



CHAPTER 4

The Religious Experience of Ill Health in Late Sixteenth-Century Italy

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INTRODUCTION

In the autumn of 1597, a Tuscan friar named Giovanni Bronsius ate a plate of *maccheroni* that was offered to him in the *osteria* of a bath. Sometime afterwards, he started to feel very ill. He went to see several physicians, who administered medicines but could not heal his condition. Months later, he had become even more infirm, being unable to get up from his bed and feeling terrible pain and discomfort everywhere in his body.¹ Two years later, some 50 kilometres south, a Roman cleric by the name of Marcello Ferro also encountered an unfortunate dish. He ate a fig, but soon sensed bitterness in his mouth and started to worry that something was amiss. He spat out the fig, but he still ended up in bed with stomach pains and constant vomiting. He received help from a physician

¹Vatican City, Archivio della Congregazione per la Dottrina della Fede (ACDF), Siena Proc. 4, *busta* 13.

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and had to take medicine for a number of days. Unlike Giovanni Bronsius, at the time he reported his experience, he was fully healed.²

These two narratives of infirmity, portrayed in a religious context, share several similarities as the bodily experience of ill health and medical experience intermingle with lived religion. In other words, they can be analysed as examples of how lived religion was experienced through a body, and how bodily experience formed and shaped lived religion and religious experience of an individual and even of a community.³ As argued by Meredith McGuire and Jacalyn Duffin, among others, in the pre-modern period, “medicine” and “religion” were not separated in the way they are in our modern, Western societies; instead, they were two parallel and adjacent belief systems that influenced each other and played a role in the ways people interpreted their bodily experiences.⁴ Therefore, illness in the early modern period was not just a bodily state but a religious experience and a period when the sufferer’s faith was tested.⁵

In the early modern construction and investigation of religious phenomena, religion and medicine often went hand in hand. This was also the case with Giovanni Bronsius and Marcello Ferro. The modern reader’s knowledge of their illnesses is based on inquiries done with papal authority, conducted by officials of the Roman Curia. In both cases, their primary goal was to investigate people’s bodily and religious experiences and interpretations of them, and to find possible juridical proofs for these interpretations. Both inquiries played a significant role in the campaigns of the Catholic Reformation Church. There was, however, one big difference. Fra Giovanni interpreted his illness and its incurability as a result of malevolent witchcraft conducted by a local woman, Cassandra di Marco Pieri, and the case was investigated by the Siena tribunal of the Holy Office of the Inquisition.⁶ Marcello Ferro, on the other hand, did not view his infirmity as being caused by any magic. He equally viewed the condition

² *Il primo processo per San Filippo Neri*, Vol. III, 62–64.

³ See Katajala-Peltomaa and Toivo, *Lived Religion and Gender*, 13, who specify that experience is “based on both observation and interpretation, and while always communicated between humans, it is created not merely in language; it is an essential part of social reality.”

⁴ Duffin, *Medical Miracles*, 190; McGuire, *Lived Religion*, 131–37.

⁵ See also Sawday, “Self and Selfhood in the Seventeenth Century,” 39.

⁶ The ACDF, formerly known as Supreme Sacred Congregation of the Roman and Universal Inquisition, was called the Supreme Sacred Congregation of the Holy Office between 1908 and 1965. The congregation, as well as the archive, got its modern name after the Second Vatican Council, and the archive has been open for scholars since 1998.

as being incurable by human means, but attributed the eventual cure to the merits of St Filippo Neri (1515–1595). His healing was recorded in Neri's canonization process.⁷

The interplay of medicine and lived religion is part of the phenomenon named “medical pluralism” that was prevalent in late medieval and early modern societies. It was a synchronized attitude towards healing and the interpretation of illnesses and disabilities. Bodily or mental infirmity could be the result of an imbalance of the humours, caused by accident, witchcraft, demonic presence, or God's punishment—or by some or all of them. At the same time, a patient could choose from a wide array of healing methods, including what we might label “medical” and “religious” options, such as the help of physicians, surgeons, apothecaries, charlatans, folk healers, exorcists, and saints.⁸ Furthermore, one healthcare provider could have varying roles. Living saints could perform rather mundane medical operations, and someone accused of witchcraft could be called *medica*, a (female) physician.⁹ How the patient and their communities decided on the healing options or interpretations was not a straightforward or unanimous process but subject to constant negotiations between the members of the local community, and often with medical and/or Church authorities.

Sociological and historical studies on disability have since the 1960s and 1970s been rather unanimous that the views and attitudes of a society are a crucial factor in the experiences of those with bodily or mental illnesses and impairments. Nowadays the preferred theoretical framework in historical studies is the cultural model of dis/ability, which sees “impairment” and “illness” as fluid and culturally defined, and “dis/ability” as a cultural construct.¹⁰ It is obvious that in pre-modern societies,

⁷The investigation into Filippo Neri's life and miracles began only three months after his death. Between 1595 and 1612, testimonies were collected and evaluated in several phases, mostly in Rome but also “extra urbem.” Filippo was beatified by Paul V in 1615 and canonized by Gregory XV in 1622. See Incisa della Rocchetta and Vian, “Introduzione,” V–XIV.

⁸See Gentilcore, *Healers and Healing*; Park, “Medicine and Magic.” See also Jütte, ed., *Medical Pluralism*.

⁹See Kuuliala, “The Saint as Medicator”; O'Neil, “*Sacerdote ovvero stregoni?*”; Di Simplicio, *Autunno della stregoneria*, 146–47.

¹⁰These studies have been largely influenced by the social model of disability which separates “impairment” as a factual state from “disability” which is created by the marginalizing attitudes and practices of the society. Especially during the past decade, this view has also been criticized. For the cultural model and pre-modern disability history, see Frohne, “The Cultural Model of Dis/ability,” and also Eyler, “Introduction.”

religion—and lived religion in particular—played a crucial role in the ways any problems or variations in health or functional abilities were viewed, experienced, and treated. These mechanisms were inherently interlinked with the bodily experience. Here the concept of “lived body,” worded by Meredith McGuire, is of vital importance. She has pointed out the importance of the body for the study of religion, writing that the “lived body” is “our vehicle for perceiving and interpreting our world.”¹¹ B. Hughes and K. Paterson had a similar starting point in their criticism towards the social model of disability. They wrote that “[t]he impaired body is a ‘lived body’” and that “impairment is experienced in terms of the personal and cultural narratives that help to constitute its meaning.”¹²

In this chapter, I will examine lived religion as a cultural narrative, or a cultural script, that shaped the lived body during a time of infirmity in early modern Italy. What aspects of lived religion created and shaped the bodily and social experience of ill health? What was the role of the canonization or Inquisition process in this construction? The cases of friar Giovanni Bronsius and the cleric Marcello Ferro will act as the examples used in the analysis; therefore, the sections of lived religion and cultural scripts that are focused on are witchcraft and the miraculous. The role of bodily experience was twofold in these trials: the officials of the Church investigated it among other things, while the experiences of bewitchment and miraculous healing had a significant role in initiating the trials. In these processes, a personal experience of ill health was shared and interpreted with the community as well as with the religious authorities, while the community and the authorities also influenced and even controlled the meanings given to it.

Both phenomena—the veneration of saints and belief in witchcraft—belong to the same medico-religious milieu of the period and both were areas that the Church sought to control and renew. The canonization of saints had been a papal prerogative since the early thirteenth century.¹³ During the inquests, laypeople, clerics, and monastics were interrogated about the putative saint’s life and deeds in order to find out if the holy person in question truly was a saint. In the early modern period, especially

¹¹ McGuire, “Religion and the Body,” 284.

¹² Hughes and Paterson, “The Social Model of Disability and the Disappearing Body,” 334–35.

¹³ For the medieval process, see Sari Katajala-Peltomaa’s article in this volume.

in the aftermath of the Council of Trent, the Catholic Church sought to renew the practices of investigating sainthood. Among the most important reforms were the founding of the Sacred Congregation of Rites (*Sacra Rituum Congregatio*) in 1588 and the office of the *promotor fidei*, active since 1631.¹⁴ The process of St Filippo Neri was still conducted largely in “medieval” terms, with a great number of miracles and witnesses, who were given a relatively large amount of freedom to recall their memories.

Like the canonization of saints, investigating and condemning witchcraft had its roots in the Middle Ages. The largest Italian witch-hunts occurred in the northernmost and Alpine regions of the peninsula in the late fifteenth and early sixteenth centuries. The documents of these trials have mostly been lost. In the mid-sixteenth century, Protestantism came to be seen as the biggest threat to the Catholic Church, and in 1542, Pope Paul III founded a special committee for managing the prosecution of heretics: the Holy Office of the Inquisition, often called the Roman Inquisition to distinguish it from the Spanish one.¹⁵ Its six members had absolute control over the forty-five local tribunals. Initially, the trials of those accused of magic and witchcraft were a rarity, but in the aftermath of the Council of Trent, there was a shift. As the threat of Protestantism lessened and the Catholic Church sought to control and renew the laity’s religious practices, controlling and limiting the use of supernatural powers and superstitious beliefs became more important. At this time, the prosecution and investigation of magic as a form of heresy became more common again.¹⁶

Compared to the secular courts in charge of the witchcraft prosecutions north of the Alps, the Roman Inquisition had a cautious attitude

¹⁴The process also became two-phased: first there had to be an “ordinary” process, usually conducted by the local bishop, and if that was accepted in the curia, there was the second, “apostolic” hearing, conducted under the authority of the Pope. For these developments, see Burke, “How to Be a Counter-Reformation Saint?”, 49–51; Copeland, *Maria Maddalena de’ Pazzi*, 9–10; Ditchfield, “How not to be a Counter-Reformation saint.”

¹⁵Paul III’s bull *Licet* ab initio, dated 21 July 1542. His intention was to take control over the local inquisitions and their erroneous actions. For a summary of the development, see Aron-Beller and Black, “Introduction.”

¹⁶For an overview of the developments in the Church’s thinking about witchcraft and the developments in Italy, see Duni, *Under the Devil’s Spell*; Kallestrup, *Agents of Witchcraft*, 13–28; Seitz, *Witchcraft and Inquisition*, 13–76. For the organization of the Roman Inquisition and its communication with the local tribunals and authorities, see Fosi, “Conflict and Collaboration.”

towards witchcraft. It did torture alleged witches and would consciously ignore trials and executions of witches that were sanctioned by local courts in order to secure their collaboration. However, few people faced the actual threat of execution: public repentance and acts of penitence were much more common forms of punishment, and studies suggest that making amends with the Church was also the preference of the accused.¹⁷ Furthermore, the Roman Inquisition acted according to a strict set of rules and was by no means trying to force the accused to admit to demonic pacts or witches' sabbaths. Instead, material evidence, physiological symptoms, and other concrete signs were the kinds of evidence they sought.¹⁸

Based on the preserved documents, it is impossible to make far-reaching statistical analyses about how often people living in Italy at the turn of the seventeenth century considered their infirmities to be healed by saints or caused by malevolent witchcraft. While healing miracles were abundantly investigated in canonization inquests, harmful magic to make another person ill is not the topic in the majority of (preserved) denunciations,¹⁹ and the "operative" handling of witchcraft is mostly elusive to us.²⁰ Instead, the documents studied here offer a window onto the formation and reporting of the experiences of ill health and healing within the sphere of lived religion, and onto the ways an infirm body was lived in the religious context.²¹

¹⁷ Duni, *Under the Devil's Spell*; Kallestrup, *Agents of Witchcraft*, 7, 31–32.

¹⁸ Seitz, *Witchcraft and Inquisition*, 43.

¹⁹ Accusations of love magic, divination, and so on are more common. In general, it turns out that those residing in urban areas accused other people of making them ill by means of witchcraft more rarely than those living in the rural areas. Di Simplicio, "On the Neuropsychological Origins of Witchcraft Cognition," 522. Di Simplicio, *Autunno della stregoneria*, 60, has calculated that *maleficio* was involved in 16% of the cases investigated by the Siena tribunal. In Venetian inquisition records, the accusation was also depending on the person's social status. Witchcraft, including harmful *maleficio*, was mostly performed by women from lower social standing, whereas elite men were accused of natural magic. Seitz, *Witchcraft and Inquisition*, 12, 59–60.

²⁰ Oscar Di Simplicio defines the term "operative handling of witchcraft" as the informal system of controlling witchcraft and the existing counter-forces of witches within local settings outside witch hunts. Di Simplicio, "On the Neuropsychological Origins of Witchcraft Cognition," 509.

²¹ For a summary of recent methodological discussion on early modern Italian Inquisition trial records, see for example Kallestrup, *Agents of Witchcraft*, 5–8.

ACQUIRING THE INFIRMITY

In October 1598, the Siena tribunal of the Holy Roman Inquisition²² arrived at the house of a man called Ludovico in Città della Pieve. The reason for their arrival was the interrogation of Ludovico's brother Fra Giovanni Bronsius, which initiated the trial against Cassandra di Marco Pieri from San Quirico d'Orcia in Tuscany, located circa 35 kilometres southeast of Siena. Usually the tribunals of the Inquisition did not act in such a manner, but this time an exception was made because Giovanni was bed-ridden and "greatly ill" (*valde ergotante*). This was also the reason why he no longer resided in his convent of San Franco in San Quirico d'Orcia. Typically, trials were initiated by a denunciation sent to the Inquisition, but Fra Giovanni was unable to write because of his condition. His testimony does, however, resemble one, as it includes a lengthy accusation and the grounds for it. The amount of questioning from the inquisitor is also relatively small.²³

The Inquisition's first question concerned the time and manner in which Giovanni acquired his condition, and his reply about his goings-on with Cassandra is very detailed.²⁴ This is one of the instances where Inquisition trial records significantly differ from canonization records, as the two records frame the infirm, lived body with differing emphases. For those whose conditions were healed by a saint, the aetiology was rarely part of the recorded narrative. When the cause was witchcraft, the situation was obviously quite different, as the malevolent act was precisely the lens through which the painful experience was formed and investigated.

The way Giovanni acquired his illness already places his lived body at the centre of negotiations regarding various healing activities. His narrative starts at Bagno Vignone, a bathing location in the hamlet of San Quirico d'Orcia near his convent. One day in the previous June when he

²²The documents of the Siena tribunal are among the five complete archives of those preserved in Italy, with records from between 1580 and 1721. Originally, there were forty-five provincial tribunals. Besides Siena the archives of Modena, Aquileia, Venice, and Naples are preserved. Herzig, "Witchcraft Prosecutions in Italy," 253. For the Siena collection, see Di Simplicio, *Autunno della stregoneria* and *Inquisizione, stregoneria, medicina*.

²³The denunciation could be done orally, or be delivered as a written document. Seitz, *Witchcraft and Inquisition*, 45. The records (ACDF, Siena Proc. 4, f. 565r) state: "in qua quidem domo reperit eiusdem fratrem Johannem valde ergotante et in lecto iacente ita qua per se ipsius non potest scribere, et propterea omnia denunciate eius manu faciendo ipsum deceuit examinare propter examinavit modo et forma propter infra f."

²⁴ACDF, Siena Proc. 4, f. 565r.

arrived there, the hostess of a local osteria, Giovanna *alias* La Longa, told him that Cassandra wanted to talk with him, but she did not know why. The following day the two met. Cassandra asked Giovanni if he had brought her napkin/towel (*sciugatore*). Giovanni replied that he had not, and the two ended up having an argument. Later, the inquisitor asked Cassandra to explain the napkin, and it turns out to have been a piece of cloth made of black silk, some type of an amulet or a *breve*, which was used in baptism but was also considered to have healing powers. When interrogating Cassandra, the inquisitor was very keen on obtaining information about the *brevi* she had in her possession. She first explained having received them from a nun, then from capuchin brothers, but later admitted that Fra Giovanni had given them to her.²⁵

After his heated discussion with Cassandra, Giovanni went to the public rooms of the *osteria* and ate a plate of *maccheroni*. He did not remember who had brought the plate to him, but he did not see Cassandra again that day. According to the hostess, Cassandra prepared the *maccheroni* as she was working in the establishment.²⁶ Right after finishing his dish, Giovanni started to feel pain in his stomach, which, in the course of the following days and weeks increased and took over his whole body. At some point during this time, and presumably caused by the doctors' inability to help him (discussed below), Giovanni started to blame Cassandra for his situation. It is not revealed how his firm suspicions came to the knowledge of the Inquisition. In general, however, a witchcraft trial had to include a culprit and the motive, and the act itself had to be proven, and these were supposed to be investigated already before the accused was interrogated.²⁷

How and why did Fra Giovanni end up blaming Cassandra for his infirmity? Witchcraft—like the miraculous—can be seen as a way to make sense of traumatic or unexplainable experiences. Witchcraft turns the meaningless coincidences of the natural world into something that one can grasp—that is, a social world. Therefore, in addition to getting an explanation, the victim gained an enemy, a target for his or her fear and anger.²⁸ Malevolent

²⁵ ACDF, Siena, Proc. 4, f. 588r.

²⁶ ACDF, Siena Proc. 4, f. 569r.

²⁷ Kallestrup, *Agents of Witchcraft*, 29–30, also writes that the late-fifteenth-century influential *Instructio pro formandis processibus in causis strigum, sortilegiorum et maleficiorum* warns that the inquisitor should *not* allow the victims of witchcraft to point out the alleged culprit themselves; if they really were bewitched, they would be under the Devil's power.

²⁸ Kounine and Ostling, "Introduction," 10.

witchcraft was a cultural script that had existed since the Middle Ages. It was not a top-down phenomenon, but like lived religion in general, formed as a social and cultural process where the interpretations of communal and individual occurrences influenced the more learned discourses and controlling mechanisms, and vice versa. Being poisoned was part of that script, as the difference between it and witchcraft was not always clear.

Being bewitched was not a label that was automatically forced on experiences of illness occurring after arguments like Giovanni had with Cassandra, nor did the victims blame their community members randomly. Although they may have invented parts of their narrative, the narratives had to be full of cultural truths in order to be legally convincing.²⁹ Food as a means of bewitchment was commonly known.³⁰ Furthermore, Cassandra's person and reputation fit in the script of witchcraft accusations. Giovanni explained that one reason for his suspicion was that Cassandra had the reputation of having done such *malie*. He also said that others could testify about her reputation as she was called a "woman of a bad life" (*donna di mala vita*),³¹ although she was married. This was a derogatory term used of women who were considered to have a low moral and social status, and they often appear as the accused.³² In the first seventy years of the records of the Siena tribunal, between 1580 and 1650, 71% of the accused were women.³³ There was no correlation between gender and witchcraft, and men—and even clerics—were accused of practicing *maleficio* as well,³⁴ but in the region of the Siena tribunal, women were accused of the crime more frequently. In Cassandra's case, it is noteworthy that she is not called a "true witch," *strega*, in the document; instead she was accused of *maleficio* and having superstitious objects in her possession. During the trial, she was imprisoned and tortured, but she was ultimately acquitted on 3 February 1599, with the obligation to present herself to the Inquisition every time she was requested to do so.³⁵

The apparent contradiction between Fra Giovanni's status as an educated, elite clerical male and the argument he had with a woman like

²⁹ Kallestrup, *Agents of Witchcraft*, 8.

³⁰ Seitz, *Witchcraft and Inquisition*, 69, 213.

³¹ ACDF, Siena, Proc. 4, f. 568v.

³² Kallestrup, *Agents of Witchcraft*, 94.

³³ Di Simplicio, *Autunno della stregoneria*, 59.

³⁴ For masculinity and witchcraft see, for example, Rowlands, ed., *Witchcraft and Masculinities*; Toivo, "Male Witches."

³⁵ ACDF, Siena Proc. 4, *busta* 13.

Cassandra over a dubious religious object undoubtedly played a role in the way he interpreted his illness. Both explained that Cassandra had been a servant making bread for Giovanni's convent, and Cassandra also said that she had "greater affection" for Fra Giovanni than for her husband, as the former always gave her good advice.³⁶ The exact nature of their relationship cannot be deduced from these statements, as Fra Giovanni may have wished to downplay their intimacy and Cassandra portray them in very amiable terms, but it is nevertheless obvious they had known each other for quite a while. Their relationship was by no means that of two equals, either in the secular or the religious sense of the word.³⁷

The argument about the *brevi* adds another layer to Giovanni's interpretation of the course of the events. In his study on Venetian Inquisition records, Jonathan Seitz has concluded that the Franciscans "tolerated a more mystical outlook" than the Dominicans did, and especially the Observant branch received criticism from the Roman Inquisition for their suspected magical practices. Furthermore, the Holy Office issued several orders that commanded the Franciscan friars to hand over the magical objects they possessed.³⁸ Again, the testimonies do not give evidence of what really was going on with the amulet. It is, however, intriguing that an object that seems to have held an important religious meaning—also in the sphere of healing—for the community prompted the events that made Giovanni ill.

A seemingly similar onset of infirmity with a completely different explanation was given by Marcello Ferro, who testified in 1610 in one of the several canonization inquiries of Filippo Neri, the founder of the Oratory of Rome.³⁹ Among Marcello Ferro's long witness account was a testimony of his own miraculous experience. A year earlier, in September 1599, he was residing in the house of the Minim brothers of Trinità delli Monti in Rome. The house had a garden where figs grew. One morning, a woman who was serving Marcello had her daughter Maddalena da Ricci bring him

³⁶ ACDF, Siena, Proc. 4, f. 566v; f. 583v: "Io gli portavo maggiore affettione che il mio proprio marito, perché lui sempre mi ha dati buoni consigli."

³⁷ For witchcraft accusations and power relations, see Toivo, "Marking (Dis)order."

³⁸ Seitz, *Witchcraft and Inquisition*, 224–25.

³⁹ *Il Primo processo*, vol. III, 39–74; he had also testified in 1595 (*Il Primo processo*, vol. I, 77–91). The significance of Marcello's testimony especially pertaining to the use of images in the processes of the period is discussed in Ruth S. Noyes, *Peter Paul Rubens and the Counter-Reformation Crisis of the Beati moderni*. London and New York: Routledge, 2017.

a plate of figs. He took one fig, and after finding out it was good, took a second one. This time he sensed great bitterness.

According to Marcello's testimony, the fruit looked fine despite the bitter taste, which was why he decided to eat it. He also stated that he had sometimes tasted bitterness in food but it had done him no harm. However, soon he was inspired by the voice of Filippo Neri to spit the fig out. Despite doing so, he still sensed bitterness in his mouth as well as breathlessness, and so he threw himself onto his bed. Then he suddenly vomited half a basin of yellow, viscose, bitter, and toxic-like liquid. He was medicated for quite some time until the stomach pain and other symptoms disappeared, and the physician Baldassare who gave him the medication told him that the fig had been poisoned.⁴⁰

Marcello's testimony concerning his miracle is much shorter than that of Giovanni Bronsius. It is, however, exceptional in the genre because of the importance it gives to the reason of his illness; as mentioned above, the reason for infirmity was typically of secondary importance. Marcello told the auditors that he had asked Baldassare how the fig could be poisoned, which does not reveal if he had any suspicions about the two women's role at this point. The physician told him that in the garden where the figs grew, there was an old wall. Venomous frogs lived near it and must have injected their poison into the fig.⁴¹ Marcello appears to have accepted the doctor's opinion. After all, frogs were considered to be a common source of poisoning, and antidotes for their poison were described in medical manuals. Poison was commonly feared in the period. The reason for this was that it worked in a similar manner to witchcraft, and demons could even possess a human body through poison.⁴² Here, poison became evidence of a different cultural script compared to that in Giovanni Bronsius's narrative.

If Marcello had any suspicions about the origins of the poison, they were not recorded. Perhaps he simply saw no reason to accuse the two women, particularly as a physician gave him a purely scientific explanation. If he had had to figure out the reason by himself, or if the physician had been unable to explain why the fig made him sick, the situation might have been different. Furthermore, it is not certain that even if Marcello had thought he had been poisoned on purpose, it would have ended up being

⁴⁰ *Il Primo processo*, vol. III, 63–64.

⁴¹ *Il Primo processo*, vol. III, 64.

⁴² Gentilcore, *Healers and Healing*, 103–04; see also Gibbs, *Poison, Medicine, and Disease*.

recorded in his testimony. Witchcraft as a cause for illness to be healed by a saint is not a non-existent phenomenon, but such miracles appear as rare, individual cases in canonization processes and miracle collections. In the vast documents of Filippo Neri's inquests, there is only one miracle where such a reason for illness was given, that of a woman named Lucrezia Cotta.⁴³ Marcello did not choose this kind of a framework for his experience. His reasons were primarily rooted in medical science, but presumably there was nothing in the reputation of the two women that would have given grounds for another interpretation.

PAIN, MEDICINE, AND HEALING

In both cases analysed in this article, the way bodily sensations were interpreted was deeply intertwined with religious and medical methods. Meredith McGuire has written that "illness' is a disturbance in body processes or experience that has become problematic for the individual."⁴⁴ This was quite literally so in the premodern period as well, given that according to the medical ideas of the time, all infirmities were caused by a problem in the balance of the humours. When the cause of infirmity was witchcraft, the disturbance in body processes was even more profound, as one person's bodily disorder was proof that something was amiss in the community. This connects "suspicious" bodily disorders directly with lived religion.⁴⁵ Bodily experiences like Fra Giovanni's had significance in a wider communal setting—after all, there had to be a common reputation about the situation before the Inquisition would investigate the accuser's experiences.

Giovanni's testimony portrays the interpretation of his bodily experience shifting from the medical to the religious. These two intermingled scripts were the ones he could choose from when trying to make sense of what was happening to him. This intermingled nature of religion and medicine was not new to the Catholic Reformation period, but medical science's importance in the investigation of religious phenomena grew even greater than before. In the proceedings of the Holy Office, physicians' advice was sought to make sense of the events—this pertains to both

⁴³ *Il primo processo*. Vol. III, 112–13, 123–25, 392–93.

⁴⁴ McGuire, "Religion and the Body," 286.

⁴⁵ This is also inherent in cases of demonic possession. See Katajala-Peltomaa, *Demonic Possession*, 1–2, 181–82.

the people writing denunciations and to the inquisitors seeking evidence.⁴⁶ In *maleficio* cases, physicians' inability to recognize the illness and/or to provide treatment could denote witchcraft as its cause. This was not, however, always as straightforward as it sounds. In general, illnesses that were of a supernatural origin could not be treated by human means, although physicians (and laypeople) were well aware that there were also natural illnesses that were incurable.⁴⁷

After Fra Giovanni's stomach issues had lasted for some days, he sought a solution from physicians. This is the part of his narrative where he took an active role as a patient, the other instance being his (unspecified) decision to address the Holy Office. The medical men suggested that he should go to San Casciano. This probably refers to San Casciano dei Bagni, a popular location with healing waters situated circa 30 kilometres south-east from Quirico and bordering Fra Giovanni's hometown of Città della Pieve.⁴⁸ Physicians there suggested purging and drinking the healing waters, which Fra Giovanni did, but these routines did not help. Instead, his condition got worse day by day, and the *medici* did not understand what was wrong with him as they had "never seen anything like it."⁴⁹

If there were any suspicions about the origins of Fra Giovanni's illness at this point, they were not prevalent or the physicians had been unwilling to state their opinion. This might indeed be the case, as in his analysis of Venetian cases, Jonathan Seitz has discovered that testifying physicians were unwilling to step beyond the borders of the natural.⁵⁰ Nevertheless, the treatment and their inability to help indicated in Giovanni's testimony that there was reason for a suspicion to be formed, and at least these aspects excluded the possibility of a curable, natural illness. Interestingly, in her testimony Cassandra said that she had heard that Giovanni got ill only *after* having taken the waters of San Casciano.⁵¹ Although this may

⁴⁶Seitz, *Witchcraft and Inquisition*, 23–24, also points out that historians have traditionally been more interested in the relationship of witchcraft and medical science in the learned discourse than in the level of practice and everyday life.

⁴⁷Seitz, *Witchcraft and Inquisition*, 167; see also Katajala-Peltomaa, *Demonic Possession*, 82–84, for doctors and spiritual illnesses.

⁴⁸In a book published in 1558, the physician Andrea Bacci writes that the hot waters of San Casciano are, for medical use, the "most praised in Italy" (*le piu lodate in Italia*): Bacci, *Del Tenere della natura*. On Bacci, see Long, *Engineering the Eternal City*, 25–27.

⁴⁹ACDF, Siena Proc. 4, f. 566r: "il mio male i Medici ad l'hanno mai potuto conoscere."

⁵⁰Seitz, *Witchcraft and Inquisition*, 166–167.

⁵¹ACDF, Siena, Proc. 4, f. 565v.

just have been her attempt to defend herself, it highlights the varying communal interpretations that formed the *fama*.

In Marcello Ferro's case, healing and the formation of his overall experience overlap even more profoundly. In canonization inquests, the physician's most crucial role was to bring a scientific background to the alleged miracles and to prove that the cure could only have been possible because of a saintly intervention.⁵² In the established script of a miracle, the future beneficiary turned to them first and invoked the saint when medical practitioners could not help. In Marcello's case, the order was different. At the moment when he sensed the bitterness in his mouth, he happened to be in his room, in front of an oil painting representing Filippo Neri. He looked at the painting, and suddenly heard the holy man's voice saying "spit it out, spit it out." After doing so, he wiped the inside of his mouth and flushed it four or five times with water. Precisely this command of Filippo Neri was the miraculous part of Marcello Ferro's illness and healing, which is in itself an illuminating example of the multifaceted nature of experiences that could be interpreted as miraculous.

The formation of Marcello Ferro's view regarding his illness was, at least in the way he presented it to the auditors, born of his interaction with Baldassare the physician, who was also the physician of the Minim friars Marcello was visiting. Baldassare made Marcello take theriac and *bel-zuarrow*, and, as already mentioned, informed him that the fig must have been poisoned. Marcello also testified that he had immediately told Baldassare about Filippo Neri's command, and the physician was greatly astonished (*restò meravigliato*) by this information; according to him, Marcello had every reason to thank Filippo, because had he not spat out the fig, he would have died, as there was nothing left of the fig except for perhaps a tiny amount in his saliva, and yet it made him very unwell.⁵³

Marcello's motivation for emphasizing his intercourse with Baldassare was undoubtedly a way to convince the auditors. However, the physician's authority also helped in forming his own interpretation. The voice Marcello had heard and the interpretation of the events formed in the course of the interaction were the key moments that turned his acute

⁵² See Duffin, *Medical Miracles* and for physicians examining saints' bodies, Bouley, *Pious Postmortems*. In the Middle Ages, physicians already testified in canonization processes as well as in cases under investigation in secular courts, such as murder investigations. See Lett, "Judicium Medicine and Judicium Sanctitatis"; Ziegler, "Practitioners and Saints."

⁵³ *Il Primo processo*, vol. III, 63–64.

illness and recovery into a miracle. Or, to put it in another manner, these were the key elements that made the cultural script that explained and structured Marcello's experience a miraculous one. That he still had to take medicine for some days until he was fully healed was no longer important. The warning of the saint provided the physician a way to successfully complete his task and gave Marcello an opportunity to recover.

In the field of disability history, pain has often been overlooked. This may partly be due to the influence of the social model of disability, which has shifted the scholars' view away from the body and to the structures of the society. Partly, however, the problem has been the elusive nature of pain, as recognized by several scholars in the field. Everyone knows of its existence, but the experience of acute or prolonged pain and its influence on the everyday life of the sufferer are difficult to access.⁵⁴ This does not mean, however, that those investigating early modern miracles or witchcraft would have been insensitive towards pain or that they would not have considered it important. Pain was frequently reported as one of the symptoms that the saints of the period healed, and it was one of the proofs for malevolent witchcraft. Pain was, after all, the first and foremost symptom of most illnesses and of many impairments, and it denoted all kinds of unpleasant sentiments.⁵⁵

The ways pain is experienced, communicated, and responded to are greatly influenced by the personal experience of pain and suffering as well as observing them. Therefore, although the sentiment itself may be the same, our reactions to and conceptualizations of it vary.⁵⁶ The pain felt by Giovanni and Marcello thus both unites and separates their experiences. The primary indicators that something was amiss, the stomach-ache and vomiting, were similar, but their cultural interpretation varied. Vomiting and stomach-ache could be a symptom of a natural illness, or as in the case of Marcello, the sign of a digested harmful substance. At the same time, vomiting was commonly associated with infirmities caused by witchcraft, as it suggested the corruption of the body.⁵⁷ These varying interpretations are examples of how early modern descriptions and understandings of

⁵⁴For this discussion, see for example Petridou, "The Lived Body in Pain," 239–40.

⁵⁵Newton, *Misery to Mirth*, 98–99.

⁵⁶See Boddice, *Pain: A Very Short Introduction*, 3; Petridou, "The Lived Body in Pain," 241–42.

⁵⁷Seitz, *Witchcraft and Inquisition*, 67–68, also points out that one reason for this was that it was the exact inversion of the idea of the incorruptibility of saints' bodies. Vomiting is also often reported as the aftermath of exorcism, as the patient threw up suspicious objects that had been inside their bodies.

bodily sensations and pain were largely corporeal and physical, yet could create and absorb meanings—which often were religious. In the words of J. F. van Dijkhuizen and K. A. E. Enenkel, “it is precisely through the importance of the body in the early modern notions of pain that the cultural dimensions of pain become clear.”⁵⁸

The duration of the two clerics’ infirmities differed greatly. Marcello Ferro’s illness was short-lasting before his cure. He described his vomiting in detail and stated that the poison caused him “great suffering” (*gran travaglio*). The antidote helped soon, however, because “in order to make sure that he would live,” the physician told him to take it “for a few mornings.”⁵⁹ Fra Giovanni’s situation was the complete opposite. In principle, the antidote to witchcraft was provided by an exorcist. If Giovanni had looked for help from one of them, that had not helped him; this part of his experience is out of reach. Successful religious healing could, however, be a part of the experience of witchcraft as well. A woman called Margarita testified in a trial conducted by the Siena tribunal in 1583–1588 against Angelica di Gherardo and her daughter, Antea, from Roccastrada. She stated that Angelica had bewitched her by the order of the mother of her husband’s first wife. She also acquired an infirmity, the main symptom of which was her inability to stand her husband or wear her wedding ring. Here too the experience of bewitchment was very corporeal, as she explained having suffered, feeling like being suffocated when wearing the first wife’s clothes, and felt ill the whole day if she encountered Angelica and Antea. Her infirmity was removed by *frater* Andromacho, apparently in the ritual of exorcism. While she was still worried that something ill would happen to her, the exorcism removed her pain and restored order within her family. This healing was an important part of the inquisitorial narrative, as a remark of it was recorded in the beginning of her deposition.⁶⁰ Furthermore, as mentioned above, there is a smallish selection of

⁵⁸ Dijkhuizen and Enenkel, “Introduction: Constructions of Physical Pain,” 5.

⁵⁹ *Il primo processo*, vol. III, 64: “Et, per assicurarmi della vita, volse il detto medico, che, per alcune matine, io seguitassi a pigliare alcune prese di triaca.”

⁶⁰ ACDF, Siena, Proc. 17, f. 627v–29r: “che dica il caso della sua infirmità, e malia che più anni sonno li fu fatta, et che mediante l’aiuto di Dio e per opera di frate Andromaco et altri ministri della sancta chiesa fu liberata.” Most witnesses in the trial accused Angelica of bewitching their children; reportedly, she also took money for healing them.

miracles in hagiographic sources of the period where a saint is reported as having healed an infirmity caused by bewitchment.

In the absence of healing, Fra Giovanni's testimony is thoroughly coloured by his ongoing suffering, and it gives a very detailed and corporeal account about it. He testified that he felt he could not live: he found peace nowhere, for three months he could not sleep, he had to go to the "stables" all the time. He was like an "irrational animal," he had "mania," he had pain that moved around in his feet, back, and arms as well as elsewhere in his body without ever ceasing.⁶¹ This did not happen daily but every hour. He also felt "empty" (*vuoto*) in his teeth and could not eat, he was hoarse and speaking was difficult for him, and he could not stay still but felt the need to move constantly, turning around in his bed without finding rest.⁶²

It has been observed that chronic illness and pain alter a person's conception of time, and of the patient's relationship to the past and future. Furthermore, it results in problems of the sense of self, being a bodily reminder that things may never be right again. The damage illness causes is made more profound if it is experienced as being overwhelming or uncontrollable.⁶³ This seems to hold true for Fra Giovanni's account of his ever moving, restless pain that defined his whole existence. Being under a malevolent spell was, in general, a very corporeal experience. At the same time, it is evident that he, like the other witnesses to such cases, knew that listing their symptoms was an important proof, and that *maleficia* could cause an array of symptoms, from death to severe, chronic illness or derangement, or a milder infirmity.⁶⁴ Fra Giovanni mentioned almost every possible component of suffering that was listed in the manuals of the time as being possibly caused by witchcraft. These included symptoms that could be labelled "mental" as well as "physical," giving a fine example of

⁶¹ ACDF, Siena, Proc. 4, f. 566r: "mal'trattato e condotto di maniera tale che non posso più vivere, non potendo io dormire mai già tre mesi e mezzo sono, non posso stare in letto, ne trovo quiete in luogo nessuno, son necessitato tal'volta andarmene nella stalla, et in una stalla dov'è poglio, et cui buttarmi, et stratarmi come un animale irrationale per la gran' mania ch'io sento nella vita mia, ne perciò in detti luoghi non trovo riposo, io sento dolore nelle gambe, il quali in un momento mi si parte, alla schiena, dalla schiena alle braccia, et in altre parti del corpo mio, che mai si ferma in un luogo, ne mi lassa offesa alcuna in quelle parti dove sento il detto dolore."

⁶² ACDF, Siena, Proc. 4, f. 566r.

⁶³ McGuire, "Religion and the Body," 287; see also Kafer, *Feminist, Queer, Crip*, 25–46.

⁶⁴ See Seitz, *Witchcraft and Inquisition*, 60 n.2, 67.

the fluidity of the two concepts.⁶⁵ Perhaps the only wider category of symptoms that he did not include in his statement are the possible functional disabilities like paralysis, which occasionally pop up elsewhere, but at the same time, he was so greatly afflicted that he was rendered incapable of functioning physically.

As for Marcello Ferro, his short-term condition, of which he was already healed, may have been frightening and potentially resulted in a similar situation or—according to the physician—death. In hagiographic texts, prolonged, uncured suffering not experienced by a saint is very rarely recorded. Only in the case of so-called partial cures do we encounter illnesses or disabilities that continued after a miracle. Even then, however, precisely the miraculous moment defined the experienced suffering and gave the beneficiary an ownership of the experience, putting them at the centre of the events.⁶⁶ As a contemporary example, a Roman man Atilius Tinazi testified in Capuchin friar Felice da Cantalice's (1515–1587) inquest that in 1584, he developed great pain in his right shin that prevented him from lying in bed, covering the leg with a sheet, or bearing any weight. Fra Felice's visit healed him—yet six days later, the pain arrived in his left shin and joints. He explained that this pain was not as severe as the first one, and he was grateful that it was “just gout” and not the illness that Felice had healed. He had later some pain in the healed leg as well, but it was not too severe.⁶⁷ Such depositions are very rare and must therefore be analysed with caution. Nevertheless, healing or an alleviation that the beneficiary interpreted as a miracle could change the message that a body in pain delivered. It was no longer a signal that things were not and would not be right, but a signal of quite the opposite. A miracle placed an infirm lived body at the core of lived religion as well, but this time as a sign of grace from the saint. Although the narratives of recovery in miracle accounts were inherently tied to the personal experience and the signs of recovery in one's body, they too were also communally negotiated and the remedy and relief were observed and interpreted by friends and family members, who usually partook in the veneration of the particular saint and could therefore share the religious experience.⁶⁸

⁶⁵ For these lists of symptoms, see Seitz, *Witchcraft and Inquisition*, 135–40.

⁶⁶ For this result of a miracle, see Duffin, *Medical Saints*, 171–72.

⁶⁷ *Processus Sixtinus fratris Felicis*, 192–93; for partial cures in medieval miracles see Kuuliala, “Heavenly Healing or a Failure of Faith?”.

⁶⁸ For the observation of recovery, see Newton, *Misery to Mirth*, esp. 95–98, 112–27.

CONCLUSIONS

The formation of (religious) experience of ill health in early modern Italy was a complex, multifaceted process. This article has discussed the ways lived religion and the cultural scripts that were part of it influenced and created this experience. A central concept in this discussion is the lived body, a body as an experiencing agent that interprets and perceives the world—in this case particularly spiritual events and agents. Lived religion and the lived, infirm body therefore had an influence on each other. While lived religion had an impact on the ways infirmities and bodily crises were perceived and experienced, the phenomena visible on and experienced by a suffering body created, shaped, and accelerated religious processes and phenomena like the miraculous and witchcraft accusations. The experience delivered in the testimonies was the result of a lived religious process that was shaped and accelerated by communal encounters and existing cultural scripts, and formatted in the course of the inquisitorial procedure in the interaction between the witness and those conducting the inquiry.

The two cultural scripts, sainthood or the miraculous and witchcraft, were two sides of the same coin yet very distinct phenomena. Both are, however, examples of the ways the spiritual world demonstrated itself on the human body, as both phenomena were experienced through and by the body. Although not every illness or disability had spiritual origins or was healed by spiritual methods, both scripts fundamentally influenced the ways bodily sentiments could be conceptualized and how the experience of ill health was formulated and constructed in early modern Italy. Pain and suffering were not alien or unexpected to premodern people; rather, in the absence of effective medical methods to alleviate them, they were an ever-present, looming threat in everyone's life that could not be ignored. In other words, they were an important aspect of lived experience in the early modern period; something that each individual and community had to manage and negotiate. Interpreting one's painful experience as being caused by witchcraft or being alleviated by a saint was a way to make sense of and give structure to the bodily and also social disorder that illness and disability could cause.

Religious interpretations of ill health also allowed the patient an active role in taking control of their experience. As lived religion was largely something people *did*, the actions and rituals were inherent to religious experience of infirmity. Looking for help from a saint, an exorcist, or a

spiritual healer, or alternatively reporting one's suffering to the Inquisition were all ways to actively create and distribute religious experience and even take control of the unfathomable. These explanations were partly derived from the physical elements of suffering, and partly from the interaction with one's community that sanctified or even proposed an interpretation. At least in the context of the early modern inquisitorial processes, medical professionals could have a crucial role in the process. At the same time, the inquisitorial demands of a canonization or Inquisition process shaped the interpretation of bodily phenomena. The religious experience of ill health was therefore a process; an experience that was fluctuating and formed gradually as a result of religious rituals and interpretations, communal negotiations, and in the case of people such as Giovanni Bronsius and Marcello Ferro, also in their interaction with Church authorities.

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