Acts of Care
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“On bended knee,” Teodorico Borgognoni instructed, “you should say three times the paternoster, and when these have been said, let the arrow be grasped with both hands joined as they are and let be said, ‘Nicodemus drew out the nails from our Lord’s hands and feet, and let this arrow be drawn out.’ And it will come out forthwith.” The instructions for this arrow-removing procedure can be found in the surgical treatise of Teodorico Borgognoni (d. 1296), who, in addition to serving as bishop of Bitonto and Cervia, occasionally taught medicine and surgery at the University of Bologna. While Teodorico transmitted a small sample of verbal remedies like this one, he confessed that they sounded to him more like the false remedies of a vetula than the reasoned pharmacy of a learned

And yet, Teodorico was unable to jettison the remedy. After all, he understood it to work. In order to rationalize the remedy’s transmission, however, he issued an apologia that shed any suggestion of its feminine origin. “It does not trouble me to write down certain empirical experiments,” he confessed, explaining that “certain experienced men swear by [them].”

This remedy was taught to him by a learned man, not a spurious woman. Thomas’s insistence on the verbal remedy’s masculine origin was necessary because certain empirical remedies were already feminized, remedies that incorporated the performance of affective prayer, soothing words, and the command to have faith. As we have seen, the religious women who provided healthcare services to urban populations in the lowlands were well regarded as specialists in treating the infirm with consolatory and efficacious words and practices. When other medical practitioners relied on these methods, as they often did, they sought to distinguish their basis of authority, to ground them in a textual tradition. I turn in this chapter to masculine constructions and conceptualizations of therapeutic efficacy in a variety of discourses: medical, hagiographic, theological. Rather than resistance and contradiction, we find shared conceptual premises in discussions of the soul’s effect on the health and comportment of the body, in the salutary role of hope and belief, and in the special therapeutic powers of certain esteemed individuals. A variety of thirteenth- and early fourteenth-century authoritative discourses, I show, maintained an interest in accommodating the effects of the soul on the body and in explaining unexpected bodily transformations. Their differences stem not from their authors’ opposing knowledge systems, but rather from opposing constructions of diagnostic and therapeutic power.

By 1300, scholastic physicians had devised a distinct category of knowledge about the body, by which their diagnostic practices and remedies might be distinguished from those of other healers. That category of knowledge was based on physical, material principles, as made clear in their chosen moniker, physici, or those who specialized in the physical properties that

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2. Teodorico Borgognoni, Chirurgia, bk. III, ch. 1, 158v: “quia magis videntur nobis vetularum esse quam prudentis viri.”

3. Teodorico Borgognoni, Chirurgia, bk. II, ch. 23, 143v; trans., 87: “Non piget . . . quaedam experimenta empirica scribere que quosdam peritos cum assertione plurima novimus affirmare.”

EMPIRICAL BODIES

determine human health. Throughout the later Middle Ages, as *physici* circulated academic treatises on their specialized medical art, producing hundreds of commentaries on the recently translated Greco-Arabic corpus, they made marginal space for properties that could not be determined based on physical composition of substances. They sought to accommodate the unexpected, the unpredictable, the supernatural, and the divine. Take, for example, the English physician, Thomas of Fayreford, who recommended that, while preparing *materia medica*, physicians might imagine their practices in terms of biblical precedents. In his recipe for gathering herbs, Thomas employed the vernacular to instruct medical practitioners to pluck herbs from the earth in the name of the Father, the Son, and the Holy Ghost. He directed them also to recite three Paternosters and Ave Marias, then, in Latin, to utter the prescribed blessing:

Almighty, who has conceded virtue into various herbs, deign to bless and sanctify these herbs. And just as you gave your apostles the power of spurning serpents and scorpions so wherever medicine from these herbs will be presented, let every infirmity and weakness be expelled and your benign grace be bestowed on sickness.

Thomas fashioned his script for a medical prayer much like the form of a sacramental. The practitioner who uttered this prayer hoped through it to channel grace into herbs. The charm induced patients and practitioners to imagine Fayreford’s herbal remedy as a conveyance for divine grace. In this way, the empirical remedy relied on medical theatrics that amplified performance to the status of remedy, a mechanism for altering affective and perceptive states. Both the herbs and the words were necessary for efficacy; the words were part of the treatment. The physician’s prayer enhanced the herbs’ efficacy, converting them into a medical ingredient, an essential component of cure.

5. Thomas of Fayreford was writing between 1420 and 1460. He was more of a provincial doctor, who never received a medical degree. He did, however, attend the University of Oxford. On Fayreford, see Peter Jones, “Thomas Fayreford: An English Fifteenth-Century Medical Practitioner,” in *Medicine from the Black Death to the French Disease*, ed. Roger French, John Arrizabalaga, Andrew Cunningham, and Luis García-Ballester (Aldershot: Ashgate, 1998), 156–83.


A similar logic is evident in Gilbertus Anglicus’s *Compendium medicinae* (written between 1200 and 1250), in which he relays a “divine charm” (*divino carmine*) that he only included, he insisted, because it had been passed down from “the ancients.” Known as the “Three Good Brothers” charm, it involved three brothers who were traveling to the Mount of Olives to gather herbs for a remedy that would heal wounds. Along the way, according to the charm, Christ intercepted the brothers and offered them an alternative cure. But before providing them with the remedy, Christ insisted that the brothers swear on the crucifix not to receive payment for its use, which indicates a distaste for charging payment in exchange for healthcare services. Christ then proceeded to explain to the brothers that they should apply wool and olive oil to the wound while pronouncing these words:

> Just as Longinus the Hebrew pierced the side of our Lord Jesus Christ, who did not bleed nor was corrupted nor suffered pain nor decay, so do not bring that about in this wound which now I charm, in the name of the Father and the Son and the Holy Spirit. Amen. And say the paternoster three times.

Here, the remedy required the practitioner to provide a material cure, oiled wool, and to inhabit a narrative by performing a biblical role. Situating themselves in the *historiale* (the historical setting of the charm), the practitioner encompassed the patient in the narrative as they administered the remedy, calling the wounded one’s attention to the analogous wound that Christ bore, a wound that ultimately secured human life.

While the 1510 printing of the *Compendium* directs the practitioner to “believe and say” (*credite et dicite*), earlier manuscript copies omit the direction to believe. Was this later insertion, which commanded the user’s faith, premised on the sense that faith in such remedies had been eroded? Was

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10. “Sicut longius ebreus cum lancea in latere domini nostri ihu. x. percussit nec sanguinavit nec ranclavit nec doluit nec putredinem fecit: nec faciat plaga ista quam carmo? In nomine patris et f. et s.s. amen. ter dicite pater noster.” From Olsan’s transcription of New Haven, Yale University Library, Cushing/Whitney, MS 19, fols. 44v-45r, in her “Three Good Brothers Charm,” Appendix I: Charm Texts, 64–65.


12. Yale University Library, Cushing/Whitney, MS 19, fol. 44vb states only, “dicite”; the 1510 print edition includes the words “credite et dicite.” See Gilbertus Anglicus, *Compendium medicinae*. 
it necessary to prompt practitioners and patients to inwardly assent to the externally executed words of the cure? Perhaps the instruction “to believe” was not required in earlier iterations of the cure because thirteenth-century European Christians were awash in therapeutic practices predicated upon the requirement of faith for somatic transformation. The alteration might also point to later concerns about superstitious practice, an apprehension that if performed through the words alone, without faith in Christ’s wounds as the ultimate source of therapeutic power, then the charm amounted to perfidious magic.¹³ Physicians understood that patients had to believe in the efficacy of their remedies, had to experience real hope for physical transformation. Belief in the efficacy of a remedy, confidence in the power of the practitioner, and true hope of bodily recovery were essential components of the therapeutic process. This internal conviction, a conversion of the self, was present in several localizations of cultural discourse in the later Middle Ages. It was premised on the soul’s causality, the idea that the soul could effect material transformation. In this chapter, I develop an interpretive lens for capturing among these diverse discourses a shared model of the body that encompassed psychological and emotional aspects of the self. By attending to the gendered nature of these discourses, we can glimpse how the body of the practitioner emerged as the site through which therapeutic authority was negotiated.

A matrix of late medieval discourses—medical, theological, hagiographic—explored internal affective states and their potential for bodily expression, questioning the role of the soul and its accidents in generating somatic transformation. These discourses express overlapping approaches to health and care, approaches that were not necessarily incompatible, though they may have operated independently. They all affirmed that affective states had potentially profound effects on the body. These converging discourses generated ambiguities about the boundaries between the material

¹³. Only sacraments could work ex opere operato because God ordained that they should work, as it were, “from the work” itself. See Thomas Aquinas, Summa Theologica, iii.64. On growing concerns about superstitious practice in this period, see Michael Bailey, Fearful Spirits, Reasoned Follies: The Boundaries of Superstition in Late Medieval Europe (Ithaca: Cornell University Press, 2013). Generally speaking, the authors discussed in this chapter, all of whom were active in the thirteenth and early fourteenth centuries, did not see themselves as practicing or theorizing magic, even when they discussed verbal remedies. As Bailey, Richard Kieckhefer, and others have shown, magic was a contextual category, the meaning and contents of which changed depending on how it was used and in which historical period it was used. Kieckhefer has recently suggested that we consider magic as “an aggregating term”; he points to the encompassing elements of this conceptual category, as its various contents and associations are not linked by any single essence. See Richard Kieckhefer, “Rethinking How to Define Magic,” in The Routledge History of Medieval Magic, ed. Catherine Rider and Sophie Page (New York: Routledge, 2019), 15–25.
and immaterial, and about which practitioners possessed the authority to administer treatments to ensouled bodies. Joseph Ziegler and Naama Cohen-Hanegbi have produced lucid monographs that detail the many mutually informing links between medical and religious discourses in the later European Middle Ages, as well as the institutions and personnel that structured them. Here I build on their insights, focusing on the place of the gendered body in those discourses. Embodied performance, I show, played a role in establishing medical authority. The body of the saintly mulier or holy virgin and the body of the learned male physician appear in these discourses as sites of concentrated therapeutic power; the therapeutic power of one was supernatural and derived from grace, while that of the other was material and naturally occurring.

Scholastic physicians’ explanations of the efficacy of verbal remedies display an interest in controlling their proliferation or their use by empirical healers, the unschooled, and women. Meanwhile, hagiographers and theologians were keen to delimit the conditions of the material manifestation of grace and of the physical effects of prayer and contemplation. While physicians agreed that nonmaterial forces associated with the soul might have tremendous effects on the body, they speculated on how to predict their influence and, moreover, how to control them. At the same time, hagiographic and theological discussions of somatic transformation suggest anxiety about what their authors perceived was a diminished role of care of the soul in thirteenth-century medical practice. Taken together, these scattered discourses affirm an overarching model of the body as permeable to nonmaterial forces. Different disciplines often employed distinct terminology to give language to the unseen causes of material transformation in the world, but among all genres of discussion, the assertion of control over the mechanics of that transformation was paramount.

**The Matter of Emotions in Medical Theory**

Physicians categorized the charms and verbal remedies of Thomas Fafreford, Teodorico Borgognoni, and Gilbertus Anglicus as *empirica*, remedies that could be known only through experience, not by rational deduction from their material properties. Although no medical authorities condemned charms outright, as Lea Olsan has shown, their theories of causation “broke down when it comes to certain areas of practice.”  

and universal terms. Empirica thus fit uneasily in academic medical treatises because they could not be explained by the principles of humoral medicine and thus could be known only through experience on an individual basis.  

In twelfth-century Salerno, learned practitioners had already begun to create a new category of healer. Physici sought to distinguish their remedies and approach to the body from the irrational prayers and remedies of unlettered folks and vetulae, a “demarcation of boundaries.” This new medical knowledge was premised on mastering a canon of freshly translated medical texts such as the Isagoge, the Pantegni, and the Premnon physicton. Supplied with a new form of knowledge, physicians ascertained the constitution of matter and the cosmos to explain the relationship between their individual components, such as elements, qualities, and humors, and the processes of illness and health in living bodies. Scholastic physicians sought to describe bodily change according to the theory of complexion. Complexion referred to the constitution of a sublunary body’s (animal, vegetal, or mineral) elements and primary qualities. Physical transformation was understood to be caused by qualitative forces of elements, their degrees of hot, cold, wet, and dry.

The soul played an important role in these theorizations of bodily transformation. Greek medical tradition held that the soul’s affects exerted an influence on bodily health. For instance, Aristotle’s De anima recognized that, owing to their ensouled bodies, humans experienced physical ramifications

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15. Magic, however, did have a rationale. See Richard Kieckhefer, “The Specific Rationality of Medieval Magic,” American Historical Review 99.3 (1994): 813–36. Kieckhefer sorts charms into three categories: prayers, blessings, and adjurations. Of the type of charms discussed in these texts, the most useful categorization is also the most nebulous. As Kieckhefer states, “For some medieval people charms would count as magic. Other people would have been hard pressed to distinguish between them and purely religious prayers. And perhaps the majority of users would simply not have reflected on the question: if the charms worked, that was more important than how they worked.” Richard Kieckhefer, Magic in the Middle Ages, (Cambridge: Cambridge University Press, 1989), 75.


18. The Latin contextualization and development of medical knowledge was made possible by the translation activity of such figures as Constantine the African, Gerard of Cremona, and Burgundio of Pisa.

19. As Michael McVaugh has discussed, although the primary quality of medicines was ordinarily uncontroversial, their physiological actions within the body tended to introduce debate among physicians. Galen had recognized that clinical results vary. The Arabic corpus, particularly AlKindi and Ibn Rušd (Averroes), theorized that the amount of hotness in a medicine depended on its degree and on the dose used. Physicians worked out their prescriptions according to the medicinal degree required of each patient, thereby altering a patient’s complexion. See Michael McVaugh, “The Experience-Based Medicine of the Thirteenth Century,” Early Science and Medicine 14 (2009): 105–30.
of their emotional lives. He linked the matter of human emotions in the body to its form in the soul.\textsuperscript{20} To Galen, the passions of the soul were one of the six external causes that were constantly acting on the body in ways that altered the balance of the internal qualities and, ultimately, the state of humoral balance.\textsuperscript{21} In proper proportion and magnitude, the passions promoted wellness, but out of order, they encouraged disease.\textsuperscript{22} According to ancient tradition, then, the “passions of the soul,” or what roughly corresponds to our current understanding of emotions, were a gateway, a hinge between body and soul. Beginning with the translation into Latin of the Liber ysagogorum of Hunayn ibn Ishaq (d. 873; Johannitius), a Nestorian Christian scholar at the Bayt al-Hikma in Baghdad, practitioners carved out a privileged place for the passions of the soul in determining the health of the body.\textsuperscript{23} The Isagoge, as it was known in Latin Christendom, placed an emphasis on regimen or regulation of the six factors (\textit{occasiones}): food and drink; sleep and waking; air; evacuation and repletion; motion and rest; and the passions of the soul. These factors determined health and, if left unregulated, caused humoral imbalance and thus illness, the contra-natural state.

In Hunayn’s scheme, the passions (or “accidents”) of the soul (\textit{accidentia animae}) could produce important effects on the body by raising or lowering its natural heat and thereby causing the spirits to move away from or toward the center of the body. Scholastic physicians readily absorbed this teaching on the passions of the soul and their effects on the body. Arnald of Villanova, for example, taught that sadness and fear produced a cooling effect on the body, whereas joy and wrath caused a centrifugal movement that diffused the vital spirit and natural heat away from the heart and toward the

\begin{itemize}
\item \textsuperscript{20} On the diffusion of Aristotle’s \textit{De anima} among physicians and theologians, see Cohen-Hanegbi, \textit{Caring for the Living Soul}, 68–99.
\item \textsuperscript{21} See Galen’s \textit{Ars medica}, in \textit{Opera omnia}, ed. C. G. Kühn (Hildesheim: Reprographischer Nachdruck der Ausgabe Leipzig, 1964–65), vol. 1.
\item \textsuperscript{22} L. J. Rather, “The Six Things Non Natural: A Note on the Origin and Fate of a Doctrine and a Phrase,” \textit{Clio Medica} 3 (1968): 339.
\end{itemize}
It is for such reasons, he explained, that embarrassment caused the cheeks to blush. Through the estimative power, the mind judged an external object or inner thought in a positive or negative manner. The species of the image created in the mind acted on the radical spirit responsible for radical heat, generating a local movement in the heart of contraction or dilation. For this reason, the Salernitan Regimen commenced with instructions for patients to consider their emotional state. The first precept of the regimen advised that patients should “avoid great charges, thoughts, and cares because thought dries a man’s body . . . and leaves a man’s spirits in desolation.”

While physicians sought to establish their approach to bodily health as one dependent on rational and universal patterns in the physical world, intellectual tensions emerged over the degree of consistency with which one could trust medical remedies. Galen had recognized that the physiological effects of various therapies were open to interpretation. Within the body, the physiological actions of a medicine’s primary qualities were uncertain, as Roger Bacon explained in On the Errors of the Physicians. Bacon noted conflicts among ancient authorities on the proper dosages and known effects of certain drugs. Arnald of Villanova listed for medical students an exhausting number of contingencies that affected disease states including not only the specificities of a patient’s diet and complexion, but also the direction their window faced and their proximity to barking dogs. In other words, the sheer number of contingent forces operating within and outside of the body meant that some laws of medicine were open to interpretation. This uncertainty compelled physicians to ponder the unpredictable effects of certain


26. McVaugh, “The Experience-Based Medicine,” 113. McVaugh cites Galen’s Commentary on Hippocrates’ Aphorisms 1.1: “If someone is treated with different medicines, and improves or worsens as a result, it is not easy to decide which of these helped or harmed him; for example, if the patient sleeps smoothly and after his sleep is anointed with an epithimium, then given a cataplasm or a clys-TER, and finally given some dish to eat, after which he has a sudden bowel movement, it isn’t easy to decide which of these things helped or harmed him.”


remedies. It produced a place for the medical imagination to roam. If not by supernatural forces, then how did such popular remedies as charms, amulets, and ligatures take effect on the body?²⁹

Medical explanations of *emprīci* hinged on the soul’s influence over the body, and on the practitioner’s power over the souls of patients.³⁰ While scholastic physicians explained the potential efficacy of verbal remedies in a variety of ways, all agreed on the necessity of internal conviction, the patient’s hope for cure, and the physician’s ability to inspire confidence. As Teodorico’s remedy for fistula concluded, “I have set down the aforesaid because there are some who have great faith in procedures of this sort, and perchance their faith helps them.”³¹ Dulcet words and a convincing performance complemented the physician’s material remedies, taking effect on the patient’s soul. As we will see in this chapter, certain emotion states would become valuable pharmacy. But competing theories of therapeutic power would determine who was licensed to prescribe them.

**The Body of the Physician**

Like physicians writing in Hebrew and Arabic, those writing in Latin in thirteenth-century western Europe showed great interest in the occult or hidden properties of objects, those that could not be known or predicted by rational principles.³² In general, thirteenth-century theologians and physicians were interested in causality, in what properties caused changes in the natural world.³³ When those causes were not explicable according to observable elemental properties, learned authors sometimes looked for explanation in occult properties or powers (*virtutes occultae*). Islamicate medical commentaries provided the intellectual foundation for Latin Christian physicians who sought to explain the effects of occult powers and unpredictable remedies that relied on them.

²⁹. On these wide-ranging discussions of verbal efficacy, see the comprehensive analysis of Béatrice Delaurenti, *La puissance des mots: Virtus verborum; Débats doctrinaux sur le pouvoir des incantations au Moyen Âge* (Paris: Éditions du Cerf, 2007).
³⁰. While verbal remedies were empirica, they were distinct from complexionate remedies, such as theriac or magnetic lodestone.
³³. The manuscript transmission of Bartholomeus Anglicus’s *De proprietates rerum* (c. 1230–40) is a good example of this interest. See Elizabeth Keen, *The Journey of a Book: Bartholomew the Englishman and the Properties of Things* (Canberra: Australian National University Press, 2007).
Qūsta ibn Lūqā (d. c. 910), for example, posited a continuum between body, spirit, and soul, a nexus that might respond to occult properties.  

"The powers of the soul follow the mixture of the body," he contended. "In the case of having a well-balanced body mixture, one will have a well-balanced spirit in one's body and well-balanced activities of one's soul. In the case of having a body mixture which fails to achieve its correct equilibrium, one will have spirit and psychic activities which also fail to achieve balance." His treatise *The Difference between the Spirit and the Soul* outlined the relationship between body and soul, which he understood as mediated by the spirit. 

Seeking to reconcile Plato, Aristotle, and Galen on souls, spirits, and faculties, Qūsta proposed the existence of two spirits, which permeated the body from the heart and brain. The "vital spirit" maintained life, respiration, and pulse, while the "psychic spirit" governed sensation and movement. The psychic spirit was formed from the vital spirit, and the vital spirit was formed from the matter of the air. The body would remain healthy as long as the spirit was equally distributed throughout its members and organs. According to Qūsta's theory, the human being thus had one soul that imparted movement and sensation to the body by animating the vital spirit. The incorporeal soul acted on the body through the agency of the material spirit. 

In this way, according to Qūsta, the spirit could act as a causal entity. 

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34. Judith Wilcox and John Riddle, "Qūsta ibn Lūqā’s Physical Ligatures and the Recognition of the Placebo Effect: With an Edition and Translation," *Medieval Encounters* 1.1 (1995): 22. Qūsta’s *Physical Ligatures* or *On Incantations, Adjurations, and Suspensions about the Neck* was translated into Latin by Constantine the African and was widely distributed in Europe (there are now fifteen extant manuscripts in European libraries). The earliest extant manuscript is from the twelfth century and includes other works translated by Constantine. Wilcox and Riddle postulate that Constantine could have translated it indirectly from Ibn al-Jazzar (27).


39. Fancy, *Science and Religion*, 83. As Fancy shows, Qūsta essentially reconciles Aristotle’s and Galen’s theories of the soul’s relation to the body. Naama Cohen-Hanegbi explores this reconciliation among Latinate authors, such as Taddeo Alderotti. See Cohen-Hanegbi, *Caring for the Living Soul*, 78–85.

40. Bono, "Medical Spirits," 95.
CHAPTER 3

thirteenth-century theologians, physicians, and hagiographers would later engage in theoretical musings about the ontology of the spirit and its role as an intermediary between soul and body, one that was capable of effecting physiological change.⁴¹

Qūsta’s formulation of the strong bond between soul and body through the medium of the spirit also served to explain the hidden causes of bodily transformation in the presence of incantations, charms, and amulets. His On Incantations, Adjudrations, and Suspensions around the Neck maintained that the patient’s feeling of confidence in recovery was tantamount to cure. “When the human understanding is sure,” Qūsta asserted, citing Plato, “even though it is not helpful to him naturally, a thing will be useful from the mere intention of mind.”⁴² Here, Qūsta posited that non-natural and nonmaterial agents might affect the body’s health. He then proceeded to recommend that physicians enhance their material remedies with incantations, adjurations, or amulets, which secure a patient’s confidence:

It is established, therefore, that if a physician somehow helps the complexion of the soul by an incantation, adjurations or amulet, the complexion of the body will be helped too. If, moreover, to these things appropriate medicine is added, health will follow more quickly, since the body is aided by medicine [and] the soul by an incantation, in which joining of the two health for both will follow more rapidly.⁴³

By the term “complexion” here, Qūsta referred to the particular constitution of elements and primary qualities in a sublunary body. Qūsta found that the most rapid recovery was achieved when the physician attended to the complexion of both soul and body. He recommended that physicians add incantations, adjurations, and amulets to material remedies. Qūsta then concluded his treatise by offering a number of empirica. These were seemingly irrational remedies, such as the suspension of sorrel for scrofula. He reminded readers that although they often worked, there was no rational explanation for

⁴¹. Bono asserts that the concept of spiritus “was capable of being transmitted along a range of frequencies.” It appeared as a material and medical entity, as a life-giving force; and it was also theorized as a “quasi-divine substance” in theological writings. See Bono, “Medical Spirits,” 99.

⁴². Wilcox and Riddle, “Qūsta ibn Lūqi’s Physical Ligatures,” 31; trans., 40: “Cum inquit mens humana rem aliquam licet naturaliter non iuvantem sibi prodesse certificat ex sola mentis intentionem corpus res illa iuvat.”

⁴³. Wilcox and Riddle, “Qūsta ibn Lūqi’s Physical Ligatures,” 33; trans., 41 (I adjusted the translation slightly): “Constat ergo quia si medicus anime complexionem quoquomodo adiuverit incantatione adiuratione sive colli suspensione, corporis quoque complexionem adiutam esse. Si autem his conveniens adiungitur medicina, velocior consequitur sanitas, cum medicina corpus incantatione anima adiuivatur, quibus coniunctis ncesse est sanitatem utriusque citius consequat.”
their efficacy: “Their operation is from their property and not from reasons through which we can understand them.”

Qūsta ibn Lūcā’s treatises outlining the soul’s effect on the body stand behind much of the Latin medical speculation on verbal remedies and charms. Qūsta’s understanding of the operation of a substance’s proprietas, which is “not furnished to the senses,” fueled theoretical speculation about the mechanics of cures that could not be explained by reason. Like Qūsta, Ibn Sīnā (Avicenna; d. 1037) explored unpredictable properties, seeking to fit unexpected effects into an otherwise universal theory of material causes.

For Ibn Sīnā, forma specifica explained how mixed substances formed new, unexpected properties. Specific forms “arise out of the divine emanation which pervades all things and makes latent energies kinetic.” He recognized that his theory of forma specifica was unsatisfactory to some physicians who yearned for material reasons, avowing that “they want to believe that every property arises out of the ‘heat,’ ‘cold,’ ‘dryness,’ or ‘moisture’ of the body.” Nevertheless, Ibn Sīnā sought to rationalize seemingly inexplicable phenomena such as the attraction of iron to lodestone, reasoning that “from a physical form whose constituents have become blended, there emerges a power which could not have appeared in the several separate constituents.”

44. Wilcox and Riddle, “Qūsta ibn Lūcā’s Physical Ligatures,” 39; trans., 47: “enim actio ex proprietate est non rationibus unde sic comprehendhi potest.”

45. Qūsta’s treatise was one of the earliest of the Arabic scientific texts to be translated into Latin, probably late eleventh or early twelfth century. Wilcox and Riddle, “Qūsta ibn Lūcā’s Physical Ligatures,” 5. De differentia spiritu et animae established that spiritus formed the medium between body and soul. Qūsta distinguished between vital spirit (spiritus vitalis), which maintained heartbeat, pulse, and respiration, and animal spirit (spiritus animalis), which maintained mental faculties such as memory and reason. This idea is carried over in the Isagoge and Pantegni, which also add the spiritus naturalis, governing nutrition, digestion, growth, and generation.

46. McVaugh, “The Experience-Based Medicine,” 115. It should be clear that proprietas was not used to explain verbal remedies, as verbal remedies were not complexionate. However, proprietas did explain material components of verbal cures such as the breath. The affects of the soul, particularly the confidence in physicians and hope for recovery, were the primary means of explaining verbal remedies, approaching something like a theory of placebo effect. Placebo effect presupposes an unknowing in the patient (or physician), but medieval physicians placed greater weight on the need for physicians to perform authority in order to garner the specific emotions, such as hope and delight, required for cure. On the history of the placebo effect, see Anne Harrington, The Cure Within: A History of Mind-Body Medicine (New York: Norton, 2008).


49. Avicenna, The Canon of Medicine 10.1124, 549.
These Islamicate treatises entered the Latin corpus along with other translations of medical texts by Constantine the African, James of Venice, and Dominicus Gundissalinus, which made available for learned Western audiences key works on the science of the soul, such as Aristotle’s *De anima* and Ibn Sīnā’s *Kitāb al-nafs*. These treatises generated among Latin medical theorists pressing questions and suppositions about the relationship of body or material to unseen forces. For example, Albertus Magnus explored the notion of a specific form, and transmitted the concept among his Dominican interlocuters in northern Europe. Writing of the nonelemental powers of certain stones, such as counteracting poison, driving away abscesses, attracting or repelling iron, he asserted, “The power of stones is caused by the specific substantial form of the stone. There are some powers of [mixed] bodies that are caused by the constituents [in the mixture].”

Arnald of Villanova (d. 1311) also played an important role in transmitting Ibn Sīnā’s notion of unexpected properties to the Western medical tradition. The translator of Ibn Sīnā’s *De viribus cordis*, Arnald incorporated the idea of *proprietas* into his own medical reasoning, determining that there existed numerous substances with properties that could not derive from reasoning, but were only known from revelation and *experimenta*. Arnald and his students and colleagues relied on the possibilities of hidden forces theorized in *proprietas* to license investigation of experimental remedies and to question the causes of their tested effects. Substances in their simple form, he explained, had certain qualities that affected the body in predictable ways. But composite substances occasionally produced complexions that, once mixed, could not be determined by the sum of their parts. The mixture of the substance made possible the acquisition of new properties specific to the composite. The notion of *proprietas* allowed physicians to explain the effects of remedies that were not explicable according to the action of primary qualities. It also provided some latitude for them to incorporate empirical remedies into otherwise “rational” medical treatises.

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For Urso of Salerno (d. 1225), efficacious verbal remedies raised questions about the relationship of the bodies, souls, and affective states of practitioners and patients.\textsuperscript{54} Urso understood incantations to work, but posited that their efficacy hinged on the affective state of the person to whom they were directed, “[who] believes in the power of incantation and already imagines its effect.”\textsuperscript{55} Like Qūsta, Urso encouraged physicians to include verbal remedies as an enhancement to material ones. They were efficacious insofar as they worked on the patient’s affects and made the practitioner appear competent. He asserted: “Some people simulate incantations while administering a drug, not because [they believe that] a simulated incantation has any effect, but only to administer the efficacious object competently. And sometimes when one thing is joined to another, it enhances the effect of the other.”\textsuperscript{56} Urso recognized that material remedies were sometimes not sufficient to bring about cure. In Urso’s phrasing, words mixed with material cures rendered a new, more efficacious prescription, “just like the conjunction of a formula and a material substance effects a sacrament.”\textsuperscript{57} For Urso, these verbal remedies required theatrics, appeals to the patient’s imagination that positioned them to expect bodily transformation, that instilled their hope. Verbal remedies “joined to” material ones potentially engendered composite substances with unexpected effects. In direct parallel to the verbal formulae that, when uttered by a consecrated priest, substantially altered the materials of the sacraments, Urso positioned incantations as possessing the power to alter the physical body.

Urso based his understanding of the causal power of verbal remedies in material, rational processes. For him, the physician was the true agent of the incantation. His superior virtue induced the recovery of a patient’s health through his performance of words and gestures. The power of words in an incantation, Urso argued, was not inherent in the words. Rather, their power relied on the merit of the practitioner pronouncing them, a material cause. When speaking incantatory words, the practitioner exhaled his own pure


\textsuperscript{55} Van der Lugt’s Appendix includes an edition and translation of Urso’s Commentary on Aphorism 39, 335–46.

\textsuperscript{56} Urso, Commentary on Aphorism 39, 336; trans., 341: “Quidam tamen in medicinae exhibitione quandoque simulant incantationes, non quia simulata incantatio effectum habeat, sed tantum res exhibita competenter. Et aliquotiens unum alteri iunctum alterius auget effectum.”

\textsuperscript{57} Urso, Commentary on Aphorism 39, 336; trans., 341: “cum verbum additum elemento faciat sacramentum.”
spirits, which purified the air shared by the speaker and his patient. “The diffusion of [this spirit],” he stated, “boosts the power that governs the body to such an extent that it brings on a perfect crisis.” When the patient thus inhaled the breath of the physician, their body underwent a process of purification that enabled the humors to improve. For this process to work, of course, the physician’s spirit must be pure. Were he to exhale ill spirits, the patient’s condition would further deteriorate.

Ultimately, the physician’s breath in uttering the words of incantation aroused in the patient the passion of delight “so the spirits, purified by the movement and then directed toward the [parts] in need of the incantation, put the incantation into effect.” The patient received bodily comfort from these words, and began to imagine their own healing process, calling away the spirit from the site of bodily pain. Urso asserted that this very process explains how the martyrs were able to patiently endure torment: “The more they yearned for celestial joys through the attentive contemplation of their mind—their spirits withdrawn from managing the body—the less they felt the pain of torture. Hence, confirmed of being in God’s grace by their suffering, so that God’s miracles would be shown to both the torturers and the spectators when they escaped unscathed.” In this passage, Urso expressed medical interest in the miraculous bodies of saints. He applied medical theory to rationalize saintly bodies, the corporeal manifestations of divine grace. Just as the saints contemplated divine bliss in order to endure the pain of persecution, so the sick patient could imbibe the pure spirits emitted from

58. Van der Lugt, “The Learned Physician,” argues that Urso had adopted the Galenic notion of spirits, likening them to invisible material substances that flow through the body animating functions such as digestion, growth, pulse, heartbeat, and emotions, imagination, reason, and memory. Avicenna proffered a similar theory of the salubrious effects distributed by “the breath.”

59. Urso, Commentary on Aphorism 39, 339; trans., 345: “cuius diffusione per membra virtus regi-tiva confortata ad crisim perfectam faciendum potenter assurgit.”

60. Urso’s theory of breath resembles that of Avicenna, who stated that “the breath is that which emerges from mixture of first principles, and approaches toward the likeness of celestial beings.” The breathed words of incantations operated on the emotional interior of a patient: “Joy and sadness, fear and anger, and passions [are] peculiarly related to the breath of the heart.” Avicenna, De viribus cordis, in The Canon of Medicine, trans. Gruner, 353.

61. Van der Lugt, “The Learned Physician,” 314. Urso also posited that the patient and healer must have conformity of spirit. By breathing the same local air, eating the same local food, a person absorbs the spirits of their surroundings and is conformed to the other inhabitants. Such conformity of spirit is required for the incantation to work.

62. Urso, Commentary on Aphorism 39, 335; trans., 340: “sicque spiritus depurati per motum et ad incantanda inde deductum effectorium incantationis prosecuntur.”

63. Urso, Commentary on Aphorism 39, 340; trans., 345 (I adjusted the translation slightly): “Unde etiam martyres in principio passionis tanto minus flagella sentiebant, quanto magis a corporis regi-mine sublatis spiritibus per contemplationem attentiori mente caelestia gaudia suspirabant. Deinde in Dei gratia per patientiam confirmati, ut flagellantibus et videntibus Dei miracula monstrarentur.”
the physician’s words to replace suffering with delight. In this way, for Urso, the physician possessed a saintly body of his own.

The importance of the physician’s affective performance can be found in a script that was designed for recitation over a patient suffering from brain injury, which is recorded in Teodorico Borgognoni’s Surgery. Such cases are usually hopeless, Teodorico stated, so that “our hope must be placed in him who does not desert those who have hope.” Teodorico advised that when a doctor confronts a patient with such a severe brain injury he should invest his own hope in the treatment. Note that it was not the patient’s hope that Teodorico urged, but the physician’s. The physician’s hope, Teodorico explained, cannot be placed in his own skill, as his skill is hopeless in reversing the damage caused by such injuries. He must instead place his hope in God, “and in nature which proceeds from him.” For such brain injuries, Teodorico recommended a powder of mouse-ear, pimpernel, caryophyllata, gentian, and valerian, held together under a headdress, a remedy that his own teacher, Master Hugo, had conveyed to him. The powder should be administered to the patient in the form of a cross, while stating,

\[ \text{In the name of the Father and of the Son and of the Holy Ghost, in the name of the Holy and Indivisible Trinity; the right hand of the Lord hath done valiantly, the right hand of the Lord hath exalted me; I shall not die but live and I shall narrate the works of the Lord.}\]

Teodorico explained that the entire remedy should be preceded by the physician’s prayer to God, asking him to cure the patient by means of the powder. In a positively counterintuitive formulation, Teodorico’s prayer actually took effect on the physician, not the patient. The prayer encouraged him to summon internal hope in the cure. His hope, in turn, mixed with the material agent of the powder, was transferred to the patient who heard the words of prayer that he would not die. Hearing the physician’s confident prayer, the patient would be inspired to believe, and thereby the patient would receive from the physician a means of remedy: hope of recovery. The prayer demonstrates the physician’s affective responsibility for a patient. He must perform the proper affective states in order to ensure a cure’s efficacy.

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64. Teodorico Borgognoni, Chirurgia, Bk. II, ch. 3, 145v: “in illo qui sperentes in se non deserit, spes nostra ponenda est”; trans. The Surgery of Theodoric, 112.

The Italian physician Pietro d’Abano (d. c. 1315) posited an even more pronounced role for the physician in bringing about the patient’s bodily health through verbal, affective, and performative means. His Conciliator asserted that the patient’s confidence in cure contained an intentional species, and he connected this confidence to material effect. Because confidence existed in the intellect, it would exert some sort of agency (confidentia existens in intellectu modo aliquo habebit agere). For Pietro, confidence in the physician was a passion of the soul and bore the same bodily effects. Just as humans may tremble from thoughts alone, he reasoned according to an Aristotelian logic, so the confidence existing as a species of the soul alters the body. For Pietro, it has “agency” within the body. This agency worked to effect material change.

Like Urso and Qusta, Pietro maintained that the crucial element of cure was the patient’s hope for health and confidence in the physician. He urged that the patient should be “extremely hopeful” so that the action taken by the physician may be more likely to take effect. He argued that physicians must give great attention to the soul, because “even as the doctor may not directly consider the soul, in fact it is his true subject.” The physician’s ability to convince the patient, to enact the patient’s faith and hope in cure, depended on the purity of his soul, which should be “believable” (credulator, fol. 213).

Although the patient’s affective state was critical to the healing process, for Pietro, as for Urso, the person of the physician was the real agent of efficacy in the mechanics of affective cure. Pietro posited that it was the superior status of the physician’s soul that wielded causal power over the bodies of others. The physician’s verbal remedy worked not because of a certain power
of words, but because of a certain power reserved in the soul of the physician that was able to arouse confidence in his patients. He also cautioned that words uttered by illicit practitioners, such as unlearned vetulae, opened the door for demonic intervention. 

Arnald of Villanova also explored this idea that physicians retained heightened powers to effect somatic transformation by working on the soul of the patient. In his *De simplicibus*, Arnald asserted that physicians possessed a secret, divine knowledge that assisted them in influencing the equilibrium of the blood in their patients and in stimulating their patients’ passions by arousing their confidence. In this way, for Arnald, belief in the physician’s superior status was a component of the therapeutic process, a requirement for cure. The physician’s foremost task in achieving health was to win the patient’s confidence so much that even if the physician was uncertain about the appropriate remedy, he should nevertheless feign knowledge of a salubrious treatment by prescribing a neutral regimen and harmless drugs. This way, the patient would believe they were on the path to cure. Furthermore, Arnald advised his readers to supplement these prescriptions with words of hope, thereby mixing the physician’s words and performance with the material remedy he prescribed.

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73. As Beatrice Delaurenti has noted, it was not the soul of the physician alone that retained the power to wield physical change via incantations. As possible causes he also included God, the angels, demons, and astral influences.

74. On Arnald’s nearly mystical understanding of the physician, and his engagement with Christian theology more generally, see Ziegler, *Medicine and Religion c. 1300*.

75. Ziegler argues that this need for confidence in the physician was quasi-religious. Ziegler, *Medicine and Religion c. 1300*, 123. Taddeo Alderotti in the 1280s also relied on Ibn Siná to assert that the faith of the patient in the capacity of physicians was more important to recovery of health than all of the instruments and medicines at his disposal. Henri of Mondeville and Pietro d’Abano repeated this idea. See Salmón, “The Physician as Cure,” 205. Guy de Chauliac argued that “potions and amulets . . . have been proven to work—it may perhaps be the confidence they encourage rather than their actual properties that does this.” In Michael McVaugh, “Incantationes in Late Medieval Surgery,” in *Ration et superstition: Essays in Honor of Graziella Federici Vescovini*, ed. G. Marchetti and Valeria Sorge (Turnhout: Brepols, 2003), 344.


Scholastic physicians thus theorized the causality of efficacious verbal and performative remedies as residing in the learned and virtuous person of the physician. They often understood physicians’ performance of authority to enhance material prescriptions. Other members of the thirteenth-century intellectual elite shared this understanding of the efficacy of personal presence and authoritative performance. In his treatise *On the Nullity of Magic*, Roger Bacon argued that physicians should be permitted to employ “symbols and characters,” not because they were efficacious in themselves, “but in order that the medicine may be taken more *faithfully.*”78 The physician’s performance of ritualistic gesture, their recitation of verbal charms and prayers, and the wielding of amulets and ligatures assisted the patient’s spirit “to bring about many renovations in the body which properly appertains to it—so that by gladness and confidence it convalesces from infirmity to health.”79 Verbal remedies were performative acts, a way to make believe within the patient, for them to imagine the physician’s power and to hope for cure. Bacon would later assert in his *Opus maius* (1266 or 1267) that words uttered with the correct intentions of mind retained a certain power on account of the rational soul that formed them. He postulated that because words [*verbi; or “the word”*] are generated from the natural interior parts of the human and are formed by thought and careful oversight, and because words cause humans delight, they have the greatest efficacy of all human products, particularly when they are uttered with firm intention, great desire, and unflinching confidence.80 Delight, confidence, intention, and desire all shaped the process of forming the word itself, imbuing it with its unique power. For Bacon, words were the “form” or “species” of the rational soul, the medium through which its power was contained.81 Through words, the soul could act on objects in the world as causal agents of change.82 Drawing


82. His theory unfolds in the treatise on astronomy and stipulates that moments of efficacious utterance would have to align with astronomical and astrological configurations. See Bridges, *The Opus Maius of Roger Bacon*, 1:395–97.
on the same theories as Urso and Qūsta, Bacon had explained that the person uttering words was critical to the effective execution of an incantation. The physician required a superior inner virtue in order for his words to take effect. When words were uttered by a person of “a clean and healthy body of sound constitution” they produced “certain natural effects.”

Explaining how one person can affect the body of another through words alone, Bacon stated that all actors “bring their extrinsic idea to bear on Nature; they impart certain sensible properties to things. Thus an object can have an active quality and idea beyond itself, particularly when it is nobler than other corporeal things.”

Human agents with a superior rational soul possessed the ability to emit an idea, a virtue, that could alter bodies outside themselves.

For Bacon, those with the power to heal the bodies of others by the virtue of their soul were in possession of superior spirits. Such people tended, according to humoral theory, to be young men: “Healthy persons of good complexion, especially young men, comfort others and delight them by their mere presence. This is because of their soothing spirit and delectable and salubrious vapors, and because of their good natural warmth, and because of the idea and the virtues which they emanate, as Galen teaches in his Techne.”

Like Qūsta ibn Lūcā before him, Bacon asserted the power of certain men to affect bodily change through incantation, placing an emphasis on their superior humoral constitution. Qūsta had also argued that only certain individuals possessed this power, individuals with ideal complexions. Women, the elderly, children, and people of excessively warm and cold mixtures, such as “Black Africans, the Slavs, and their likes,” were inclined toward disequilibrium of the soul.

Their bodies, Qūsta informed his readers, were thus imperfectly functional, and their words lacked the necessary virtue to affect others. Here, we witness a textual authorization and rationalization that normalized learned, male, and nonblack bodies as the sole practitioners who were constitutionally equipped and authorized to effect transformation


84. Bacon, De nullitate magiae, 528; trans, 21: “et fiunt virtutes a rebus, aliquae sensibiles, aliquae insensibiles. Et ideo homo potest facere virtutem et speciem extra se, maxime quum sit nobilior omnibus rebus corporalibus.”


86. A Philosophy Reader, 199.
over the bodies of others. In this figuring, it was their perfectly balanced internal complexions and superior virtue that enhanced their spirit, enabling them to wield physical change over others. According to scholastic medical theory, then, race and gender were crucial to the proper use of affective and verbal remedies. Only a man of virtue could possess the strong spirits to move another person, to inspire their confidence and stir their blood. It is for this reason that, on the occasions that physicians like Teodorico, Gilbertus, or Thomas Fayreford included charms or prayers in their treatises, they distinguished their prescriptions from the frivolous words of vetulae and the unlettered. In order to emerge as authoritative, they had to erase any suggestion of feminine and thus unbookish association with their approach to healing. While physicians created moderate space in their treatises for unexpected properties and affective therapies, they exerted great effort to restrict to learned male physicians the power to successfully execute such remedies.

Healing charms and other empirical medical practices proliferated outside of formal medical treatises, too. They could be found in an array of texts that were widely accessible through several media in the form of oral narrative, performance, and as kinesthetic knowledge. Erec et Enide, Yvain, Cligés, and Marie de France’s lais, Le deus amanz and Eliduc, feature women—and not men—as sources of empirical medical knowledge and practice who engaged in wound care, herbal preparations, and verbal charms. 

87. Although it is not stated in these terms in their treatises, one can presume that pace Qūṣṭa, they also mean nonblack. On the construction of racial markers in Islamicate texts, see Kristina Richardson, “Blue and Green Eyes in the Islamicate Middle Ages,” Annales Islamologiques 48.1 (2014): 13–30. By the fifteenth century, as Jean Dangler has shown, Jewish and Muslim men in Iberia were also being excluded from licit medical practice, showing that “gender alone was insufficient in limiting the healing duties of unwanted healers.” Jean Dangler, Mediating Fictions: Literature, Women Healers, and the Go-Between in Medieval and Early Modern Iberia (Lewisburg: Bucknell University Press, 2001), 6. On the process of race-making through religious restriction and identification, see Geraldine Heng, The Invention of Race in the European Middle Ages (Cambridge: Cambridge University Press, 2018). On the restriction of non-Christian medical practitioners, see Luis García-Ballester, Michael R. McVaugh, and Agustía Rubio-Vela, Medical Licensing and Learning in Fourteenth-Century Valencia (Philadelphia: Transactions of the American Philosophical Society, 1989), 25–29.

88. By “kinesthetic knowledge” I refer to knowledge acquired through habitual practice, learned by doing in imitation. On this form of body knowledge, see Pamela Long, who discusses it in terms of “oral transmission of craft knowledge within apprenticeship systems.” Pamela Long, Openness, Secrecy, Authorship: Technical Arts and the Culture of Knowledge from Antiquity to the Renaissance (Baltimore: Johns Hopkins University Press, 2001), 6.

89. See Peggy McCracken, “Women and Medicine in Medieval French Narrative,” Exemplaria 5.2 (1993): 239–62; Kathy Krause, “Guérisseuses et sorcières: La médecine feminine dans les romans des XIIe et XIIIe siècles,” Equinox 8 (1992): 161–73. As McCracken argues, the women who appear in these tales as empirical practitioners of medicine are denied the authoritative representation of occupational titles like miresse. McCracken shows that “the effect of women’s drugs is attributed to magic not through a description of the drug’s magical components nor through an account of
Enide, for example, features two sisters who oversee a chamber with healthful air; there, they nurse Erec’s wounds with knowledge and skill, carefully removing the dead skin, washing his sores, and applying a medicinal ointment before prescribing a recuperative regimen that eschewed garlic and pepper.90 Jean Dangler has shown, similarly, that women appear in Iberian hagiographic texts and Marian miracles as medianeras, or intermediaries who facilitated healthcare.91 And as we have seen, saints’ Lives in the liégeois corpus also feature women—and not men—as managers of hospices, bedside nurses, and hospital staff who enjoyed therapeutic success and garnered a modest following who pursued their bodywork, prayer, and affective care. Throughout the thirteenth century, these poetic, literary, hagiographic, and other orally conveyed stories positioned female practitioners as authoritative and effective agents of care. The efforts of learned physicians were intellectually laborious, expensive, and time-consuming, and yet they continued to rely on many of the same methods of wound repair, herbal preparations, and verbal charms as the mothers, sisters, nuns, lovers, and saints that featured in these stories. Scholastic physicians’ claim to textual transmission differentiated their therapeutic authority from those practitioners they considered less learned.

Mixing and Medical Anxiety

Just like their colleagues in the medical arts, hagiographers and theologians worked through the Greco-Arabic corpus of medical texts, considering the bodily effects of grace and somatic impressions on the soul.92 Writing in the

actions or effects that might be characterized as necromantic, but through the naming of the woman who makes it” (242). In other words, it is her being in a gendered body, a woman, that erases her skills and therapeutic efficacy in a denial of medical knowledge and associates them with supernatural or magical power.

91. Dangler, Mediating Fictions.
1140s, William of St. Thierry (d. 1148) was one of the earliest theologians to incorporate the Islamicate medical corpus into his presentation of a distinctly Christian understanding of the soul’s effects on the body. William, a Benedictine abbot who later transferred to the Cistercian order at Signy, closely read translations of Greek and Arabic medical texts and declared his intellectual debt to “philosophers and physicians” (*philosophorum vel physi-corum*). William’s *On the Nature of the Body and Soul* hailed humoral balance as the key to bodily health: “When nature is in balance, it is impossible for the human body to be infected with any disease.”

The aim in maintaining health, for William, was to preserve humoral balance, which required the action of the soul.

William’s treatise on the body and soul was not simply an absorption and translation of prior medical theory into Christian theological terminology. It also sought to overcome what he considered to be an error in medical practice within western Europe. He railed against the limited scope of physicians who “fail most absurdly” in penetrating the true dignity of humanity because “by reason and experience” they limited themselves to the physical trappings of the human: “They simply commend and salute the beauty of the human, how he stands naturally erect above other living things, showing that he has something in common with heaven; how throughout the length of his body there exists a balanced unit in the distinction of his members, with a beautiful equality of members on right and left; how the whole body is ordered by weight and measure and number.” What medical theorists lacked, according to William, was an appreciation of the divine imprint that sustained physiological balance.

The second part of his treatise, then, was dedicated to elucidating the soul’s role in determining overall health. The “author of nature” (*auctor naturis*), he argued, designed humanity so that “the bond between the intellectual substance and the corporeal” is so complete that the soul is permeated by the body’s nature while still able to effect its own operations. The soul, according to William, governed material life through four powers—the appetitive, retentive, digestive, and expulsive—and administered rational life in four passions—hope, joy, fear, and sadness. For William, passions were the gateway to true health. Joy and hope, in particular, facilitated a salutary life and

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94. *De natura corporis et animae*, 708; trans., 123.

95. *De natura corporis et animae*, 712: “intellectualis substantiae ad corporalem societatem.”
enabled a good death, even eternal life after death. But fear and sadness invited suffering and created turmoil, eventually killing the body while weakening the soul.\textsuperscript{96} William was not alone in centering the soul in discussions of bodily health. His contemporary, Hildegard of Bingen, also incorporated humoral theory into cosmic history in order to posit that human disease emerged with the origin of sin.\textsuperscript{97} Human bodies therefore had no hope of lasting recovery without the aid of divine grace.

By the following century, those concerns about care for the ensouled body were expressed in anxieties about the diminished role of divine grace in formal medical practice. Some authors reacted to what they perceived as an overdetermination of material causality, a denial of divine providence in theories of physiological transformation. Nicholas of Poland, a Dominican friar and student at the University of Montpellier sometime between 1250 and 1270, issued perhaps the most poignant critique of the emerging scholastic medical establishment. Nicholas may not have earned a medical degree, but he demonstrates deep familiarity with the premises of scholastic medicine.\textsuperscript{98} Nicholas framed his treatise, \textit{Antipocras}, as a trial against Hippocratic-Galenic medicine in which he presented himself as the plaintiff. He asserted that a cure can be effected without “knowledge of the cause.”\textsuperscript{99} By focusing on the external qualities of substances, rather than heeding their hidden divine properties, Nicholas claimed that scholastic physicians failed to recognize God’s role in rendering elements capable of restoring human health. He wondered, Why would physicians neglect to teach this empirical knowledge so that more people had access to it? “Perhaps [they] want[ed] to ensure,” Nicholas reasoned, “that there would not be many like Hippocrates.”\textsuperscript{100} Physicians had purposefully obscured their craft, wishing to limit their competition. Throughout his treatise, Nicholas lambasted Hippocrates, declaring that natural remedies became corrupt when physicians, following Hippocrates, started to use \textit{sermones}. By \textit{sermones} Nicholas posed a distinction

\begin{itemize}
  \item \textsuperscript{96} \textit{De natura corporis et animae}, 718: “spe scilicet et gaudio, timore et tristitia.”
  \item \textsuperscript{97} See Hildegard of Bingen, \textit{Causae et curae}, ed. Paulus Kaiser (Leipzig: B.G. Teubneri, 1903). Hildegard posits that Adam’s transgression led to the overproduction of black bile, resulting in despair, then disease. Participation in the liturgy was one remedy for this condition, inherited by all humans.
  \item \textsuperscript{98} On Nicholas of Poland, see William Eamon and Gundolf Keil, “Plebs amat empirica: Nicholas of Poland and His Critique of the Medical Establishment,” \textit{Sudhoffs Archiv} 50.1 (1987): 183.
  \item \textsuperscript{99} The treatise can be found in Karl Sudhoff, ed., “\textit{Antipocras}, Streitschrift für mystische Heilkunde in Versen des Magisters Nikolaus von Polen,” \textit{Sudhoffs Archiv für Geschichte der Medizin} 9 H ½ (1915): 31–52. See William Eamon, \textit{Antipocras: Composed and So Named by Brother Nicholas of the Preaching Friars; Also Called by Another Name, The Book of Empirical Things} (PDF file, history.nmsu.edu/people/faculty/eamon, 2014). \textit{Antipocras}, 41: “Seu cause cognitione.”
  \item \textsuperscript{100} \textit{Antipocras} 47, line 249; trans, 7: “ne multi sint Ypocrates.”
\end{itemize}
between elegant textuality and common orality. For him, Hippocrates signified the textual tradition, the corpus of ancient medical knowledge studied in universities. Nicholas bemoaned the loss of orality in experimental medicine; he regretted that orally transmitted prayers and charms no longer awarded practitioners therapeutic authority in performative and poetic processes.Emphasizing this loss, he composed his own treatise in rhymed verse.

According to Nicholas, God created the elements of the natural world in a manner that retained hidden properties that could be known only by experience or revelation, not by reason. Like the saints, whose material relics were scattered across the earth in powerful fragments, the objects of the natural world contained numerous wondrous properties: “The same magnet pulls huge quantities of iron over to itself and yet the power of the magnet is not diminished or infracted in any way. Break it into endless pieces, yet even that won’t cause the magnet to lose its strength, just like Anne or Agnes.”

Using the same example of the magnetic lodestone that scholastic physicians puzzled over in their discussion of proprietas, he rendered proprietas as the result of another kind of mixing, the divine virtus inlaid in the elements through the work of divine incarnation. Nicholas compared the power of empirical things (vis empiricorum) to the power of the saints, who healed inexplicably: “This power, like the saint, lets people be healthy, live long, and die piously; and it also saves them from diseases.”

Nicholas’s critique of scholastic medicine was explicitly gendered. Anne and Agnes, as female saints, represented for him what was excised from scholastic medicine, a feminized form of healing. In referring to the properties of the magnet, Nicholas cited common debates among scholastic physicians who engaged in logistical gymnastics in order to rationalize the efficacy of such empirica as the magnetic lodestone, coral, or theriac. For them, only a concept like proprietas could explain these substances, only astral attributes endowed during the “mixing” or combination of substances. But for Nicholas, every object in the world was a product of cosmic mixing, and thus

101. Antipocras 43, lines 100–101; trans., 4: “Hunc adiens tangas in frustaque plurima frangas / Ex hoc non magnes vim perdet ut agna vel agnes.”

102. Antipocras 46, lines 206–7; trans., 6: “Fortes ulternos eademque pie morituros/ eripit a morbis.”

103. On theriac as an empiricum, see Nicole Oresme, Contra divinatores, in British Library MS Lat. 15126, fol. 30v. This discussion is found in Arnald of Villanova, Opera medica omnia, ed. Michael McVaugh, Luis García-Ballester, and Juan Paniagua (Barcelona: Universitat de Barcelona, 1996), introduction to vol. 3, 58.
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capable of retaining divine properties. Through a woman, Mary, God had implanted healing properties, divine properties, into the earth itself, into its mud (limo), stone (lapidi), forest (silvis), and seas (mari). He lauded even the most abject elements, such as excrement and menstrual blood (in fece, in fimo), for their hidden powers. In his praise of the power latent in menstrual blood, for example, Nicholas explained that Christ emerged from “the poison remaining in the divine veins from the ejected obscene fluid.”\textsuperscript{104} Praising the abject, he continued, “Eternal daughter of light, you give life to an enormous thing, from the simplicity that has two forms you produce one action, from two things you make one.”\textsuperscript{105} According to Nicholas, two substances, the divine and human, were “mixed” in the womb of Mary. “No one can explain how,” but as a result, “all things are full of goodness and the strength contained in them gains a victory over Eve’s crime.”\textsuperscript{106} As in proprietas, Nicholas offers as explanation only the assertion that the “mixing” of elements—here the divine and human—resulted in the acquisition of powerful qualities in the material of the earth. The incarnation had reversed the insalubrious effects of sin (“Eve’s crime”), rendering “all things” full of goodness, mixing all things to generate uncanny properties.

Nicholas’s concern over the erosion of divine properties in medical theory was shared by another thirteenth-century author, the Cistercian Caesarius of Heisterbach. Caesarius expressed anxiety about the course of scholastic medicine, about the role of physici in positing strictly material causes for bodily transformation.\textsuperscript{107} For example, his Dialogue on Miracles reported a tale about an unnamed physician-monk who spent excessive time outside of the monastery tending to the sick. One day, when Mary, “the electuary,” appeared to the monks during the psalmody she spooned medicine into each of their mouths, omitting only the physician. Caesarius explained his punishment by stating that Mary’s medicine:

Is understood to be the grace of devotion by whose virtue psalm-singers are comforted, and by whose sweetness the labor of vigils is

\textsuperscript{104.} Antipocras 44, lines 127–28; trans., 16: “Divinis venis virus manes ab emenis. / Influis obscenis apud hoc remanes.”

\textsuperscript{105.} Antipocras 44, lines 131–32; trans., 16: “Rempis enormem de simplicitate biformen / actum producis eterne filia lucis.”

\textsuperscript{106.} Antipocras 44, lines 139, 136; trans., 16: “Nemo potest fari . . . Sicque sit ut per te, sicut res bonitate reverte.”

\textsuperscript{107.} We could also add Roger Bacon, who chastised scholastic physicians for their preoccupation with “useless argumentation,” “dialectic arguments,” and “countless sophistries,” so that physicians had no remaining time for experimentation, which revealed the hidden properties of substances. See Mary Catherine Welborn, “The Errors of the Doctors According to Friar Roger Bacon,” Isis 18 (1932): 31–33.
changed into delight. The components of this medicine are remorseful memories of the Lord’s conception, nativity, and of all the sacred relics of Christ, which are flavored with the mellifluous hope of future reward.  

Here, Caesarius promoted the healing effects of meditation and the performance of the Psalms, without which material remedies would not entirely take effect. Delight and hope appear in Caesarius’s tale as the prelude to bodily medicine, made available through devotional and liturgical means. There is a distinct whiff of anxiety in this exemplum, an apprehension about the claims of eminence among scholastic physicians, concern that, in their focus on material causality and the physical composition of the human body, they threatened to neglect the divine origin of all remedies and the soul’s role in protecting bodily well-being.

That whiff intensifies into the stench of pronounced disgust when Caesarius addresses the distinctions he perceived between scholastic medicine and spiritual therapies. He relays the tale of a young monk, Adam of Locheim, who suffered grievously from a skin condition in his scalp (scabies capita). Adam consulted physicians and scholars, but could not seem to find a cure for his affliction. One day, during his daily devotions, the Virgin Mary appeared to him offering an untested remedy: “Take the fruit of the ligni fusilis and have your head washed with it three times before mass in the name of the Father, Son, and Holy Ghost, and immediately you will be cured.”

Thereupon, Adam followed this regimen and received immediate cure. If Adam encountered Mary, why could she not have simply reversed his condition, providing a miraculous cure? Why did she work through the elements? The material remedies that Adam had tested previously were ineffectual because they were not administered with the essential ingredients of the words of prayer uttered in faith. Mary did not offer a spiritual remedy alone, but a mixed remedy. The material remedy of the ligni fusilis was combined


109. I have not been able to track down “ligni fusilis.” The “fruit of the molten wood”? Although it is possible that it is a reference to the tree of life, Mary directs Adam on where to find it on a nearby mountain. Furthermore, directing Adam to wash his head with the fruit of the tree of life (Christ) seems downright odd, even for Caesarius. Caesarius of Heisterbach, Dialogus miraculorum, bk. VII, ch. xxiv, 1370: “Accipe fructus ligni fusilis, et fac tibi hodie ex eo lavari caput tribus vicibus ante mis-sam, in nomine Patris et Filii et Spiritus sancti, statimque curaberis.”
with the spiritual remedy of devout prayer. Caesarius proceeded to explain
Mary’s efficacy according to the logic of incarnational mixing. “[Mary] pro-
duced the medicine of the whole human race,” he asserted. Mary was the
very vehicle for grace in the earth. She was the matrix in which humanity and
divinity were mixed, the peculiar blend through which new elemental prop-
ties bloomed. After declaring that the product of Mary’s womb, Jesus,
was indeed a medicine, Caesarius then launched into a pointed critique of
the physicians at the center of medical learning, Montpellier. Montpellier,
Caesarius explained, was the “source” of the healing arts (*ubi fons est artis phys-
icae*). And yet, he reminded his readers, healings occurred in greater abun-
dance at Mary’s shrine, not at the hands of schoolmasters. The doctors at
Montpellier sent away the poor, scoffing at them, and instructing them to go
to Rocamadour, where they could be cured for free. Despite the physicians’
professional contempt, Caesarius asserted, the “fever-stricken are cured.”
His brief characterization of Montpellier lambastes scholastic physicians for
their lack of charity. Not only do they charge “the poor” high prices for God’s
natural medicine, but they send them to Mary “in flocks.” They lacked the
quality of care that this feminine agent of healing offered. They lacked the
charity that truly healed the wounds of the poor, sick, and indigent.

The drive to materialize and universalize the causes of physiological
transformation, resorting to such concepts as the doctor’s special *virtus* or
the *proprietas* of complexionate objects, clearly concerned some thirteenth-
century theological and hagiographic authors. To them, materialization
threatened to alienate the role of divine grace in the therapeutic process.
Thomas Aquinas asserted that grace was necessary as a means of curing
the infirmity unleashed on the human body and soul by original sin. “In the
state of corrupt nature,” he maintained, humans required grace “in order
to be healed.”

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110. Caesarius’s logic is similar to scholastic arguments for the necessity of a material vehicle
of grace in the sacrament. Sacramental agency is unleashed—that is, their transformation from
ordinary materials such as water, wafer, or oil into conveyers of grace took place with the intentions
of words uttered by a specialized authority, a priest. The element in the sacrament is essential, as it
allowed the human to sensibly apprehend the sacrament. By uttering the words of the transubstan-
tiating ritual over the Host, the priest’s words altered the substance of the Host. Thomas Aquinas,
for example, understood that when Christ said the words “This is my body,” he actually effected
what they signified.

111. Caesarius of Heisterbach, *Dialogus miraculorum*, bk. VII, ch. xxiv, 1372: “id est ex carne vir-
ginis salvatorem. Jesus interpretatur salvator sive salutare. Quia salvator, medicus est, quia salutare,
medicina est.”

quam celerem sanitatem consequuntur febricitantes.”

the sense appetites, reordering psychology, and modulating the passions. Aquinas interpreted the mechanics of grace in the human body, as he did with all substances, in the Aristotelian vocabulary of qualities. Grace, according to Aquinas, was an intentional or spiritual quality.\textsuperscript{114} The qualities were “the cause of generation and corruption and alteration in all other bodies.”\textsuperscript{115} Aquinas regarded grace as a spiritual quality within the sacramental action taken by a priest with the co-operation of God. And grace was also a spiritual quality within the saints who transformed sick into healthy bodies.\textsuperscript{116} According to Aquinas, grace was required for bodily balance of the passions and reason, and thus for health. Grace had transformative effects on the body and on other materialities as well. The sacraments were efficacious physical conduits of grace.\textsuperscript{117} The effect, when one ingested grace in the Eucharist, was to “flow from the soul to the body.”\textsuperscript{118} The canon lawyer Huguccio postulated in his \textit{De consecratione} that the elements of the Mass—bread, wine, and water—were transubstantiated into Christ’s body, blood, and other aqueous humors (\textit{aquaticum humorem}). When ingesting these consecrated elements, the body of the individual communicant was conformed to the perfect humoral balance of Christ.\textsuperscript{119}

\begin{footnotes}
\item[114] Grace was a quality of the soul; it acted on the soul in the manner of a formal cause, “just as whiteness makes a thing white.” \textit{Summa Theologica}, II.1.
\item[115] Thomas Aquinas, \textit{Sententia super libros De generatione et corruptione expositione} (Salamanca: Leonardo Hutz, 1496), prooem. N. 2. “Alteration” refers to changes in accidents; “generation” and “corruption” refer to changes in substance. Secondary qualities included tactile qualities such as roughness or smoothness; sensible qualities such as color, sound, and taste; occult qualities such as magnetism; spiritual or intentional qualities such as light; and immaterial qualities such as thoughts or volitions. On this taxonomy, see Robert Pasnau, “Scholastic Qualities, Primary and Secondary,” in \textit{Primary and Secondary Qualities: The Historical and Ongoing Debate}, ed. Lawrence Nolan (Oxford: Oxford Scholarship Online, 2011), 41–61.
\item[116] On the grace within saints, see also Albertus Magnus, \textit{On Animals}, 1445: “Only the human is a point of union between God and the world. For the human has in himself the divine intellect and through this he is sometimes elevated about the world to the extent that even the material of the world follows upon his thoughts. We see this in the best born men who use their souls to bring about a transmutation of worldly bodies.”
\item[118] \textit{Summa Theologica}, III.11.
\item[119] Thomas Izbicki, \textit{The Eucharist in Medieval Canon Law} (Cambridge: Cambridge University Press, 2013), 34. This perception of the Eucharist is also seen in anecdotes such as one in which Lutgard diagnosed her own symptoms, deciding not to go to Mass. Christ provided her with an alternative source for the sacrament, the blood flowing from his side wound. Thomas tells readers that this was a regular part of Lutgard’s health regimen. Once she endured a fever that had reached its “critical point,” so she sucked blood from his wound and was instantly ready for choir; Marie of Oignies also was said to receive soothing from her wounds after calling to mind those of Christ.
\end{footnotes}
This understanding of the Eucharist as a medicine that distributed salutary grace throughout the individual is reflected in hagiographic depictions of the sacrament. Jacques de Vitry characterized Marie of Oignies as so routinely sick during her final illness that she could eat nothing but the Host, which “immediately alleviated her bodily illness.” Thomas of Cantimpré also portrayed Margaret of Ypres in her final sickness as ingesting the Eucharist as a medicine that, when consumed, provided remedy for an entire day. When Alice suffered from leprosy, she ingested the body of Christ and felt “healed by a spread of aromatic herbs.” Hugh of Floreffe attributed to the Eucharist a “remedy” with a specialized power to “renew” life. And the hagiographer of Beatrice of Nazareth predicated nearly every use of the term Eucharist or “sacrament” with salubrious adjectives, such as “life-giving” (vivificum), “health-giving” (salutifero), and “salutary and life-giving” (saluber-rimum, vivificum). This “medicinal nourishment” and “supreme remedy” generated strength within Beatrice and allowed her to “quickly recover from all sickness.”

According to these hagiographers, certain religious women experienced an abundance of grace, just like the medicinal sacrament. “For I know very well and know truly,” Hugh of Floreffe asserted confidently, “that many people doubt these things and see evil where good is and thence incur a loss to their salvation whence they might have had matter of power. For if they do not make a mockery of the spirit of grace itself, they are seen to derogate those vessels of grace in whom the spirit makes his works manifest.” Those “vessels of grace” (vasis gratiae) were the religious women who showed remarkable charity and penance on behalf of their neighbors. Hugh contended that skeptics sought to explain the special abilities of religious women as caused not by grace but by other natural means or by trickery. These doubters denied the power of God to manifest grace in “vetulae or poor little women” (vetulae aut mulierculae pauperes). He chastised natural philosophers for their derision of such women. These learned men, according to Hugh, relied solely on human logic and reason because they thought...
that “nothing can be unless he knows how it can be.” But Hugh asserted that humans can know the reasons for such manifestations of grace, arguing that “the examination and proof of spiritual things must be undertaken spiritually.” For him, Yvette of Huy was “a mediatrix between heaven and earth, visible and invisible.” She was like a rare stone with hidden properties or like a sacrament, a material vehicle for inner grace. Either way, her powers required mastery, authorization; and thus both clerics and physicians sought to control stories about who could heal, and why.

The Body of the Saint

Thomas of Cantimpré’s encyclopedic Liber de natura rerum, book 2, displays a hagiographer’s rationalization of physiological transformation in the nexus between body, spirit, and soul. Although Thomas imagined that the book was based on a treatise by Augustine, the treatise he copied has actually been identified as De spiritu et anima, which was possibly written by Alcher of Clairvaux (d. 1183). Thomas’s book reveals his abiding interest in explaining the soul’s role in human physiology and its co-operation with the body; it also suggests his indirect knowledge of Qūṣṭa ibn Lūcā’s De differentia spiritus et animae. Thomas constructs the relationship between soul, body, and spirit as one in which the spirit is the soul on behalf of its spiritual nature, or “on behalf of that which breathes in the body.” This relationship is for him a true wonder (mira), which he describes in a language of mixing similar to

128. VYH XLI.109, 883; trans., 132: “examinatio et comprobatio fit eorumdem spiritualium tantium spiritualiter, id est, a spirituali.”
129. VYH XLI.107, 883; trans., 131: “Mediatrix . . . inter caelestia et terrestria, visibilia et invisibilia”
130. The treatise De spiritu et anima circulated widely in the twelfth century and was attributed to Augustine, though scholars have argued that it was actually written by Alcher of Clairvaux (d. 1183). Both Thomas Aquinas and Albertus Magnus rejected it. See Constant Mews, “Debating the Authority of Pseudo-Augustine’s De spiritu et anima,” Przegląd Tomistyczny 24 (2018): 321–48.
133. Liber de natura rerum (Berlin: De Gruyter, 1973), II.vi, 85: “Spiritus ipsa est anima pro spirituali natura, vel pro eo quod spiret in corpore appellatus est spiritus.”
Nicholas of Poland’s, pronouncing as a fulsome miracle the unity between humanity and divinity that wed “the sublime” with “slime.”

This wonder of conjunction was perpetuated through the spirit, which mediated between body and soul. For Thomas, the soul made a distinct impression on the physical appearance of the body, “informing the body” (corporalem informans). He describes a “certain fiery power” (Quedam vis ignea) that rises from the heart to the brain, where it is then cleansed and purified, and then proceeds out of the body through “the eyes, ears, nostrils, and other instruments of the senses.” This power takes shape as sense impressions (visum, auditum, odoratum, gustum, tactum), which move in and out of the body, informing the imagination. In other words, the imagination is formed externally when the “fiery power” emitted from the sensoria makes contact with corporeal things. It then returns into the self as imagination, which, when refined, becomes a “corporeal spirit” (spiritum corporeum). When this spirit moves into the brain, the content of the imagination is joined to the spirit without mediation, “truly retaining the nature and proprietatem of a body.” Through the exercise of the imagination, the properties of other bodies might arise within one’s own. Thomas concludes his book on the soul with this discussion of the corporeal spirit, citing the ancient book of occult medicine, the Kyranides, and shifting into the second person to warn his reader that the heavens exist precisely for the labor of the body without which “you will be afflicted” (affligeris).

Although Thomas does not here connect the imaginative powers to the bodies of the saints about whom he wrote, throughout the book he relies on physiological processes to explain the natural origins of visions, phantasms, communications among the living and the dead, and other spiritual feats. In other words, he was invested in developing natural justifications for the kinds of hagiographic phenomena he chronicled. In hagiographic terms, this imaginative process might look something like Lutgard of Aywières’s physiological changes during moments of intense contemplation, which arose from her interior state: “From the intellectual consideration of her mind

134. Liber de natura rerum II.10, 90: “Plenum fuit miraculo, quod tam diversa et tam divisa ab invicem ad invicem potuerunt coniungi. Nec minus mirabile fuit . . . nihil deo sublimius, nihil limo vilius.”

135. Liber de natura rerum II.15, 95: “ibique purificata et colata per oculos, aures, nares ceteraque instrumenta sensuum foris progreditur.”

136. Liber de natura rerum II.15, 95: “veraciter naturam corporis retinens et proprietatem.”

137. Zachary Matus has also worked through the Life of Christina the Astonishing, correlating her paramystical feats with Thomas’s natural philosophy. Zachary Matus, “Resurrected Bodies and Roger Bacon’s Elixir,” Ambix 60.4 (2013): 323–40.
inwardly, her bodily outwardly drew its likeness.”138 The portrayal of this outward bodily manifestation of inner spirit is evident in other hagiographic constructions from the corpus as well. For example, the author of the *Life* of Alice of Schaerbeek clarifies his commitment to revealing, from his subject’s external comportment, her inner virtues:

She was concerned to experience the range of affectivity to which so grave an understanding had been leading her. . . . inwardly, there was tribulation, by this she made herself companion to God. Outwardly, there was labor; by this she brought her body under the yoke. Inwardly, there was the shower of tears, as she wakefully recalled her infirmities and the long delay ahead before seeing the divine glory. . . . Outwardly, there were her neighbors’ needs.139

Here, Alice’s hagiographer makes his method plain. For him, outward characteristics, including her outward concern to care for her neighbors’ needs, denote his subject’s inward state of grace. Jacques de Vitry applied the same logic to Marie’s physical state. “Her external behavior and appearance,” he determined, “manifested the inward state of her mind.”140 According to this hagiographic logic, the bodies of female subjects expressed their unique interior gifts, such as prophecy, healing, or the ability to detect the presence of God in natural forms or in the Eucharist.141 In the *Life* of Juliana of Mont-Cornillon, the saint’s inner grace dominated external matter so powerfully that, not only her own body, but even the surrounding elements registered change in her presence. A cloud of smoke above Juliana’s head, for example, indicated the fire of love said to be burning in her heart, while similar atmospheric incidents proximate to Lutgard “signified the desire of fervid prayer.”142

Such descriptions of the outward effects of spiritual states were rooted in a specific saintly physiology. Some powerful bodies were premised on a perfectly balanced complexion. As Zachary Matus has shown, Roger Bacon,
following theories articulated by William of St. Thierry’s treatise on the body and soul, proposed to craft a perfect medicine that would balance the complexion with exactitude.\(^{143}\) This perfectly balanced complexion, in turn, would hold the power to restore humans to a prelapsarian state, sharing the corporeal forms of Adam and Eve that had been nurtured by the fruit of the tree of life. These forms depended on the continuity of the saint’s body and soul, and emphasized the spiritual origin of their bodily transformations. When Ida of Léau injured her head, for example, she experienced no physical pain. According to her hagiographer, this response was no marvel. “Let the hearers not wonder at this,” he exclaimed, “for it is nothing to wonder at!” The entirety of Ida’s body was absorbed by grace, filled by sweetness, and thus undistracted by worldly affliction: “What part of the bosom, what cell of the brain, what sector of the sense is not seething and swelling over with the sweetness of love and joys of heaven?”\(^{144}\) Her distraction from pain corresponds to Urso of Salerno’s explanation of the endurance of martyrs, whose lofty cogitations drew spirits away from afflicted limbs.

The interior grace lurking powerfully just beneath the surface of a saint’s body might be known, just as in \textit{proprietas}, by experience. Jacques de Vitry, for example, commented on the intellectual hesitation any rational person might experience when hearing such wondrous stories about the mulieres religiosae. “Had you not known [them] by experience,” he explains, one could not possibly understand or accept their power.\(^{145}\) Jacques provides the example of a “certain amiable man,” who had accompanied Guido, the cantor of the cathedral chapter at Cambrai, to visit Marie of Oignies. The amiable man scoffed at Guido, mocking him for his wish to visit the living saint. Such a reaction, Jacques apologized, was perfectly reasonable, as the stories of Marie’s wondrous power were quite beyond reason. But when the man met her personally, he was immediately transformed and began weeping incessantly. He had not known “from experience” until then.\(^{146}\) It was his personal experience of Marie that finally allowed him to relinquish his rational doubt, to trust and know her power. Other men came to believe in Marie’s

\(^{143}\) Matus, “Resurrected Bodies,” 337. Matus refers here to Bacon’s \textit{Liber sex scientiarum}. He also notes that Thomas of Cantimpré dedicates part of \textit{Liber de natura rerum} to metallurgical alchemy that would produce this medicine.


\(^{145}\) \textit{VMO}, prol., 45; trans., 42: “itaque vix posses credere, nisi fide oculata per experientiam cognovisses.”

\(^{146}\) \textit{VMO} I.13, 88; trans., 74: “nunc autem in hac sancta muliere virtutem dei per experientiam percepi.”
special properties, too, as they “read the unction of the spirit in her face as if they were reading a book.”\footnote{VMO I.13, 87; trans., 74: “in vultu eius quasi in libro unctionem Spiritus sancti legentes.”} Jacques’s Life of Marie, in this way, served as the book that would enable readers and auditors to know her power, to experience it just as they might experience the previously unknown powers of a rare stone.

While the saint’s inner grace might only be known through experience, like an object’s proprietas, her body nevertheless provided observers with copious signs of its presence. After all, part of the hagiographers’ task was to assure readers that visions and other spiritual proclivities of their protégés were indeed divinely inspired, rather than demonic. Hagiographers provided the virtuous context for saints’ ecstasies and charisms, instructing readers and auditors in the process of discernment.\footnote{Thomas of Cantimpré writes about discernment of evil and good spirits in book 2 of the Liber de natura rerum, section 26. On discernment, see Renate Blumenfeld-Kosinski, The Strange Case of Ermine of Rheims: A Medieval Woman between Demons and Saints (Philadelphia: University of Pennsylvania Press, 2015); on discernment in Liège, see Walter Simons, “Reading a Saint’s Body: Rapture and Bodily Movement in the Vitae of Thirteenth-Century Beguines,” in Framing Medieval Bodies, ed. Sarah Kay and Miri Rubin (Manchester: Manchester University Press, 1994), 10–23.} For example, when Ida of Léau became rosy and pale in the face every time she passed the sanctuary near the ciborium, her hagiographer interpreted these physiological changes for his audience. He asserted that the ciborium “transmitted” to her a spiritual consolation that caused “movement inside of her.”\footnote{VILeau 32, col. 117; trans., 34: “transmeabat . . . motum sequens intrinsecus.”} Each time she experienced an infusion of grace she reacted with a physiological change. When she attended Mass, for example, she was so consumed by divine sweetness that she had to rest while her face became red and luminous. One of Ida’s sisters found her complexion’s alterations odd, and demanded an explanation. Ida replied that when she contemplated the Trinity, her face turned pale, but when she shifted to contemplating Christ’s humanity, it reddened. This alternating physiology reflected in her outer appearance the saint’s inner composition. It can also be observed in descriptions of Lutgard’s visage, which, according to Thomas, blushed when she contemplated Christ’s humanity, particularly his passion. He provided the example of a monk who doubted reports of Lutgard’s physiological transformation. The skeptical monk once plotted to sneak up on Lutgard during her prayers so that he could test and experience for himself the supposed powers of the saint. Observing her body gleaming bright red as if sprinkled with blood, the monk was finally converted to belief.
In the hagiographic portraits of the religious women of the thirteenth-century Low Countries, we find reverberations of the cultural understanding of grace as a qualitative substance. Divine grace was understood to course through the bodies of saintly women, illuminating them from within and causing physiological transformations that, in turn, ensured viewers of their distinct spiritual status. Goswin of Bossut’s depiction of Ida of Nivelles’s face is exemplary. He described it as turning “aflame” and her eyes becoming radiant after a divine visitation in which she saw Christ dripping white fluid into her heart. Goswin insisted that, since this visitation, Ida had no need for candles in the dark because she illuminated rooms by brandishing her radiant hands and bright face like some kind of organic flashlight.\(^{150}\) In the *Life* of Arnulf of Villers, Goswin imagines a woman’s infusion of grace in similarly physical terms. He reports that Theophania, a mulier religiosa and “magistra hospitalis” who ran the Hôtel-Dieu in Paris, desired to see Arnulf face-to-face and asked one of the traveling clerics through whom she relayed messages to convey this wish to Arnulf on his journey home to Brabant.\(^ {151}\) Arnulf, in turn, replied to the woman via the cleric that she should expect to receive an “overflow of grace,” and designated the exact date and time of its arrival. Goswin then added this little note, emphasizing the anatomical equipment through which such an overflow would greet her, “unless some neglect on her part blocks the aqueduct through which the stream of grace should flow into her heart.”\(^ {152}\) Grace not only had bodily effects; the channels through which it poured were also conceived physiologically.

If grace caused physiological transformation, then medieval authors did not always conceive of the “medicine of grace” in strictly metaphorical terms. In fact, the metaphorical dimension of medical language can reveal the instability of the category of thirteenth-century medicine itself, the range of interdependent connotations conveyed by *salus*. Metaphor shapes social experience.\(^ {153}\) When authors used medical terminology to describe the effects of prayer and grace, they were reporting on real experiences. When Juliana prescribed a “stronger medicine” (*medicamine fortiori*) for her

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150. VIN xxii.
152. VAV II.16.45b, 626; trans., 183: “nisi obstaculo negligentiae suae obstructus fuerit aquaeductus per quem rivulus gratiae debet influere in cor ejus.”
community at Mont-Cornillon, her hagiographer may have been thinking in terms of therapeutic treatments designed to rid the body of vice, lift the affects to joy and hope, and finally render the body and soul more healthful.  

Similarly, when Ida of Nivelles convinced her sister to make confession, Goswin conveyed the prescription in medical terms. She “vomited forth” her sins in a purgation and “in this way received healing for her ailing soul.” Goswin also described Arnulf as “a new physician” who applied a medicine to his body in undergoing ascetic practice. And Jacques de Vitry called the Mass “the medicine of salvation” and bewailed those who, like an unnamed Cistercian monk he knew, became overwhelmed by melancholy so that “he thrust aside the yoke of obedience and became sick, even fleeing medicine.” Marie’s own fasting practices were, according to Jacques, a medicine that tempered the grace within her.

Hagiographers and their audiences perceived the behavior of the mulieres religiosae of the southern Low Countries according to a logic in which grace exerted transformative powers. The presence of grace not only altered the bodies of extraordinary individuals; it also retained the potential to effect change in the bodies of others. Like a rare empiricum, certain women enjoyed a grace that conveyed unpredictable powers. Those who experienced that power personally, like their devotees and even skeptics, claimed extraordinary transformation in their presence. They sought to tell their stories, to transmit knowledge about them, because, like stumbling upon an unknown stone with special proprietas, these women, touched by grace, bore unusual powers.

Meanwhile, proponents of learned medicine and natural philosophy were faced with the task of devising explanations for inexplicable remedies. They did not wish to jettison those remedies; after all, according to certain authoritative texts and widespread contemporary practice, they worked. In order to distinguish their bona fides, and thus to wrest authority over the use of empirical remedies and unseen forces, these authors had to present themselves as offering a distinct form of knowledge about the body and the causes of material change, one that could be accessed only through book learning. Their explanations encompassed the male body itself, the virtues of learned practitioners, the purity of their spirits, and the intentions of

154. VJM II.1.3.
155. VIN XIII; trans., 50: “evomuit . . . sic animae suae egrotantis sanitatem recepit.”
156. VAV I.31; trans., 145: “novus iste physicus.” See also VAV I.2.
157. VMO II.3, 115; trans., 95: “quae infirma fugiebat medicinam, et quae propriae voluntati semel renuntiaverat.”
158. VMO I.8.
their soul. Their increasingly materialized explanations of verbal efficacy, in particular, situated the masculine body as capable of healing by natural means. As long-standing medical precedent held, women’s bodies were just physiologically different. Because of their cooler conditions, women’s bodies required a monthly purgation of menstruation, which ideally maintained balanced humors. But there were so many opportunities for a woman’s body to disfunction, resorting to its inherent defectiveness. Menstruation often failed; it was irregular. Pregnancy, infertility, and contraception threw all kinds of unexpected twists into what should have been a balanced physiology. In these common instances, women’s internal mishap threatened to cause humoral corruption, a toxic condition. By the fifteenth century, physicians would begin developing a framework for figuring women’s bodies as in fact venomous and harmful to others. 159 Women could not heal naturally, like men, through their virtuous spirits. They could only harm naturally. Women could, however, heal supernaturally, aided by divine grace and mediated by clerical authority.

Many varieties of thirteenth-century authority thus weighed in to suggest how the soul and its affective powers might alter the bodies of self and other. Physicians, theologians, clerics, and spiritual directors employed a shifting vocabulary to rationalize and explain physiological transformations that seemed impossible. For all, there was a certain logic of the soul’s power to render bodily change. That is, in all of the explanations examined in this chapter, none revert to the category of miracle. The body cooperated with the soul, but, as Hugh of Floreffe had explained to his readers, it required a spiritual hermeneutic in order to understand physiological change, in order to see spiritual imprints on material bodies. Theologians and physicians agreed that something quasi-physical was emitted from the souls of their subjects. Either by the intensity of the spiritual imagination, by the pure virtus of the breath, by grace and the reparation of sin, or the affective arousal that occurred in their presence, both saints and physicians held the potential for enacting bodily change.

159. For example, in 1499 Diego Álvarez Chanca published the Tractatus de fascinatione. Chanca was a learned physician and an avid explorer who accompanied Columbus on his second trip to the Indies. The disease of fascination explained that postmenopausal women sometimes retained trapped blood within their bodies, which became poisonous. Since according to the humoral economy, it had to go somewhere, Chanca reasoned that it was released as noxious vapors through their eyes. People in weakened conditions who looked upon these women became ill. See Fernando Salmón and Montserrat Cabré, “Fascinating Women: The Evil Eye in Medical Scholasticism,” in Medicine from the Black Death to the French Disease, ed. Roger French (Aldershot: Ashgate, 1998), 53–84.