

The 'Miracle of Childbirth': The Portrayal of Parturient Women in Medieval Miracle Narratives

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Summary. This paper explores how tales of difficult births found in medieval miracle narratives can contribute to our understanding of the experience of pregnancy and childbirth in twelfth-century England. While rare in the early collections, pregnant and parturient women are increasingly visible in the miracula from the later twelfth century. This paper seeks to explain why childbirth miracles began to appear more frequently and became more medical in character. The discussion centres on the two miracle collections belonging to St Thomas of Canterbury, written by Benedict of Peterborough and William of Canterbury in the 1170s. Explanations for the more frequent appearance of childbirth miracles are found, not in the changing relationship between humans and saintly intercessors, nor in the contemporary interest in the maternity of the Virgin Mary but in the specific context of the cult of St Thomas and the new emphasis given to lay testimony.

Keywords: medieval women; childbirth; hagiography; St Thomas of Canterbury; medieval medicine

In her 2008 volume *Making Women's Medicine Masculine*, Monica Green argued that male involvement with women's medicine, both medical and surgical, increased substantially between the twelfth and sixteenth centuries and that, far from being a 'modern' transformation, the masculinisation of women's medicine was a medieval phenomenon.¹ To argue her case Green drew almost exclusively upon the evidence of surviving obstetric and gynaecological texts. In her preface however, she proclaimed that, 'A history of medieval women's healthcare could, no doubt, be written entirely from saints' lives or canonisation proceedings, culling from these documents ... tales of difficult birth, incurable diseases, and various attempts to seek out relief.'² This article sets out to do as Green suggests, to explore how tales of difficult births found in twelfth-century English miracle collections can contribute to a history of medieval women's health care and, in particular, their experience of pregnancy and childbirth.

On closer inspection, however, this seemingly straightforward project proves far more difficult. Surprisingly few miracle narratives feature parturient women. Moreover, not only are women in the throes of labour missing, but those having trouble conceiving, or suffering difficult pregnancies or experiencing post-partum complications are equally noticeable

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¹ Monica H. Green, *Making Women's Medicine Masculine* ²*Ibid.*, xiii.
Masculine (Oxford: Oxford University Press, 2008), ix.

by their absence. The twelfth century was the heyday of hagiographical writing. Accounts of saints' Lives and records of their posthumous miracles proliferated. Koopmans offers a conservative estimate, putting the number of miracle collections written in England between 1080 and 1220 in excess of 75 and claiming there existed a 'miracle-collecting mania'.³ While those texts dating to the first half of the long twelfth century contain between 10 and 30 chapters on average, those composed in the latter half are considerably longer; several run to over 100.⁴ Hundreds of miracle stories were written in this period but only a very small handful feature women giving birth or experiencing postnatal problems. Moreover, the manner of their portrayal varies greatly. In some of these texts the mention of pregnant or parturient women amounts to just a couple of sentences, while, in others, they are the main character in a lengthy miracle narrative, furnished with a name, domicile and sometimes even medical case notes. Yet, in no text are these miracles ever very numerous. William of Canterbury's *Miracula S. Thomae*, written between 1172 and 1179, contains, at seven, the highest number in a single collection. But given that the collection totals 409 miracle stories, tales of difficult births comprise just 1.7 per cent of the total.⁵ Nor is this profile unique to England.⁶ Historians working on saints' Lives and miracle collections from France, Spain and the rest of Europe have uncovered similar results. Pierre-André Sigal examined more than 5,000 miracle stories produced in France, most of them written between 1050 and 1150, and discovered that only 0.5 per cent dealt with childbirth: he found only 17 stories involving reversed sterility and just 11 of facilitated childbirth.⁷ In his masterful survey of thirteenth- and fourteenth-century canonisation proceedings, André Vauchez noted that childbirth miracles amount to the smallest category of all miracles: totalling 1.2 per cent in the thirteenth century and rising to the still modest figure of 3.3 per cent in the fourteenth.⁸ Pregnancy and childbirth very much remained on the hagiographic margins throughout the Middle Ages.

The under-representation of pregnant and parturient women is perplexing especially since women, as recipients of miracles, are in themselves increasingly visible in the miracle collections. Female recipients in fact outnumber male in three of the later twelfth-century English collections, those of Godric of Finchale, Frideswide of Oxford and Æbbe of Coldingham.⁹ Although the first two of these texts depict the saints attending to the plight of pregnant or parturient women, it should be noted that such miracles are very

³Rachel Koopmans, *Wonderful to Relate: Miracle Stories and Miracle Collecting in High Medieval England* (Philadelphia: University of Pennsylvania Press, 2011), 2.

⁴*Ibid.*, 96, 113.

⁵James Craigie Robertson, *Materials for the History of Thomas Becket, Archbishop of Canterbury*, Rolls Series 67, 7 vols (London: Longmans, 1875), I: 137–546. As this study is primarily concerned with women, the general term 'childbirth miracle' will include stories concerning female infertility and post-partum complications. It will exclude tales of resuscitated infants since these come under the category of resurrection miracles.

⁶Ronald Finucane found that childbirth problems accounted for just 2 per cent of the reported miracles in English collections from the twelfth and thirteenth

centuries, *Miracle and Pilgrims: Popular Beliefs in Medieval England* (London: Book Club Associates, 1977), 144.

⁷Pierre-André Sigal, *L'homme et le miracle dans la France médiévale (XI^e–XII^e siècle)* (Paris: Cerf, 2007 [1985]), 13, 265.

⁸André Vauchez, *Sainthood in the later Middle Ages*, trans. Jean Birrell (Cambridge: Cambridge University Press, 1997 [1981]), 468.

⁹J. Stevenson, *Libellus de uita et miraculis Sancti Godrici, heremite de Finchale*, Surtees Society 20 (London: J.B. Nichols and Son, 1847); B. Bossue, 'Miracula S. Frideswidæ', *Acta Sanctorum*, Oct. VIII, 1853, 568–89; Robert Bartlett, *The Miracles of Saint Æbbe of Coldingham and Saint Margaret of Scotland* (Oxford: Clarendon Press, 2003), 30–66.

much in the minority; just three out of 110 miracles involve childbirth in the case of Frideswide and three out of 225 in the case of Godric. Even in the collection containing the most cases, that of William of Canterbury, twice as many women sought Thomas's help on account of their blindness as sought his intervention with their pregnancies or difficult births.¹⁰

Given the centrality of motherhood in the life experience of most women, pregnant and parturient women are clearly under-represented. Giving birth was the single most dangerous thing a medieval woman could do and, arguably therefore, the time when we might expect them to have invoked the help of saints in securing a safe delivery. Thus, before we begin to assess how these narratives can contribute to our understanding of the medieval experience of pregnancy and childbirth, let us first ask why are there so few miracles concerning childbirth in the hagiographical literature?

While answers to this question have been forthcoming, they have, hitherto, been less than convincing. Both Pierre-André Sigal and André Vauchez believed the explanation lay in changes to the rules of intercession.¹¹ In the early Middle Ages, a saint's power, or *virtus*, was believed to reside with his or her relics. Visiting and touching the tomb was the only way to access this power. Healing occurred at the site of the shrine, usually after the ailing suppliant had spent the night either praying on their knees or sleeping on the floor of the church. When morning arrived, they would rise or awake rested and healed. It is not hard to fathom why there may conceivably have been so few parturient women visiting saints' shrines. Women suffering from exhaustion due to a prolonged labour or struggling with a breech or transverse presentation or perhaps in the process of miscarrying would have been in no condition to travel at the very moment when a saint's assistance was required. Furthermore, for women (and men) seeking help for their infertility, a cure would not necessarily have been immediately apparent. The supplicants would most likely have returned home before realising that they had conceived. To inform the shrine custodians of their success would have necessitated a second pilgrimage which few could have afforded.

Vauchez has argued, however, that by the late twelfth century a new and important phenomenon began to emerge which led to significant changes in the relations between human beings and heavenly intercessors—the idea of invocation from afar.¹² Instead of travelling to the shrine to solicit the saint's assistance, it became increasingly common for people to call upon a saint in their own home, workplace or at a moment of danger. They would invoke the saint by name and beg for their assistance in exchange for the promise of future devotion. Pilgrimage to the shrine thus became conditional on the saint fulfilling their side of the bargain; a journey of thanksgiving as opposed to one of supplication. Both Sigal and Vauchez cite this new method of securing saintly assistance as the reason for the (albeit only slightly) higher incidence of parturient women in miracle collections from the later Middle Ages. Instead of actually having to visit a shrine, women in the throes of childbirth merely had to offer up a vow that they would go at some point

¹⁰Resurrection from death and leprosy came a close second and third.

¹¹Pierre-André Sigal, 'La grossesse, l'accouchement et l'attitude envers l'enfant mort-né à la fin du moyen âge d'après les récits des miracles', in *Santé médecine*

et assistance au moyen âge, Actes du 110^e Congrès national des Sociétés savantes, Montpellier, 1985 (Paris: Editions du C.T.H.S., 1987), 23–41; Vauchez, *Sainthood*, 444–48.

¹²*Ibid.*, 446.

in the future. This made it much more likely that childbirth miracles were included in miracle collections. The subsequent pilgrimage of thanksgiving gave the women the opportunity to tell their stories to the shrine registrars who were responsible for recording the miracles.

Patterns of intercession may well have changed towards the end of the twelfth century but, as an explanation for the paucity of parturient women in earlier narratives, it is not entirely convincing. Several texts from the early twelfth century suggest that not only did pregnant and parturient women seek help at saints' shrines, but that they shared their stories with the monastic registrars in charge of those shrines. That these women's stories were not then written up into proper miracle narratives suggests that the monastic authors consciously chose to exclude them.

One of the earliest references to women seeking out a saint to assist them during labour can be found in the short book of miracles appended to Eadmer's *Vita Sancti Anselmi*.¹³ Eadmer, a monk of the cathedral priory of Christ Church, Canterbury, had been a close personal friend and confidant of Archbishop Anselm. Shortly after the archbishop's death in 1109, Eadmer was encouraged to complete a brief biography of his friend for the private reading and edification of the Christ Church community. The post-humous miracles, however, were a later addition, completed after 1122.¹⁴ In these Eadmer mentioned a belt which had belonged to Anselm but now performed healing miracles. He described in great detail how the belt cured a knight named Humphrey of dropsy, relieved Eastilda, a noblewoman, of an unspecified grievous illness and lowered a monk's high fever.¹⁵ Yet, almost as an afterthought, he also commented that '... it is a common practice for sick people on all sides and especially for women in the dangers of childbirth, to ask for the belt with pious intention and in the sure hope that they will regain their health if only they can have the use of it for the time-being.'¹⁶ Women were evidently accustomed to borrowing the belt to assist them during labour. Moreover, Eadmer and his fellow monks were aware of the wonders ascribed to the belt: 'Nor, of all those to whose care we have seen fit to entrust the belt on their asking for it in firm faith of their recovery, have we to this day heard of one who has hoped in vain.'¹⁷ Women sought out the belt and, on returning it to the monks, shared their stories with them. Despite hearing stories about the success of the belt during childbirth, Eadmer chose not to single any of them out for further elaboration. This may well have been for the sake of brevity since he worried he would become 'burdensome' to his audience should he '... describe one by one the marvels wrought by this single belt alone.'¹⁸ However, he then proceeds to launch into yet another story about how the belt cured one of the Christ Church brethren suffering from a tumour.¹⁹ The conclusion is inescapable; dropsy, fevers, tumours and unspecified ailments must have been considered more meritorious than deliverances from difficult childbirths.

But meritorious in what respect? While it is tempting to leap to conclusions about the perceived worth of such miracles relative to others, a more judicious and beneficial

¹³R.W. Southern, *The Life of St Anselm, Archbishop of Canterbury by Eadmer* (Oxford: Clarendon Press, 1979 [1962]).

¹⁴For the different stages in the development of the text and their respective dates see *ibid.*, ix–xxv.

¹⁵*Ibid.*, 158–60, 163–65.

¹⁶*Ibid.*, 165.

¹⁷*Ibid.*

¹⁸*Ibid.*

¹⁹*Ibid.*

approach locates these miracles within the context of Eadmer's aims and preoccupations. The manuscript tradition indicates that Eadmer's *vita* evolved and expanded over a period of 12 years.²⁰ There were three distinct phases which can be tracked through the multiple copies found in the United Kingdom and on the Continent: the *vita*, the *vita* with two posthumous miracles and, finally, the *vita* together with a whole book of miracles. Richard Southern suggested that Eadmer added the miracles shortly after 1114 when the question of the archbishop's sanctity was being hotly debated by the Christ Church community.²¹ Eadmer confessed he was forced to make the additions because of '... the strong love towards [Anselm], which still animates some of my companions.'²² He later claimed that he had not intended to include any miracles or visions since he felt it would be 'an endless business', nor did he 'wish to write of one incident and reject another, as if [he] judged one more worthy of credence or dignified by a more glorious revelation than another.'²³ He was clearly obliged to change tack in order to establish Anselm's sanctity. Although they were not part of his original plan, Eadmer approached writing the miracles with the same rigour and concern for veracity as he claims to have done for the *vita*: 'I have made use of such authorities as I was quite certain were far removed from any suspicion of falsehood'.²⁴

Eadmer appears to have had a personal connection to each of the miracle recipients. Of the 14 individuals depicted, six were monks at Christ Church and only three were members of the laity. But Eadmer makes it clear that even these individuals were known to him personally: Humphrey the dropsical knight was an acquaintance of his nephew Haimo and Eadmer was himself present when Eastrilda was cured by Anselm's belt.²⁵ On several occasions he describes how he spoke to the person, noting the questions he had asked and the answers he had been given. In the prologue to the *miracula* he admits to having '... omitt[ed] many things which popular rumour asserted to be true but of which [he] was not altogether certain.'²⁶ Clearly he preferred to trust the testimony of his fellow brethren and his extended circle of acquaintances than that of unknown lay strangers. When it came to deciding which stories he should choose it appears that Eadmer's personal relationship with the miracle recipient was a greater determinant than the condition from which they had suffered.

A second reference to early-twelfth-century women visiting saints' shrines for help with their pregnancies can be found in the *Vita Sancti Benigni* written by William of Malmesbury between 1125 and 1135. This is a different type of hagiographical text to that of Eadmer because William did not append a miracle collection to his *vita*; Benignus's healing miracles receive only the briefest mention, crammed into a single chapter at the end of the *vita*. Here we simply learn that: 'From many a province flocked in people [to his tomb] afflicted with all kinds of illness, the blind, the dumb, the paralytic, the leprous, the mad, the dropsical, the crippled, women too who carried dead fetuses in their wombs; all were healed by St Benignus's merits, and went back home with a light

²⁰*Ibid.*, ix–xxv.

²¹*Ibid.*, xx.

²²*Ibid.*, 144–6.

²³*Ibid.*, 152.

²⁴*Ibid.*, 149.

²⁵*Ibid.*, 163.

²⁶*Ibid.*, 152.

step.²⁷ Following on the heels of what is a list of fairly generic cures, this reference to women seeking help to expel an deceased fetus is particularly tantalizing. While it may be an overstatement to conclude from this that Benignus offered a highly specialised service to women suffering intrauterine fetal demise, at least one woman had recourse to the saint for precisely this purpose. Thus it confirms the conclusion drawn from the *Vita S. Anselmi* that, contrary to the explanation supplied by Sigal and Vauchez, women in the early twelfth century did seek help with their pregnancies at shrines and, moreover, that these women made their experiences known to the shrine registrars. We are, therefore, once again confronted by the need to account for the brevity of the reference; was childbirth simply not a subject to be elaborated upon? It is apparent that, unlike Eadmer, William of Malmesbury chose not to elaborate upon any of the miracles he attributed to Benignus. If we rue the fact we know nothing more about the women 'who carried dead fetuses in their wombs' we can at least console ourselves that neither do we know anything more about the blind, dumb, paralytic, leprous, mad, dropsical or crippled people who similarly received miraculous cures. No healing miracle, it seems, was worth expounding upon.

The Lives of Anselm and Benignus written by Eadmer of Canterbury and William of Malmesbury in the 1120s and 1130s contain only the briefest references to pregnant and parturient women seeking help at saints' shrines. This contrasts with the texts written in the late twelfth and early thirteenth centuries, particularly the two miracle collections written to commemorate Thomas Becket (d. 1170), the martyred archbishop of Canterbury. Here, for example, we find the story of Margaret of Hamilton who had trouble aborting a dead fetus. Instead of just a single sentence we have a whole chapter explaining what had happened, the medical causes for the death of her fetus and a detailed description of Margaret's traumatic labour when the fetus, having died before moving into the normal position for birth with the head down and engaged, had to be delivered breech.²⁸

Besides containing detailed information about the recipient and her medical condition, these later texts are also more informative as to how the cures happened. For example, Anselm's belt was said simply to cure women who had 'the use of it' but precisely what they did with it we do not know. From the later miracles, however, we learn that women had to wear the saint's belt or garment to receive any benefit. Alditha of Worth had been labouring for three days and three nights and was close to death but once encircled with a stole blessed by St Thomas, she quickly gave birth.²⁹ A similar tale is told by the early thirteenth-century Cistercian hagiographer, Jocelin of Furness, about Waltheof, abbot of Melrose.³⁰ A woman who had laboured for many days and no longer had the strength to give birth was helped when the belt belonging to Waltheof was tied around her: 'As soon as the encircling belt touched the stomach of the parturient

²⁷Michael Winterbottom and Rodney M. Thomson, *Saints' Lives: Lives of SS Wulfstan, Dunstan, Patrick, Benignus and Indract by William of Malmesbury* (Oxford: Clarendon Press, 2002), 364.

²⁸Robertson, *Materials*, I: 226.

²⁹*Ibid.*, II: 48–9.

³⁰Although Melrose is in Scotland and Waltheof therefore a Scottish saint, Jocelin's *vita* still falls within the remit of this paper since he lived at Furness Abbey in Cumbria.

woman, she was freed from the pressing of labour which beset her and released by giving birth.³¹

Yet, curiously not all saints' belts were used to hasten labour; some appear to have been used for quite the reverse and were employed to stave off premature labour. The author of the early thirteenth-century *Life of St Gilbert of Sempringham* related how a noblewoman with a history of successive miscarriages was given the girdle belonging to the saint by another noble lady. After wearing this belt constantly next to her skin as the saint had done she conceived and bore a son.³² A belt once worn by the hermit Godric of Finchale was also used to guard against spontaneous abortions and premature labour. Reginald of Durham, the author of the saint's *Life and miracles*, recounted how Henry of Laudon's wife had had three successive premature stillbirths, but was told by Godric that if she encircled herself with his belt when her contractions began her baby would be safe.³³ These later miracles, with their names, abodes, detailed medical problems and prescribed miracle cures are a far cry from the anonymous women who had earlier made unspecified use of Anselm's belt. Moreover, these stories indicate that by the late twelfth century, childbirth and its attendant problems had become suitable subjects for full-length miracle narratives. Instead of consigning these tales to the category of 'popular rumour', as Eadmer is likely to have done, hagiographers in the late twelfth and early thirteenth centuries appear to have embraced these stories and deliberately selected them to write up for their collections.

In searching for explanations for this apparent enthusiasm for childbirth miracles among later hagiographers we must ask ourselves whether this is a result of changing attitudes towards childbirth or whether the clue lies in the wider context of the twelfth century's 'miracle-collecting mania'.³⁴ Shahar has argued that the growth of the cult of the Virgin Mary, or more precisely, Mary as a maternal figure, raised the profile of childbirth in general.³⁵ During the twelfth century, a new devotional emphasis on the humanity of Christ, his suffering and mercy resulted in a new reverence for his mother, the Blessed Virgin Mary. Her maternity became a central theme in both contemporary iconography and the new devotional literature which focused on her miracles.³⁶ The images of the Romanesque period which emphasised Mary's regal aspect as Queen of Heaven gave way to more tender representations which stressed the warm, intimate relationship between the Virgin and the Christ child. It is perhaps not surprising then that the Virgin Mary became identified with helping pregnant and parturient women. Two of her earliest miracles feature her playing the part of midwife and attending to women in labour. The first miracle story concerns an abbess who fell pregnant after sleeping with her steward. According to the twelfth-century hagiographer Dominic of Evesham, whose collection of Marian miracles was among the earliest ever written, two nuns discovered her indiscretion and vindictively told the bishop, who summoned her to his court. After her meeting with the bishop, the abbess prayed to the Virgin who appeared to her in a vision and watched over her while she gave birth. Once the baby had been born, the abbess returned to the

³¹W. Cooper, 'Vita S. Waldevi', *Acta Sanctorum*, Aug. I, 1733, 248–76 at 266.

³²Raymonde Foreville and Gillian Keir, *The Book of St. Gilbert* (Oxford: Clarendon Press, 1987), 114.

³³Stevenson, *Libellus*, 218–19.

³⁴Koopmans, *Wonderful to Relate*, 2.

³⁵Shulamith Shahar, *Childhood in the Middle Ages* (London and New York: Routledge, 1990), 32.

³⁶Miri Rubin, *Mother of God: A History of the Virgin Mary* (London: Allen Lane, 2009), 197–216.

bishop's court where she was ordered to undress. She removed her clothes and, faced with the incontrovertible truth of the abbess's non-pregnant body, the bishop acknowledged her innocence and berated the two gossipy nuns.³⁷ Although the recipient of this miracle was a pregnant woman, it is not a childbirth miracle *per se*. The abbess appeals to the Virgin not because she needs help giving birth, but because she needs help to hide her pregnancy. The miracle is not the deliverance of a healthy baby but deliverance from the public shame of an illegitimate pregnancy.

The second miracle does not offer much more. In this story a pregnant pilgrim became stranded during a storm while on the causeway leading to the island monastery of Mont-Saint-Michel just off the coast of Normandy. She went into labour but was unable to escape the quickly rising waters. The Virgin, however, took pity on the unfortunate woman and sheltered her with her sleeves, creating a safe and dry lying-in chamber in which the woman could give birth.³⁸ Once again this miracle can hardly claim to be about the dangers of childbirth. At a stretch it might be said to illustrate the vulnerability of pregnant women since she was unable to walk as quickly as the other pilgrims, but the predominant concern was not so much that the woman was in childbirth but that she might drown while giving birth. So although these two miracles feature pregnant and parturient women strictly speaking neither of them are about childbirth. Certainly they are nothing like the childbirth miracles found in the later collections and especially those (like that of Margaret of Hamilton) in the Becket collections which, with their medical explanations and graphic descriptions of miscarriages, difficult presentations and postpartum complications, engage with the practical reality of pregnancy and childbirth. The answer as to why pregnant and parturient pilgrims begin to receive a higher profile towards the end of the twelfth century probably lies in the wider context of the twelfth century's 'miracle-collecting mania' and, as will be argued, in the context behind the production of the two Becket *miracula* in particular.

No other century shared the twelfth-century's love affair with the miraculous nor matched its enthusiasm for the written record. Koopmans writes of a 'mania', a 'craze', which incited monks and canons up and down England to take up their quills and preserve for future posterity the miracles performed by the country's saints.³⁹ Although a major phenomenon, the miracle collection as a genre took time to develop. Koopmans has identified two distinct phases. The first phase ran from c. 1080 to 1140 and coincided not only with an upsurge in Latin prose composition in the form of histories and letter writing but also with a more general shift towards the authority of the written word.⁴⁰ The miracle collections written during this period were characteristically medium-sized texts containing miracles in their tens as opposed to their hundreds. Moreover, they tend to preserve those stories which were circulating in the monastic milieu.⁴¹ Eadmer's *Vita S. Anselmi* exemplifies this early stage in miracle collecting. Through the various recensions we can trace Eadmer's initial indifference replaced by a growing recognition of the need to document

³⁷Dominic of Evesham, *De Miraculis Sanctae Mariae*, Oxford, Balliol College MS 240, fols. 137–148, at fol. 147.

³⁸*Ibid.*, fol. 141^v.

³⁹Koopmans, *Wonderful to Relate*, 2.

⁴⁰M. T. Clanchy, *From Memory to Written Record: England 1066–1307* (Oxford: Blackwell, 1993).

⁴¹Koopmans, *Wonderful to Relate*, 3.

Anselm's miracles and his judicious assessment of what to include, passing over popular rumour in preference for the authority of his monastic brethren.

The second phase of miracle collecting which ran from c. 1140 to 1200 saw a shift away from short, rhetorically cohesive texts appended to the saint's vita and the rise of vast, rambling and completely independent collections. Moreover, the authors of these longer collections relied on the evidence of a broader demographic. They no longer depended solely upon stories drawn from their own conversational circle but actively sought out stories from lay strangers.⁴² The populist origin of these later texts is borne out in their content; the marked increase in animal healings and resurrections betray the interests and concerns of their lay informants.⁴³ The two miracle collections compiled in honour of Thomas Becket, the murdered archbishop of Canterbury, represent the pinnacle of this second phase of English miracle collecting. Although Koopmans dates the start of this phase to c. 1140 and claims that these new trends in miracle collecting were already underway by the 1170s when the Becket collections were compiled, these two texts had a crucial role in accelerating and solidifying these trends.⁴⁴ Together they amassed almost 700 miracle stories and although the move towards longer collections was already in evidence, nothing of that magnitude had ever been undertaken previously. These *miracula* had a massive impact on the development of the genre, in shaping the form and content of many of subsequent collections. In order to appreciate the full extent of their influence it is worth considering the context of their production since the circumstances which gave rise to their compilation were fundamental in determining the precise form they took.

On 29 December 1170 four knights loyal to Henry II burst into Canterbury cathedral to confront Thomas Becket, archbishop of Canterbury and an implacable defender of the Church's liberties against royal encroachment. They demanded the archbishop accompany them to Winchester, but when Becket refused, they rushed at him with their swords, slicing off the top of his head and knocking him to his knees, then to the floor. Their blows continued to rain down on the prostrated archbishop. As Becket lay dead and the pavement drenched with his blood and brain matter, the knights fled, leaving the monks of Christ Church to emerge from their hiding places and attend to the body of their beloved archbishop. Stories about miracles wrought by Becket sprang up very quickly. Indeed, that very night a man reportedly went home with a rag covered with blood which he washed in water and gave to his paralysed wife to drink, by which she was promptly cured.⁴⁵ Two miracle collections were written to commemorate St Thomas. The first was by Benedict, later abbot of Peterborough, and consists of roughly 250 miracles. Although his text begins with the earliest miracles, those worked just days after Becket's death, he is unlikely to have started work on his *miracula* until after Pentecost 1171.⁴⁶ The volume of miracles, however, was such that by the summer of 1172 Benedict was joined in his task by another brother named William who later acquired the sobriquet 'of Canterbury'. In his prologue William informs his reader that he became Benedict's 'co-worker and helper'.⁴⁷ Yet despite this declaration

⁴²*Ibid.*, 4.

⁴³*Ibid.*, 117–19.

⁴⁴*Ibid.*, 7.

⁴⁵Robertson, *Materials*, III: 149–50.

⁴⁶Koopmans, *Wonderful to Relate*, 142.

⁴⁷Robertson, *Materials*, I, 138.

of collaboration, the two collections were quite separate. In the most thorough assessment of the dating and relationship between the texts to date, Koopmans concludes: 'The two collectors worked in tandem rather than in parallel, and they conceived of their collections as fully independent, freestanding texts.'⁴⁸ Between 1172 and 1179 William composed a second miracle collection consisting of 409 miracle stories spread over six books. These *miracula* were the two largest collections of miracles ever to be compiled in medieval England and beg the question why were not just one, but two, such extensive dossiers written?

The rapid growth of Becket's cult at Canterbury in the 1170s coincided with another significant development in the Church, the papal reservation of the right of canonisation. Prior to the mid-twelfth century authorising a cult had been a matter for the local bishops. They had enjoyed the authority to carry out translations, that is the exhumation of a saint and their enshrinement in a reliquary. Episcopal translations had thus constituted official recognition of a saint's sanctity. However, from the second half of the twelfth century promoters of would-be cults increasingly began to seek permission from the papacy.⁴⁹ A corollary of this trend was the composition of new hagiographical material designed to persuade the papal legates of the veracity of the saint's sanctity. Although this material would become increasingly juridical as a result of the papacy's request for *informatio de partibus*, in the twelfth century it largely amounted to reworking the saint's *vita* and the addition of a small list of posthumous miracles.⁵⁰ It is tempting to see one or other of the Becket collections in light of the request for his canonisation but to do so would be anachronistic. The violence of his death had already put Thomas on the fast-track to sainthood and he was officially canonised on 10 March 1073, just 27 months after his murder.⁵¹ In fact, his canonisation preceded the writing of the vast majority of the miracles in either collection.⁵²

The question thus remains, if Becket had already been formally canonised why were two such large collections of miracles compiled? Let us answer that question by asking another: why might any miracle collection be compiled? It is generally assumed that miracle narratives had a propagandist function, that they were intended to advertise the saint's power and promote the shrine.⁵³ With their colourful tales of wondrous happenings and stark moralisation it is easy to imagine the laity listening enraptured, their faith strengthened with every story. But a close analysis of these texts concludes that

⁴⁸Koopmans, *Wonderful to Relate*, 139. Koopmans bases her argument on a careful analysis of the so-called 'parallel miracles', the 18 stories which occur in both collections.

⁴⁹The leading volume on the development of the canonisation process is Vauchez, *Sainthood*, 11–136 but see also E. W. Kemp, *Canonization and Authority in the Western Church* (London: Oxford University Press, 1948).

⁵⁰When he journeyed to Rome in 1139 to first present the case for the canonisation of Edward the Confessor, Osbert of Clare took with him a copy of the *vita* he had revised and a small booklet of 13 miracle stories, see Koopmans, *Wonderful to Relate*, 98–99.

In support of Becket's unsuccessful request for Anselm's canonisation in 1163, he presented the Pope Alexander III with a revised account of the life and miracles of Anselm written by John of Salisbury, Benedicta Ward, *Miracles and the Medieval Mind: Theory, Record and Event 1000–1215* (Aldershot: Wildwood House, 1987 [1982]), 187–8.

⁵¹*Ibid.*, 104.

⁵²Koopmans's dating of Benedict's *miracula* also rules out the likelihood that even an attenuated version of it was sent to Rome. Koopmans, *Wonderful to Relate*, 145.

⁵³Ward, *Miracles*, 166.

miracula were seldom ever read aloud to the laity.⁵⁴ In Koopmans's words: 'there is strikingly little evidence that it [Benedict's collection] was ever oralized to lay listeners'.⁵⁵ Not only is there no known translation of any part of either Benedict or William's collection into Anglo-Norman French or Middle English but none of the miracles appear in any extant sermon.⁵⁶ In Marcus Bull's eyes, the sheer size of the collections would have prevented their use as 'a fund of uplifting anecdotes to relay to pilgrims',⁵⁷ but, in actual fact, it is doubtful that miracle collections were ever compiled expressly for this purpose.

A second common assumption is that *miracula* were written to be read within a liturgical setting. Once again, however, the evidence for this is scant. Many of the surviving liturgies commemorating Becket mention miracles but none of these draw directly upon the material found in the miracle collections.⁵⁸ Moreover, Benedict's text survives in over 24 different manuscripts, yet only one of these is marked out for lection readings.⁵⁹ Nevertheless there is evidence that although Benedict's collection may not have been read during liturgical services in the cathedral, it may well have been read to the monks during chapter. In his *Life of St Thomas*, William Fitzstephen mentioned a 'magnus codex conscriptus' containing the miracles of Becket which were publicly recited in the chapter-house of the cathedral priory.⁶⁰ Given the dating, size and content of the two collections, the collection to which Fitzstephen refers was probably that of Benedict.⁶¹

The fact that Benedict's principal audience were his confreres, the monastic brethren of the cathedral priory of Christ Church, may explain why his collection took the shape and size it did. Marcus Bull has proposed that the collection was composed for sentimental as opposed to functional reasons. Seizing upon Benedict's remark about the sense of solace and revivification felt by the community as they saw the pilgrims crowding to enter the crypt at Easter 1171, Bull hazards that the writing of the collections may have 'had a beneficial, healing effect on the monks, restoring a sense of community that had been fractured by the shock of the murder and the uncertainties of its aftermath'.⁶² Bull continues

⁵⁴The miracle collections contain references to monks preaching to the laity. The anonymous author of the *Miracles of Ithamar* began a chapter with 'The virtues of the saint were preached to the people ...' Denis Bethell, 'The Miracles of St. Ithamar', *Analecta Bollandiana*, 1971, 89, 421–37 at 434. In his account of the miracles of Mildrith, Goscelin described how a mother, longing for a miracle to cure her daughter, waited while one of the brothers delivered an account of Mildrith's life and healing works to the people, David Rollason, 'Goscelin of Canterbury's Account of the Translation and Miracles of St. Mildrith (BHL 5961/4): An Edition with Notes', *Mediaeval Studies*, 1986, 48, 139–210 (195). The emphasis in both cases is on oral delivery as opposed to reading aloud. Miracle collections would not have been essential for such preaching. As Koopmans notes: 'Religious men knew stories of saints' miracles by personal experience and oral

report. The most effective sermons were likely created impromptu out of recent stories.' Koopmans, *Wonderful to Relate*, 132.

⁵⁵*Ibid.*, 130.

⁵⁶*Ibid.*

⁵⁷Marcus Bull, 'Criticism of Henry II's expedition to Ireland in William of Canterbury's miracles of St Thomas Becket', *Journal of Medieval History*, 2007, 33, 107–129 (123).

⁵⁸Koopmans, *Wonderful to Relate*, 133.

⁵⁹*Ibid.*

⁶⁰Robertson, *Materials*, III: 151.

⁶¹William refers to the miracles recited during chapter prior to embarking upon his own collection, *ibid.*, I, 138.

⁶²Marcus Bull, *The Miracles of Our Lady of Rocamadour: analysis and translation* (Woodbridge: The Boydell Press, 1999), 54. For Benedict's comment see Robertson, *Materials*, II: 60–61.

to argue that as elements of the 'formal, institutional response to the cult, the miracle collection[s] became part of the process of communal renewal'.⁶³

Regarding the compilation of the *miracula* as essentially a cathartic enterprise accounts for the sheer scale of the collections. Benedict and William evidently took pains to record anything and everything. For Benedict this ranged from the rescue of sinking ships to the recovery of lost cheeses while for William this included resurrected pigs and the retrieval of lost cloaks.⁶⁴ Moreover, they were both receptive to stories arising from all sectors of society. Benedict explains how his collection was created from three categories of stories: '... those which we saw with our own eyes, or we heard from those ill people already healed and their witnesses, or those things we learned from the testimony of religious men, who had seen them with their own eyes.'⁶⁵ Benedict had a marked preference for stories from either the first or third categories; those that he (or one of his brethren) had personally witnessed or stories related by churchmen whose testimony he trusted implicitly.⁶⁶ He was least comfortable with stories he had received from 'ill people already healed', those people who journeyed to Canterbury to give thanks, make an oblation or to tell their story and thus arrived at the shrine healthy and hale. Benedict, for whom seeing was believing, found these miracles the hardest to verify.⁶⁷ Yet their number ensured he could not leave them out: just under 45 per cent of his chapters describe the miracles of people 'already healed'.⁶⁸ The laity were a tremendous resource. The *miracula* gives a real sense of Benedict talking and listening to lay visitors, asking questions and scrutinising their stories. Concerned to establish the veracity of their stories he collected the oaths of witnesses, inspected the stones, worms or bits of bone they had brought as proof and searched for sincerity in the size of the oblation offered.

William, on the other hand, was entranced by the weird and wonderful stories he found circulating among the laity. One of his later miracles begins: 'Brother William returns to hear what novelty the people will bring'.⁶⁹ If Benedict's collection was governed by the principle 'doubt each one',⁷⁰ William's approach was to 'choose what you will'.⁷¹ Moreover, he chose to focus his attention on the stories he heard from the laity. Fewer than 8 per cent of his chapters describe miracles which took place in the cathedral, the vast majority were miracles he had heard from 'the people coming for prayer' or second-hand accounts of lay miracles he had received from religious men.⁷² He took delight in the more

⁶³Bull, *The Miracles*, 54.

⁶⁴Robertson, *Materials*, II: 113, 212–13 for shipwrecks and 153–35 for the retrieval of a lost cheese; I: 358 for a resurrected suckling pig; and 448 for a lost cloak.

⁶⁵*Ibid.*, II: 37, trans. Koopmans, *Wonderful to Relate*, 160.

⁶⁶*Ibid.*, 161.

⁶⁷Seeing miracles was important to Benedict; he stressed the role of the monks as eyewitnesses emphasising how he and his brethren saw these miracles 'with our own eyes' and thought, where it came to religious men, that their eyes were like his eyes: 'Although our eyes did not see these things, we do not waver to add them as if they had, certified by 'our' eyes and mouth of Henry [of Houghton, one

of Becket's clerks].' Robertson, *Materials*, II, 162, trans. Koopmans, *Wonderful to Relate*, 177.

⁶⁸*Ibid.*, 160.

⁶⁹Robertson, *Materials*, I, 395.

⁷⁰Benedict tells his readers that 'because of the disparagements of the wicked, it is not inexpedient to doubt each one. It is doubted by us, let it be doubted by others...' *ibid.*, II: 39–40, trans. Koopmans, *Wonderful to Relate*, 160.

⁷¹William's guiding principle was sanctioned by Becket whom he claimed appeared to him in a vision and told him to "'Choose what you will'". William resolved therefore to 'seek out only those [stories] that deserved to be heard', Robertson, *Materials*, I: 2–3.

⁷²Koopmans, *Wonderful to Relate*, 182.

sensational stories: tales of bones discharged through noses, girls throwing themselves down wells and not drowning and mutilated fingers and genitals regrowing.⁷³ The fact that William's *miracula* contains more childbirth miracles than any other twelfth-century collection should not come as a surprise; they were precisely the sort of story that would have appealed. The higher incidence of pregnant and parturient women cannot be chalked up to changes in social attitudes towards childbirth. Instead, it comes down to the precise and urgent need on the part of the Christ Church brethren to record everything that pertained to their beloved archbishop and the author's predilections for the sensational stories of the laity.

The fact that we know quite so much about these women, their exact medical conditions and the administered treatments, could, however, be attributed to another defining feature of the late twelfth-century 'miracle-collecting mania', the so-called 'medicalisation' of miracle narratives.⁷⁴ Several of the later collections exhibit a heightened interest in medical explanations and deployment of medical terminology.⁷⁵ William appears to have been more proficient in this respect than most.⁷⁶ He furnished his miracles with detailed descriptions of symptoms and regularly provided aetiological explanations based on contemporary medical theory. For example, in the miracle concerning Margaret of Hamilton he explains how her miscarriage was brought on through the loss of menstrual blood. One night during winter, because of an imbalance (presumably of humours) in her body, he tells us that Margaret had suffered a nosebleed which lasted until morning. He then proceeds to explain that the menstrual blood, reserved from the moment of conception for the nourishment of the fetus, had been drained and, with that gone, the fetus had died.⁷⁷ His explanation conforms to contemporary medical wisdom which supposed that the menses, usually expelled from the female body as waste or excess matter, were retained in the pregnant or post-pregnant body either to nourish the child *in utero* or converted into breast milk to feed the child once born.⁷⁸ Moreover, it was well-known that excessive blood loss could result in a miscarriage.⁷⁹ His description of the dead fetus is also surprisingly graphic for someone whom we might expect to have limited practical experience. When it was finally expelled, the ears and nostrils had rotted, it stank and scarcely looked human.⁸⁰ In another miracle story, he offers an equally graphic description of the onset of labour. He describes the woman's breasts swelling and filling with milk, her genitals dilating and the fetus stirring with a stronger pulse.⁸¹ In a third miracle, William credits the woman's husband with supplying the medical explanation. He claims that Herbert of Felton had told him that his wife had succeeded in expelling only part of the afterbirth and, as a result, suffered a disturbance of retained humours. According to Herbert, whenever she lay down, these humours

⁷³Robertson, *Materials*, I: 465, 258 and 423–26.

⁷⁴Sally Crumplin, 'Modernizing St Cuthbert: Reginald of Durham's Miracle Collection', in K. Cooper and J. Gregory (eds), *Signs, Wonders, Miracles: Representations of Divine Power in the Life of the Church*, Studies in Church History 41 (Woodbridge: The Boydell Press, 2005), 179–91, 185, n. 25.

⁷⁵Koopmans, *Wonderful to Relate*, 119.

⁷⁶The difference in medical terminology between William and Benedict's collections has frequently

been noted: Finucane, *Miracles*, 126 and Ward, *Miracles*, 96.

⁷⁷Robertson, *Materials*, I: 226–27.

⁷⁸Monica H. Green, *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine* (Philadelphia: University of Pennsylvania Press, 2001), 20. See also Finucane, *Miracles*, 216, n. 55.

⁷⁹Green, *Trotula*, 79.

⁸⁰Robertson, *Materials*, I: 227.

⁸¹*Ibid.*, I, 393.

would pour out of her tilted organs affecting her vital spirit, causing respiratory problems and pains in her chest.⁸² Although Herbert of Felton may have been a physician, it is more likely that William was using him as a mouthpiece for his own medical explanation. William clearly had a keen interest in medicine and a pretty advanced understanding of both ancient and newly translated Arabic medical theory.

Working out which texts William might have had access to is difficult on two counts. First, to do this systematically would involve considering the miracle collection as a whole, examining the medical content of each and every healing miracle, from the leprous through to the paralytics. Second, reconstructing Christ Church's twelfth-century library is a complicated task. A catalogue written c.1170 indicates a well-stocked library with a secular collection of almost 200 volumes, undoubtedly ideal for the study of the liberal arts and sciences.⁸³ The list, however, does not contain a single medical text. Yet rather than assume the priory did not therefore possess any medical volumes, this instead suggests there may have been a second catalogue or indeed that the medical volumes were housed elsewhere, perhaps even in the infirmary. Certainly, by the time a second catalogue was compiled in 1331 the priory library had nearly 90 medical volumes and it is likely that a good number of these would have dated from the twelfth century if not earlier.⁸⁴ As one of the largest and most important Benedictine houses in Norman England and the seat of the archbishops of Canterbury, the cathedral priory of Christ Church would probably have had access to the very latest in medical learning. It would have been able to tap into the rich cultural networks that existed between the great European Benedictine houses, while the contacts between the Norman realms of England and Sicily which had dominion over much of southern Italy in the twelfth century, are well documented.⁸⁵ Thus, William of Canterbury conceivably had not only access to the translations of the Monte Cassino-based Constantine the African but many of the medical texts produced in the southern Italian city of Salerno. By way of comparison, a 1202 catalogue listing the collections belonging to Rochester, a far smaller Benedictine priory, itemised 29 different medical volumes, including many early medieval, Constantinian and Salernitan texts.⁸⁶ It is highly likely that Christ Church's holdings were just as extensive and every bit as cosmopolitan, if not a great deal more so.

In addition to his sound theoretical understanding it is conceivable that William also had some practical medical experience. In his *Life of St Thomas* he recounts that on Becket's return from exile in early December 1170 the archbishop sent a messenger to eavesdrop

⁸²*Ibid.*, I, 271–2.

⁸³M. R. James, *The Ancient Libraries of Canterbury and Dover* (Cambridge: Cambridge University Press, 1903), xxxiv. The catalogue is found in Cambridge University Library MS. li.3.12.

⁸⁴James Willoughby, personal communication.

⁸⁵On the circulation of Salernitan and Constantinian writings in England see Monica H. Green, 'Salerno on the Thames: The Genesis of Anglo-Norman Medical Literature', in J. Wogan-Browne (ed.), *Language and Culture in Medieval Britain: the French of England, c.1100–1500* (York: York Medieval Press, 2009), 222–3 and Charles Burnett, *The*

Introduction of Arabic Learning into England (London: British Library, 1997), 16–29.

⁸⁶Rochester's medical holdings included copies of *De Materia Medica* by Dioscorides, Constantine's *Viaticum* and *Liber aureus de remediis et aegritudinum cognitione*, translations of *Experimenta* and *Aphorisms* by Hippocrates, an *antidotarium* written by Nicholas of Salerno and a volume on practical medicine by Bartholomew of Salerno, Richard Sharpe et al., *English Benedictine Libraries: the shorter catalogues*, Corpus of British Medieval Library Catalogues 4 (London: British Library, 1996), 523–25. See also the comments in Green, Salerno, 222.

in the household of the earl of Cornwall.⁸⁷ The messenger was sent in the guise of a physician since the earl was known to have been suffering from a fistula. The 'physician', however, is recognised by one of the king's servants who identifies him as 'William, from the family of the prelate of Canterbury'. The earl secretly tells this William to return to Becket with haste otherwise he will be killed. William returns and confides his tale to John of Salisbury who bids him to keep the affair to himself. There are good reasons for thinking that William, the author of the *miracula* and later the *vita*, may also have been the William mentioned in the *vita* who donned the guise of the physician. For a start throughout the *vita* and in his dedicatory epistle which prefaces his miracle collection William refers to himself in the third person.⁸⁸ Moreover, our author was ordained deacon shortly after this incident and makes a point of saying that he was the only one of the Christ Church community to be accorded such an honour.⁸⁹ Could his ordination have been a reward for services rendered? Finally, how might William the author have learned of these confidential events unless he had been involved himself? Of course, if they were indeed one and the same William was only *playing* the part of a physician; it was all just an act to gain entry into the household of the earl of Cornwall. However, the messenger would probably have needed some medical skills in order to pass himself off as a physician. The earl suffering from his fistula certainly did not suspect him, so clearly 'William' was fairly talented in this line of work.

Even if we suppose that William of Canterbury did have some medical training, it is unlikely that he had much practical experience of childbirth. Indeed for most monks a knowledge of obstetrics and gynaecology would have been purely academic since the world of reproduction and childbirth was far removed from their cloistered lives.⁹⁰ Yet this is not to say that they were completely ignorant of what took place in the birthing chamber. The credibility of miracle collections was underscored by the inclusion of specific details that lent them an anchoring in the routine world of everyday life. These texts, therefore, are valuable sources of information for how monks understood the practicalities of childbirth and its lived experience. For a start, these narratives indicate that childbirth was an almost exclusively female domain. Midwives feature in most of the childbirth miracles, usually in the plural. Indeed, in one of the miracles in Benedict's collection, seven midwives were on hand in the birthing chamber to aid the dropsical Eliza of Middleton.⁹¹ A doctor is mentioned on just one occasion, where he is said to have given up hope for the woman's recovery following the failure of the various potions and remedies that he had prescribed.⁹² Midwives were left to supervise complicated labours and are usually described as being 'unable to help', at which point they retreat to the sidelines to watch as the miracle unfolds. On only one occasion is there any indication of the sort of help they might have offered. William describes how an arm, as opposed to the head, had emerged first and, despite the midwives' best efforts to push it back in, the

⁸⁷Robertson, *Materials*, I: 114–15.

⁸⁸*Ibid.*, I: 119, 138.

⁸⁹*Ibid.*, I: 119.

⁹⁰Monica Green comments on the unlikelihood that monks ever treated lay women but draws attention to the twelfth- or early-thirteenth-century dialogue, *Contra religiones simulatores*, which criticizes young

monks who gave medical advice to women concerning gynaecological complaints, 'The *De genecia* Attributed to Constantine the African', *Speculum*, 1997, 62/2, 299–323, at 311n.

⁹¹Robertson, *Materials*, II: 222–23.

⁹²*Ibid.*, II: 136.

arm had swollen to the size of a hoof. He writes that the conscientious midwives continued their efforts, but eventually reached the conclusion that it would be better to amputate the limb than deliver either a dead infant or risk the mother's life.⁹³ Midwives were clearly expected to play an active role. The second-century Greek physician Soranus of Ephesus instructed midwives to 'insert the fingers gently at the time of dilation and pull the fetus forward, giving way when the uterus draws itself together, but pulling lightly when it dilates'.⁹⁴

It has been claimed, most recently by Marcus Bull, that William, despite his theoretical and arguably practical experience of medicine, was disparaging of secular medicine.⁹⁵ It is true that, on occasion, William does make what seem to be snide remarks. For example, he comments that a clerk from Lincoln who had been cured by St Thomas, had gained nothing from doctors except expense and despair.⁹⁶ Nevertheless, there is nothing in this episode with the midwives to suggest that William fundamentally disapproved of what the midwives were attempting to do. There is no sense that they should not have tried to turn the baby, nor that they were necessarily doing it incorrectly, only that it had not been successful. The failed physician is a recurrent character in hagiographical texts.⁹⁷ Far from implying conflict or hostility between healers, however, it is possible that this motif was simply a rhetorical trope. Miracle cures are patently more miraculous if they cure the demonstrably incurable. The midwives conscientiously striving to turn the baby is an extension of this rhetorical device, their failure merely reinforces the truly miraculous nature of the cure provided by St Thomas.

In addition to the parturient women, the attendant midwives and a defeated physician, priests and husbands were also regular visitors to the medieval birthing chamber. In the previous miracle which saw the midwives try in vain to push the baby's arm back up the birth canal, the woman began to prepare herself for death and sent for the priest. On his arrival, however, instead of administering the last rites, he confessed he immediately 'turned towards the natural science of reason with industry'.⁹⁸ Only when he had himself ascertained that amputation was indeed the only option (and a course of action he was unwilling to persuade the woman to consider) did he finally turn his attention to the woman's immortal soul.⁹⁹ This parish priest may merely have been a keen amateur, but this story does suggest that the clergy may have had some role in determining medical treatment. Certainly in the later Middle Ages the ecclesiastical authorities were clear in their instructions to parish priests that should the mother die during childbirth it was the priest's responsibility to instruct the midwife to cut open the dead mother and extract the living infant.¹⁰⁰

The birth chamber may have been a largely female domain but husbands have a visible presence on the threshold. They were often distraught and keen to help their wives and

⁹³*Ibid.*, I: 227–8.

⁹⁴Owsei Temkin, *Soranus' gynecology* (Baltimore: Johns Hopkins University Press, 1991 [1956]), 76. See also Clarissa W. Atkinson, *The Oldest Vocation: Christian Motherhood in the Middle Ages* (Ithaca and London: Cornell University Press, 1991), 56.

⁹⁵Bull, 'Criticism', 114.

⁹⁶Robertson, *Materials*, I, 179.

⁹⁷Irina Metzler, *Disability in Medieval Europe: Thinking about Physical Impairment During the High Middle Ages, c. 1100–1400* (London: Routledge, 2006), 141–6.

⁹⁸Robertson, *Materials*, I: 227.

⁹⁹*Ibid.*, I: 228.

¹⁰⁰Carole Rawcliffe, *Medicine and Society in Later Medieval England* (Stroud: Alan Sutton Publishing Ltd, 1995), 199.

infant children in whatever ways they could, usually by binding themselves in a vow to St Thomas.¹⁰¹ One miracle tells the story of Eleanor who had been in labour for three days or more. She was dangerously close to death when her husband, William, a knight from Oxford, hung some relics of St Thomas around her neck whereupon she promptly gave birth to a son. It is not clear how the knight had come by these relics, nor indeed precisely what they were, whether they were pieces of bone, strands of hair or pieces of fabric. We are told, however, that he felt a great deal of compassion for his wife, especially since 'she was not yet of an age that she should be to become a mother'.¹⁰² These miracle stories demonstrate a detailed knowledge of the practicalities of labour and birth, and while they may have provided an opportunity to showcase William's medical bravura, they ultimately originated in the reported experience of lay women.

To return therefore to Monica Green's comments quoted in the introduction, a history of women's health care could indeed be written from miracle collections. Their tales of difficult births miraculously expedited through saintly intervention provide an important source for reconstructing the experience of pregnancy and childbirth in medieval England. Yet miracle collections are a challenging source and should be read with caution and an acute sensitivity towards the factors governing their compilation and dissemination. The status of childbirth miracles changed considerably during the twelfth century. This change was due not to revived interest in childbirth or maternity but to profound changes in the nature of the sources used to compile these texts. While the testimony of lay women had been dismissed as 'popular rumour' by Eadmer, 50 years later William of Canterbury delighted in these novelties and the opportunities they afforded him in demonstrating Becket's sanctity. The higher frequency of pregnant and parturient women found in the later collections was little more than the incidental corollary of this shift in the perceived status of lay testimony. Yet this shift was serendipitous for the social and medical historian because it was only through the expansion of the pool of pilgrim testimonials that we are able to glimpse the lived experience of childbirth in the twelfth century, observe the personnel present in the birth chamber and learn about the techniques and procedures they practised.

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¹⁰¹Robertson, *Materials*, I: 226–67, 345–6.

¹⁰²*Ibid.*, I: 470.