Can we discern in the long twelfth century an emerging naturalistic set of beliefs and knowledge about madness in which we can identify recognizable, if embryonic, shades of modernity? Was this when superstitions about demons and divine punishment began to disappear, when we detect miracle giving way to rational explanation? This is a common but far too simplistic view, as far as Claire Trenery is concerned, and derives from our inextinguishable desire to find that straight line which connects something we would like to call madness and its understandings in the past with the thing we like to call madness, or its modern manifestations, today.

Hagiographies, the biographies of saints with the miracle accounts they contain, have become one of the most fruitful sources of knowledge about ideas of mind and body in the medieval and early modern periods. They offer accounts particularly of illness, disease, physical and cognitive disability, and madness. Ronald Finucane’s Miracles and Pilgrims (1977), Peter Brown’s The Cult of the Saints (1981), and Benedicta Ward’s Miracles and the Medieval Mind (1987) are foundational texts that have staked out the territory of the miracle as a historical and literary source, and much has followed since. However, Trenery argues, historical notions of medieval madness have mainly remained mired in simplistic accounts of demonic possession or ahistorical comparisons to modern mental illness. Trenery places herself in the more recent tradition of microstudies of particular aspects of madness in the medieval period, but widens the historiography by comparing sources across the long twelfth century to discern parallels and differences, while emphasizing context, contingency, and the surrounding intellectual and social milieu.

The five chapters, each dealing with a different saint whose miracles involved madness in some way, are arranged chronologically, although Trenery is at pains to point out that while there were some broad chronological shifts in understanding from the late eleventh to the early thirteenth century—what she calls the long twelfth century—changes in thought and characterizations of madness were far from uniform. They varied according to geography, even if little distance separated the monasteries in which the miracles were compiled and could be influenced by local monastic and community culture, the contents of monastic libraries, the inclinations and knowledge of individual compilers, and, often most importantly, local circumstances and events. We should be wary therefore, Trenery warns, of drawing sweeping conclusions about an oft-claimed twelfth-century medieval renaissance in thought, including thought about madness, in
which the supernatural began to cede to the natural. In this account there is no dramatic shift from religious to naturalistic explanations, from magic to medicine, from demons to illnesses, from faith to rationality. For her, contingency is key and we must not be blind to it when we read the miracles. Two compilers working in the same location, writing about the same miracles, close in time to each other, could produce widely differing accounts and explanations of madness. Demonology was not displaced by naturalistic explanations, but co-existed with them.

Chapter 1 describes the late eleventh-century cult of St. Edmund the Martyr in Bury (now Bury St. Edmunds) in the east of England. Two versions of his miracles offer accounts of madness largely represented as punishments for transgressions against the saint, a visible manifestation of the power of God, and Edmund, to punish wrongdoers and to protect the monastic community that supported his cult. Those who disrespected Edmund, such as the Dane who casually leaned on his axe at his shrine, or the cronies of the local baron who tried to usurp the monastery's lands, were driven out of their senses, possessed by demons, or forced into frenzies, and balance could only be restored by the saint's mercy after the transgressor's repentance. Madness is seen here as punitive with both physical and mental effects, a cause of suffering, sometimes requiring restraint, and a warning against transgression.

Chapter 2 covers Thomas of Monmouth’s Life and Miracles of William of Norwich (1154-55), infamous as the world’s first written blood libel against a Jewish community. The Jews of Norwich were falsely accused of violently and ritually murdering the prospective saint, William, a local Christian boy. In William’s cult, madness was seen as illness more than punishment, often provoked by demons, but Trenery notes the violence of the cult’s madness miracles, which often involved high levels of physical restraint. Sufferers eventually cured by William broke their chains, tried to bite and scratch bystanders, shook, had seizures, self-harmed, and had to be violently restrained by several men. This violence was rooted in the savagery of the blood libel, but also reflected a new role for the saint in miraculously curing insane and potentially violent pilgrims brought to their shrine, often forcibly, by concerned family and neighbors.

Chapter 3 explores the cult of St. Thomas Becket in Canterbury, which emerged almost immediately after his murder in 1170 and was enigmatically popular. The two volumes of miracles attributed to Thomas combine, for madness and other conditions, some knowledge of cutting-edge European medical practice with enduring notions of demonic possession. Modern medicine and demonology did not exclude or contradict each other. The cult mostly portrayed madness as non-punitive, a condition or illness to be cured, a product of a disordered mind rather than a malfunctioning heart or brain. It did not represent, however, a full medicalization of madness—demonic possession persisted as an explanation, whatever the methods of cure.

The less impactful cult of Saint Bartholomew in London (chapter 4), overshadowed by the all-consuming juggernaut of the Thomas Beckett cult, offers a more explicit counternarrative to the idea that a process of naturalization, or medicalization, of twelfth-century miracle texts and madness accounts occurred. In this late twelfth-century text demons were the predominant cause of madness, and the cure was a product of a spiritual conflict between saint and demon. The fact that an early hospital was founded alongside St. Bartholomew’s priory in 1123 and survives today as London’s St. Bartholomew’s Hospital does not offer the straight medical trajectory back to the medieval period that some crave.

The final chapter examines three versions of the miracles of Saint Hugh of Lincoln, who died in 1197 and was canonized in 1220. This contains one particularly fascinating miracle narrative, oc-
curring during Hugh’s lifetime, that holds both demonic and naturalistic explanation simultaneously and without contradiction. A madman consumed by acute fever had to be restrained by eight sane men to stop him from devouring his wife and children. Hugh used holy water to exorcise and cure him. As Trenery points out, the miracle narrative gives a naturalistic, medicalized account of the cold water acting against the madman’s hot blood and cooling both his body and his madness, but also juxtaposes the effect of holy water against the unholy demon, resulting in the demon’s expulsion. The cure and the madness were simultaneously spiritual and physical. This was not a medical explanation of madness as we would understand it today.

Trenery’s understated but rigorous analytic style, often pitting highly specific contingency against any attempt to attach a grand narrative to twelfth-century notions of madness, can be deceptive. As in the holy water story, she can suddenly open windows onto vistas that go far beyond the narrations of twelfth-century miraculous events. For example, in the chapter on St. Hugh of Lincoln she points out how the most common sin to be associated with madness by this time, the early thirteenth century, was heresy, or an error of belief. Heretics were seen as mad because their irrationality denied their rational minds the chance to guide them in “correct” behavior. Hugh’s canonization report was drawn up in 1220, when heresy had become a growing concern for the thirteenth-century papacy. Canonization became the exclusive prerogative of the pope, and therefore its rules became standardized, with candidates for sainthood having to conform to specific theological and philosophical precepts. Rationality and true faith thus became entwined, and those who deviated in thought were seen as afflicted with an irrational madness that must be cured, punished, or done away with. This is a mode of thought—thinking differently equates to madness—that has endured, and is discernible in the Enlightenment fetishization of rationalization as truth, the Marxist idea of false consciousness, and Jungian concepts of collective consciousness that fed Fascist ideology. It is intriguing to see the roots of these appropriations of rationality as “right thinking,” in opposition to the madness of dissent and deviance, in medieval framings of the saintly cure of madness. Foucault would have been disappointed to find such notions of the hegemony of rationality in evidence so long before the Enlightenment, in what he preferred to think of as the era of the Ship of Fools.

Trenery is also excellent on the language of madness across this period, and its nuances and complexities. This is another warning from her that we should not mine these texts for nuggets from which to generalize. The language was complex and sophisticated and, if given sufficient attention, highly revealing about the mind, body, and soul and their perceived interrelationships, and the subtle differentiations made between diverse manifestations of madness.

In her conclusion, Trenery suggests that a comparison between the findings of her own study and representations of other conditions in miracle texts would be valuable. Personally, I would like to have seen her engage in this study with, for example, Irina Mezler’s *Disability in Medieval Europe* (2010) and *Fools and Idiots? Intellectual Disability in the Middle Ages* (2016). This would have enhanced the analysis of concepts of madness in counterpoint to other major “afflictions.” Nevertheless, this is a minor quibble. Trenery has produced an acute and insightful book and engages satisfyingly with the complexities of twelfth-century understandings of madness in a sophisticated and convincing way.
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