

PREMODERN HEALTH, DISEASE, AND DISABILITY



Alessandra Foscati

Saint Anthony's Fire from Antiquity to the Eighteenth Century

Amsterdam
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Premodern Health, Disease, and Disability

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Alessandra Foscati

Translated by Francis Gordon

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Preface

Agostino Paravicini Bagliani

In terms of the required research methodology, the disease known as Saint Anthony's Fire presents an exemplary case. The importance of Alessandra Foscati's study lies precisely in her duly adopted approach.

This is a textbook case as it forces the historian of medicine and society tout court to constantly rethink the lexicographic and historiographical framework. Numerous challenges must be faced when undertaking a meticulous and thorough historical reconstruction, which must incorporate factors such as medical lexicography, the geography of medieval and early modern Europe and historiography. These three disciplines frequently come into play in the complex history of Saint Anthony's Fire both in the Middle Ages and the early modern period and beyond.

Faced with such intricate circumstances, the historian has to proceed with extreme caution. By implementing a strategy in some way comparable to detective work, the methods adopted must consistently manage to separate myths, legends and historiographical prejudices and beliefs from the clear, incontrovertible and dependable elements that emerge from the exhaustive examination of sources.

In this way, Alessandra Foscati has managed to highlight that the term Saint Anthony's Fire is never used in reference to an epidemic in sources from the Middle Ages and the early modern period. In fact, it is only employed in medical, hagiographical, legal or literary texts to allude to individual cases of gangrene of varying aetiology, perhaps deriving from frostbite or more frequently an 'infection' following a wound. These findings are truly important, firstly because they are the result of a comprehensive and astute rereading of the available sources and secondly as they prompt a rethink of the entire medical and social history of Saint Anthony's Fire from the Middle Ages onwards, always taking account of the aforementioned interweaving of lexicography, geography and historiography.

In terms of lexicography, Alessandra Foscati carefully analyses the semantic and semiological evolution of the term Holy Fire (*ignis sacer*), for which the reader will be grateful. In addition to examining both medical and non-medical sources, the author assesses the influence of ancient sources on medieval and early modern authors. In this way, she establishes that the connection between ergotism and Saint Anthony's Fire was only defined from the eighteenth century onwards, when the latter disease was equated

to *ignis sacer*, a term used in previous centuries – and this is a fundamental clarification – to describe gangrene of any aetiology.

However, the two terms are not always associated in sources even in the eighteenth century and beyond. Indeed, as Alessandra Foscati explains, *ignis sacer* is only likened to Saint Anthony's Fire in non-medical sources, while medical texts still feature the ancient meaning of a skin disease that is pustular but incomparable to either gangrene or ergotism. The fact that ergotism is only equated to Saint Anthony's Fire in the eighteenth century has fundamental historiographical and historical-medical repercussions, as the latter term was used from the thirteenth century onwards in conjunction with the cult of St Anthony the Abbot that developed around the famous shrine at Saint-Antoine-en-Viennois, which became the mother house of the eponymous Order that enjoyed resounding long-term success. Therefore, the patients they admitted did not suffer from ergotism but from gangrene. Alessandra Foscati reaches this conclusion by carefully examining many accounts relating to the cult, along with the statutes of the mother house of the Order.

In this respect, it is also interesting to observe that the medical sources from the hospital in question do not mention ergotism even in the eighteenth century. Furthermore, despite the claims of (even contemporary) historiography, the Marburg physicians did not refer to ergotism when there was a convulsive epidemic in Westphalia and Hesse in 1586–1597.

The focus on geography highlights some important issues, even if they cannot always be discussed or resolved. This is the case, for example, with the fact that burning epidemics are not mentioned in chronicles from the High Middle Ages with regard to Italian territories but feature prominently in sources about present-day France and Belgium. This difference cannot be explained by different writing traditions or the presumed low consumption of rye in the Italian peninsula during the Middle Ages. Moreover, as the disease could also have been provoked by other cereals, rye cannot be seen as the only cause of ergotism.

Therefore, every aspect of the history of Saint Anthony's Fire required the author to implement an impressive range of medical knowledge and carefully examine medieval and early modern medical and non-medical sources in order to distinguish – also in geographical terms – the information that can be deemed reliable from the interpretations transmitted over the centuries by historiographical traditions and prejudices, which sometimes border on 'historical mythology'. Now available in an impeccable English version, Alessandra Foscati's book therefore achieves the arduous feat of clarifying issues pertaining to the history of medicine, social history and indeed the history of mentalities, as it is these which have influenced the ways in which disease is perceived and history is reconstructed in the past and present alike.

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I must also thank those who endorsed and supported my research after the publication of the Italian volume, in particular Alessandro Pastore.

I was privileged enough to be able to discuss some parts of this new book with Charles Burnett and Allen Grieco, who both provided extremely valuable help.

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Discussions with scholarly friends – who generously shared their ideas and information – proved valuable in making improvements to the work. Thanks therefore go to Irene Calà, David Gentilcore, Francesca Marchetti, Antonella Parmeggiani, Alessandro Scafi and Iolanda Ventura.

Thanks to the kindness of librarians and archive staff I was granted easy access to various sources; some of them are thanked personally in the volume. I would like to mention a few institutes in particular, without whose help I would not have been able to complete the project: the Warburg Institute in London, the Biblioteca of Beni Culturali, Bologna University – Ravenna Campus (special thanks to Laura Gaeta and Esther Deandrea), and the Biblioteca Classense in Ravenna.

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Special thanks go to Alessandro Arcangeli for his peer review, essential corrections and valuable advice.

Only some parts of this book are a direct translation of the Italian volume: *Ignis sacer Una storia culturale del 'fuoco sacro' dall'antichità al Settecento* (Micrologus Library, 51) (Florence: SISMEL-Edizioni del Galluzzo, 2013).

It features certain differences that make it an original work. First of all, the chapters are sometimes divided differently from the Italian volume. Unlike in the latter, all quotations from sources are provided in English translation as well as the original language. Some sources deemed less

important for the purposes of the study have been omitted, while many others have been added following my ongoing research after the publication of the Italian volume. There is a significantly extended section on the legends regarding the discovery and translation of the body (or rather bodies) of Saint Anthony the Abbot – who the disease was named after – to the West and the legends surrounding the Virgin Mary (thaumaturge and eponym of the same disease). There is a particular focus on the legend of the Holy Candle of Arras. Above all, the section on the early modern period has been enhanced by a detailed study on the convulsive disease, identified as ergotism by researchers, on which the only previous studies were fragmentary and dated. The bibliography has also been enlarged and – most importantly – updated. The volume also includes some medical studies focusing on ergotism and highlights certain distinctive features not considered in the Italian version.

List of Abbreviations

- AA. SS. *Acta Sanctorum*, ed. Socii Bollandiani (Antwerp and Brussels, 1643–1940)
- BHG *Bibliotheca hagiographica graeca* (Brussels, 1957)
- BHL *Bibliotheca hagiographica latina*, ed. Socii Bollandiani (Brussels, 1898–1901)
+ *Novum Supplementum*, ed. H. Fros (Brussels, 1986)
- CCCM *Corpus Christianorum. Continuatio Mediaevalis* (Turnhout, 1967–)
- CCHB *Catalogus Codicum Hagiographicorum Latinorum Bibliothecae Regiae
Bruxellensis* (Brussels, 1886–1889)
- CCHP *Catalogus Codicum Hagiographicorum Latinorum antiquiorum saeculo XVI
qui asservantur in Bibliotheca Nationali Parisiensi* (Paris, 1889–1893)
- CCSL *Corpus Christianorum. Series Latina* (Turnhout, 1954–)
- CSEL *Corpus Scriptorum Ecclesiasticorum Latinorum* (Vienna, 1864–)
- GCS *Die Griechischen Christlichen Schriftsteller der ersten Jahrhunderte*
(Berlin, 1891–)
- K Galen, *Opera Omnia*, ed. and Latin transl.: C. G. Kühn (Leipzig, 1821–1833)
- L Hippocrates, *Opera Omnia*, ed. and French transl. by E. Littré (Paris,
1839–1861)
- Mansi *Sacrorum conciliorum nova et amplissima collectio*, ed. G. D. Mansi (reprint +
continuation, Paris, 1901–1927)
- MGH, AA *Monumenta Germaniae Historica, Auctores antiquissimi*
- MGH, Const. *Monumenta Germaniae Historica, Leges: Constitutiones et acta publica
imperatorum et regum*
- MGH, SRM *Monumenta Germaniae Historica, Scriptores Rerum Merovingicarum*
- MGH, SS *Monumenta Germaniae Historica, Scriptores*
- PL *Patrologiae cursus completus, series Latina*, ed. J. P. Migne
- RHF *Recueil des Historiens des Gaules et de la France*, 2nd eds. by M. Bouquet and
L. Delisle (Paris, 1869–1904)
- SCh *Sources Chrétiennes*

Introduction

Abstract

The introduction outlines the author's methodological approach. In a departure from the historiographical tradition, she aims to demonstrate that the term Saint Anthony's Fire, coined in the Middle Ages, was only rarely used at the time to describe ergotism – a disease triggered by the consumption of a parasitic fungus on grain cereals, which mainly caused gangrene in the limbs. Adopting appropriate epistemological criteria, the author collects and interprets the different meanings of the expression in medical, literary, hagiographical and legal texts. Differing methodological approaches are needed for these sources, particularly because the disease could sometimes assume a symbolic value in non-medical texts. This requires interpretation and complicates the task of the historian studying the diseases of the past.

Keywords: diseases; St Anthony's Fire; ergotism; *morbus regius*; retrospective diagnosis

The bibliography on Saint Anthony's Fire is extensive and there has long been a historiographical consensus on the precise profile of the disease: it is the medieval name for ergotism, a disease caused by the ingestion of ergot, a fungus that parasitizes rye, which was widely used in breadmaking in the Middle Ages. Carlo Ginzburg writes:

The ingestion of flour thus contaminated provokes real epidemics of ergotism (from ergot, the word that designates the mushroom in English and in French). Two varieties of this morbid condition are known. The first, recorded mainly in western Europe, causes very serious forms of gangrene; in the Middle Ages it was known as 'Saint Anthony's fire'. The second, chiefly spread in central and northern Europe, provoked convulsions, extremely violent cramps, states similar to epilepsy, with a loss of consciousness lasting six to eight hours. Both forms, the

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gangrenous and convulsive, were very frequent due to the diffusion on the European continent of a grain-like rye, which is much hardier than wheat. In the course of the seventeenth century they often had lethal consequences, especially before their cause was discovered to be the *claviceps purpurea*.¹

Similar explanations of ergotism and Saint Anthony's Fire can be found in most books on medieval studies. In his work on disease in Europe, Jean-Noël Biraben writes:

The most remarkable of these epidemics, and the most serious in this period, [the early Middle Ages] was the so-called holy fire (or Saint Anthony's fire). In 857, along the shores of the Rhine, a disease appeared that had already been familiar to the Romans and that had been described in Germany in the second century. Most had forgotten this local affliction, however, and when it reappeared in the form of an epidemic, it sowed terror with its devastating mortality, spreading panic as it advanced. In reality, it was not an infection at all, but food poisoning from rye ergot, the fungus *Claviceps purpurea*. Originating in central Asia, this parasitic fungus spread in waves when the annual climate was favourable. Mixed with flour, it produced two different forms of illness, depending on whether the poisoning was serious or mild. In the acute or convulsive form, spasms with violent contractions tormented the patient, developing toward delirium and death. In the weak or gangrenous form, the patient's sleep was disturbed by nightmares, enormous subcutaneous blisters full of serous fluid developed, and the limbs were tormented by shooting pains. Then the limbs blackened, dried out, and finally broke at the joints. It was this blackening that led people to think of a mysterious internal fire that charred the limbs from within, hence the name of holy fire.²

1 Ginzburg, *Ecstasies: Deciphering the Witches' Sabbath*, p. 303. The scholar refers above all to the work by Barger, *Ergot and Ergotism*. On ergot: 'Ergot is a parasitic fungus that belongs to the genus *Claviceps* and forms dark sclerotia on various grasses and grain... Ergotism is a disease that is contracted when mammal has consumed a toxic level of the sclerotia, which contain the ergot alkaloid mycotoxin...'; Belser-Ehrlich, Harper, Hussey and Hallock, 'Human and Cattle Ergotism', p. 307.

2 Biraben, 'Diseases in Europe: Equilibrium and Breakdown of the Pathocenosis', p. 344. Biraben refers to the studies by Chaumartin, *Le mal des ardents* and Wickersheimer, 'Ignis sacer – variazioni.' The latter clearly highlighted the semantic complexity of the term *ignis sacer*, which belonged to the medical lexicon before epidemics were documented in medieval sources.

Historiographers tend to regard Holy Fire (*ignis sacer*) and Saint Anthony's Fire as synonyms. This even occurs in the most recent studies, as pointed out by Régis Delaigue, who partially raises the issue of the lexicon of the disease:

It can therefore be stated that in around the 10th century [...] an apparently previously unknown disease appeared and spread all over Europe, above all in France, particularly in Flanders, Lorraine, Dauphiné, Aquitaine and Île-de-France; it was most frequently referred to as Holy fire, Saint Anthony's fire or *mal des ardents*. It was characterised by the onset of ischaemic gangrene of the extremities, sleep disorders, hallucinations and sometimes convulsions.³

Besides *ignis sacer*, the other synonym for Saint Anthony's Fire identified by scholars is indeed 'mal des ardents', a term used in the past only on French soil.

The descriptions suggest that all aspects of the disease have now been fully clarified. However, although these statements cannot be said to be wrong, we will see that they are only partially true. Most importantly, they do not take account of the underlying complexity and semantic richness of the nosographic terms in question. Indeed, most of the historiographical reconstruction of Saint Anthony's Fire and ergotism needs to be questioned as a result of the complications arising from this semantic richness. Furthermore, the fact that the only existing testimonies of ergotism are written sources – whether medical texts or other genres – means that additional caution is required in assessing real historical data;⁴ written sources cannot always be seen as carriers of factual truths and the topos of each literary genre needs to be considered when they are read and interpreted.

3 Delaigue, *Le feu saint-Antoine*, p. 32: 'On peut donc affirmer qu'au milieu du X^e siècle... apparut une maladie, apparemment inconnue jusqu'alors, qui sévit dans toute l'Europe, en France surtout, notamment dans les Flandres, la Lorraine, le Dauphiné, l'Aquitaine, l'Île de France; désignée le plus souvent sous le nom de feu sacré, feu Saint-Antoine ou mal des ardents, elle était caractérisée par des gangrènes ischémiques des extrémités, des troubles du sommeil, des hallucinations et parfois des convulsions'. Unless otherwise indicated, translations of passages in non-English languages are mine.

4 By contrast, regarding other diseases of the past there have been major interdisciplinary studies in the last few years involving historians and scientists, palaeopathologists and anthropologists. The latter implement special techniques such as ancient DNA studies in order to confirm or re-examine the data found in the written sources studied by historians. These studies, many of which are on the plague, effectively revise historiography. There is an extensive bibliography. See the seminal volume: Green (ed.), *Pandemic Disease in the Medieval World*.

1. Interpreting Medical Texts: the Polysemantic Nature of the Lexicon

From Antiquity to the present day, knowledge of medicine has featured both aspects of continuity and notable moments of transformation. Galenism was an enduring medical system, developed from Galen's works and thought. Reworked mainly by Arabic medicine, it served as the predominant medical doctrine and conceptual framework in the Western Latin world during the Middle Ages and the Renaissance in terms of both theory and practice. The late sixteenth and the seventeenth century marked an epistemological change as a consequence of the works of Andreas Vesalius, William Harvey, Cartesius and Thomas Sydenham. The advancements in mid-nineteenth-century laboratory medicine constituted a revolution;⁵ at the risk of championing a triumphalist view of history, these transformations led to a change in the way diseases are understood.⁶ While the suffering caused has a universal and timeless connotation closely related to the individual, the perception of diseases and hence the way they are described varies in relation to different historical phases, reflecting the cultural model in which society is embedded. In order to understand a disease, historians need to distance themselves from today's epistemological paradigm, which provides us with ontological notions.

When the profile of any disease of the past is outlined on the basis of medical sources, we need to consider the risks identified by Mirko Grmek in the late 1960s when he coined the clever term 'pathocenosis'.⁷ He specified that: 'There is constant change, not only in terms of the diseases themselves and the frequency with which they occur, but also the ideas that physicians form about them. The conceptual bases of medical diagnostics are far from immutable'.⁸

This can be used to foreground the intrinsic difficulties and risks that are faced by scholars when dealing with medical and other texts that mention

5 For an excursus on the concept of disease in the history and philosophy of medicine, see Méthot, 'Introduction: les concept de santé et de maladie.'

6 Conforti, Carlino and Clericuzio (eds.), *Interpretare e curare*.

7 By pathocenosis the scholar meant pathological states within a specific population at a precise time and in a precise space: 'les états pathologiques au sein d'une population déterminée, dans les temps et dans l'espace' (Grmek, 'Préliminaires d'une étude historique des maladies', p. 1476). On the matter of Grmek's concept of pathocenosis on the basis of the most up-to-date studies, see Coste, Fantini and Lambrichs (eds.), *Le concept de pathocénose de M.D. Grmek*.

8 Grmek, 'Préliminaires d'une étude historique des maladies', p. 1482: 'il se produit un changement perpétuel, non seulement des maladies elles-mêmes et de leur fréquence, mais aussi des idées que les médecins s'en font. Les bases conceptuelles du diagnostic médical sont loin d'être immuables'.

diseases of the past, as well as their use of retrospective diagnosis. These problems have been duly noted in recent studies addressing the matter in general terms or with reference to specific diseases. As Monica Green effectively summarised with regard to past accounts of plague: ‘All we have are texts that describe various kinds of suffering, experiences that even those suffering might not have put into a single category of a nameable disease. The ‘linguistic turn’ that has affected most Anglophone historiographical traditions over the past thirty years has reinforced a sense that we can never fully break free of the conceptual categories of our historical texts and reconstruct a “real,” unfiltered past.’⁹

The change in the conceptual bases of diagnostics, cited by Grmek, raises the problem of the continuous and careful contextualisation of medical sources in view of variations in the epistemological paradigms and standard medical authorities. At the same time, the medical lexicon – with the meaning attributed to the names of diseases – needs to be assessed within its historical context, highlighting any semantic transformations occurring over time, an indicator of changes in the way diseases were interpreted. Indeed, many of the medical terms used in the past have undergone changes in meaning, sometimes for reasons entirely unrelated to medical practice itself. A case in point is the term *morbis regius* (‘royal disease’), which became well known as a result of Marc Bloch’s seminal study.¹⁰ In classical Latin sources it was used to indicate jaundice, which is only a symptom by current diagnostic criteria but used to be seen as a disease in its own right. From around the twelfth century onwards, the term came to describe the disease healed by the ‘touch’ – thaumaturgical powers – of the French (and sometimes English) kings and was equated to *scrofula*, a term present in the most ancient medical texts. Although the latter was often described as a form of tuberculosis, it could actually indicate different types of ailments and diseases. However, when attempting to provide a precise definition of *morbis regius*, it would be a mistake to say that it implied jaundice in classical antiquity and the illness healed by French kings from the twelfth century onwards. This is because certain texts such as the thirteenth-fourteenth century medical recipe book transcribed by Iolanda Ventura,

9 Green, ‘Taking “Pandemic” Seriously’, p. 52. On retrospective diagnosis, in general terms, see: Arrizabalaga, ‘Problematizing Retrospective Diagnosis in the History of Disease’, pp. 51–70; Cunningham, ‘Identifying Disease in the Past’, pp. 13–34. See also the recent collected volume Turner and Lee (eds.) *Trauma in Medieval Society*, which discusses the meaning of the term ‘trauma’ in the Middle Ages, but above all highlights the fact that it has conveyed different connotations over time in relation to the changing criteria for assessing the disease.

10 Bloch, *Les rois thaumaturges*.

the *Tractatus de herbis*, continued to preserve the older meaning.¹¹ In the same way, the term took on the meaning of jaundice again in later sources such as the sixteenth-century work by the physician from Ferrara Iohannes Manardus (1462–1536).¹² The situation becomes even more complicated if we consider non-medical sources, in which the meaning attributed to the term tends to be even more complex.¹³ A medical term can thus act as a “semantic basin” and its source of origin needs to be contextualised and interpreted in order to fully understand its meaning.

The same term could designate what are now classed as symptoms or diseases characterised by different aetiologies in the light of modern diagnostics.

The problem is more pronounced for terms that have never varied and are still in use today. As we shall see, one of the most striking examples, included in the category of words associated with Saint Anthony's Fire, is *erysipelas*; although it now indicates a specific bacterial disease, it used to have multiple meanings, as this study will show. It is feasible that these included the current meaning, but this is always hard to verify with certainty as the reference accounts are difficult to interpret. It sometimes happens that a term found in past sources is only attributed with its present meaning; this leads to a conceptual error as inappropriate diagnostic criteria are applied to the past.

2. Disease in Non-Medical Texts: Symbol and Literary Topos

A study of any disease in the Middle Ages must take account of the fact that the concept of illness – and above all the sick – was intrinsically linked to theological thinking at the time. Indeed, the latter constantly influenced the way in which disease was perceived and reinterpreted. There is a good case in point in a study by Danielle Jacquart, who provides an example of the tangible influence of religious thought on medical texts. In some of

11 *Tractatus de herbis*, ed. by Ventura, p. 298.

12 Iohannes Manardus, *Epistolarum Medicinalium Tomus secundus*, Lib. VII, ep. II, f. 22r.

13 See Foscati, ‘Malattia, medicina e tecniche di guarigione’, pp. 70–72. In a recent article (‘Morbus regius: les vicissitudes de la ‘maladie royale’), Anne Fraisse underlines that, unlike in the classical tradition, *morbus regius* was sometimes used in the works of Christian authors in late antiquity to indicate a variety of serious symptoms and was even associated with leprosy. A similar juxtaposition was previously made by Ernest Wickerheimer, who referred to the text of a tenth-century anathema transmitted by the *cartularium* of the French abbey of Saint-Père de Chartres: Wickersheimer, ‘*Morbus Hispanicus*’, p. 374.

these, leprosy is closely associated with the conception of a foetus during menstruation, even though no such connection can be found in ancient medical treatises or translations from Arabic, which medieval authors drew their inspiration from. The link actually derived from the influence of ethical treatises, thereby triggering what Jacquart defines as the merging of Christian morality and medicine, with the former influencing the latter.¹⁴

More generally, as masterfully demonstrated by Jole Agrimi and Chiara Crisciani, after the Fall the *homo viator* saw disease as a normal condition rather than a transitional state as it appeared firstly as the bearer of the Sin (the original sin) of humanity, but also subsequently as the result of individual and community sins. Consequently, both individual and epidemic diseases were rarely perceived as neutral events in the Christian cultural system and were instead invested with deep religious meaning as the results of sinful action.¹⁵ They thus became sociological parameters for assessing the morality of Christians, as well as proof of constant divine intervention in human affairs. This naturally conditioned the way in which accounts of diseases and epidemics were transmitted by medieval authors, who always placed the facts within a broader symbolic framework, which is also shown by the lexicon employed in narratives, often borrowed directly from the Holy Scriptures or peppered with appropriate references to biblical passages to justify events.

It is often apparent that descriptions of diseases in medieval chronicles and hagiographical texts (there is frequently an overlap between the two genres) follow an established topos and satisfy the author's precise narrative needs. In some cases, an epidemic is given as the reason for the foundation of an institution or the birth or revival of a cult, while healing miracles meet the publicity needs of exalting the thaumaturgical powers of a saint or increasing the prestige of a shrine. The same account can be transferred from one written source to another with minimal variations, showing that authors were only partly interested – if at all – in checking the truthfulness of the described events, which are often characterised by imprecise timelines

14 Jacquart, 'Sexualité et maladie'.

15 Agrimi and Crisciani, *Medicina del corpo*; Agrimi and Crisciani, *Malato, medico e medicina*. It should be stated that the terms epidemic and epidemic disease are used in this study simply to refer to a disease that affected a group of individuals without implying any infectious or contagious aspect, which often tends to be tacitly assumed today. The concept of infectiousness expressed in past sources must always be re-examined in relation to epistemological changes. See Grmek, 'Le concept d'infection dans l'Antiquité et au Moyen Âge', pp. 9–54; Grmek, 'Les vicissitudes des notions d'infection', pp. 53–70, but above all, on the concept of infection in the Middle Ages, Jacquart, *La médecine médiévale*, pp. 230–58.

and narrative hyperbole, and enriched by tales of celestial and teratological wonders; it is not always possible to distinguish the *true* from the *false* and the *fictive* in the resulting account.¹⁶ There is a fascinating case in point in the continuation of the *Chronicon* of the French monk and chronicler Guillaume de Nangis (d. 1300). Describing what we could now term an incredible sudden genetic mutation, the author explains that those born after the terrible outbreak of plague in 1348 had a total of twenty or twenty-two teeth instead of the regular thirty-two when they reached adulthood.¹⁷ While clearly not a true account, it is probable that the author had in mind a passage of Rigord (d. c.1209), a monk that also practised medicine.¹⁸ In his *Gesta Philippi Augusti*, the latter had written that those born after the True Cross was stolen by Saladin in 1187 grew up with the same low number of teeth.¹⁹ The event described in the account seems to take shape as divine punishment, which Guillaume de Nangis probably also wanted to imply.

It is undeniable that, partly due to its inherent characteristics, medieval society was plagued by numerous diseases, many of which were epidemic in nature. Nevertheless, any attempts to make retrospective diagnoses and conduct epidemiological studies on accounts in written sources must not take heed of symbolically attributed dates, as this could lead to gross inaccuracies or incongruities.

To this end, there is an emblematic tale of an epidemic ravaging the city of Soissons in the twelfth century which was only eradicated following the miraculous intervention of St Gregory the Great, whose remains were held there at the monastery of St Médard. The anonymous author classed the epidemic as *lues inguinaria* ('epidemic of the groin'), specifying that it reached its zenith in the month of April when the Western Christian world was observing the *litanía maior*, a liturgical practice established by Gregory the Great at the time of the Roman Plague.²⁰ The author recalls the latter

16 I have borrowed the adjectives from the subtitle of a stimulating book by Carlo Ginzburg (*Threads and traces: true false fictive*).

17 'pueri nati post tempus illud mortalitatis supradictae [the plague] et deinceps, dum ad aetatem dentium devenerunt, non nisi viginti dentes vel viginti duos in ore communiter habuerunt, cum ante dicta tempora homines de communi cursu triginta duos dentes'; Guillaume de Nangis, *Chronicon*, ed. by Géraud, II, pp. 214–215.

18 Wickersheimer, *Dictionnaire Biographique*, II, pp. 82–83.

19 Rigord, *Gesta Philippi Augusti*, LXI, ed. by Carpentier, Pon and Chauvin, p. 243.

20 *Miracula ss. Gregorii et Sebastiani*, 15, in *CCHB*, pp. 245–246. On the *maior litanía*, which is mentioned by Bede the Venerable in the seventh century (*Homiliae*, XCVII, in *PL*, 94, col. 499A-D), see Iohannis Belet, *Summa de ecclesiasticis officiis*, ed. by Douteil, II, pp. 232–234. The tale of the miracle performed by the remains of St Gregory in Soissons can also be read in another slightly different version transmitted by *AA. SS.*, mart., II, pp. 750C-750F: *Miracula (SS.*

at length and equates it to the plague in Soissons. All the citizens of the French city staged a procession which ended the epidemic in the same way and even on the same day as the Roman plague had been eradicated at the time of Gregory. If we want to understand the real nature of the disease that struck Soissons purely on the basis of the information in this account, we will have to examine data on the bubonic plague, which reveals an apparent lack of occurrences of the disease in the West between the seventh and the mid-fourteenth century.²¹ As André Sigal underlined, as the hagiographer was only interested in exalting the thaumaturgical powers of the remains of the saint, he decided to create a close connection between the two miraculous events, making them similar from every perspective.²² By interpreting events figuratively, he freed himself from the constraints of a description of ascertainable facts and the epidemic took on symbolic importance for the sake of the account. After all, the Roman Plague at the time of Gregory must have been well known thanks to the widespread circulation of the *litanía maior*. This is shown by the twelfth-century monk Adalgise of Saint-Thierry, who included the extinction of an epidemic ‘non dissimilem inguinariae Romanae’ (‘not dissimilar to that of the Roman groin’) as one of the miracles performed by Abbot Theodoric,²³ and the fourteenth-century physician Guy de Chauliac, who recalled it in his treatise when describing the real outbreak of plague in 1348.²⁴

Besides taking on a symbolic aspect, disease became a literary topos in its own right and was transferred from one source to another over time without any need for a link with reality. When Christian of Stavelot dedicated a chapter of his ninth-century *Commentary on the Gospel of Matthew* to the terrible ignoble death of Herod the Great, he wrote that the king was afflicted with a burning disease three years after ordering the Massacre of the Innocents. The condition gradually devoured him and led to the

Sebastiani et Gregorii) facta Suessionibus saec. IX-XI. [BHL 7546]. Also in this case, the association with the events of the Roman epidemic is clearly highlighted.

21 Biraben and Le Goff wrote that in general, the different sources that document real plagues in late antiquity and the Middle Ages (despite the wide use of the term *pestis*) attribute the disease with the adjectives *inguinaria* or *glandularia* (reference to buboes in the groin): Biraben and Le Goff, ‘La peste dans le Haut Moyen Âge’, pp. 1484–1508.

22 Sigal, *L’homme et le miracle*, pp. 157–158.

23 [BHL 8066] *De s. Theoderico presbyt. discipulo s. Remigii*, in *AA. SS., Iulii*, I, p. 80.

24 Guy de Chauliac, *Inventarium sive Chirurgia magna*, II, II, V, ed. by McVaugh, I, pp. 118. The fourteenth-century physician equates the epidemic, whose initial effects he saw in Avignon, to past outbreaks referenced in literary sources, although he says they were less serious and less widespread.

total putrefaction of his body.²⁵ Although Herod's death is only briefly mentioned in the Gospel of Matthew (Mt, 2:19), the only canonical gospel that contains the episode of the Massacre of the Innocents, Christian of Stavelot essentially draws on a long tradition of describing his demise in dramatic tones that dates back to Flavius Josephus (first century). This is the account that appears in the latter's *Antiquities of the Jews*:

But now Herod's distemper greatly increased upon him, after a severe manner: and this by God's judgment upon him for his sins. For a fire glowed in him slowly, which did not so much appear to the touch outwardly, as it augmented his pain inwardly. For it brought upon him a vehement appetite to eating, which he could not avoid to supply with one sort of food or other. His entrails were also exulcerated; and the chief violence of his pain lay in his colon. An aqueous and transparent liquor also had settled itself about his feet: and a like matter afflicted him at the bottom of his belly. Nay farther, his privy member was putrified, and produced worms. And when he sat upright, he had a difficulty of breathing, which was very loathsome on account of the stench of his breath, and the quickness of its returns. He had also convulsion in all parts of his body: which increased his stench to an insufferable degree. It was said by those who pretended to divine, and who were endued with wisdom to foretell such things, that God inflicted this punishment on the King on account of his great impiety.²⁶

Flavius Josephus also describes the disease in similar terms in *The War of the Jews*.²⁷

Subsequently, Eusebius of Caesarea, who lived between the third and fourth century, cited the authority of Flavius Josephus and included the two descriptions of Herod's disease almost verbatim in a lengthy chapter of his *Ecclesiastical History*.²⁸ They were then transmitted to the Latin world through the translation of this Greek text by Rufinus of Aquileia (d. 410).²⁹ A careful reading reveals that Christian of Stavelot took inspiration, albeit in summary form, from the account transmitted by Rufinus, drawing on the most repellent aspects of the tyrant's disease such as widespread

25 Christian of Stavelot, *Expositio super Librum generationis*, XXVII, ed. by Huygens, p. 523.

26 Flavius Josephus, *Antiquities of the Jews*, XVII, VI, 5. English trans. <http://penelope.uchicago.edu/josephus/ant-17.html> [Last access 18 April 2018].

27 Flavius Josephus, *The war of the Jews*, I, 33; English trans. <http://penelope.uchicago.edu/josephus/war-1.html> [Last access 18 April 2018].

28 Eusebius of Caesarea, *Historia ecclesiastica*, I, VIII, 5–9, ed. by Bardy, I, pp. 30–31.

29 Rufinus of Aquileia, *Historia ecclesiastica*, I, VIII, 6–8, ed. by Mommsen, pp. 65–67.

swelling, worms in his private parts, the noxious smell and the fire of his fever.³⁰ The medieval author also dedicates a chapter to a brief description of the misfortunes that befell Herod's descendants: he mentions that Herod Agrippa also died of a verminous disease (in line with the passage in *Acts*, 12:23) and includes references to the suicide of Pilate.³¹

It can be said that the deaths of great sinners – above all persecutors of Christians – are presented as testimonies to the believer's faith in the immediate intervention of Providence, which thus begins to recompense the just in the earthly world. Specifically, punitive action seems to take shape as a disease that makes the sinner's body akin to a corpse, particularly affecting the parts deemed less noble such as the belly and genitals.³² This perspective in late antiquity arguably culminated in Lactantius's early fourth-century work *On the Deaths of the Persecutors*; as Jacques Moreau notes, it follows the Greco-Latin literary tradition later embraced by Judeo-Hellenistic authors in which the adversaries of the gods suffer terrible punishments including horrible diseases such as those that fill the body with worms and emit an awful stench.³³ The most famous illustrious death described by Lactantius is the demise of Galerius, who was notorious for his persecution of Christians. In the eighteenth year of his reign, he was struck by the wrath of God in the form of an incurable disease, a malignant ulcer on his genitals that spread to the rest of his body.³⁴ Despite the timely intervention of the most renowned physicians in the empire and an appeal to the gods of medicine, Apollo and Asclepius, he was soon on his deathbed; the lower part of his

30 For a comparison of the terms used in the respective passages, see Foscati, *Ignis sacer*, pp. 21–22.

31 Christian of Stavelot, *Expositio super Librum generationis*, ed. by Huygens, p. 108.

32 The death of the biggest heresiarch, Arius, is presented by late antique authors as the result of his entrails spilling out, but in the transition from eastern to western sources, as Leroy-Molinghen showed ('La mort d'Arius', pp. 105–111) it is embellished with increasingly gruesome details. It is modelled on the death of Judas (*Acts*, 1:18), which happened after his body split open and his intestines spilled out (*Mt.*, 27:5 features the version where Judas hanged himself). The deaths of other figures were subsequently modelled on the demise of Arius, such as Sidonius Apollinaris in Gregory of Tours' *Historiarum Libri* (II, 23). Without considering the symbolic aspect of the disease and in the absence of a critical reading of sources, scholars sometimes attempt to make retrospective diagnoses of diseases suffered by renowned figures. In terms of increasing our knowledge, it is difficult to understand the value of such undertakings. In particular, articles about the death of Herod the Great have been published in medical journals.

33 Lactantius, *De mortibus persecutorum*, ed. by Moreau, *Introduction*, pp. 60–64. The examples considered by the scholar include Antiochus IV Epiphanes: although the disinterested historiographical tradition tells that he died from a commonplace disease, in *II Macc.*, 9:9 he is said to have suffered from a verminous disease with his flesh dropping off in pieces.

34 Lactantius, *De mortibus persecutorum*, XXXIII, ed. by Moreau, p. 115.

body was in a state of putrefaction, devoured by worms with his entrails spilling out, while the stench not only spread all over the palace but also pervaded the entire city. In their descriptions of the disease that affected Galerius, first Eusebius and then Rufinus write that any physicians unable to endure the stench were executed.³⁵ The disease was therefore the result of divine punitive intervention and it is no coincidence that the tradition based on the apocryphal cycle of Pilate tells that Herod Antipas, Tetrarch at the time of the Passion, fell ill with dropsy like his father Herod the Great and was also tormented by worms.³⁶

This all shows that diseases described in sources are often the result of a literary reconstruction within an established *topos* that foregrounds the symbolic aspect rather than reflecting precise facts; it is difficult to say to what extent literature draws on historical reality. In fact, the dropsy suffered by the heresiarchs – dropsy is the accumulation of liquid in inner tissue, now seen as a symptom of various diseases – became a benchmark for the description of diseases suffered by other sinners.³⁷

To this end, we can cite an example from a tenth-century author, Richer of Reims, who wrote his *Historiae* between 995 and 998 using Flodoard's *Annales* as his primary reference source.³⁸ Richer not only tends to expand on Flodoard's meagre chronological data by implementing the rules of ancient rhetoric but 'not content with expanding, Richer invents. Almost all of the figures he provides are pure fantasy. He is not at all interested in topographic precision. However, it is above all in the description of diseases that the medical sciences enthusiast really emerges'.³⁹ The author demonstrates

35 Rufinus of Aquileia, *Historia ecclesiastica*, VIII, XVI, 9–11, ed. by Mommsen, p. 791. Eusebius of Caesarea tells of Galerius's disease both in *Historia ecclesiastica* (VIII, XVI, 2–5) and *Vita Constantini*, I, LVII, 1–3 (Eusebius of Caesarea, *Sulla Vita di Costantino*, ed. Tartaglia, pp. 81–82).

36 The subject appears in Herod's letter to Pilate (*Apocrifi del Nuovo Testamento*, ed. by Moraldi, pp. 705–706). On the Acts of Pilate and the controversy of this historical and mythological figure, see Lémonon, 'Ponce Pilate'. See also the chapter on the legends that grew up in the West around the exile and death of Pilate in the study by Berlioz, *Catastrophes naturelles*, pp. 159–181.

37 The disease is also cited by Dante, *La divina Commedia*, *Inferno*, XXX, 100–23.

38 Richer of Reims, *Historiarum Libri*, ed. and transl. into French by R. Latouche. See Sot, *Un historien et son Église*, p. 43, note 4. Richer was also inspired by Flodoard of Reims, *Historia Remensis Ecclesiae*. On Richer's work, transmitted by a single autographed manuscript, see Barthélémy, *Chevaliers et miracles*, pp. 25–44; Sot, 'Richer de Reims a-t-il écrit une Histoire de France?', pp. 47–58; Sot, 'La formation d'un clerc', pp. 243–248.

39 '[...] non content d'amplifier, Richer invente. Presque tous les chiffres qu'il donne sont fantaisistes. Il n'est pas non plus soucieux de la précision topographique. Mais c'est surtout dans la description des maladies que l'amateur de science médicale se donne carrière'; Latouche ('Introduction'), in Richer of Reims, *Historiarum Libri*, ed. and French trans. by Latouche, p. X. On Richer's interest in medicine, see MacKinney, 'Tenth-Century Medicine', pp. 10–13; MacKinney,

his keen interest in medicine in at least two parts of his work, recounting a journey from Reims to Chartres to read the *Aphorisms* of Hippocrates at the invitation of the monk Heribrand⁴⁰ and describing a dispute at the court between Bishop Deroldus, 'in arte medicina peritissimus' ('a great expert in the art of medicine') and an unnamed physician from Salerno.⁴¹ However, Richer is mainly interested in describing the fatal diseases suffered by various figures in his *Historiae*; he expands on the meagre information provided by Flodoard in a wholly arbitrary manner and focuses on accurate accounts of technical details taken from medical treatises available in his time, most notably, as MacKinney showed, a manual that tradition often transmitted under the title *Aurelius* or *Esculapius*.⁴² One particularly significant description regards the death of Winemarus, who had murdered Archbishop Fulk of Reims in an ambush ordered by Count Baldwin of Flanders. After the misdeed, a council of bishops issued a solemn anathema against Winemarus and his accomplices, and divine punishment was duly meted out in the form of a terrible disease tellingly described as dropsy. As a result, the unfortunate man suffered from fever, his body filled with liquid, his entrails spilled out and his genitals teemed with worms.⁴³

As MacKinney underlined, Richer expanded on the death of Winemarus after taking the basic information from Flodoard's *Historia Remensis Ecclesiae*, although there are no similar descriptions of dropsy in any medical

'Tenth-Century Medicine as Seen in the Historia of Richer of Reims', pp. 347–375; Jacquart, 'La médecine au X siècle', pp. 227–230.

40 Richer of Reims, *Historiarum Libri*, IV, 50, ed. by Latouche, II, pp. 224–230.

41 Richer of Reims, *Historiarum Libri*, ed. by Latouche, II, pp. 223–227. The episode tells of a dispute about the medical art between Bishop Deroldus – a man of great culture and the king's physician – and a physician from the Salerno medical school. As the former appears to be more cultured and knowledgeable about theoretical questions, the latter becomes jealous and attempts to poison him. However, the skilled and observant bishop fights the poison with theriac. Deroldus subsequently takes revenge by poisoning the Salerno physician, who is unable to eliminate the poison from his body because of his lower level of expertise. At this point he is forced to admit the bishop's superiority and asks him for help; acting on the king's orders, Deroldus gives him theriac but does not remove all of the poison, which accumulates in his left foot. The physician does not die, but is forced to resort to amputation as a result of the lesions that form on his foot. The episode is also reported by Kristeller (*Studi sulla Scuola medica salernitana*, pp. 19–21) as evidence of the reputation of Salerno in the tenth century as a centre for renowned practical physicians.

42 MacKinney ('Tenth-Century') analysed twenty-five passages from Richer's work that recount fatal diseases suffered by various figures and compared them to the respective passages in Flodoard's works and medical works in Richer's time. Richer also recalls that he had access to a book of medicine borrowed from the library of the monastery of Saint-Remi (Latouche, 'Introduzione', in Richer of Reims, *Historiarum Libri*, p. VIII, note 3).

43 Richer of Reims, *Historiarum Libri*, I, 18 ed. by Latouche, I, pp. 44–46.

text that he might have had access to.⁴⁴ As I have attempted to show, there are broad parallels between the passage on Winemarus and Rufinus's account of the death of Herod.⁴⁵ Therefore, although the monk from Reims was steeped in medical knowledge, he resorted to using a narrative topos to describe the sinner's disease, referring to the aforementioned established tradition that dropsy or a verminous disease was the right punishment for sinners against the Church and Christianity in general, with Herod's disease held up as its archetype.⁴⁶ The disease also plays a functional role in this particular case – regardless of whether the events actually occurred – in conveying a feeling of fear of and respect for the anathema, thereby helping to make it a powerful instrument of coercion that the Church could use against secular power.

3. Studying Saint Anthony's Fire

The above examples demonstrate that the way in which a disease is described can be heavily influenced by the relevant literary topos, while the lexicon undergoes changes over time. All this complicates the work of the historian attempting to compile an accurate catalogue of the diseases and epidemics of the past on the basis of the descriptions and lexicon found solely in written sources.

These issues are also relevant to Saint Anthony's Fire and will be comprehensively underlined in this study, which aims to break out of the traditional historiographical framework that has remained largely rooted in the preconceptions of the eighteenth and nineteenth century. Regarding such fallacies, a popular equation emerged in the 1700s that was widely adopted by later historiography: *ignis sacer* = Saint Anthony's Fire = ergotism. Since the late seventeenth century, observations had been made on how contaminated rye affected people and animals; these remarks were used as the basis for defining the clinical profile of ergotism, which was specified as the cause of various epidemics affecting certain areas of French territory. The treatises on the matter written by French physicians and surgeons focused on descriptions of clinical symptoms, which corresponded above

44 MacKinney, 'Tenth-Century', pp. 362–363.

45 Foscati, *Ignis sacer*, pp. 28–30.

46 We know that there was at least one manuscript that was transcribed in the ninth century and contained the work by Rufinus in the monastery of Saint-Remi. See Sot, *Un historien et son Église*, p. 92.

all to a widespread and serious form of gangrene of the limbs. Rather than limiting themselves to interpreting contemporary epidemics, they used the discovery to scrutinise outbreaks described in medieval chronicles and make retrospective diagnoses. They reached the conclusion that many of the epidemics that had afflicted the Middle Ages over several centuries – those described as *ignis sacer*, Saint Anthony's Fire and 'mal des ardents' – could be attributed to the use of contaminated rye. They tended to apply preconceptions when reading sources in order to substantiate their discovery; they only took pages from medieval chronicles – decontextualized from the rest of the narrative – that described epidemics and used early modern chronicles that offered transcriptions of older testimonies without any consideration of their philological aspects. They took little account of the aforementioned symbolic component and were even less interested in the complexity of the changes and subsequent semantic variations in medical terms.

Nineteenth-century historiography followed the same course. The work written by Fuchs played a particularly significant role with its extensive and precise timeline of medieval epidemics, which he equated to outbreaks of ergotism; this became the fixed starting point for studies on the subject, even to the present day.⁴⁷ In general, historiographers associate the terms *ignis sacer* and Saint Anthony's Fire – found in medieval sources – with ergotism and embellish the calendar with outbreaks of this disease.

This study aims to eschew this historiographical approach based on retrospective diagnosis, which is 'always hypothetical, [...] often dubious and rarely exclusive of other diseases'.⁴⁸ It will instead consider the broadest meaning of the burning disease – a term which is used throughout the volume and is deemed appropriate given the lexical and diagnostic ambiguity – within the framework of written sources (chronicles, hagiographical, medical and literary texts, sermons, statutes and so on) considered in their entirety within their original cultural and historical milieu with an assessment of the author's personality and intent whenever possible. This reveals the wealth of symbolic value attributed to the disease (or rather diseases) called Saint Anthony's Fire and/or *ignis sacer*. This symbolic importance transcends and complicates the epidemiological aspect by casting doubt on previous historiographical reconstructions. Naturally, the intention is not to deny that ergotism must have been one of the causes of the epidemic outbreaks in medieval society – often due to temporary flare-ups of endemic diseases – that have generally been traced to various areas before, during

47 Fuchs, 'Das heilige Feuer des Mittelalters'.

48 Grmek, *Diseases in the ancient world*, 'Introduction', p. 7.

and after the ultimate epidemic, the plague of 1348, which took shape in pandemic form. Instead, stress has been placed on highlighting the value and meaning attributed to the burning disease on a case-by-case basis in the context of the sources and therefore the mentality that they expressed, avoiding preconceptions stemming from knowledge gained after the event and without assuming that accounts of diseases and epidemics always reflect historical truth.⁴⁹

The main aim is to outline the history of the terms *ignis sacer* and Saint Anthony's Fire by identifying their origin, meanings and – most importantly – semantic transformations, starting from the first references to *ignis sacer* in classical antiquity. To this end, it can be said that the study aims to serve as a form of in-depth continuation of one of its sources of inspiration, an enlightening article written in the middle of the last century by Ernest Wickersheimer that provided a concise outline and explanation of the different meanings attributed to the term *ignis sacer*. In his brief but precise examination of the main medical sources from antiquity to the late Middle Ages, the scholar interpreted the expression as a symptom that covered a wide range of diseases, explaining that the term *ignis sacer* is attributed to 'too many diseases to attempt to provide a complete list: we will just mention that it has been plausibly related to *anthrax*, malignant pustules, certain forms of herpes, eruptive fevers (especially smallpox) and scurvy'.⁵⁰ He also pointed out that the term underwent semantic transformation in around the eleventh century when it became used to describe a more serious epidemic disease, only sometimes subsequently associated with Saint Anthony's Fire, a term coined for cultic reasons which will be discussed at length. This expression was in turn equated to ergotism from the eighteenth century onwards, even though as we will see and Wickersheimer also stressed, it was used in medieval and early modern medical (and other types of) sources to refer much more generally to gangrene, regardless of its aetiology. This means that it was not possible at the time to distinguish between forms of gangrene stemming from ergotism and other causes. These considerations are confirmed in a series of early modern notarial acts from the town of Saint-Antoine, where the mother house and main hospital of the Hospital Brothers of St Anthony were located. The Order, which grew up around the

49 In many cases, accounts of diseases or epidemics are associated with various kinds of marvels, including teratological wonders. Historians have normally considered the 'marvellous' aspect to be false and thus ignored it, but taken accounts of diseases at face value. Instead, accounts should be assessed and understood in their entirety.

50 Wickersheimer, 'Ignis sacer – variazioni', pp. 160–69.

presumed remains of St Anthony the Abbot and spread throughout Europe, was responsible for the use of saint's name in relation to the disease. These notarial acts and the data on the real profile of Saint Anthony's Fire call into question much of modern historiography, which sees the Antonines as 'healers' solely involved in treating ergotism. Although the history of the Order – already the subject of numerous studies – is only touched on here, an attempt has been made to relate its work to the changes in society, with the latter influencing the former, and the changes in the perception and role of the sick and hospitals that occurred between the Middle Ages and the early modern period.

Although St Anthony is generally seen as the only saint associated with the burning disease, he was actually just one of many healing saints in the Middle Ages and was overtaken in popularity for a certain period of time by the Virgin Mary; numerous sources show that she was considered the main thaumaturge of the burning disease, to which she had also given her name. The history of the thaumaturgical cult (or rather cults) dedicated to St Anthony the Abbot in the South of France has therefore been retraced, attempting to unravel the tangle of legends about the translation of his body (or rather bodies) to the West, some of which are relatively unknown.

At the same time, the objective is to identify any information about actual cases of ergotism found in sources – regardless of the name used – and the relationship between the gangrenous and convulsive forms, which only started to be discussed in the early modern period.

The following are some of the questions that this volume will attempt to provide answers to. Which disease (or diseases) underlies the term Saint Anthony's Fire? Was it really always a synonym for *ignis sacer* and did it necessarily correspond to ergotism? How do different historical sources compare: were Saint Anthony's Fire and *ignis sacer* described in the same way in both medical and non-medical texts? Is it still right to consider the hospitals run by the Hospital Brothers of St Anthony as treatment centres for ergotism? If we distinguish between real information about ergotism transmitted by medieval and early modern sources and reconstructions carried out by historians in hindsight, do the two coincide or are the latter the result of re-readings based on retrospective diagnosis? What was the relationship between gangrenous and convulsive forms of ergotism and how were they actually described by the physicians of the past?

By moving away from historiographical preconceptions, we can instead focus on an accurate reading of past written sources about the disease called Saint Anthony's Fire.