

True or False Cures?

Clara Gallini

Problems of effectiveness

During the last century procedures for distinguishing between 'human sciences' and 'natural sciences' have seen a number of changes. Currently, the pre-eminence of the scientific-naturalist paradigm, which led the field throughout the nineteenth century, seems again under discussion on some fundamental issues. In particular, the boundaries between the two sciences – boundaries which were in no case rigid or absolute – are being tested, in a confrontation concerning the very statutes of both disciplines as well as their respective methods.

There are two fields which I consider crucial. First, the ecological approach, in that it involves a redefinition of the most conventional concepts of 'cultural' man and 'natural habitat', both so strongly interrelated as to force us to invent new words to consider the totality of an ecosystem. However, this matter is beyond my field of expertise and I shall leave it aside and go straight on to the second.

This second area, which I am rather more familiar with, deals with the concept of effectiveness mainly in connection with illness, treatment and cure. When we describe 'effectiveness' as 'material' or 'symbolic', these two opposite expressions imply the idea of either an obscure link or a radical break between the materiality of our individual bodies and the non-material nature of collective representations. But each of these two theoretical possibilities must cope with boundaries which are more and more uncertain, problematic and disputable, due to the proliferation of therapeutic offers centred just on the exploration of these boundaries.

A change is taking place. But the endless hybridizing of discourse and the confusion of fields does not give us the sense that the deconstruction of 'powerful' categories and paradigms has resulted yet in the reconstruction of new orders of significance, able to reconsider traditional categories, such as those that set 'culture' and 'psyche' versus 'nature' and 'body'. And for the anthropologist grappling with these issues, it is still extremely tempting to resort to the medical paradigm as *ultima ratio* of discourse about mankind.

Lourdes

I shall start with the example of one of my recent research experiences that eventually became a book, *The Miracle and its Proof. An Ethnologist in Lourdes*. This was an experience that took me directly to the source of the questions about the 'real' nature of 'symbolic'

processes of cure – questions and processes which are both seen as products of cultural dynamics peculiar to modernity.¹

The ethnologist of the title is Émile Zola, author of a great study (*Lourdes*, published in 1894), where he explores a theme that today, in a far from accidental revival, is reappearing in both anthropology and media languages: the return of the so-called ‘sacred’ on the threshold of a new century (this time a millennium) within a society assailed by both the crisis of scientific ideals and the crisis of class struggle ideals. Besides, the revival of these ‘passe-partout’ interpretations and similar ones gives us the chance to make some enjoyable remarks on those exegetists of ‘postmodernism’ who ascribe to this supposed new era the same characteristics that a hundred years ago others identified – with much greater foresight – as signs of a crisis peculiar to ‘modernity’.

I think a few preliminary remarks about methodology are required before tackling the questions that particularly concern us.

My attempt to reread *Lourdes* from an anthropological standpoint is based on the text’s uniqueness: until now we have lacked a reliable ethnography capable of restoring life and *raison d’être* of this great healing sanctuary that arose and developed in contemporary Europe. I have always suspected that for some time we all – including myself – have been paralysed by a repugnant phenomenon that exposes our inability to incorporate into the paradigm representing Western world and modernity the ‘complex novelty’ of the meanings that *Lourdes* ascribes to illness and its handling, in a hybrid compound of ‘science’ and ‘faith’.

I refer in particular to the ambiguity of the presence, within a healing sanctuary, of a medical unit (the *bureau des constatations*) expressly created to identify those cases of healing through grace, cases which would occur in accordance with the theological definition of miracles and therefore could not be explained by medical science. The question goes far beyond the time and place where it was framed. There is no doubt that *Lourdes* has been the symbolic theatre where there has been exploration and repeated discussion, in terms of ‘effectiveness’, of all those boundaries between body and soul, spirit and matter, that turn out to be explosive whenever it becomes necessary – as individuals and as a society – to handle the critical moments of suffering. And it is at *Lourdes* in particular that the paradigm of ‘medical verification’ of ‘healing that is not medically provable’ has assumed its full meaning and – although originally elaborated within extra-scientific therapeutic fields, mainly magnetism – has later developed into a model capable of being reproduced through innumerable clones and variations up to present days.

My rereading of *Lourdes* attempted above all to retrieve a set of observations carried out in the field that appear extremely pertinent: Zola’s text – which was written following naturalist/objectifying criteria that today would horrify any advocate of the ‘negotiation of meanings’ – is nevertheless able to bring to life a perceptible universe that features both the observer and those who are being observed. His text begins with complex and disturbing scenarios peopled by actors who confront one another and fight according to their different positions and to their interpretation of an institution (the pilgrimage) that is only superficially identical for all of them. As a matter of fact, *Lourdes* started from a competition, then assumed that competition, setting itself up as a shocking place, a place that forced people to take positions, that made it impossible to avoid the interplay of roles and positions that from the first apparition of the Virgin emerged within and around its perimeter: and in such a way *Lourdes* became almost a paradigm of all

possible similar configurations, and the true/false alternative turned out to be compulsory, unavoidable.²

Recalling the experimental method of a medical doctor, Claude Bernard, Zola considered his writing to be a 'scientific' experiment that was used as an inductive laboratory of 'transformations' revealing objective truths.³ Of course nowadays we would give a different name to the construction of a text's narrative framework, as we now grant it full interpretative and aesthetic autonomy. In any case, no one any longer upholds those great certainties that pit one truth against another, each one holding its ground. Indeed this is the great change that this recent climate has brought: all fields of anthropological enquiry are now stamped with the seal of a 'weak thinking' which is supposed to make us less dogmatic, more open to dialogue and more self-critical. But we are also beginning to glimpse the limits of the 'weak' use of this thinking: it opens on to landscapes empty of meaning that may alarm us, and that some try to escape from by turning to some new god, possibly immanent and secular, a hybrid compromise between history and metahistory.⁴

True and false accounts of healing

But let us return to Zola, to the concrete nature of his experiment, the meaning he gave it and the methods he used to conduct it. The 'transformation' process he carried out in order to restore the 'truth' was extremely provocative. New and essential means of communication, the railway and the mass circulation press, had very much helped to establish that real and symbolic network that linked the faithful together, both within and outside France. And it was precisely some of Lourdes' most famous hagiographic texts (I use the term in its widest meaning) that were selected for a translation which was manifestly a betrayal. In brief, Zola reworked texts from three literary genres: pilgrim's guides, Bernadette's and Lourdes' stories, and finally accounts of cures. From the pilgrim's guide the novel retains the narrative structure which follows the spatial-temporal progress of the pilgrimage but its performative meanings are radically changed as soon as the characters are introduced, with their various motives and behaviours. The same stories of Bernadette's life, as well as the growth and official acknowledgement of the cult of the Immaculate Virgin, are reported and interpreted in terms of rough secular power struggles.

But the most devious and provocative reworking is reserved for the accounts of cures. The accounts of Lourdes' main female protagonist, Marie de Guersaint, and especially those of the three other subsidiary protagonists – all women seeking a cure – come from data taken from 'accounts of cures' that appeared in Lourdes' press, but are subjected to subtle transformation that turns every clinical sign into a sign that is different from a medical viewpoint. In the end each of these women is *falsely* cured of an illness she did not have and is *truly* afflicted by a different one, induced, so to speak, by a web of delusion woven with the help of priests, doctors and pilgrims, according to their respective roles. A truth game is being played here. And Zola was at once accused of falsification and plagiarism by Catholic writers, who never went to court but steadfastly handed down to us the image of a blasphemous and mendacious author. After the book had been relegated to the *Index Librorum Prohibitorum*, it was proclaimed by the Church

that 'real' individuals – 'true' prototypes of the book's three most obviously 'false' stories – had been 'healed by a miracle'. Obviously this act took doctors' statements and reinterpreted them through theology.

We begin to perceive the complex interplay of forces that can be involved in the 'effectiveness' of a cure, which turns out to be an ill-defined process as far as its spatial-temporal boundaries are concerned. In this process the equally situated accounts of the three women were differently managed by doctors, priests and novelists. All the same, for the rest of their lives these women declared they had been healed by the Virgin of Lourdes.

Modern thaumaturgics

The credit Lourdes gives to medical science can be historically interpreted as belonging to a process common to all branches of 19th Century culture, that allowed it a primary role. But it can also be interpreted as part of a much wider process of semantic revision of a whole field – the field of illness and cure – which was henceforth compelled to take into account various referents and seems to be strongly contended by different power relations.

The modern age is permeated by an unquenchable thirst for miracles that tends to come to the surface in waves, rising from submerged sites that are nevertheless active. Lourdes' very success was also built on a great demand for healing that had obviously gone unattended by medicine. There was a need for new words to express modern suffering and this request appeared in a completely unexpected way, alongside the great cultural upheaval that accompanied the general processes of deruralization and urbanization.

Different positions – contrasted but equally able to compromise – gained ground. On one side there was medical science, bolstered by its institutional credit and by the secular nature of its theoretical foundations, but also unable to respond to new needs for salvation. On the other side there was a whole world of various thaumaturgics emerging and re-outlining itself along the border between science and religion, whose limits seemed increasingly fluid, contaminated, unclear . . .

The whole of the nineteenth century was influenced by this amazing proliferation of heterodox practices, which were heavily dependent on the emotional and symbolic content of the therapeutic relationship, and at the same time opened the door onto a marvelous wonderland where radical changes could occur to body and mind, and even to matter itself. New-style therapists – mesmerists and spiritists – worked on the image of the individual seen as a unity of closely interconnected body and spirit, in a way the Church had always looked upon with suspicion.⁵

It is in the midst of all these tensions that the answer provided by Lourdes takes place. With its powerful scientism the pilgrimage becomes an act of institutional power, which resumes, develops and controls any subversion coming from outside.

But scientism itself was the great myth within which all the competitors fought, so that each therapy – whether orthodox or heterodox – made the same claim to use 'scientifically' valid, provable methods and brought evidence of 'objective' experiments based on its data. With the claimed 'experiments' made of magnetic and spiritist facts we are not very far removed from the logic on which the miracles of the Cave were built, with their

corresponding 'scientific' verification. This is precisely why every 'scientific' argument contesting Lourdes' miracles may seem almost to mirror them, and the distinguishing barriers erected between their respective territories may look as though they are made the same materials. However, it would be misleading to refer to a scientist paradigm unanimously shared by both thaumaturgics. It is a particular type of medical science that Lourdes welcomes within its ambit, supporting it while at the same time rejecting another. Thus the ground for miracles is contended by more than two competitors.

Three possibilities

The theoretical debate about healing miracles, which is also introduced by the characters in Zola's text, seems to be a legend summary of matters that were rather adequately defined within the framework of medical discourse of that time – but of that time only?

We have three possibilities in front of us: that all cures may be tricks (intended, or as a fraud performed by priests, or as delusions of reason and feelings on the part of the sick); that some cure may genuinely occur by virtue of divine grace operating directly on physical bodies; and finally that they may work through some psychic influence on the body.

As far as the first possibility is concerned, we can quote negative judgements like Émile Littré's in 'Un fragment de médecine rétrospective. Les miracles de Saint Louis', published in 1869 in the journal *La philosophie positive*, which warned against the popular belief in miracles, stigmatizing it as a consequence of delusion, of mistaken and maybe sick minds. This type of view was never completely abandoned, but it did begin to seem inadequate. Today it mainly survives in the common sense of television talk shows.

Let us consider the second hypothesis. In the years when Lourdes perfected its scientist apparatus and set up the *bureau des constatations* as a physical institution (1888), in both Nancy and Paris spiritualists, who were experimenting with hypnosis, transferred to clinic practice those heterodox practices which had been proliferating in the social community, performed by non-authorized practitioners of magnetism and hypnosis. Taken up again by science, the same theories which attributed to magnetic and/or hypnotic suggestion the power of a therapeutic effectiveness – all the more so when applied to weak and hysterical patients – now acquired the force and credibility they had previously been denied. As a result, the hypothesis eventually emerged that these acts of faith, that had hitherto been seen as deceitful, might also contain a kernel of practical, genuine and demonstrable effectiveness. Thus miracles were no longer rejected 'a priori'. They were simply removed from the theologian's area of expertise and handed over to the spiritualist's.

Charcot's *La foi qui guérit*, which was published in 1892 in two languages and in two journals popularizing cultural topics, was inspired by our famous novelist's trip to Lourdes. In this sort of a pamphlet, the spiritualist tried to systematize the question of miracles and reread the institution of the pilgrimage, with its system of rites and values, as a powerful agent able to trigger a process of suggestion interpreted as truly 'effective' in terms of cure.⁶

The innovative nature of *La foi qui guérit*, which should be recovered to an anthropological reading, lies in its method. Indeed, over and above the various historical limits conditioning its author's viewpoint, it is probably here that, for the first time, we find an

analysis of the healing pilgrimage seen as a cultural institution designed to build an effective symbolic experience. This is a crucial point, going beyond the material and objective meanings assigned by Charcot to the concept of 'effectiveness'. For the spiritualist faith-healing was a real, objective force consisting in a particular state of mind, specifically conformed to the very existence of the pilgrimage and capable of working on an individual's organic matter.

Just like *Lourdes, La foi qui guérit* rides an ambiguous and fascinating tiger. And its final statement – that both clinical hypnosis and faith-healing can also be effective on patients suffering from 'organic' illnesses such as ulcers and cancer – marks the point of no return. Playing one effectiveness against another, the spiritualist was also forced to admit to having sent to Lourdes some of his incurable female patients.

Now the territory of miracle appeared to be increasingly besieged by psychic forces. Or rather the whole binomial illness/cure was re-problematized, opening gaps and building bridges between psyche and soma, which were the source of new and never-ending questions.

Body, psyche and soul

Spiritualists had come to postulate an articulation between the two levels of soma and psyche, and this new step allowed them to reconsider those healing processes that in the past had appeared to them as tricks or mental illness. However, their reading never departed from those materialist principles that assumed the psyche was a function of the brain. In short, the soul was still excluded from their concept of the person. Simplifying as much as possible a notion that enjoys a long tradition, we might say that by soul Christian theology understands the image of God made flesh, an essential principle innate in mankind and the primary source of all its faculties, represented by the classic triad of physical, emotional and intellectual faculties. This is a crucial, un-renounceable point on which Lourdes developed a strategy that would have won in the end. The ability to distance oneself from any materialistic position consisted then (and still does now) in looking for support in options that were radically organicist: the real cures, the genuine miracles are only those that happen on the physical level, on the level of the body.

The *bureau's* doctors supported these ideas, beginning with the most famous of its directors, the prolific scholar Prosper Gustave Boissier, who reread the history of Lourdes as a 'medical history', examined a series of accounts of cures and presented them in the format of 'clinical cases', thus codifying a model which would be followed up to the present day.⁷

Thus the miracle site becomes peopled by lesser individuals for whom apparently it is the physical body – and not the mind – that is the only 'true' object of the Virgin's healing intervention. Hence comes a deliberate emphasis on an image of the body seen as a mechanism made up of organs that are either damaged or healed. These are organs that have no need of any 'faith-healing' whatsoever, in the concrete materiality of the effectiveness of a grace that works on them in a way that is inscrutable and external. What tragic case histories from a hospital where the patient is not a person but simply degraded suffering matter! But what is not said but implied is that the soul is the theological principle necessary for such an extreme representation of the human body.

Thus the confrontation that is taking shape here looks more and more like a real and specific conflict, not just a generic conflict between science and faith, medicine and religion. What is at stake is the definition and control of minds more than bodies, or rather both of them together: this is the ground on which the *bureau's* doctors struggle hard in defence of a human being wholly composed of body, but a body containing a soul.

Here lies the deep significance of the commitment of Lourdes' doctors, who are paradoxically forced to keep looking for 'organic' evidence, which alone, without the assistance of the psyche, must be able to demonstrate a miracle. What is at stake, thus, is Christian anthropology, which is now gaining in strength through new words supplied by the language of medical science: more specifically, of a particular branch that in modern terminology we would call biomedicine. And this is what Lourdes still emphasizes – both in press reports about cures and in its practice when it recommends hysterical or neurotic patients not to undertake the pilgrimage. This is why we shall never see gods dancing on the banks of the Gave.

To conclude this topic, the debate around Lourdes' miracles may be considered a signal of worried questioning about the very essence of man . . .

From an historical point of view, the debate has helped to build roles and positions that have suddenly gone beyond the medical elite and have taken root in society, reproducing themselves through long-lasting memory. Today, even while the pilgrimage is becoming less famous among many others, the same argumentative structure inaugurated by Lourdes is reappearing applied to different subjects – magical sciences, occultism, Padre Pio's miracles,⁸ etc. – to re-propose the usual alternatives, so contributing to the construction of an 'unexplainable', 'extraordinary', 'miraculous' etc., cure, understood as *true*, since it is *physical and based on biomedical evidence*.

Mitsingen ist verboten*

Anthropologists might also think the 'verification' problem is a false one, unless they include within the scope of their analysis the verifiers themselves, and their relationship to what is supposed to be verified. This means questioning not as much about verification as about interpretation.

Henry Lasserre's *Les épisodes miraculeux de Lourdes*, published in 1883, is a very different text from those we have so far considered. The author starts criticizing the excessive medicalization that appears to permeate the accounts of cures and calls rather for an internal reading that, supported by the researcher's self-analysis – as he considers himself miraculously healed – follows some life-stories step by step, in order to enucleate the dynamics of both physical and moral transformations for the protagonists.

Lasserre's dialogic method led to the reconstruction of five quite touching stories: it was no accident that Zola chose one and visibly transformed it to create his book's main female character, Marie. But although Zola transcribed and at the same time betrayed an 'authentic' story, he also did so for a methodological reason, since he did not share the criteria used by Lasserre to collect his accounts: 'he claims that the truth of his accounts comes out by itself. In fact he believes what he is told, without questioning the teller',

* 'Do not join in with the singing' (translator's note).

Zola wrote in the notebooks (Carnets) on his journey to Lourdes, not without some reason. As a matter of fact, he had the strong conviction that he, and not his opponents, had absolute truth on his side.

But the problem remains as posed: how is it possible to restore to dialogue and interpretation that analytical dimension that is essential for anyone who wishes to make a profession of anthropology rather than medicine or religion? The dangers that seem to me to be threatening a large part of present-day 'reflexive' anthropology appear to be the same, insofar as the interpretative process – understood as translation from one code into another – fails to undertake an analysis of the researcher's own code, taking it as self-evident and not tested as for its feasibility.

This problem was clearly foreshadowed by Ernesto de Martino as an element of a theoretic-methodological approach that initiated a strand of research in which I also include myself.⁹ As a joke, de Martino used to quote, among others, the inscription affixed in concert halls in Germany: *Mitsingen ist verboten*. The naturalistic-objectifying approach of Zola and his fellow scientists now seems to have had its day: but translating others' discourses into one's own without explicating the rules that have been followed in this anthropological work may lead one to resemble devout Henry Lasserre and his criticized fellow-doctors from the *bureau des constatations*.

Accounts of healing

In *Sud e Magia*, Ernesto de Martino observed, when surveying the results of an ethnographic study of the operational ambit of the concept of fascination, that '[...] the magical representation of illness becomes confused with the feeling of being dominated by dark forces, and the magical representation of healing with the feeling of being cured.'¹⁰

And it was de Martino again who had the remarkable foresight to insist on the hermeneutic need to operate within one's own categories and to subject them to constant interrogation. By 'critical ethnocentrism' he meant an operation that did not aim at deconstructive radicalities, riskful and ineffective, but rather at the knowledge of its own analytical tools.

Anthropological research has long accustomed us to relativize the cultural settings within which the 'sense of illness' is constructed. In many occurrences, indeed, it nevertheless seems to avoid any cultural analysis of the 'sense of healing', and by consequence it seems to appeal to a medical discourse, which pretends a medical 'verification' of a 'real' healing process.

As a matter of fact the entire problem stems from the subjective and cultural significance of 'feeling healed' and its transformation into an account that is more or less shared. Like any symbolic construction, accounts of healing are also extremely complex referential products that relate to different and conflicting discourses, positions and behaviours. Also the case of cures in Lourdes denies any idea of the existence of collective representations supported by a unitary code. And it calls for research on patients, in their own particular voice. But – since it is inconceivable at any 'zero degree' of speaking or writing – this very testimony from patients becomes problematical.

The vast corpus of 'accounts of cures' collected in relation to Lourdes, especially since the end of the nineteenth century, has built up over time a sort of archive of clinical files capable of shaping the production of other accounts, produced in different contexts. For

this reason, given the double conditioning by both science (bio-medicine) and religion, each account will turn out to be, at the very least, the result of a dual compromise between the subjectivity of an experience and other ideological frames of reference.

And yet, it is precisely from the delicate thread which can be glimpsed beneath the various accounts of cures within a referential frame so firmly connoted, that a weft seems to be spun out that is more secret and – within certain limits – more resistant to the dominant lexicon.

Many of the accounts of cures use a vocabulary that is less officially sanctioned, and yet is coherent and significant, composed of words that every redactor, from doctor to priest, at least partially registers but without thinking them worthy of attention. It is a popular discourse that echoes a complex of experiences over a long period of time, typical not only of Lourdes but also of other Christian pilgrimages: what takes place during the 'miracle' scene is the body's dramatic passage through the exasperation of all symptoms of illness as far as ultimate agony, which does not end in death but in return to life. These are the results of a direct intervention by the Virgin, which 'works' on the individual, causing a sudden shock, moving the internal organs around, making the bones crack and the blood boil, driving out malignant matter, until the return to life occurs, marked by the sign of a great hunger.

The body expressed in these accounts does not seem to be the one known either to doctors or to theologians, even if it cannot be expressed without using words from both discourses, denoting on one hand the material nature of the sick physical body and on the other hand the supernatural character of the corresponding transformation. Its healing seems to be a gradual experience passing through various forms and levels of social and institutional acknowledgement.

Problematic effectiveness

In a recent survey of the collection of essays edited by Vittorio Lanternari and Maria Luisa Ciminelli, *Magia, medicina, religione, valori*, Fabio Dei presents an interesting round-up of the questions raised by various contributions (not only from Italians) to the book, which could be considered the crowning achievement and the final result of Lanternari's work in a research field particularly lively in Italy today.¹¹

In this context Dei, considering concepts such as 'placebo effect' or 'self-healing', makes the following remarks:

It is strange that anthropologists are obliged to resort to developments in bio-medicine to find a basis for symbolic effectiveness. All the more so when doctors themselves seem to have given up solving the symmetric problem of the placebo effect in purely biological terms, thus accepting the need to understand it from within an anthropological perspective and a model where the patient is seen as an active interpreter of meanings.¹²

In principle I share these views and other similar ones insofar as they eliminate any possible explanatory recourse to the existence of supposed 'faith-healing' as an essential determinant of processes of 'organic' cure. These views have, among other things, their hermeneutic correlation in the relativization of the concept of reality, so that any type of significant experience is recognized as 'real' – and not necessarily 'true' or 'false'.

But the case of Lourdes itself – which in my view is representative of all that which circles around the historical definition of the person – demonstrates the existence of conflicting paths on which the various subjects involved move, with different titles and roles, all engaged in constructing a ‘reality’ which is substantiated precisely by the questioning about the dilemma: is it ‘true’ or ‘false’?

This type of reality attracts anthropologists too, and they feel almost duty-bound to ‘take sides’, in other words to get involved in a game whose rules have been laid down by others. Indeed, extricating ourselves requires an exercise in deconstruction that takes place in a *relational* context: an unpleasant relation, since it has to deal with illness and suffering, and with the symbolic violence exerted by both sides (doctors and priests) at the expense, and with the collaboration of, a person struggling with pain. So it will be difficult, even unwanted, to remain outside the maze and to take up a relativist position that could be conceivable just when one could imagine to contemplate unconnected worlds far removed from one another. This position is all the more impossible to sustain today, in the face of cultural constructions produced by the very modernity in which we all are involved.

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Notes

1. Clara Gallini (1998). *Il miracolo e la sua prova. Un etnologo a Lourdes*. Naples: Liguori. Reference to this book avoids my having to include in this article all the quotations that are not strictly relevant to its theme.
2. Zola happened by chance to go through Lourdes in the summer of 1891 and decided to go back to carry out a study, which began on 18 August of the following year and lasted a week. His travel notebooks were published in a remarkable critical edition in *Mes voyages, Lourdes-Rome. Journaux inédits présentés et annotés par J. Ternois* (Paris, 1958). The first volume of the cycle *Trois villes, Lourdes* appeared in 1894.
3. E. Zola (1880). *Le roman expérimental*. Paris.
4. I am referring of course to the development of Gianni Vattimo’s thinking. See P.A. Rovatti ed. 1983. *Il pensiero debole*. Milan: Feltrinelli; G. Vattimo (1998). *Espérer croire*. Paris: Seuil. Translated from the Italian of 1996.
5. I have dealt with this topic in Clara Gallini (1983). *La sonnambula meravigliosa. Magnetismo e Ipnatismo nell’Ottocento italiano*. Milan: Feltrinelli.
6. The text is republished in G. Didi-Huberman (1982). *Invention de l’hystérie. Charcot et l’iconographie photographique de la Salpêtrière*. Paris.
7. P.G. Boissier (1891). *Lourdes. Histoire médicale, 1858–1891*. Paris.
8. Padre Pio da Pietralcina (1897–1968), a Franciscan priest said to have had healing gifts. He was canonized in 1999 by Pope John Paul II (editor’s note).
9. See the recent collection of historico-critical essays published by C. Gallini & M. Massenzio (1997). *Ernesto de Martino nella cultura europea*. Naples: Liguori.
10. E. de Martino (1959). *Sud e Magia*. Milan, 27; see also (1963) *Italie du Sud et Magie*. Gallimard. Those of de Martino’s works that had already been translated into French were reprinted in 1999 in 3 volumes by Editions Sanofi-Synthélab, *Les Empêcheurs de penser en rond*. See also the article by Daniel Fabre (1999). *Un rendez-vous manqué Ernesto de Martino et sa réception en France*. In *L’Homme*, July–September, 151, 207–236.
11. V. Lanternari (1994). *Magia, medicina, religione, valori*, vol. 1. Naples, Liguori; V. Lanternari and M.L. Ciminelli (eds.) (1999). *Magia, medicina, religione, valori*, vol. 2. Naples, Liguori.
12. F. Dei’s survey is unpublished and will appear in 2000 in the journal *Antropologia medica*.