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Miracle Children: Medieval Hagiography and Childhood Imperfection

Medieval miracle narratives, written to promote the posthumous miraculous activities of saints from their shrines, document the stories of pilgrims seeking intercessory aid. They contain much of interest for social historians, historians of medieval medicine, and scholars researching the history of emotions. Those featuring children are a testament to how childhood was less than perfect in the Middle Ages; imperfection was often writ large on small bodies in the form of disease and crippling disability. Although historians of childhood and medicine have made use of miracle stories, they have paid little attention to the hagiographical context that informed descriptions of children in these texts, or to the narrative function of the young protagonists. Like Finucane in his influential *The Rescue of the Innocents*, many social historians primarily treat miracle stories about children as “registers of miracles” and “shrine-side records,” giving insufficient consideration to their underlying religious discourse. Although the socio-historical and medical approaches to miracle narratives yield a wealth of information about children’s lives and health in the Middle Ages, they often fail to consider fully the nature of the medium through which this detail is conveyed.¹

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1 For studies of children in miracle stories, see, for example, Ronald Finucane, *The Rescue of the Innocents: Endangered Children in Medieval Miracles* (Basingstoke, 1997), 2, 55; Christian Laes, “Disabled Children in Gregory of Tours,” in Katariina Mustakallio and *idem* (eds.), *The Dark Side of Childhood in Late Antiquity and the Middle Ages: Unwanted, Disabled and Lost* (Oxford, 2011), 39–62; Eleanor C. Gordon, “Child Health in the Middle Ages as Seen in the Miracles of Five English Saints, AD 1150–1250,” *Bulletin of the History of Medicine*, LX (1986), 502–522; for a survey of other sources, Barbara A. Hanawalt, “Medievalists and the Study of Childhood,” *Speculum*, LXXVII (2002), 446–448, 454–456. Other sociohistorical treatments of miracle evidence include Nicholas Orme, *Medieval Children* (New Haven, 2001), 98–100, 106–111; Shulamith Shahar, *Childhood in the Middle Ages* (London, 1990), 145–148, 148–149.

The aim of this article is to take a less conventional, and more interdisciplinary, approach to childhood illness in miracle stories by reading the sources not only as straightforward historical documents but also as religiously inspired literary texts. Combining literary analysis with approaches from social history and medical anthropology, the article adopts the stance that *childhood* and *imperfection* are culturally constructed concepts. From this perspective, it examines the ways in which miracle stories drew on contemporary moral and religious ideas about children to create an emotionally appealing discourse that served a traditional hagiographical agenda as well as reflected changing attitudes toward children in twelfth-century Europe.

What follows is based on a study of 100 children whose stories are documented in fifteen Latin miracle collections produced in England during the long twelfth century (c. 1080–c. 1200). Although the sample is intended to be illustrative rather than representative, the different collections evince a notable consistency in their portrayal of children. Frequently recurring motifs suggest that medieval writers were tapping into a shared cultural discourse of childhood. This hagiographical construction of children's experiences is what the present article seeks to explore.²

There is some debate among scholars about whether the intended audience for miracle narratives of this period was limited to

2 The fifteen collections examined for this article are "*Alia Miracula Sancti Johannis*," in *Acta Sanctorum*, Mai II, 181A–182A; Arcoid, "*Miracula Sancti Erkenwaldi*," in E. Gordon Whatley (ed. and trans.), *The Saint of London: The Life and Miracles of St Erkenwald, Text and Translation* (Binghamton, 1989); Ato of Ostia (ed. and trans. Paul Anthony Hayward), "*Miracula Inventionis Beate Mylburge Virginis*," *English Historical Review*, CXIV (1999), 543–573; Eadmer of Canterbury, "*Vita Sancti Dunstani Archiepiscopi Cantuariensis*," in Andrew J. Turner and Bernard J. Muir (eds. and trans.), *Eadmer of Canterbury, Lives and Miracles of Saints Oda, Dunstan and Oswald* (Oxford, 2006), 161–211; Foreville and Keir (ed. and trans.), *The Book of St Gilbert*; E.O. Blake (ed. and trans.), *Liber Eliensis* (London, 1962), 263–294; Brian Kemp (trans.), "The Miracles of the Hand of St James," *Berkshire Archaeological Journal*, LXV (1970), 1–19; "*Miracula Sancta Ætheldrethe Virginis*," in Rosalind C. Love (ed. and trans.), *Goscelin of Saint-Bertin: The Hagiography of the Female Saints of Ely* (Oxford, 2004), 96–131; William D. Macray (ed.), *Miracula S. Ivo* (London, 1886), lix–lxxxiv; Michael Lapidge (ed. and trans.), "*Miracula S. Swithuni*," in *The Cult of St Swithun* (Oxford, 2003), 648–697; Prior Philip, "*Miracula S. Frideswide*," in J. Van Kacke et al. (eds.), *Acta Sanctorum*, Octobris (Brussels, 1853), VIII, 567–589; Thomas of Monmouth (ed. and trans. Augustus Jessopp and Montague Rhodes James), *The Life and Miracles of St William of Norwich* (Cambridge, 1896); Robert Bartlett (ed. and trans.), "*Vita et Miracula S. Æbbe Virginis*," in *The Miracles of St Æbbe of Coldingham and St Margaret of Scotland* (Oxford, 2003), 2–67; William Ketell, "*Miracula Sancti Johannis*," in Van Kacke et al. (eds.), *Acta Sanctorum*, Mai, II, 175C–175F; William of Malmesbury (ed. and trans. Michael Winterbottom), *Gesta Pontificum Anglorum* (Oxford, 2007), 498–663.

the monastic community or whether the stories were also disseminated to the laity through oral channels such as sermons. For the purpose of this article, the question of audience is largely irrelevant because the moral imperatives and religious idealism promulgated in the stories were fundamental elements of Christian teaching. They would have been familiar and meaningful to the celibate clergy and family-oriented laity alike, although those with a monastic education were better-placed to understand the traumas of parenting within a religious framework. Since it is possible that some stories may have been told to pilgrims and parishioners with the intention of advertising the benefits of bringing sick children to a healing shrine, some consideration will also be given to how hagiographic descriptions of childhood illness may have evoked emotional responses—such as fear and empathy—in a lay audience.³

Before looking in detail at these stories of childhood imperfection, however, it is necessary to begin with some fundamental definitions. What was meant by the term *childhood* in this period, and what criteria did twelfth-century hagiographers use to identify children in their miracle reports?

IDENTIFYING CHILDREN IN MEDIEVAL SOURCES The span of childhood was defined in the Middle Ages with reference to pre-existing concepts, such as the various life-cycle classifications inherited from the classical world. In twelfth-century Europe, the best-known one was the “Ages of Man,” popularized by Isidore of Seville (c. 560–636) in his *Etymologiae*, which, continuing the numerological approach of his predecessors, describes six chronologically distinct phases of life. Isidore located boyhood/girlhood (*pueritia*) between the ages of infancy (*infantia*) and adolescence (*adolescentia*). In this scheme, *pueritia* begins at age seven and ends at age fourteen, the upper limit signifying the beginning of puberty and the age at which children were considered young adults (*adolescentia*).⁴

3 For a discussion of this debate, see Bailey, “Representations of English Women and Their Pilgrimages in Twelfth-Century Miracle Collections,” *Assuming Gender*, III (2013), 61–65.

4 John A. Burrow, *The Ages of Man: A Study in Medieval Writing and Thought* (Oxford, 1986); Michael Goodich, *From Birth to Old Age: The Human Life Cycle in Medieval Thought, 1250–1350* (London, 1989); Elizabeth Sears, *The Ages of Man: Medieval Interpretations* (Princeton, 1986). Isidore of Seville (ed. Wallace M. Lindsay), *Etymologiae* (Oxford, 1911), I, XI.2:1–8. For general discussions of these life stages, see Goodich, *Birth to Old Age*, 85–96.

Isidore's division of childhood into *infantia* and *puerita*, with its attendant terminology and respective age spans, was a popular way of conceptualizing childhood in the twelfth century, though medieval hagiographers did not necessarily conform to it. Indeed, the ages of *infantia* and *pueritia* show some fluidity in the miracle collections under review. However, for methodological consistency, the present survey follows a standard approach, defining *children* as individuals who fall into the first two of Isidore's life stages, while also taking into account that medieval girls reached the age of consent—no longer considered children—two years before boys did. For the purpose of the the present study, the term *children* encompasses girls until the age of twelve and boys until the age of fourteen.⁵

After establishing a set of parameters for medieval childhood, the next thing to consider is whether it is possible to identify children in miracle stories according to this criterion. At first glance, the answer is “yes”: The children who fall into our infancy and childhood categories are easy to distinguish in the texts, either because their ages are stated or because the standard Latin words for infant (*infans*), boy (*puer*), and girl (*puella*) correspond to Isidore's Ages of Man terminology. Only on rare occasions are non-age-specific labels—such as *virgo* (virgin) or *filius/filia* (son/daughter)—found without further clues to an individual's age group. For the sake of consistency, ambiguous cases are not included in the survey.⁶

Identifying children in miracle accounts is, nevertheless, complicated by the fact that individuals described as *pueri* and *puellae* are also given chronological ages that range well beyond even Isidore's theoretical span of *pueritia*. For example, the anonymous author of *Miracula S. Frideswidæ* includes a *puella* said to be almost sixteen years old and another “of adult age” (*aetate adulta*). Since *puella* is sometimes used synonymously with *virgo* (virgin), the word *puella* may also have been used to imply a single girl of marriageable age. Notably, the majority of chronologically older *puellae* lived at home with their parents, suggesting that *puella* was sometimes adopted as a generic term for unmarried females. A further complication with medieval childhood terminology is that *puer* and *puella* occasionally

5 Isidore's scheme lost some popularity in the thirteenth century to Avicenna's four-age version. Goodich, *Birth to Old Age*, 42, 60–61.

6 The diminutives *parvulus/parvula* (“little one”) or *puerulus* (“little boy”) are also found in the sources.

carry status connotations, and might be used for other dependent adults, such as servants. However, context usually indicates that those described as boys and girls in the stories were juveniles.⁷

CHILDREN IN MIRACLE ACCOUNTS Defining childhood in accord with our infant and child criteria yields a sample of 100 children in the fifteen miracle collections under review. Although the number of children appearing in the stories varies from collection to collection, roughly one-fifth of the total can be classified as children, 53 percent of them female.⁸

It is impossible to know how accurately this male–female ratio reflects actual gendered cure-seeking patterns at medieval shrines. We should assume that hagiographers were selective in the cases that they chose to record and that age-related terminology often signifies guesswork based on the visual assessments of shrine registrars. Nonetheless, the slight predominance of girls in the sample does not support the popular theory that more boys than girls were taken to medieval healing shrines due to sons receiving preferential treatment. Parental favoritism is not an obvious feature in the present study. Moreover, in a rare story of gender bias, parents are said to love a daughter more than their other children.⁹

Whereas the gender of a child was usually recorded in the texts, hagiographers are often less revealing about children's socio-economic status. Those collections that refer to family backgrounds usually include stories of both the very rich and the very poor (see Tables 1 and 2). At the wealthy end of the social spectrum are the

7 Philip, *Miracula S. Frideswidæ*, 578, 574–575, 583; Abbot Samson, *Miracula Sancti Edmundi*, in Thomas Arnold (ed.), *Memorials of St Edmund's Abbey* (London, 1890), I, 178–179. See, for example, Kim M. Phillips, “Four Virgins’ Tales: Sex and Power in Medieval Law,” in Anke Bernau, Ruth Evans, and Sarah Salih (eds.), *Medieval Virginites* (Cardiff, 2003), 94–95; Cordelia Beattie, *Medieval Single Women: The Politics of Social Classification in Late Medieval England* (Oxford, 2007), 79–83. For an example of a puella said to be “nearly an adult” (*pene adulta*), see Eadmer of Canterbury, “*Vita Sancti Dunstani Archiepiscopi Cantuariensis*,” in Turner and Muir (eds. and trans.), *Eadmer of Canterbury*, 168–170.

8 For other statistical approaches to children in hagiographical accounts, see Isabelle Réal, *Vies des saints, vie de famille: Représentation du système de la parenté dans le Royaume mérovingien (481–751) d'après les sources hagiographiques* (Turnhout, 2001); Finucane, *Rescue of the Innocents*.

9 Boys were assumed to be greater social and financial assets than daughters. See Finucane, *Rescue of the Innocents*, 160–163; Hanawalt, *Growing Up in Medieval London: The Experience of Childhood in History* (New York, 1993), 58–59; Orme, *Medieval Children*, 98. Thomas of Monmouth, *Life and Miracles*, 222.

Table 1 Child Miracle Beneficiaries—Medical

ILLNESS/INFIRMITY/INJURY	TOTAL NUMBER	ELITE	POOR
Crippled/deformed limbs	21		5
Blindness	16	2	2
Muteness	8	1	1
Fever	5	1	
Swelling	4		
Paralysis	3	1	
Deafness	3		
Deafness and muteness	3		
Blindness, deafness, and muteness	2		
Crippled/deformed limbs and muteness	2		
Epilepsy	2	1	
Leprosy	2		1
Madness	2		
Possession	1		
Blindness and muteness	1		1
Crippled/deformed limbs and swelling	1		
Crippled/deformed limbs and fever	1		
Dysentery	1		
Choking	1		
Gout	1		
Internal pain and swollen hands	1		
Back pain and swelling	1		
Constipation	1		
Bladder stone	1		
Kidney pain	1		
Headache	1		
Accident victim (fall from horse)	1		
Unspecified condition	7	1	

offspring of nobles or knights, such as the nobleman’s son whose prayer to St. William of Norwich for the cure of a sick falcon was considered by his father to be a peculiarly “childish” (*puerilia*) request. Children at the less privileged end of the spectrum are more conspicuous; ten children either came from poor families or owed their subsistence to alms. Four are shown begging for their living, including a girl (*puella*) with bent and twisted limbs who went from door to door on her hands and knees.¹⁰

10 For the theme of the rich and the poor in miracle stories, see Bailey, “‘The Rich and The Poor, The Lesser and The Great’: Social Representations of Female Pilgrims in Medieval England,” *Cultural and Social History*, XI (2014), 9–29. Thomas of Monmouth, *Life and Miracles*, 258–260; *Alia Miracula*, 184C–D.

Table 2 Child Miracle Beneficiaries—Nonmedical

MOTIVE FOR PILGRIMAGE OR REQUEST TO SAINT	TOTAL NUMBER	ELITE	POOR
To accompany a pilgrim	1		1
To escape a beating	2		
Sick falcon	1	1	
Thanksgiving for a cure	1		
Visionary quest	1		

Stories of child mendicancy provide compelling, and rare, insight into the lives of children abandoned or orphaned and left to fend for themselves. One of the fullest accounts is told by William of Malmesbury in his collection of St. Aldhelm’s miracles about a boy of about thirteen or fourteen named Folcwine, reportedly crippled from birth. Misshapen from the waist down, Folcwine—“a bundle of hideous paralysis” (*inuisi rigoris compages*)—was said to resemble a “beast” (*quadrupes*). The text implies that the monks of Malmesbury Abbey provided Folcwine with food and shelter, although the narrative also depicts him crawling around town in search of alms. William’s story indicates that the medieval world held conflicting attitudes toward crippled children, particularly beggars. On the one hand, Folcwine was subjected to physical abuse and accusations of deception by those suspecting that he feigned his disabilities for monetary gain. On the other, William also says that others were roused to pity at the sight of the boy “twitching in the mire” (*tabatque in caeno*), coming to his aid when he became stuck in the mud on his painful peregrinations around town.¹¹

Many of the children featured in miracle accounts suffered as a result of poverty and destitution. Nonetheless, as the story of Folcwine suggests, their living conditions did not provoke reactions from observers so much as did their medical ones, and William tends to emphasize children’s bodily imperfections in the form of observable illness or disability. In general, the childhood infirmities are much like those of the adults in the collections. Yet, one notable aspect of childhood morbidity—at least in the stories that

11 For abandoned children in this period, see Boswell, *Kindness of Strangers*, 296–321; Ville Vuolanto, *Infant Abandonment and the Christianization of Medieval Europe*, in Mustakallio and Laes (eds.), *Dark Side of Childhood*, 3–19. William of Malmesbury (ed. and trans. Michael Winterbottom), *Gesta Pontificum Anglorum* (Oxford, 2007), 636–640.

indicate social status—is that anatomical abnormalities, such as deformed limbs and leprosy, are associated primarily with children from poorer backgrounds (see Tables 1 and 2). Wealthier parents might have kept their unsightly children at home, or entered them into monasteries, but it is also possible that poverty carried effects, such as malnutrition, that marked developing bodies in a variety of detrimental ways.¹²

Humoral medicine in the Middle Ages had its own explanation for anatomical defects, based on the idea that all children were physiologically imperfect and “incomplete.” Greek medical theory, such as that of Galen and Soranus, held that because immature bodies were not yet properly “set,” they were “soft” and impressionable, thus prone to accidental damage and distortion. The notion that children had malleable bodies and spongy, “cheese-like” bones may account for the ways in which miracle accounts describe some children’s symptoms. Examples include one girl whose heels had been “stuck together” (*cohaerere*) from birth and another whose legs appeared to be boneless. The preponderance of children with lower-limb deformities in the collections is in accord with contemporary medicine’s belief that the accidental warping of soft, young bodies particularly affected the legs and feet.¹³

One of the most striking aspects of childhood sickness in miracle accounts is its high visibility. A large number of children seem to have been stricken with conditions that marred their appearance, and hagiographers were by no means reluctant to impart

12 The similarities between adult and childhood illness seem to be a common characteristic in miracle collections across different times and places. See, for example, Laes, “Disabled Children,” 42, 55, 56. For the idea that the wealthy were less likely than the poor to seek cures in public places, see Finucane, *Miracles*, 149–150; Sharon Farmer, *Surviving Poverty in Medieval Paris: Gender, Ideology, and the Daily Lives of the Poor* (London, 2002), 52–55; for children given to monasteries, Boswell, *Kindness of Strangers*, 296–321; for an example of a rich man reluctant to seek help among the common people, Eadmer, *Vita Sancti Dunstani*, 164; for an example of an unmarried crippled daughter entering a monastery, Arcoid, *Miracula Sancti Erkenwaldi*, 160–162; for congenital and acquired deformities in Anglo-Saxon England, Sally Crawford, *Childhood in Anglo-Saxon England* (Stroud, 1999), 98–101.

13 Galen, “Mixtures,” in Peter N. Singer (ed. and trans.), *Selected Works* (Oxford, 1997), 237. For the notion of children as incomplete, in the works of Soranus, Galen, and other ancient Greek medical writers, see, for example, Danielle Gourevitch, “Comment rendre à sa véritable nature le petit monstre humain?” in P. J. van der Eijk, H. F. J. Horstmanshoff, and P. H. Schrijvers (eds.), *Ancient Medicine in Its Socio-Cultural Context* (Atlanta, 1995), I, 239–260; for Galen, *idem*, “Mixtures,” 233–234; *idem*, “On the Causes of Disease,” in M. Grant (ed. and trans.), *Galen on Food and Diet* (London, 2000), 56; *idem*, “The Art of Medicine,” in *Selected*

the gruesome details. A case in point is William of Malmesbury's vivid depiction of the beast-like Folcwine twitching helplessly in the mud. Another collection tells a similar story about an eight-year-old girl named Agnes whose head was embedded into her shoulder and whose hands and feet were mangled with gout (*podagra*). She had to rely on others to move her around and ate from the floor like a cow (*pecus*).¹⁴

Highlighting the full horror of children's symptoms was a narrative strategy aimed to provoke the reactions of contemporary audiences in several ways. First, it accentuated a saint's miracle-working credentials. Second, it appealed to the emotions, especially given the victim's ages; the pain and misery became all the more terrible in being manifest in a vulnerable child.

The theme of suffering children would have been a familiar one to contemporaries, especially in the twelfth century, which is known as a time of increased sentimentality toward children. Herod's "Massacre of the Innocents" (Matt. 2:16–18) was a favorite topic of medieval writers and illustrators; the butchered children even had their own feast day. Moreover, devotional trends focusing on the humanity and suffering of Christ led to an increased representation of Jesus as a small child. Thomas of Monmouth's *The Life and Miracles of St William of Norwich*—the biography of a twelve-year-old boy brutally tortured and murdered—was in accord with this trend. Modeled on the passion and crucifixion of Christ, it fully exploited the idea of the innocent child as martyr.¹⁵

Works, 379; for Soranus and other writers, Susan R. Holman, "Modelled as Wax: Formation and Feeding of the Ancient Newborn," *Helio*, XXIV (1997), 77–95, esp. 80–84; for these ideas as reflected in the ancient and medieval belief in swaddling, Holman "Modelled as Wax," 80–83; Shahar, *Childhood*, 86–88. Children were said to have bones like "recently solidified cheese." See Galen, "Mixtures," 234. Philip (ed.), *Miracula S. Frideswidae*, 572–573; Kemp (trans.), "Miracles of the Hand of St James," 11; Hildegard von Bingen (ed. P. Kaiser), *Causae et Curae* (Leipzig, 1903), 110.

14 Thomas of Monmouth, *Life and Miracles*, 273–274.

15 For the theme of Herod's massacre in medieval art, see Ilene H. Forsyth, "Children in Early Medieval Art: Ninth through Twelfth Centuries," *Journal of Psychohistory*, IV (1976), 34–55; for a twelfth-century example, Jane Geddes, *The St Albans Psalter: A Book for Christina of Markyate* (London, 2005), 34; for the cult of the Holy Innocents, Hayward, "Suffering and Innocence in Latin Sermons for the Feast of the Holy Innocents, c 400–800," in Diana Wood (ed.), *The Church and Childhood* (Oxford, 1994), 67–80. Mary Martin McLaughlin, "Survivors and Surrogates: Children and Parents from the Ninth to the Thirteenth Centuries," in Lloyd de Mause (ed.), *The History of Childhood* (London, 1980; orig. pub. 1978), 130–136. For a contemporary example, see C. H. Talbot (ed. and trans.), *The Life of Christina of Markyate: A Twelfth Century Reduse*

Thus, the suffering of helpless children—no doubt grounded in reality—had a certain sentimental value for hagiographers in twelfth-century England. Moreover, if told to the laity, the stories of young bodies ravaged and wasted by disease would have played on the fears and anxieties of parents living in a society blighted by high child mortality. However, the concept of bodily imperfection had another significance in the Middle Ages that was more difficult to reconcile with children.

SIN AND IMPERFECTION Imperfection was an important theological concept in the Middle Ages: the Augustinian tradition saw everyone tainted by original sin and therefore inherently imperfect. Hildegard of Bingen, a twelfth-century abbess and theologian, believed that the Fall was responsible for humoral imbalances that gave rise to illness. Original sin, she claimed, was a human condition transmitted by Adam to future generations, often manifested in disease.¹⁶

Hippocratic-Galenic medicine also advanced the theory that disease arose from an individual's humoral makeup ("temperament"), and that physiological flaws were visibly inscribed on the body. Hildegard, for example, explained that men with phlegmatic dispositions—frequently identifiable by their big eyes and womanly faces—were particularly susceptible to sterility and madness. A poor regimen was also thought to have a detrimental physical effect: Gluttony and lust could lead to leprosy and a bad diet to gout (*gutta*). Christianity, which held that sin and bodily defects were closely related, took medieval physiognomy a step further by imagining physical imperfection as an outer sign of spiritual, or moral, deficiency. Hence, medical conditions such as leprosy and madness—which Hildegard attributed to biology—could be read as divine punishment for sinful activity, as well as a direct consequence of original sin.¹⁷

(New York, 1997; orig. pub. 1959), 118. For William of Norwich's cult and hagiography, see Simon Yarrow, *Saints and Their Communities: Miracle Stories in Twelfth-Century England* (New York, 2006), 122–168; Ward, *Miracles and the Medieval Mind*, 68–76; M. D. Anderson, *A Saint at Stake: The Strange Death of William of Norwich, 1144* (London, 1964).

¹⁶ Hildegard, *Causae et Curae*, 36, 38, 143.

¹⁷ *Ibid.*, 74–76, 161, 101. For the theme of divine punishment, see Wayland D. Hand, "Deformity, Disease and Physical Ailment as Divine Retribution," in Edith Ennen and Günter Wiegmann (eds.), *Festschrift Matthias Zender: Studien zu Volkskultur, Sprache und Landesgeschichte* (Bonn, 1972), 519–525.

The eschatological viewpoint regarding unsightly medical conditions was generally bleak; innately sinful men and women would have to wait for the Last Judgment to achieve bodily perfection. Augustine reassured his readers that physical defects or deformities were absent in heaven. Come Judgment Day, mankind would be resurrected into its pristine prelapsarian state. This eschatological scenario finds its allegory in every miracle-healing story: Sinful pilgrims who bring the physical manifestations of their fallen condition to a saint's shrine become cleansed of their bodily and spiritual imperfections. Health and salvation, which share the same Latin term (*salus*), are one and the same in the narratives; hagiographers routinely ended their stories by reassuring readers that protagonists had both their medical and spiritual "health" restored. Each miracle story is a symbolic re-enactment of this final restitution—a washing away of humankind's fallen state through baptism—often underscored in the texts by an exaggerated physical swing from deformity to beauty. Thus, the leprous girl said to be old and ugly before her time regains her youth and beauty after her cure.¹⁸

The notion that humans were all predisposed to sin, however, did not always sit comfortably with medieval thinkers, especially with respect to children. Childhood had long been considered the "age of innocence," a belief endorsed by Isidore of Seville's etymological definition of *pueritia* as "purity." Given this strong religious and popular sentiment, it is hardly surprising that innocence and purity figure high on the list of childhood attributes in miracle stories. William of Malmesbury labeled the crippled Folcwine "an innocent" (*innocens*), and the word repeatedly appeared in other children's stories. Echoing the gospel allusion to little children (*parvuli*) being saved because of their simplicity and innocence, one miracle narrative even tells of a "little boy" (*puerulus*) who was cured of an infirmity because of these qualities. The implication is that innocent children were particularly worthy recipients of miracles.¹⁹

18 Augustine, *De Civitate Dei* (Brepols, 1955), XXII.19, 837–839. For the development of the theme of perfection in the afterlife from ancient Greece to the time of Augustine, see Candida R. Moss, "Heavenly Healing: Eschatological Cleansing and the Resurrection of the Dead in the Early Church," *Journal of the American Academy of Religion*, LXXIX (2011), 991–1017. Ato of Ostia, *Miracula Inventionis Beate Mylburge*, 568–569.

19 For ancient perceptions of childhood innocence, see H. Herter, "Das Unschuldige Kind," in *Jahrbuch für Antike und Christentum*, IV (1961), 146–162. William of Malmesbury, *Gesta Pontificum*, 638; Philip (ed.), *Miracula S. Frideswidae*, 582.

The troubling question of why innocent children should suffer became a subject of heated debate during Augustine's era and thereafter. It is occasionally addressed in miracle stories, voiced, in one instance, by distressed parents. Following the Biblical tenet that the sins of the fathers would be passed down to their sons (Num. 14:18; Deut. 5:9), the parents of five children all born with speech impediments are said to have blamed their misfortunes on inherited sin—in this case, not original sin but voluntary sins committed by the parents. Both parents took monastic vows as an act of atonement. The narrator reporting this isolated incident, however, did not necessarily share the parents' viewpoint. Indeed, no hagiographer gives congenital sin as an explanation for children's suffering in the miracle accounts.²⁰

If parents were not responsible for their children's ill health, were the children themselves to blame? Were "innocent" children ever thought of as sinful? The medieval world, in fact, held a paradoxical view of children's nature—innocent and pure on one hand and willful and disobedient, if not outright sinful, on the other. This ambivalence is evident in a miracle story that shows how the combination of childhood innocence and waywardness became a recipe for disaster. A boy described as "still of immature age" (*adhuc tenebatur ætate*) finds himself in trouble as a consequence of devoting himself "to childish games" (*puerilibus jociis deditus*). Despite his parents' repeated warnings about playing too far from home, the boy wanders into a thicket in pursuit of an elusive female playmate. The girl, however, turns out to be a demonic phantom, who leads him into a terrifying wood. Traumatized by his experience, the boy loses his voice, and his parents take him to St. John's healing shrine at Beverley Minster for a cure.²¹

Disobedience is a commonly mentioned childhood attribute in the Middle Ages, but not necessarily a sinful one. Although the hagiographer implies that the boy's impulsive and reckless behavior led to the tragedy, he does not interpret his mutism as a punishment for sin, but more as an unfortunate, almost accidental, by-product of boyish curiosity and naivety. Misbehavior is never directly blamed for childhood illnesses and mishaps in the texts.

20 Hayward, "Suffering and Innocence," 71–73; *Miracula S. Æbbe*, 52–54.

21 For the paradoxical view of children's nature, see, for example, Shahrar, *Childhood*, 14–20. *Alia Miracula*, 185B–D.

Retribution miracles—in which specific sinful acts are punished by death or ill health in the miracle genre—are not associated with children in the sources under review. Adults incur saintly displeasure for a whole gamut of sins—wrath, greed, pride, lust, and even gluttony—but not so children. Hagiographers rarely attributed typical adult transgressions to children, and were notably more lenient toward children than toward adults. Two stories featuring misbehaving schoolboys illustrate the point. The *Miracula Sancti Erkenwaldi* begins with the lengthy story about a boy “of a tender age” (*etatis tenere*) at St. Paul’s cathedral school in London who was in trouble for playing games instead of learning his lessons. When he seeks refuge from the schoolmaster’s fury at St. Erkenwald’s shrine, he miraculously discovers that he is able to recite his lines and narrowly escapes punishment. The hagiographer, a canon at St. Pauls, is not only sympathetic toward the boy; he also uses him as a shining example of how Christians should avert the wrath of God.²²

The second story, from Eadmer’s *Miracles of St. Dunstan*, again champions “innocent” boys (*innocentes*) against the “unholy wrath” (*impia ira*) of teachers. In this instance, St. Dunstan arranged for teachers at the monastic school at Canterbury to fall asleep at just the right time to enable boys to evade a whipping. As in the previous example, the hagiographer favors a tolerant and humane attitude toward children in the face of a less compassionate adult world.²³

These stories of children getting the better of their masters are noteworthy both for their negative attitude toward corporal punishment and their suggestion of a subtle difference between sin and misbehavior. Children are not portrayed as models of goodness in the surveyed sources, but their misdemeanors tend to be excused as natural boyhood behavior. Several modern historians argue that these accounts were influenced by a new emphasis on intentionality, which engendered the idea that because those under the age of reason were hostages to their impulses, they were incapable of willfully committing sin. A change in the practice of confession that occurred at this time certainly supports this view. Whereas

22 Arcoid, *Miracula Sancti Erkenwaldi*, 102–106.

23 Eadmer, *Vita Sancti Dunstani*, 170–176.

in the early Middle Ages, children were expected to confess a small range of age-related peccadillos, during the twelfth century, childhood confession began to fall out of favor. When the age of discretion more clearly separated childhood from adulthood, the treatment of children became increasingly different from that of adults. By 1200, confession was expected only of adults.²⁴

Even though the children in twelfth-century miracle stories did not commit mortal sins, the question of how hagiographers negotiated the troubling issue of their undeserved illness and suffering still remains. The answer is that most medieval writers recording miraculous events did not need to address this problem. The emphasis in the narratives is on cures rather than causes, and on restitution rather than on etiology. Moreover, the religious significance of childhood illness was usually less in evidence than its far-reaching social implications. A proper appreciation of the role played by children in the texts requires closer attention to the drama that surrounded the imperfect child.

EMOTIONAL RESPONSES TO IMPERFECT CHILDREN As we have seen, the troubling conception, and pitiable reality, of childhood imperfection in miracle stories is largely mirrored by the reactions, either commendable or reprehensible, of adult witnesses. Indeed, the wretchedness of childhood disease is often conveyed less by the victims themselves than by a cast of secondary characters, as is demonstrated by the story of a crippled boy, William of Bourne. Debilitated by an unexplained affliction, William was dismissed by his employer and forced to return home. A year after William's father died, his mother married a man who regarded William as a drain on the family's resources, constantly berating his wife for wasting her time with a worthless invalid. No longer welcome in the main house, William had to sleep alone in an ancient, run-down building. One night he dreamed that a miraculous cure awaited him at Sempringham Priory. Yielding to his wife's beseeching tears, William's stepfather finally allowed her to take the boy to St. Gilbert's shrine, but only with the proviso that he be left there, never to return home. Duly abandoned at the church

24 For the "doctrine of intention," see Colin Morris, *The Discovery of the Individual 1050–1200* (London, 1972), 74–75. Rob Meens, "Children and Confession in the Early Middle Ages," in Wood, *Church and Childhood*, 53–65; Orme, *Medieval Children*, 223.

where a benevolent canon of the Priory rescued him, William eventually received his promised cure.²⁵

Even though William's role in the narrative is central, and the story revolves around his medical condition and cure, the crippled boy comes across in the narrative as little more than an impassive puppet who is moved and manipulated by those around him. The other people in the story—the anguished mother, the cruel stepfather, and the kindly canon—are colorful individuals whose emotions and motivations must have provoked strong reactions in medieval audiences. In stark contrast, the author of the story makes little attempt to solicit an empathetic response to the boy himself. William has no voice in the narrative; we never learn how he feels as the action unfolds around him. He is more an agent of his mother's anguish than a sufferer in his own right.

A number of explanations for children's lack of self-expression in these texts are possible; the most obvious one is that some of these miracle beneficiaries were too young or infirm to speak for themselves. Another one is that because children were not considered reliable witnesses, their stories had to come from a parent's or caregiver's viewpoint instead. What is certainly evident, however, is that hagiographers were little interested in children's perspectives.

Unsurprisingly, the emotions of parents tend to predominate in stories of childhood sickness. "The father grieves, the mother moans" (*dolet genitor, gemit genitrix*) is a typical parental response. The intense, often emphasized, love of parents for their offspring effectively heightens the sense of loss and tragedy that parents felt when sons and daughters succumbed to illness or accident. Hagiographers also make it plain that congenital defects and chronic conditions met with equal amounts of devotion. Thus, the father and mother of a blind boy continued to love their son "with great affection" (*affectu diligebant*) and "grieved for him with intense suffering" (*vehementi pro eo dolore dolebant*) for the whole five years of his life.²⁶

Maternal feelings are particularly highlighted. When a much-loved daughter accidentally swallows a pin at a dinner party and

25 Raymonde Foreville and Gillian Keir (ed. and trans.), *The Book of St Gilbert* (Oxford, 1987), 328.

26 *Miracula Sancta Ætheldrethe Virginis*, 116; *Miracula S. Swithuni*, 682.

appears to be choking to death, the narrator juxtaposes the restrained sorrow of the father with the impulsive, passionate reaction of his wife. Some hagiographers accentuate the determined lengths to which mothers went on behalf of their sickly offspring. One mother is said to have carried her crippled son around many saints' shrines, continually weeping. Another refuses to give up hope even after her three-year-old boy was declared dead. Ignoring the funeral arrangements, she takes the boy's lifeless body to St. Frideswide's shrine where he is miraculously revived. In these stories maternal instincts are intertwined with unshakable piety and faith, implying that women's natural fortitude and resolution somehow made them particularly forceful spiritual intercessors on behalf of their sons and daughters.²⁷

Fathers may not react quite as demonstratively as mothers in miracle accounts, but their dedication to their children is no less apparent. In some stories, fathers rather than mothers accompany children to a shrine; an account related by Thomas of Monmouth emphasizes a father's changing emotions from grief to joy as his son is cured. That this role is also played by a loving stepfather (*victricus*) provides a more favorable picture of step-parenting than the one in the story of William of Bourne. Reasons for the strength of paternal love are occasionally provided. Because his son was an only child, one father is said to have "loved him with intense affection" (*affectu predulcissimo dilegebat*). Another story offers thwarted fatherly ambition as a reason for a man's grief. The father, a businessman (*negotiator*), is described as possessing "an intense love" (*intimæ dilectionis affectu*) for his son on account of the boy's scholarly aptitude. When the boy's promising career is placed in jeopardy because of a speech impediment, his father, who is "saddened to the depths of his soul" (*usque ad animam contristatus est*), tries all kinds of medical treatment before taking him to St. John's shrine at Beverley Minster for a cure.²⁸

As we have seen, childhood imperfection often arouses compassion and pity in bystanders in miracle stories. Sometimes casual observers serve as exemplars in their praiseworthy responses to sick children. As Eadmer of Canterbury wrote about the arrival of a

27 Goscelin, *Miracula S. Ivonis*, lxiii; Philip (ed.), *Miracula S. Frideswidæ*, 572–574.

28 Thomas of Monmouth, *Life and Miracles*, 244–246; Ato of Ostia, *Miracula Inventionis Beate Mylburge*, 568; *Miracula S. Swithuni*, 658; Ketell, *Miracula Sancti Johannis*, 179A–D.

hideously malformed girl at St. Dunstan's shrine, "For those looking on lovingly, she presented occasion for great compassion and affectionate love" (*praestabat se pie intuentibus magnam materiam compassionis et affectuosae pietatis*). Notwithstanding this picture of a society generally well disposed toward children, however, the love of parents and the compassion of strangers is occasionally offset by acts of cruelty toward the young. The hard-hearted attitude of William of Bourne's stepfather, for example, finds its complement in that of a stepmother in the *Miracles of St James' Hand*. "Filled with spiteful hate and indignation" toward her crippled stepdaughter, the woman forces the girl to leave the house until she can find a cure for herself. A story from the *Miracula S. Frideswidae* suggests that blood relatives could be equally as heartless. After suffering blindness for six years, a *puella* named Matilda, spurned by her friends and family, is forced into a life of begging.²⁹

The cruelty of neighbors usually revolves around suspicions that physically disabled children were faking their conditions. The author of the *Miracula S. Æbbe Virginis*, for example, lists a range of tortures inflicted on mute children to force them to talk—from hanging them by their thumbs and feet to sticking pins or forks into their flesh. In another collection, a deaf and mute boy takes a beating after cymbal clashes around his head fail to produce the desired response. Many of these "tests" are reminiscent of the torments that martyrs had to endure; the "crucifixion" of William of Norwich, for example, incorporates the various tortures described in the St. Æbbe examples. William of Malmesbury, however, produced a version of this motif that is even more compelling, owing to his personal reflections on what motivated the child tormentors. In his story of the crippled Folcwine, William wonders whether people were acting out of "malice or disbelief" when they forcibly tried to part the boys crippled limbs, making him shriek.³⁰

In the abundant literature about the emotional responses to sick and disabled children in the Middle Ages, historians now frequently employ miracle collections to refute earlier claims that medieval society avoided deep attachments to children. One

29 Eadmer, *Vita Sancti Dunstani*, 170; Kemp (trans.), "Miracles of the Hand of St James," 14–15; Philip (ed.), *Miracula S. Frideswidae*, 578.

30 *Miracula S. Æbbe*, 44, 54; *Miracula S. Swithuni*, 684; Thomas of Monmouth, *Life and Miracles*, 20–22; William of Malmesbury, *Gesta Pontificum*, 638.

consequence of this scholarly preoccupation is that the narrative function of child–adult relationships in these texts tends to receive short shrift. But the persistent depiction of loving parents, kindly strangers, and occasional dastardly villains reveals that hagiographers were engaged in much more than factual reporting. The messages about selfless parenting and child cruelty that run through these stories are subtly conveyed through secondary characters, who often invite the appropriate moral responses. Although these stories certainly expressed genuine sentiments and attitudes toward children, their distraught mothers, pitiless stepparents, spiteful tormentors, and sympathetic bystanders also fulfilled a conventional socioreligious role.³¹

Straddling the line between historical record and religious text, medieval miracle narratives lend themselves particularly well to interdisciplinary investigation. This article's use of historical, medical, and literary approaches to examine a selection of miracle stories shows the importance of understanding the various discourses of childhood that underlie these texts. With their emotional appeal and potential for religious symbolism, sick and suffering children in twelfth-century miracle narratives carry a variety of social, moral, and spiritual messages about child welfare and the loving nature of God. From a religious perspective, vulnerable, innocent children redeemed from suffering become a particularly poignant symbol of God's grace. As one hagiographer explains in reference to a blind three-year-old girl, "She was vexed beyond the strength appropriate to her tender years so that the strength of divine virtue should shine in her" (*ilico supra tenellæ ætatis vexata virtutem, ut in ea divinæ virtutis eluceret potentia*). Furthermore, children's cures advertise the miraculous powers of a particular saint, possibly offering hope to parents terrorized by the ever-present fear of childhood illness.³²

In addition to long-established commonplaces of hagiography, two contemporary religious trends surface in the texts. The first is a change in confessional practices. "Innocent" children under the age of reason were increasingly unlikely to be held morally responsible for acts that were considered sinful when performed by

31 For the medieval-emotions theme regarding children, see Hanawalt, "Medievalists and the Study of Childhood," 453–456.

32 Philip (ed.), *Miracula S. Frideswidæ*, 584.

consenting adults. The second change is the growing preoccupation with emotions in a devotional context, encouraging empathy with the suffering of a newly humanized Christ, often through the anguish of his mother. Taken together, these various themes are reflected, to one extent or another, in depictions of children in the sources under review. Not held morally or spiritually culpable for their actions in the same way as adults, miracle children in their innocence and suffering are—like Christ—presented as vehicles for the sorrow and compassion of others.³³

Indeed, a key aspect of the imperfect children in these stories is that their suffering is often less important than that of those around them; the hagiographers frequently bypass the feelings of young victims in order to tap into a wider pool of human emotions. They portray humankind at its best and at its worst, creating a black-and-white moral universe around the figure of a child in the finest story-telling tradition. In William of Bourne's story, maternal love juxtaposes with villainous cruelty, and conflict surrounds the issue of childhood imperfection. The resolution of this conflict derives from a love far greater than that of a mother. William's eventual cure—at the climax of the story—represents a moment of Christian triumph over the injustices of an inherently imperfect world.

33 For examples of a mother's empathy, see Morris, *Discovery of the Individual*, 139–144.

