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Ruth J. Salter’s aim for *Saints, Cure-Seekers and Miraculous Healing in Twelfth-Century England* is as expansive as it is simple: to analyze a select group of *miracula* (miracle narratives) in order to “understand how holy healing was understood, practiced, and experienced” (p. 22). Salter’s choice to center experience is reflected in her choice to center the term “cure-seeker” as opposed to “patient” or “pilgrim.” This term is designed to foreground the importance of recovery to the individual’s motivations, as well as to underline their relative locality. As Claire Trenery points out in *Madness, Medicine and Miracle in Twelfth-Century England* (2019), *miracula* are not medical texts—the challenge, then, is to extract the medical content without anachronistically over-medicalizing.[1]

Breaking away from the likes of Ronald Finucane (to which the work is knowingly indebted in other ways), *Saints* works with a smaller number of cure-seekers (259 in total), with the saints’ cults deliberately selected to allow the most “attentive analysis” (p. 5). The sampling of evidence broadly follows the lead of Eamon Duffy and Robert Bartlett, with Salter establishing trends in (primarily) lay interactions with the saints, while simultaneously getting a sense of local inflections of belief around miraculous cure.[2] These seven cults (Swithun, Dunstan, Æthelthryth, Modwenna, William of Norwich, Æbbe, and James the Greater) all were united in their “monastic emphasis on charity and hospitality,” while their wide geographical spread allows for the analysis of variation on these grounds (p. 4). In order to fully account for the diversity of experience, Salter employs both statistical and textual analysis, compiling categorized tables of ailments/distances/occupations with discussion of precise linguistic choices. These tables of collated and organized data are well presented and easy to parse and could prove a useful resource to researchers in their own right. One caveat is that she relies primarily on published modern editions of manuscripts—while this does not impact on the quality of linguistic and statistical analysis, it would have been valuable for Salter to incorporate some discussion of the illustrative elements of the manuscripts, if only to establish a normative visual baseline.

In Simon Yarrow’s *Saints and their Communities* (2006), he highlights various potential genre-specific issues the historian faces when interpreting *miracula*. One major pitfall, he posits, is interpreting the stories within these collections as transparent accounts of lay religion, hermetically sealed from other sociopolitical influences. Another difficulty is rendering both the protagonists and contemporary readers in a sympathetic light—steering clear of value judgments surrounding...
“superstition,” considering the miraculous on its own terms, and developing what he terms a “relic’s-eye view.”[3] Salter manages to sidestep these pitfalls, recovering cure-seeking experiences with an insightful grace. In the opening chapter, her discussion of the high medieval medical landscape situates these testimonies well, contextualizing them not only in terms of the monastic authors’ probable knowledge, but the probable knowledge of the cure-seekers themselves. Her discussion of manuscript collections, and monasteries as nodes, or recipients and producers of medical knowledge, is particularly cogent. She also considers other influences: the potential influences of the twelfth-century Renaissance, the role of status and labor responsibilities in shaping health, and geographic and seasonal influences on the journey to the shrine itself. Salter’s choice to sequence chapters to mimic the stages of the cure-seeker’s experience is an effective tool in establishing the cure-seeker’s relatability—it explicates and situates the choices they made and the contexts in which they made them. This structure also helps her to integrate the fields which the book straddles: the history of medicine and the study of saint’s cults and pilgrimage.

In chapter 2, Salter’s discussion of the ailments suffered by cure-seekers utilizes Finucane’s linguistically focused symptom-grouping methodology to great effect, managing to avoid retrospective diagnoses while acknowledging the influence of social status on the types of maladies observed. However, when considering the language of affliction, a fuller discussion of the role of pain and palliation might have been a fruitful avenue for further analysis, augmenting the already intelligent treatment of self-cautery and the transformative capabilities of pain at the shrine. Certain other anecdotes that Salter highlights could also have been enhanced by some specific attention to the emotional aspect of the cure-seeking experience. Chapter 3’s mention of Alditha’s embarrassment at her age-related hearing loss, or chapter 2’s discussion of physical objects as comfort aids could have stressed how the relief of shame and anxiety was considered both restorative and linked to better health outcomes.

Chapters 4 and 5 pivot to a more practical approach, detailing the journeys faced by cure-seekers to reach their respective cures. Salter’s meticulous style pays dividends here as she consults other contemporary accounts and plea rolls and analyzes verbs to reconstruct the particulars of travel. In doing so, she creates a full picture, including sites of royal interest, geographical impediments, details of routes and diversions, weather events, human threats of criminality, and the impact of ailments on all of these. Salter thus emphasizes not only the locality but the uniqueness of every journey, inflected with experience of ill-health.

The sixth and final chapter of the volume uses analysis of space and ritual to reconstruct the ultimate stage of cure-seeking experiences. This chapter asks (and answers!) several salient questions: Where within the sacred space were cures taking place? How different was the reception of cure-seekers to that of “regular” visitors to the monastic space? What role did audiences or witnessing play in the completion of a cure? Salter also asks what the cure-seekers themselves would have deemed a cure: “Would this have been a full return to good health, the partial remission of the former complaint, or an easing of any accompanying discomfort?” (p. 202). This questioning of the “picture of health” comes slightly too late in the piece—if there had been greater attention to pain and palliation earlier on, this could have been somewhat avoided. Having said this, Salter’s continued attention to the work of Irina Metzler on impairment does ensure that the “picture of health” question is not entirely neglected. Salter also provides a tantalizing glimpse into further avenues of analysis over the course of this chapter, regarding the managed theatricality of the shrines—encompassing the multisensory nature of the space, the roles of aperture and proximity, and se-
clusion/inclusion. Again, in isolating these themes, the potential for emotion-centered analysis becomes obvious.

*Saints, Cure-Seekers and Miraculous Healing* aims to assess what was "expected, accepted and experienced" in terms of seeking holy cures in twelfth-century England (p. 3). Salter frames her contribution as both an in-depth investigation and a call for further study; what she provides is a masterclass in unpacking all that the rich genre of *miracula* has to offer. This book would be a valuable read for late-stage undergraduate or master's students interested in dissertations on medieval religious and medical history, given its effective demonstration of variegated methodologies.

**Notes**


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