered the very existence of miracles. Yet, as *promotor fidei*, cardinal and pope, Prospero Lambertini worked to insure maximal legitimacy to saint-making.

For a nineteenth-century positivist like Jean Martin Charcot, all therapeutic miracles concerned cases "whose cure requires no other intervention than the power the mind has over the body" – including not only hysterical contractures, convulsions and paralyses, but also tumors and wounds (Charcot [1893] 1897, 5). The latter, if cured by "faith-healing," were for him necessarily hysterical. Charcot thus incorporated into psychopathology the entire world of the miraculous. By excluding the mental realm from the domain of ascertainable miracles, Lambertini had proceeded in just the inverse way. His doctrine of the imagination set limits not only to what we can find out about God, but also to what we may decide we know about nature. If we cannot attribute to God an apparently miraculous phenomenon that involves the imagination, then we cannot conclude either that the phenomenon was due to the action of nature alone. The boundaries of the supernatural were likewise those of naturalistic explanation; the limits of the divine and the limits of the natural were interdependent.

The potential applicability of psychological explanations to a cure did not mean that a cure was not miraculous, but only that judgment should be suspended and the case not taken into account. As the Lourdes doctor of Zola's novel smugly told his visitors, "vous savez que nous ne retenons pas les cas, dès qu'il s'agit d'une affection nerveuse" (Zola [1894], 206). Such a position resulted directly from post-Tridentine reforms and Lambertini's treatment of miracles. In sum, considered in the context of science, proposed miracles could be reduced to natural phenomena, but also challenged established knowledge about nature. Considered in the context of canonization miracles, where its ultimate function was not to inquire into nature but to help discover God's will, the production of knowledge was still largely dependent on the trust in testimony that had contributed to give science its early-modern form. By restricting the domain of what could be safely attested to, Lambertini safeguarded the possibility of placing confidence in testimony as one of the foundations of knowledge.

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