The Lourdes Medical Cures Revisited[†]

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ABSTRACT This article examines the cures recorded in Lourdes, France, between 1858, the year of the Visions, and 1976, the date of the last certified cure of the twentieth century. Initially, the records of cures were crude or nonexistent, and allegations of cures were accepted without question. A Medical Bureau was established in 1883 to examine and certify the cures, and the medical methodology improved steadily in the subsequent years. We discuss the clinical criteria of the cures and the reliability of medical records. Some 1,200 cures were said to have been observed between 1858 and 1889, and about one hundred more each year during the “Golden Age” of Lourdes, 1890–1914. We studied 411 patients cured in 1909–14 and thoroughly reviewed the twenty-five cures acknowledged between 1947 and 1976. No cure has been certified from 1976 through 2006. The Lourdes phenomenon, extraordinary in many respects, still awaits scientific explanation. Lourdes concerns science as well as religion.

KEYWORDS: Lourdes, cures, healing, religion, prayer, tuberculosis, psycho-neuroimmunology.

FROM February 11 to July 16, 1858, Marie Bernarde Soubirous, an uneducated fourteen-year-old girl, born in a very poor family in Lourdes, France, had eighteen visions of the Virgin Mary at

[†]To Adrien, in Memoriam.

Massabielle Grotto. She later took vows as Sister Marie-Bernard, died in 1879, and was canonized in 1933. The Virgin's message never referred to Lourdes as a place for healing, but nonetheless, local people flocked to the site with an expectation of miracles. Thirteen cases of cure of a variety of diseases and disorders were reported in 1858, and the local bishop regarded seven of these cures as miracles. This was the starting point of a 150-year series of stunning events.

Originally, a small and nondescript French town, nestled in the foothills of the Pyrenean range and eighty miles from the Atlantic Ocean, Lourdes has attracted believers, and nonbelievers as well, ever since its inception as a Marian sanctuary and a place for miracles. Lourdes is one of the most visited shrines on the earth. Hundreds of thousands visited each year between 1870 and 1947. There were one million in 1908 for the fiftieth anniversary of the Visions. Their number again increased from 1952 (1.5 million) to 2001 (six million) and 2008 (nine million) for the 150th anniversary. These pilgrims have come from fifteen European countries but also from South Asia, North and Latin America, and the Middle East.¹

Early Lourdes medical history has been best presented by Théodore Mangiapan in "Les Guérisons de Lourdes," along with Ruth Harris's scholarly work *Lourdes, Body and Spirit in the Secular Age*.² Data on the early cures can be found in the archives of the sanctuary of Notre Dame of Lourdes (sometimes and improperly called "archives de la grotte") and the *Annales de Notre Dame de Lourdes* (April 1868–June 1944). The *Journal de la Grotte* was first published in 1888. The archives of the sanctuary are of limited use, as they provide mostly fragmented, unsubstantiated, and anecdotal evidence. They do, however, give some information about local history and a few details about patients. Despite the massive number of visitors and obvious importance of the Lourdes phenomenon even to the present day, there has as yet been no comprehensive analysis of the purported cures.

In this study, we reexamine the Lourdes cures using mainly archival materials, with a particular emphasis on their medical credibility in

1. Sanctuaires Notre-Dame de Lourdes, *Bilan 2008 et Perspectives*, Contact Presse (Lourdes: Service Communication, 2009), 12–22.

2. Théodore Mangiapan, *Les Guérisons de Lourdes, Étude historique et critique depuis l'origine à nos jours* (Lourdes: Imprimerie de la Grotte, 1994), 53–78; Ruth Harris, *Lourdes, Body and Spirit in the Secular Age* (New York: Penguin Books, 1999).

the present. The project entails retrospective diagnosis and scrutiny of the diagnostic standards and record keeping. We suggest that the religious healing experienced by pilgrims may be part of a neuropsychiatric phenomenon amenable to further study with modern scientific methods.

Our reconstitution of the medical events of 1885–1914 has used the *Annales de Notre Dame de Lourdes*, vols. 17–47, George Bertrin's *Histoire Critique des Événements de Lourdes*, Gustave Boissarie's *Lourdes, les Guérisons*, and Ruth Cranston's *The Miracle of Lourdes*.³ Cranston's is a lively and compassionate narrative of significant Lourdes case studies. Of somewhat lesser importance are the publications of Reverend Richard F. Clarke, Jeanne Bon, and Antoine Vourch.⁴ Material regarding the period of 1919–27 came from Auguste Vallet, Jean Hellé, Alphonse Olivieri, and Bernard Billet;⁵ Mangiapan's and Cranston's useful surveys, and several French medical theses. Material for the time frame 1928–46 was extracted from the archives of the Lourdes Medical Bureau. We have reviewed the cures reported since 1947, using the original reports of the Lourdes National and International Committees. All translations from French to English are by the lead author who has appreciated the many personal communications and meetings at Lourdes with the former and current Medical Bureau physicians and with the staff of the administrative divisions of the Tarbes and Lourdes diocese. French colleagues and specialists provided retrospective opinions about some questionable cases.

We set out to determine whether the Lourdes “cures” really were cures. In order to do so, we did our best to evaluate the nature of the sufferer's disease, and to assess the diagnostic criteria and the evidence

3. *Annales de Notre Dame de Lourdes*, vols. 17–47 (April 1868–June 1944); George Bertrin, *Histoire Critique des Événements de Lourdes, Apparitions et Guérisons* (Paris: Librairie Lecoffre, 1912); Gustave Boissarie, *Lourdes, Les Guérisons*, 4 vols. (Paris, Bonne Presse, 1911, 1912, 1922); Ruth Cranston, *The Miracle of Lourdes* (New York: Doubleday, 1988).

4. Richard F. Clarke, *Lourdes and Its Miracles* (London: The Catholic Truth Society, 1888); Jeanne Bon, *Thèse sur quelques guérisons de Lourdes, les Pseudo-tuberculoses hystériques* (Paris: Librairie des Saint-Pères, 1912); Antoine Vourch, *Quelques cas de guérisons de Lourdes et la Foi qui guérit, étude médicale* (Paris: P. Lethielleux, 1913).

5. Auguste Vallet, *La Vérité sur Lourdes et ses Guérisons Miraculeuses* (Paris: Flammarion, 1944), 71–171, 201–98. Vallet reports the clinical histories of fourteen patients cured in 1923–37; Jean Hellé, *Miracles, A Discussion of the Authenticity of Modern Miracles* (New York: David McKay Company, 1952), 33–94; Alphonse Olivieri and Bernard Billet, *Y a t'il encore des miracles à Lourdes, 22 dossiers de guérison* (Paris: P. Lethielleux, 1990). The case histories reviewed here concern twenty-two patients cured in 1938–76, thus supplementing the report by Vallet, see above.

used for deciding that a cure had occurred. The criteria changed dramatically over time as medical methodology improved. Since 1883, allegations of cure were registered by a physician-in-charge whose availability, credentials, faith, and judgment were critical for deciding whether or not further investigation was warranted. If he deemed that there was substance to the case, other physicians accompanying the pilgrims or present at Lourdes on any given day—whatever their nationalities and backgrounds—would join, attend the patient's hearings, share in the diagnosis, and make up a "Bureau des Constatations Médicales" that would operate as a fact-finding and evaluation committee.⁶

The first physician-in-charge was G. F. Dunod de Saint-Maclou, 1883–91.⁷ He was succeeded by Gustave Boissarie, 1891–1917 (helped by Pierre Cox), Edouard Le Bec (1919–23), two acting physicians (A. Marchand and M. Petitpierre), and finally Auguste Vallet (1927 to 1947).⁸ The "Bureau des Constatations" became in 1947 the "Lourdes Medical Bureau," in charge of screening the patients, conducting

6. Lack of precision and of concern with accuracy has pervaded the Lourdes history and created many gray areas. As a first example, the phrase "Bureau des Constatations" has occasionally been substituted with "Bureau des Vérifications," unofficially before 1883, and erroneously as late as 1892 by Boissarie himself.

7. The following chronological data were extracted from French Public Records. Baron Georges Fernand Dunot de Saint-Maclou, born July 10, 1828 in Ouézy, Calvados, died September 10, 1891 in Lourdes, was trained in Medicine and Theology in Louvain, Belgium. Commensal with the Lourdes chaplains since 1879, Dunot had deeply ingrained Catholic convictions. His skills, sound judgment, and behavior with patients during his tenure, 1882–91, as "Doctor-Annalist of the Grotto" were exquisitely depicted by his smart and shrewd contemporary R. F. Clarke, a Jesuit who could have been a top clinician. "Dr. De Saint Maclous, a distinguished man of science. . . has also a good knowledge of philosophy as well as of Medicine." See, Clarke, *Lourdes and Its Miracles*, 93–107, 113–24.

8. Gustave Boissarie was born August 1, 1836 in Sarlat, Dordogne, and died June 27, 1917 in Sarlat. A former Paris Hospitals Resident, Boissarie headed the Medical Bureau from early 1892 through 1917 as the "Chief Examiner of the Sick at Lourdes." He quickly became a charismatic advocate of Lourdes and a leading authority with an international reputation. "Perhaps the British Medical Association might send out a small commission of absolutely skeptical men. . . that would be able to tell us that Catholics were not such unscientific and credulous people after all." Francis Izard, "Correspondence: A Lourdes Case," *Br. Med J.*, 1910, 2, 1289; Dr. Pierre Cox, born April 21, 1839 in Mauritius, died February 19, 1924 in Lourdes. "Dr. Cox registers all our information. He was a physician in London when he turned his back on a brilliant career to take up at the Grotto a mission of sheer devotedness." Gustave Boissarie, *Heaven's Recent Wonders, or the Work of Lourdes* (Ratisbonne, Rome, New York, Cincinnati: Frederic Pustet & Co., 1909); Dr. Auguste Vallet, born March 14, 1874 in Cherbourg, Manche, died July 5, 1967 in Paimpol, Côtes d'Armor, France, and was the head of the Medical Bureau from December 1927 to June 1947. A former French army Medical Officer, awarded many decorations for his services during WWI, he was known for his urbanity, vast medical knowledge, and dedication. He is credited with the creation of the Lourdes International Medical Association (French acronym: AMIL) and a reassessment of the cures' inquiries and criteria.

the clinical investigation, and selecting cases for further discussion by a National Medical Committee, a new decision-making body established by the local bishop, Monseigneur Théas.

In 1954, an International Medical Committee took over from the National Committee. It was (and still is) composed of about twenty university professors of medicine and skilled specialists, half of them French, to whom cases of cures previously certified by the Bureau are referred. In this two-tiered system, each allegation of cure is screened and then reviewed by the Bureau. The case is then reconsidered by the International Committee whose decisions require a two-third majority. Within this dual structure, the Bureau was led in succession by François Leuret (June 1947–May 1954), Joseph Péllissier (May 1954–October 1959), Alphonse Olivieri (April 1960–March 1972), Théodore Mangiapan (March 1972–April 1990),⁹ Roger Pilon (April 1990–December 1996), Michel Lassale (April–December 1997), Patrick Theillier (April 1998–December 2008), and Alessandro De Franciscis (from April 2009, the first non-French Bureau physician).

Since the early 1900s, there has been a tendency to postpone the final diagnosis for some years. This allowed further observation and, if needed, a reassessment of the case. From a medical standpoint, the diseases underpinned by pathological changes have been the *raison d'être* of Lourdes. By contrast, psychiatric and functional disorders have been purposefully excluded since WWI. Given the status of mid-nineteenth-century medicine, many of the early cases could have been functional in nature.¹⁰ In this re-evaluation of the Lourdes medical

9. François Leuret was born June 12, 1890 in Orléans and died May 8, 1954 in Lourdes. Joseph Péllissier, born July 5, 1876 in Marseille, died November 2, 1859 in Lourdes. Alphonse Olivieri, born April 23, 1890 in Ajaccio, Corsica, died January 10, 1975 in Versailles. At fifty-seven, Leuret, a former chief of a medical division in the Bordeaux hospitals and a devout Catholic, was eager to enlarge and enhance the Bureau, and awash with plans and ideas that did not fully materialize; he displayed skill and intellectual abilities. Péllissier, a neuropsychiatrist, and Olivieri, a surgeon, did their best to follow suit on a routine basis and in a situation of plenty (1,025 allegations of cures in 1947–72); Dr. Théodore Mangiapan, born April 18, 1923 in Nice, was a Marseille University Hospitals' Resident and an Assistant Professor of Pediatrics. A distinguished and forceful figure, he overhauled the Bureau and introduced method and rigor. A clear-sighted and perceptive observer, he chronicled the Lourdes medical history with talent and unbiased professionalism, though he occasionally waxed lyrical about the Lourdes events. Dr. Mangiapan was the first tenured physician of Lourdes under contract.

10. Bertrin, *Histoire Critique*, 444: Bertrin estimated the incidence of “nervous” diseases at 7.6 percent between 1858 and 1904.

cures, religious considerations as well as the social and political consequences of the cures have been omitted, except for the data deemed essential for a full understanding of the medical problems.¹¹ Thus, we write about the Lourdes cures, not about the Lourdes miracles.

We identified four historical periods according to standards of medical knowledge, overall performance of the Medical Bureau, and reliability of medical records. We categorized patients by the date of the cure, not by the date on which the cure was acknowledged by the Bureau or by the National or International Committees.

THE FIRST THIRTY YEARS, 1859–89

It is impossible to determine the number of cures that occurred in Lourdes during the nine years following the Visions. Local authorities were aware of two to eight cures each year, although the actual number may well have been larger.¹² Diagnoses were based on dubious medical criteria (or no criteria at all) and scanty data. Medical descriptions and clinical reports were virtually absent through the mid-1870s.¹³ The Garaison Fathers, the chaplains of the sanctuary, then realized that a more systematic approach was needed. The cures that the Fathers had first recorded in notebooks (still kept on the premises of the Lourdes Medical Bureau) were thereafter published in a new format, the *Annales de Notre Dame de Lourdes*, a periodical starting in 1868. Between eleven and forty-seven cures were certified each year from 1868 to 1878, but Bertrin suggested that the editors of the *Annales* may not have been aware of at least half of the cures.¹⁴

The first medical certificates were obtained in 1873 and by the 1880s, they had become the mainstay of diagnosis.¹⁵ A “Registre des Constatations” (June 1878) provided instructions and specifications to the Missionaries, “Guardians of the Grotto.”¹⁶ These accounts were still sketchy and many of the cures seem to have been recorded on the word of the patients and witnesses. Furthermore, no distinction was

11. Jason Szabo, “Seeing Is Believing, the Form and Substance of French Medical Debates over Lourdes,” *Bull. Hist. Med.*, 2002, 76, 199–230.

12. Bertrin, *Histoire Critique*, 443.

13. Harris, *Lourdes, Body and Spirit*, 300.

14. Bertrin, *Histoire Critique*, 442–43.

15. Harris, *Lourdes, Body and Spirit*, 303.

16. Mangiapan, *Les Guérisons de Lourdes*, 71; Harris, *Lourdes, Body and Spirit*, 302.

made between genuine cures (i.e., somatic, authentic cures), mere improvements, and functional, nervous, disorders.¹⁷ The situation changed radically with the creation of the Bureau des Constatations Médicales on the initiative of Father Sempé and Dr. de Saint-Maclou. The number of cures and improvements increased each year from 44 in 1878 to 145 in 1883 but leveled off between 1884 and 1891 in the range of 47–90 under the watch of an operational Bureau.¹⁸

In spite of many questionable diagnoses and the fact that some individuals presented with more than one disorder, we could make a rough assessment of ninety-one patients acknowledged as cured (seventy-seven females, fourteen males), pooled from the *Annales* and four authors already mentioned, Clarke, Bertrin, Cranston, and Mangiapan.¹⁹ The cures concerned mainly and in decreasing order, the nervous system, tuberculosis, infections, sight and hearing, and the gastrointestinal (GI) tract.²⁰ The cured patients were immersed in the Lourdes water or they brought the water home and drank it. By that time, the devotion to “Our Lady of Lourdes” had spread beyond French borders, to other European countries, Canada, and Louisiana.²¹

An interesting example is the very unusual two-step cure of Pierre Terrier, living in Laréole near Toulouse, a sixty-six-year-old man whose horse-drawn cart overturned in February 1873. One of the wheels crushed his leg, the soft tissue was torn to pieces, the tibia was fractured, and soon gangrene set in. The patient’s wife resolved to wash the wound with Lourdes water. The next day, the gangrene had disappeared, but the fracture did not heal and the twisted leg made walking very difficult, even with the aid of a stick. Nine years later, on August 29, 1882, the patient went to Lourdes and was surprised to be able to follow the evening procession. On August 30, as soon

17. Although obvious to a few students of Lourdes, an unequivocal distinction between *cures and improvements* did not fully materialize until WWI. See Clarke, *Lourdes and Its Miracles*, 72, 78–83. Therefore, looking for reliable figures of *genuine* cures having occurred in Lourdes in 1859–1914 might be a futile exercise.

18. Bertrin, *Histoire Critique*, 443.

19. Throughout Lourdes’ history, a majority of cures have been in females, consistent with religious practices among women. Thomas Albert Kselman, *Miracles and Prophecies in Nineteenth-Century France* (New Brunswick, New Jersey: Rutgers University Press, 1983).

20. Diseases of the nervous system (most were unidentifiable) 23 percent, tuberculosis (all localizations) 15 percent, infections and suppurations 9 percent, disorders of sight and hearing 9 percent, GI tract diseases 8 percent, cardiopathies 7 percent, so-called anemias 7 percent, miscellaneous 22 percent.

21. Archives du Sanctuaire de Lourdes, Section 6H22, Sanctuaires de Lourdes, France.

as Mr. Terrier was plunged into the Lourdes baths of spring water (“piscines”), he had a strange perception in his leg and noticed that his leg stood straight. From then on, walking was problem-free.

THE GOLDEN AGE OF LOURDES, 1890–1915

Led by a talented physician, Dr. Boissarie, and his assistant Dr. Cox, the Medical Bureau is said to have improved its method and gained a reputation for excellence, but it faced a daunting task: 150 pilgrimages and 150,000 pilgrims each year; 120–430 visiting physicians; cures galore, approximately 140 a year, peaking at 200 in 1897, 1898, 1899, and 1904. There were conflicting reports about the actual numbers of cures. We noticed that from 1890 to March 1908, the *Annales* mentioned *cures and improvements*, while from 1908 onwards, the sole word *cure* was used.

Some of the cures during this period were remarkable: in 1892, Marie Lebranchu and Marie Lemarchand, cured from pulmonary tuberculosis, who met in Lourdes with the atheist French writer Emile Zola; Gabriel Gargam, born in 1870, cured in 1901 of post-traumatic paraplegia and still living in 1953 at eighty-two; Marie Bailly whose cure of tuberculous peritonitis was attended in 1902 by Nobelist-to-be Alexis Carrel.²² Thérèse Rouchel was cured in 1903 of an extensive tuberculous lupus of the face, an event labeled by Boissarie “the archetype of a Lourdes cure.” Cécile Douville De Fransu, born in 1886, was instantaneously cured of severe peritoneal tuberculosis in 1905, and died at the age of 105. Virginie Haudebourg, born in 1886, was cured in 1908 of renal tuberculosis and was seen again at Lourdes in 1958 in excellent health.²³

In order to obtain an accurate picture of this Golden Age of Lourdes, we studied the late period 1909–14, when the Bureau’s medical approach was well tried and presumably at its best. The “Official Summaries of Reports of Cures” published in the *Annales* provided a quantitative assessment of 411 cures, although the material

22. Alexis Carrel, *Le Voyage de Lourdes* (Paris: Plon, 1949), 3–96. Though published after WWII and Carrel’s death, “Le Voyage de Lourdes” relates to the trip Carrel took to Lourdes while he was completing his residency in the Lyon University Hospitals, France.

23. The histories of these patients can be found in English in Harris, *Lourdes, Body and Spirit* (for Lemarchand, Gargam and Rouchel) and in Cranston, *The Miracle of Lourdes* (for Bailly), in French in Bertrin *Histoire Critique* (for Lemarchand and Lebranchu), and in Mangiapan, *Les Guérisons de Lourdes* (for all seven patients).

was of uneven quality, ranging from a number of short and sketchy accounts to some fully informative descriptions (Table 1). Females exceeded males in an 8:1 ratio. For methodological reasons, the actual number of cures did not match the figures from the minutes of the Bureau.²⁴ Since early twentieth-century criteria and today's diagnostic requirements stand far apart, clinical diagnoses of this period were distributed among broad categories. Tuberculosis was the leading diagnosis: (139 out of 376 patients' assigned diagnoses, 37 percent, without tests for the Koch bacillus, available since 1882), and these case histories were in step with our current understanding of the disease. Not so for the diseases of the GI tract (21 percent), joints and bones (14 percent), and nervous system (11.5 percent) whose descriptions would hardly suggest contemporary diagnoses.

For lack of follow-up, x-rays, and laboratory data, many of these cures should be considered as symptomatic, leaving scars behind (Boissarie wrote that "in Lourdes, there is no anatomical regeneration of organs; the body still bears the mark of the disease," although the cures were remarkable by themselves).²⁵ Prior to the cure, patients were variously described as being in a declining, critical, or alarming state of health, cachectic, "wrecks," dying or lifeless, beyond redemption: some had to be carried in casket-like wooden crates or long wicker baskets. Patients metamorphosed from appalling conditions to restored health: pains vanished, functional symptoms subsided. After having been confined to bed for years, patients would stand and walk, eat and regain their weight, resume prior activity. Ninety-six cured patients were evaluated again, usually one year later on thanksgiving; they were found healthy and, as far as we know, the recovery stood the test of time.

However, evidence of survival concerned but a fraction of the cured individuals, so most initial clinical labels given by the Bureau were one-time diagnoses. Today's physicians reading the narratives of many ambulatory female patients would, in some cases, sense the

24. The way cures were registered was confusing, partly out of necessity: The registry of any given year included cures of the two or three previous years; some cures that occurred during that given year were reported in subsequent years; still worse, some cures were never reported in the registry. Moreover, it turned out that ninety-five entries of the official registry were not allocated over the six years of the study, perhaps because doubtful cases were discarded before publication in the *Annales*.

25. Gustave Boissarie, *Annales de Notre Dame de Lourdes*, October 1911, Book 7, 44th year, 291.

TABLE 1

Analysis of Patients Allegedly Cured in Lourdes, 1909–14

<i>Calendar years</i>	<i>1909</i>	<i>1910</i>	<i>1911</i>	<i>1912</i>	<i>1913</i>	<i>1914</i>
Bureau Official Registry						
Number of entries*	106	100	95	97	73	37
Cures in previous years reported in current registry	1908:24 1907:1 1906:2	1909:24 1908:4 1907:1	1910:13 1909:2 1908:2	1911:18 1910:2	1912:12 1911:5	0
Number of cures** for calendar year reported in						
Registry of current year	64	50	68	66	44	13
Registries of subsequent years	26	15	23	12	2	0
Additional <i>Annales</i> reports	11	9	2	3	3	0
Actual number of “cures” per calendar year	101	74	93	81	49	13
Gender						
Males	13	11	7	10	5	1
Females	88	63	86	71	44	12
Age at the time of cure						
Males						
Mean	32	27	28	26	33	59
Range	3–56	1–58	13–50	4–50	18–45	
Females						
Mean	29	27	31	28	29.5	29.4
Range	5–55	13–50	10–57	9–54	10–58	20–38

Continued

neurotic nature of symptoms, including obvious cases of hysteria classified by Cox on a par with “organic” disorders. On the other hand, there often was evidence of anatomical abnormalities, particularly in female diseases (4.5 percent) and miscellaneous disorders (12 percent): scores of visiting physicians witnessed the disappearance of macroscopic lesions, easy to identify, such as external tumors, uterine fibromas, open wounds, and suppurative or fecal fistulae.

TABLE 1 (Continued)

Calendar years	1909	1910	1911	1912	1913	1914
Disease categories ⁺						
Tuberculosis ⁺⁺	40	19	30	26	22	2
GI tract	23	15	22	11	6	3
Joint and bones ⁺⁺⁺	12	8	12	13	6	1
Nervous system and sense organs	11	10	6	10	5	1
Female organs	2	2	7	6	0	0
Other diseases	10	11	8	9	5	2
Undetermined	3	9	8	6	5	4

Analysis of 411 patients (47 males and 364 females) allegedly cured in Lourdes from February 1909 through September 1914, and reported in the *Annales de Notre Dame de Lourdes*, 41st–47th years.

*Figures extracted from archives of the Lourdes Medical Bureau.

***“Cures” in Boissarie’s and Cox’s definition, i.e., genuine cures and improvements.

⁺Refer to the main pathological condition when patients presented with several simultaneous disorders.

⁺⁺Including all tuberculous localizations (pulmonary, Pott’s disease, coxalgia, etc.).

⁺⁺⁺Excluding tuberculous articular and osseous localization.

An instantaneous cure after a short immersion in the “piscines” has been the image of Lourdes for decades, in accordance with an established Christian tradition of purification by water. It remains the hallmark of the sanctuary for people from all walks of life, particularly clerics. Yet, our data show that the cures could occur in different ways. Although baths and Blessed Sacrament processions accounted for 80 percent of cures, other settings and circumstances were observed, inside and outside Lourdes, still in a religious context: prayer and communion at the Grotto, ingestion and cutaneous application of the Lourdes water, and also at home after prayers and novenas.²⁶ Atypical cases (6 percent) are seldom if ever mentioned and they lead us to speculate that some individuals were prone to autosuggestion: Two patients were cured before reaching Lourdes; four upon arrival in Lourdes; eight when leaving

26. As a rule, the cure occurred unobtrusively, in contrast with the Lourdes cliché of a miraculé abruptly getting up from his wheelchair and exclaiming “I’m cured,” to the cheering of an enthusiastic crowd.

Lourdes or on the way home; five back home, two days to nine months after having left Lourdes.

The cure was said to be instantaneous in 59 percent of 382 pilgrims for whom we had adequate data. In the other cases—and within the limits of available information—we characterized the cure as being “rapid” (occurring in a few hours or days, in any case before the end of the pilgrimage) or “progressive” (requiring more than four days and spread over weeks or months) and this happened in 24 and 5 percent of the 382 cases, respectively. Improvements, mentioned as such in the reports, were cited in 47 of the 382 “cured” pilgrims. However, we suspect that the incidence of *improvements* as opposed to *cures* was much higher, as the clinical evolution of the great majority of the 1909–14 so-called cured patients remained unknown.

Unusual and strange events took place in Lourdes at that time. Eleven patients were cured spontaneously in town: during the night in the hospital wards; sitting in the Rosary square; during a torch-lit procession; at lunch; or after breakfast. Two years apart, a fifteen-year-old girl and her mother were cured of tuberculosis. Four other pilgrims were cured twice of different conditions.²⁷ The cures of two patients only occurred after the ninth immersion in the piscines, and in a third case during the fifth pilgrimage.

TWO WORLD WARS AND THE INTERWAR PERIOD, 1919–46

New factors came into play in the aftermath of WWI and until 1928: Lourdes’ fatigue, high turnover of physicians in charge of the Bureau, scanty data and sketchy reports, and, as a result, poor records. No longer sacrosanct, Lourdes could be disparaged.²⁸ Declarations to the Bureau and allegations of cures reached approximately two hundred a year and a hundred or so patients were certified as cured. Tuberculosis was again the main condition, followed by neurological diseases, malignant tumors, GI tract disorders, and infections. About half of the patients stated that the cure had happened suddenly.

27. Tuberculosis in September 1909, then hernia in August 1910; tuberculosis in June 1910, then gastritis in August of the same year; a severe form of irritable bowel syndrome in October 1911, then Poncet’s rheumatoid arthritis in September 1912; recurrent abscesses of limbs and buttocks in 1912, then in 1930.

28. Thérèse et Guy Valot, *Lourdes et l’Illusion en Thérapeutique* (Paris: Librairie de la Nouvelle Faculté, 1969); D. J. West, *Eleven Lourdes Miracles* (London: Gerald Duckworth, 1957).

After 1928, the Bureau took a stricter and more diligent approach to the cures, with more frequent use of x-rays and improved record keeping.²⁹ Dr. Auguste Vallet was in charge for the whole period 1928–46. Half of the allegations of cures registered in 1928–32 were acknowledged as cures by the Bureau, a very high proportion in contrast with the following years, suggesting that subjectivity still pervaded many medical decisions of this period.

The lead author extracted from the Bureau's archives and reprocessed unpublished data from the period 1928 to 1946, compiled by Theodore Mangiapan. These data shed light on the criteria used at that time by the Bureau and their degree of reliability. In the six years from 1933 through 1938, 48 cures were acknowledged out of 187 allegations of cures (26 percent). Twenty-six of the forty-eight cures rested on purely clinical grounds and conclusions drawn either by Dr. Vallet or by the patient's family physician. Twenty-two were substantiated by additional evidence such as follow-up, x-rays, or laboratory data. The incidence of tuberculosis and other infections was close to that of the earlier period and the patterns of cures were similar. Louise Jamain (cured in 1937 of pulmonary and peritoneal tuberculosis), Francis Pascal (aged four and cured in 1938 of postmeningitis paraplegia and blindness), and Yvonne Fournier (cured in 1945 of a posttraumatic neurological syndrome of the left upper limb) were still living in 2008, aged ninety-four, seventy-four, and eighty-five, respectively.

THE ERA OF SCIENCE, 1947–2006

The period 1947–2006 was marked by new diagnostic tools, the appointment of younger physicians, more critical and cautious attitudes of the Bureau, now ready to reconsider and to postpone decisions, and the creation of national and international committees designed to review the proposals of the Bureau and to give final rulings. Original data dealing with the work of the Bureau and the committee are presented in Table 2. These data reflect the activity of the physicians who

29. Wilhelm Roentgen, who received the Nobel Prize in Physics in 1901, is usually credited as having discovered x-rays in 1895. The first medical radiographs were made in 1896 by Gilman and Edwin Frost at Dartmouth College, New Hampshire, and by Bécclère in Hospital Tenon in Paris. X-rays were first used in Lourdes in the 1920s.

TABLE 2

Medical Bureau's and Committees' Assessments in the "Scientific Era,"
1947–2006

<i>Dates and Physicians-in- Charge</i>	<i>Medical Bureau no. of files open</i>	<i>Medical Bureau no. of files reviewed^a</i>	<i>Medical Committee no. of files submitted^b</i>	<i>Medical Committee no. of cures confirmed^c</i>
1947–59 (13 years) ¹	648	173	31	14
1960–72 (12 years) ²	409	22	7	8
1972–90 (18 years) ³	284	26	3	3
1991–2006 (16 years) ⁴	461	65	40	0

Lourdes Medical Bureau's and Committees' assessments in the "Scientific Era," 1947–2006.

^aNational Medical Committee (from 1947 through 1953) or International Medical Committee (from 1954).

^bFiles of new or already known patients, transferred by the Medical Bureau to the Medical Committees for further study and final decision.

^cNumber of cures acknowledged as genuine and medically inexplicable.

The Bureau was run in succession by ¹Dr. Leuret then Dr. Pellissier, ²Dr. Olivieri, ³Dr. Mangiapan, ⁴Drs. Pillion, Lassalle, and Theillier.

Source: Data collected from the Archives of the Lourdes Medical Bureau, Lourdes France.

ran the Bureau and who inevitably impacted its operation. The numbers do not concern patients but files, which at times were reexamined and reassessed. They provide an insight into the inner workings of the Lourdes two-tiered system and attest to the progressive extinction of the Lourdes cures. The proportion of confirmed cures to open files (allegations of cures) was successively 2, 2, 1 percent, and 0.

Chronological data concerning the twenty-five patients cured in 1947–76 are presented in Tables 3 and 4.³⁰ The distribution of the dis-

30. Clinical histories and descriptions may be found in the following books: No. 1, Martin in Cranston, *The Miracle of Lourdes*; No. 2, Gestas, in Cranston, *The Miracle of Lourdes*; No. 3, Gibault in Mangiapan (*Les Guérisons de Lourdes*); No. 4, Baillie in Cranston, *The Miracle of Lourdes*; No. 5, Canin, in Mangiapan, *Les Guérisons de Lourdes*; No. 6, Carini in Cranston, *The Miracle of Lourdes*; No. 7, Fretel, in Cranston, *The Miracle of Lourdes*;

eases is different from the previous period: eight cases of neurological diseases (four of which were multiple sclerosis), five malignant tumors and hemopathies, five cases of tuberculosis (four of which were before 1950), two infections, and one case each of cardiopathy, adrenal insufficiency, and blindness. Three-quarters of these patients were female, and all were Caucasian and came from Western European countries. The age at which the cure occurred ranged from eight to fifty-two, mean age thirty-one.

The physical condition of these patients before the cure was very poor and described with the same vocabulary used fifty to a hundred years before. The locations and circumstances of most of the cures were similar: piscines (thirteen cases), processions and benedictions, anointing of the Sick, injecting Lourdes water into fistulae, at the altar of Sainte Bernadette, on the path of the Way of Cross; during the trip back home or at home, drinking Lourdes water. In two cases out of three, the clinical cure was instantaneous, without lysis or convalescence. It was sometimes heralded by an electric shock or pains, and, more often, a perception of faintness, or of relief, or of well-being. Hunger, sometimes "ferocious," was a frequent feature and, as a rule, these individuals regained their weight in a matter of weeks. More importantly, the cured patients exhibited a steadfast confidence they had been cured and gave strong testimony. Although subjective,

No. 8, Mauri in Mangiapan, *Les Guérisons de Lourdes*; No. 9, Pellegrin in Cranston, *The Miracle of Lourdes*.

Reports to the International Medical Committee of Lourdes (CMIL), number and name of patient: rapporteur, date of presentation, pages: No. 10, Angele: Thiébaut, April 23, 1961, 1-5; No. 11, Ganora: Sandrail, February 13, 1955, 1-13; No. 12, Fulda: Langeron, February 13, 1955, 1-4; No. 13, Schwager: Thiébaut, April 15, 1959, 1-2; No. 14, Couteault: Thiébaut, March 18, 1956, 1-3; No. 16, Bouley: Thiébaut, May 20, 1962, 1-5; No. 17, Bigot: Thiébaut, March 18, 1956, 1-3; No. 18, Nouvel: Mauriac, April 23, 1961, 1-14; No. 19, Aloi: Salmon, April 23, 1961, 1-20; No. 20, Rams: Salmon, May 3, 1964, 1-18; No. 21, Tamburini: Salmon, May 3, 1964, 1-18; No. 22, Gaultier: Thiébaut, May 20, 1962.

Other printed documents: No. 15, Santianello: P. Theiller, "la 67ieme Miraculée de Lourdes," *Bull. de l'AMIL de Lourdes*, 2006, 293, 4-8; No. 23, Michelli: M. M. Salmon, *The Cure of Vittorio Michelli, Sarcoma of the Pelvis* (Lourdes: Imprimerie de la Grotte, 2005), 1-52; No. 24, Perrin: P. Mouren and D. Bartoli, *The Cure of Serge Perrin, Hemiplegia* (Lourdes: Imprimerie de la Grotte, 2005), 1-32; No. 25, Cirolli: A. Triffaut and B. V. Colvin, *The Cure of Delizia Cirolli, Sarcoma of the Right Knee* (Lourdes: Imprimerie de la Grotte, 2005), 1-48; The clinical histories of Nos. 10-14, 17-19, 21, and 23-25 will be found in Cranston (*The Miracle of Lourdes*) and of Nos. 16, 20, and 22, in French in Mangiapan (*Les Guérisons de Lourdes*).

TABLE 3
Chronological and Clinical Data on Patients Allegedly Cured, 1947–50

<i>Patient</i>	<i>Born</i>	<i>Diagnosed</i>	<i>Cure occurred</i>	<i>Certified Medical Bureau</i>	<i>Certified National Committee</i>	<i>Follow-up</i>
(1) MAR, F	Mar 28, 1901	1947, recurrence of uterus cervix cancer	Jul 3, 1947	Jul 6, 1948	Feb 27, 1949	†Dec 1998
(2) GES, F	Jan 8, 1897	1946, postoperative adhesive peritonitis	Aug 22, 1947	Aug 19, 1950	Mar 1951	†April 1981
(3) GIB, F	Sep 14, 1906	1927, epileptic seizures, deafness, paraplegia	Sep 15, 1947	May 13, 1949	Mar 1950	1980, blind
(4) BAI, M	Aug 19, 1939	1945, bilateral optic atrophy	Sep 26, 1947	Sep 4, 1948	Feb 1949	1978, blind
(5) CAN, F	Mar 10, 1910	1936, Pott's disease, tuberculous peritonitis	Oct 9, 1947	Oct 6, 1948	Feb 1949	†1994
(6) CAR, F	Mar 11, 1917	1927, peritoneal, pulmonary, pericardial, bone tuberculosis	Aug 15, 1948	Sep 17, 1950	Mar 1951	†1998
(7) FRE, F	May 25, 1914	1940, peritoneal tuberculosis Streptomycin-resistant	Oct 8, 1948	Oct 5, 1949	Mar 12, 1950	†2005
(8) MAU, F	Jun 5, 1924	1945, peritoneal and genital tuberculosis	May 25, 1949	Jun 15, 1950	Mar 1951	†1977 thyroid cancer
(9) PEL, M	Apr 12, 1898	1948, fistulated abscess of the liver	Oct 3, 1950	Oct 8, 1952	Feb 1953	†1976

Chronological and clinical data on nine patients whose cures occurred from 1947 through 1950 and were certified both by the Lourdes Medical Bureau and by the National Medical Committee (for more complete clinical histories and data, refer to footnotes 2–5 and 30).

†Refers to the dead.

F, female; M, male.

TABLE 4
Chronological Data on Patients Allegedly Cured, 1950–76

<i>Patient</i>	<i>Born</i>	<i>Year diagnosed</i>	<i>Cure occurred</i>	<i>Certified by Medical Bureau</i>	<i>Certified by International Committee</i>	<i>Dead[†] or still living in</i>
(10) Ang	Sep 24, 1921	1944	May 17–21, 1950	Aug 22, 1960	Apr 23, 1961	[†] May 10, 2004
(11) GAN	Mar 2, 1913	Feb 1950	Jun 2, 1950	Aug 18, 1954	Feb 13, 1955	[†] 1957 (accident)
(12) Ful	Jul 20, 1916	Sep 1941	Aug 12, 1950	Aug 22, 1954	Feb 13, 1955	[†] Sep 25, 2002
(13) Sch	May 19, 1924	1947	Apr 30, 1952	Oct 27, 1958	Apr 15, 1959	[†] Apr 24, 2004
(14) Cou	Dec 1, 1917	Jul 1949	May 15, 1952	May 20, 1954	Mar 18, 1956	[†] May 10, 1992
(15) San	Jan 27, 1911	Early 1940s	Aug 19, 1952	Jul 24, 1962	May 3, 1964	[†] Dec 4, 2006
(16) Bou	1906	1951	Aug 27, 1952	Aug 23, 1961	May 20, 1962	1962
(17) Big	Dec 7, 1922	1951	Oct 8, 1954	Oct 8, 1955	Mar 18, 1956	2008
(18) Nou	Jan 18, 1927	Nov 1953	Sep–Nov 1954	Jul 28, 1960	Apr 23, 1961	[†] 1970
(19) Alo	Nov 26, 1931	1948	Jun 6–11, 1958	Jun 4, 1960	Apr 23, 1961	2008
(20) Ram	Jul 7, 1936	Apr 1951	May 18, 1959	Sep 17, 1961	May 3, 1964	1972
(21) Tam	Dec 4, 1936	1948	Jul 15, 1959	Jul 11, 1963	May 3, 1964	1990
(22) Gau	Aug 29, 1917	1959	Oct 7, 1960	Oct 4, 1961	May 20, 1962	1968
(23) Mic	Feb 6, 1940	1962	May–Dec 1963	May 1967	May 3, 1972	2008

Continued

TABLE 4 (Continued)

<i>Patient</i>	<i>Born</i>	<i>Year diagnosed</i>	<i>Cure occurred</i>	<i>Certified by Medical Bureau</i>	<i>Certified by International Committee</i>	<i>Dead[†] or still living in</i>
(24) Per	Feb 13, 1929	Feb 1969	May 1, 1970	May 1, 1972	Oct 17, 1976	†Nov 1989
(25) Cir	Nov 17, 1964	May 1976	Late Dec 1976	Jul 28, 1980	Sep 26, 1982	2011

Chronological data on sixteen patients whose cures occurred from 1950 to 1976, and were certified by the Lourdes International Committee. Two subjects were omitted: MUR, 1962, for lack of information; BEL, 1967, since the key requirement of approval by a two-third majority of the International Committee was not met. Diagnoses of these sixteen patients were: (10) multiple sclerosis (MS), (11) Hodgkin's disease, (12) adrenal insufficiency, (13) MS, (14) MS, (15) mitral stenosis and regurgitation, (16) MS, (17) arachnoiditis of posterior cerebral fossa, (18) Budd–Chiari's syndrome, (19) multiple tuberculous articular localizations with fistulae, (20) thyroid cancer with metastasis of left femur, (21) femoral osteomyelitis with fistulae, (22) meningo-encephalitis, (23) sarcoma of the pelvis, (24) recurrent right hemiplegia, (25) Ewing's sarcoma of right tibia.

(For more complete clinical histories and data, refer to footnotes 2–5 and 30.)

this confidence has been considered by many observers as quasipathognomonic. By contrast, the cure was not instantaneous but was reported to have taken place over some days and months (Nos. 18, 25) or even years (Nos. 17, 20).

A CRITICAL ASSESSMENT OF THE LOURDES MEDICAL HISTORY

The word “cure” has been, in the Lourdes context, misconstrued and overused. Allegations of cures, mere improvements in patients’ medical status, especially in functional, nervous conditions, were often accepted as “genuine cures.”³¹ By crosschecking available data, we arrived at a rough estimate of the medical events acknowledged as “cures” as 4,516 in the period 1858–1976.³² Most of these cures occurred before WWII and were based on rather flimsy evidence, collected in a unique environment: one-time observations of alleged cures and improvements, a context of pious crowds eager for miracles, and the absence of follow-up, a flaw that has weighed down Lourdes’ medical history. It is therefore not feasible to assess the number of “genuine cures” that occurred before 1947.

There has been a steady, exponential, decline in the number of cures over the last hundred years. Several factors may have contributed to this phenomenon. First and foremost is the increasing efficiency of modern medicine. Second, the recognition of a Lourdes cure has been hampered by Lambertini’s canons that had to be fulfilled for a cure to be acknowledged as a miracle.³³ The requirements were that (a) the disease be severe, incurable, or difficult to treat (*vel impossibilis, vel curatu difficilis*), (b) the disease not be in its final stage, (c) no curative treatment had been given, (d) the cure be instantaneous (*quod sanatio sit subita et instantanea*),³⁴ and (e) the cure be complete (*ut sanatio sit perfecta*) and without relapse (*ut recidiva, sublato*

31. “Let’s be clear: When using the word ‘miraculés,’ we do not intend to say that miracles have been acknowledged, and when we mention cures or improvements we in no way claim that relapses or recurrences will not occur. Our notes can be the starting point of reliable inquiries and in-depth studies: it would be wrong to attach more importance to them.” Anon., *Annales de Notre Dame de Lourdes*, August 1888, 20th and 21st years, 101.

32. The prime elements in the calculation of “cured” patients were either the subtotals (following each period) or the average per year (in parenthesis): 1859–67, 45 (5); 1868–77, 290 (29); 1878–83, 595 (100); 1884–91, 544 (68); 1892, 88; 1893–1908, 2304 (144); 1909–14, 411 (68); 1915–27, 97 (8); 1928–32, 65 (13); 1933–46, 52 (14); 1947–76, 25 (1).

33. Cardinal Prospero de Lambertini, *De Servorum Dei Beatificatione et Beatorum Canonizatione* (Bologna: Formis Longhi Excusoris Archiepiscopalis), 1734–38, Liber Quartus et Ultimus, Pars Prima, Caput Octavum, 2.

morbo, non contigat). In our last series of twenty-five cured patients, six were terminally ill and so contravened one of the Lambertini's canons. Eight subjects were cured in a matter of days and months, or even years—a sharp departure from the requirement of instantaneity. After years of debate, Lambertini's canons seem to have been rescinded in 2006–8, when it was obvious they no longer applied to what was actually observed.³⁵

Sixty-seven Lourdes cures have been acknowledged as miracles by the Roman Catholic Church: seven in 1862, thirty-three in 1907–13, twenty-two in 1946–65, and five in 1976–2005. Miraculous cures were considered signs of God and “charisms” by the Church, a charism being a special grace, gift, or favor. Miracles are not of the same nature as the Credo and the Sacraments, so believing in a miracle is an act of faith, but the laity is under no obligation to comply.³⁶ Documenting the case of the cured patient and proclaiming the miracle are the prerogatives of the bishop of the place where the recipient lives.

A parallel could be drawn between the Lourdes cures and the miracles mediated by the Saints (canonized) or the Blessed (beatified) as studied by historian Jacalyn Duffin. The pathological conditions are mostly the same, although the proportion of tuberculosis,

34. The word “instantaneous” gave rise to a subtle interpretation, namely that the cure (*sanatio*) could still be considered as sudden (*subita*) if the words *sudden* and *instantaneous* are not given a mathematical meaning but rather a moral one, the final decision being left to clerics.

35. This is another gray area, ensuing from conflicting points of view: e.g., As stated by Monseigneur Jacques Perrier: “Some of Lambertini's criteria are still valid today, like a severe, instantaneous, complete cure” (Mgr J. Perrier, “Le point sur les Miracles,” *Lourdes Magazine*, 2006, 242, 9–10) and “Lambertini's criteria will ensure that you are confronted with a complete, swift and lasting cure” (Mgr J. Perrier, *Lourdes, le Miracle depuis 150 Ans* (Neuilly: Michel Lafon, 2008, 189–91); by contrast: “We physicians have been freed of Lambertini's criteria” (Dr. Patrick Theillier, *Bull. de l'Association Médicale Internationale de Lourdes*, 2009, No. 305, 3), and Anon., “Lambertini's fundamentalism cannot be followed any longer” (*ibid.*, 2009, No. 306, 6). We found that, in regard to Lourdes, Lambertini's canons were used for the first time on February 11, 1908, in the canonical trial of Marie-Thérèse Noblet: “This cure, which could not be explained by natural phenomena, included all specifications required by Pope Benedict XIV for similar facts claimed in beatification and canonization trials,” see Paul Miest, *Les 54 Miracles de Lourdes au Jugement du Droit Canon* (Paris: Editions Universitaires, 1958). Cardinal Lambertini became Pope Benedict XIV in 1740.

36. “No acceptance of miracles is required of the Catholic in order that he may avoid the charge of heresy. . . and . . . he may even thrust aside all ecclesiastical miracles as pious fables and modern miracles as the offspring of a fervid imagination or as a deliberate imposture. . . . There has been no decision respecting the miracles of Lourdes, which binds the conscience of the Faithful.” See Clarke, *Lourdes and Its Miracles*, 89–92. See also *Catechism of the Catholic Church*, Part 3, Section 1, Chapter 3, Article 2, Grace, §2003.

neurological disorders, and GI diseases reported by Duffin were similar in the nineteenth and twentieth centuries. The mediated miracles unfolded in the same way as the Lourdes cures: frequent exacerbation of symptoms just before the cure, extraordinary speed of recovery, hunger, and perception of well-being.³⁷

By any standard, the Lourdes phenomenon has been extraordinary. Much has changed since the decades following the Visions, at a time when records were crude or nonexistent, subjectivity and complacency were the rule, an allegation of cure was synonymous with cure, and medicine had no accurate diagnostic tools and lacked effective treatments.³⁸ The diseases cured at Lourdes were diverse in nature, tuberculosis and neurological diseases being the leading conditions. However, the nosology evolved and reflected the morbidity at the time of observation. The Lourdes cures have been *praeter naturam* (beyond the natural course of nature), not *contra naturam* (contrary to nature, breaking a natural law). Thus, a case of pulmonary tuberculosis initially considered incurable but which was nonetheless cured at Lourdes is *praeter naturam*, whereas the growth of a new limb after amputation, an impossible achievement in the human species, would be *contra naturam*.³⁹

Medical practice in Lourdes, in the years prior to Boissarie's tenure, was marked by poor documentation and hastily registered conclusions. Boissarie was considered an intelligent, honest, and proficient physician, albeit he was seen as reserved, not to say aloof. His biographer described him as a mystic, with little concern for earth-bound details.⁴⁰ Boissarie's impassioned publications, lectures, and public presentations of cured patients were important tools for spreading the news of the Lourdes medical achievements, and his actions

37. Jacalyn Duffin, *Medical Miracles, Doctors, Saints and Healing in the Modern World* (New York: Oxford University Press, 2009), 71–143.

38. The vocabulary expressed the concepts of that time: phthisis, dropsy, scrofula, and bone caries are pleasant reminders of a faraway medicine, as is the wording of some diagnoses: cerebro-cardiac failure, cerebro-spinal neurosis, inflammatory nervous conditions, organic lesions of inner viscera, fever and disorders in the chest.

39. Lourdes spontaneous (nonsurgical) corrections of club-feet, 1896, Yvonne Aumaitre (T. Mangiapan, *Les Guérisons de Lourdes*, 105) and lengthening of malformed lower limbs, 1891 and 1892, Lucie and Charlotte Renauld (T. Mangiapan, *Les Guérisons de Lourdes*, 103) would be *contra-naturam* cures. As far as we know, these cases are the only ones of their kind in the Lourdes medical history.

40. Alfred Van den Brule, *Le Docteur Boissarie, Président du Bureau des Constatations Médicales de Lourdes* (Paris: J de Gigord, 1919), 197–304.

resonated with the pious masses. But, carried away by a deep-rooted faith, Boissarie tried to convert colleagues to Catholicism and pointed out to his *miraculés* the new duties God expected of them.⁴¹ Some students of Lourdes were taken aback and a prejudice against Lourdes emerged in the inflamed religious context. "Mr. Boissarie has published several books about the cures," wrote Alexis Carrel, "he has written these books as *if he were a priest and not a physician*, and pious considerations were a substitute for observations: no rigorous analysis, no precise deduction. These books have been best-sellers but have remained restricted to the faithful and have certainly no scientific value."⁴²

In 1902, Dr. Le Fur, from Paris, made very sensible suggestions regarding diagnostic criteria and techniques.⁴³ Boissarie objected to these suggestions and instead had a "preliminary and very important assessment" published repeatedly in the *Annales*: "We want to remind those who read us that the reports we release for the public only contain the depositions collected from patients, and certificates, often inadequate, of their physicians. *We have neither the means of checking patients' declarations, nor the opportunity of an independent inquiry. There are facts of unequal value in our recording of the cures. Gathering evidence will come later.*" To the best of our knowledge, very few patients were reevaluated, so that Boissarie's methodology was at best inconsistent and, at worst, deceptive. It could hardly have been otherwise considering Boissarie's self-imposed tight personal schedule and the thousands of allegations with which Dr. Cox, his assistant, had to deal.⁴⁴ As a result, the best of the medical history of the early 1900s is

41. Harris, *Lourdes, Body and Spirit*, 330–31.

42. Alexis Carrel, "Letter to the Editor of La Croix," Paris, 9–November 10, 1909, cited by Joseph T. Durkin, *Alexis Carrel Savant Mystique* (Paris: Arthème Fayard, 1969), 172.

43. "Let's select unquestionable cases of cures, discard all nervous diseases, produce detailed and reliable medical certificates," then (a) "tests for Koch Bacillus and X-rays should be performed when necessary, (b) the cured patient should be examined by the same physician, before and after the cure, (c) physicians should be allowed complete access to the hospital wards and to the piscines, and witness the cures by themselves, instead of relying on the testimony of stretcher-bearers and local helps. The publication of the cures should not be made hastily and be written in scientific terms, excluding moral and religious considerations." Dr. Le Fur, *Annales de Notre Dame de Lourdes*, 1902–3, 35th year, 49–56.

44. The accuracy and reliability of Lourdes' medical approach were again questioned around 1910 by contemporaries. Rouby and Aigner ranked among the most bitterly hostile: Hippolyte Rouby, *La vérité sur Lourdes* (Paris: A. Vaubourg, 1910), 253. "Lourdes thrived owing to its physicians' ignorance," Aigner, cited by Jason Szabo, *Seeing Is Believing*,

found in the reviews published in the *Annales* and in the minutes of the canonical committees set up by the bishops of the miraculés.

Most cures that occurred between the two World Wars cannot be accepted at face value: Many diagnoses remain dubious for lack of appropriate criteria and follow-up. Generally speaking, follow-up has been absent or inadequate in Lourdes history, as many patients returned to Lourdes by themselves. There was no policy of periodical controls and no deliberate attempt to check the absence of recurrence, a basic requirement for any extraordinary and successful therapeutic method. We also suspect that declaration of miracles by the Catholic Church froze the situation and discouraged further observation and follow-up of the miraculés. We owe to Mangiapan the only retrospective study of the 1947–76 Lourdes cures.⁴⁵ For want of an extended follow-up, we looked for survival times. Thirteen patients out of twenty-five (Tables 3 and 4) died nineteen to fifty-seven years after the cure and without relapse of the disease. For nine subjects living in 2008, the time elapsed since the cure was ten to fifty-four years. Considering the lengthy observation periods, it may be claimed that four cases of tuberculosis were actually cured. This series provides three examples of multiple sclerosis with remissions of at least forty-year duration, synonymous with cure; the speed with which the cures occurred is impressive and without known equivalent.⁴⁶ Two of the most recent cases (No. 23, 25) are related to osteosarcoma and this diagnosis seems beyond dispute. The first of these two cases (MIC, No. 23) epitomizes a Lourdes cure.

Today's physicians require hard and incontrovertible evidence to support a declaration of cure. Considering available data about the two individuals discarded from this study and eight out of the twenty-five being studied, we had misgivings related to (a) the fact that required

216. Trying to put a brave face on it and (once again) evading the issue, Boissarie answered: "Yes, I have not enough evidence. . . these publications do not give me the right to conclude and they call for an open discussion in which all opinions should be voiced," see for example, Boissarie, *Lourdes, les Guérisons*," I, 51.

45. Mangiapan was instrumental in assisting Claudine Thozet's retrospective study, *La Stabilité des Guérisons Obtenues à Propos de 22 Cas* (Toulouse, France: MD Thesis, 1975), No. 311, 21–66.

46. Bernard François, personal communication from Prof. Charles Confavreux, Lyon, January 7, 2008: the Kaplan–Maier estimate for the time of onset of multiple sclerosis to the second episode.

criteria for consideration were not met, (b) lack of diagnostic evidence, (c) inconsistencies in the clinical history, (d) inadequate follow-up, (e) possible influence of prior treatments, (f) possible diagnostic error, (g) possible relapse of the disease, and (h) an outcome in doubt.⁴⁷ We know of only two postmortems carried out on subjects formerly cured in Lourdes.⁴⁸

Any assessment of the Lourdes cures must take into account a hidden face of Lourdes. As previously mentioned by Harris, our inquiry has led us to conclude that, in addition to “regular” pilgrims, many others, who were convinced they were cured in Lourdes, were not known to the Medical Bureau.⁴⁹ To the routine question now asked by the nuns of the Department of Archives “Why don’t you report to the Bureau?” the usual answer is “There’s no point going there,” and to the next question “For what reason have you been here?” the answer is “The Virgin knows why.”⁵⁰ Many of these people elect to have commemorative plaques put in the Lourdes basilicas or in the crypt. The annual number of new plaques has increased from fifty-seven in 2004 to ninety-four in 2008. Other pilgrims, about four hundred a year, who do not report to the Bureau, bring personal items or gifts to the Lourdes Department of Archives as tokens of their gratitude for the grace they have been granted and as evidence of their willingness to share their good fortune.⁵¹ Leaving gifts in Lourdes has been “integral

47. (a) MURA, cured in 1962; BELY, cured in 1987, (b) No. 19, tuberculosis (x-rays and bacteriological tests not available), (c) No. 20, thyroid cancer (discrepancies in clinical course, radiology, pathology), (d) No. 16, multiple sclerosis (a ten-year period is too short to acknowledge a cure of MS, a disease prone to late relapses), (e) No. 11, Hodgkin’s disease (radiotherapy and chemotherapy are mentioned in the clinical history), (f) No. 4, blindness; (g) No. 18, Budd–Chiari syndrome; No. 23, hemiplegia in a man dead at sixty, probably of the same vascular disease, (h) No. 25, Ewing’s sarcoma (credit of the cure given to Lourdes, overlooking the fact that the disease worsened during the four months following the pilgrimage, before the first signs of improvement appeared spontaneously in Sicily).

48. Gustave Boissarie, “Mal de Pott, Guérison, Autopsie,” *Annales de Notre Dame de Lourdes*, 1898–99, 31st year, 75–76; “Le Miracle Demandé par la Science,” *Annales de Notre Dame de Lourdes*, 1899–1900, 32nd year, 41–44; Rouby, *L’Autopsie de Nancy, la Vérité sur Lourdes*, 119–22.

49. Harris, *Lourdes, Body and Spirit*, 307. Harris comments on 1897 Lourdes: “The perception of the faithful remained tied to popular tradition, generally heedless of doctors. . . . Many cured individuals simply refused to undergo the grueling process of medical investigation . . . preferring instead their subjective certainty and the empirical verification of families and local communities.”

50. Bernard François, personal communication from the staff of Lourdes Bureau des Dons, January 20, 2009, Département des Archives, Lourdes, France.

51. Bernard François, personal communication from Thérèse Franque, Bureau des Dons, Département des Archives, November 14, 2007 and January 5, 2009, Lourdes, France.

to the spiritual journey,” as mentioned by Harris.⁵² Today, votive offerings range from gold, rings, jewels, wedding gowns, and children’s clothes to frames, textiles, crutches and canes, and prostheses of all kinds. These anonymous believers have been estimated to be five to ten times more numerous than the patients known to the Medical Bureau and this introduces another strong bias in the study of Lourdes. Moreover, a number of people whose pathological disorders were not influenced by the Lourdes pilgrimage maintain that they have experienced inward changes that help them cope with their pains and handicap. The Lourdes appeal, it appears, is more vibrant and enduring than suggested by statistics. A shrine devoted to prayers and penance, Lourdes remains a spiritual and charismatic healing space.

The Lourdes phenomenon that led to physical cures has been extremely powerful. Spontaneous remissions of diseases, especially of cancers, do not measure up to the speed, power, and variety of the Lourdes cures. Yet, Lourdes has had critics aplenty, from medical leaders such as Charcot (“Why so often challenge Science, since Science has always the last word?”) to fiery and iconoclastic detractors as Zola, writing often in acrimonious terms.⁵³ We surmise that autosuggestion and the placebo effect played a role in a number of improvements and allegations of cures. It is also likely that hysteria was a factor in many patients cured prior to WWI, and probably thereafter, but we were told by the Bureau physicians practicing since 1970 that they were wary of hysteria and prepared to deal with this situation.

CONCLUSIONS

The least that can be stated is that exposures to Lourdes and its representations (Lourdes water, mental images, replicas of the grotto, etc.), in a context of prayer, have induced exceptional, usually instantaneous, symptomatic, and at best physical, cures of widely different diseases. Although what follows is regarded by some as a hackneyed concept, any and all scholars of Lourdes have come to agree with one of two equally acceptable—but seemingly conflicting and irreconcilable—

52. Harris, *Lourdes, Body and Spirit*, 292.

53. Jean Martin Charcot, “La Foi qui Guérit,” *Arch. Neurol.*, 1893, 1, 74. Barbara Corrado Pope, “Emile Zola’s Lourdes: Land of Healing and Rupture,” *Lit. Med.*, 1989, 8, 22–35.

points of view on the core issue: are the Lourdes cures a matter of divine intervention or not? Faith is set against science.

For lay people who take a leap of faith and are ready to believe “what is most contrary to custom and experience,”⁵⁴ Lourdes is a privileged place of divine action through the Virgin Mary’s intercession, and a prominent healing space in a growing pattern of the cult of Mary. The Lourdes cures have now shrunk to a trickle and the Lourdes mystique may have lost some of its momentum. It has been suggested that today’s pilgrims as a whole have little in common with nineteenth-century believers who, after a long and feverish wait, “incubation and contagion” (Charcot), were moved with enthusiasm, reverence, and powerful emotions. Years have passed and the sanctuary’s followers are not quite the same, but the Lourdes appeal endures. Numerous astounding cures have been attended by hundreds of honorable physicians and thousands of witnesses. These are facts that cannot be ignored. Prayer is the fulcrum of the Lourdes cure, the essential condition for a miracle to occur. “The individual who is cured is not the one who prays for himself but the one who prays for others, a strong form of asceticism and self abnegation . . . the believer surrenders himself to God and asks for his grace.”⁵⁵ “Do I believe in miracles?” Jacalyn Duffin, physician and medical historian, asks, “after years of hesitating, now I answer comfortably, ‘Yes, I do.’ It is a historian’s belief and it challenges my medical identity.”⁵⁶

Rational individuals would assert that a sound interpretation will be brought to today’s inexplicable facts. Alexis Carrel is oft-quoted as having written that “a fact is declared supernatural when its cause is unknown.”⁵⁷ Significant mental factors are present in Lourdes: anticipation and hope, belief and confidence, fervor and awe, meditation and exaltation, and these are compounded by the spiritual atmosphere of the place, ritual gestures, hymns, and prayers. The reactivity and sensitivity of patients to these mental states may well be determinants of the cures and are likely to explain why the cures seem to occur at random and vary in timing, place, modes, and ways. Hunger, a telltale sign of return to health, also suggests brain involvement. We have also been struck by a matter-of-fact observation: the occurrence

54. David Hume, *Enquiries Concerning the Human Understanding and Concerning the Principles of Morals*, 2d. ed. (1902; repr., Oxford: The Clarendon Press, 1927), 357.

55. Alexis Carrel, *L’Homme cet Inconnu* (Paris: Plon, 1935), 174, 176.

56. Duffin, *Medical Miracles*, 183.

57. Carrel, *Le Voyage de Lourdes*, 93.

of cures that were not instantaneous but rather required days or weeks. This mode of cure occurred in about one-third of patients cured in 1909–14 and 1947–76. Largely unnoticed and overlooked, this pattern does not square with the usual script of a miracle, nor does it fit with the desiderata of the Church. From the pragmatic standpoint of an agnostic, the Lourdes cures, fewer than originally thought, have been a heterogeneous collection of medical facts, neither impostures nor miracles.⁵⁸ Uncanny and weird, the cures are currently beyond our ken but still impressive, incredibly effective, and awaiting a scientific explanation. Creating a theoretical explanatory framework could be within the reach of neurophysiologists in the next decades.⁵⁹

After many mental twists and turns, we reached the same conclusions as Carrel some eighty to hundred years ago: “Instead of being a simple place of miracles, of interest only to the pious, Lourdes presents a considerable scientific interest,” and “Although uncommon, the miraculous cures are evidence of somatic and mental processes we do not know.”⁶⁰ Upping the ante, we dare write that understanding these processes could bring about new and effective therapeutic methods.

The Lourdes cures concern science as well as religion.

58. On December 1, 2008, the International Committee acknowledged five other cures that occurred since 1994 as “remarkable” (a substitute for the previous criteria of a Lourdes miracle) to which a new case of cure that occurred in August 2009 may be added. These included five females and one male and diagnoses of Hodgkin’s lymphoma, multiple sclerosis, and amyotrophic lateral sclerosis. Three additional cures were reported in October 2011 (No. 316, 96–108) and January 2012 (No. 317, 10–12) issues of the *Bulletin du Bureau des Constatations Médicales de Lourdes*: Mrs. C, age forty-three, cured of hypertensive bouts in 1989; Sister I, age thirty-one, and Mr. G age fifty-six, both cured of long-standing sciatica in 1965 and 2002, respectively. We were unable to obtain details about these cures or other cures currently under consideration. In our contemporary world, we believe that Lourdes could benefit from handling the cures in a different way. In our view, a next logical step might be to initiate an open international medical debate about any new case accepted by the International Committee; to proceed with an extended, diligent, and well-documented follow-up, at best life-long, that need not infringe on privacy; to consider with a critical mind the permanence of the cure, well after the time usually allowed for a recurrence of the disease.

59. We speculate that the convergence of a number of factors, additive and synergistic, could activate psycho-neuroimmunological pathways and/or biochemical chains of events. As shown by brain imaging such as positron emission tomography scans and functional magnetic resonance imaging, specific brain regions, i.e., those involved in pain and reward pathways, become active when people experience positive emotions, such as during prayer. These changes can in turn affect immune processes involved in healing. Esther M. Sternberg, *Healing Spaces: The Science of Place and Wellbeing* (Cambridge, Massachusetts: Harvard University Press, 2009), 169–80, 198–99.

60. Alexis Carrel, Letter to the Director of La Croix, Paris, 1909, in *Hope for Our Time: Alexis Carrel on Man and Society*, ed. J. T. Durkin (New York: Harper and Row, 1965), 115; Carrel, *L’Homme cet Inconnu*, 174.

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Commentary

Religion and Medicine, Again: *JHMAS* Commentary on “The Lourdes Medical Cures Revisited”

With their 2012 essay on cures at Lourdes, Bernard François, Esther Sternberg, and Elizabeth Fee performed several good deeds for medical historians. First, they concisely summarize the complex story of organizational change at Lourdes, the most famous healing shrine in Europe. Second, they analyze all the recoveries that were officially certified as remarkable, focusing on the *miraculés*, their diagnoses, and duration of follow-up. Third, they draw attention to the oft-neglected realm of religious experience within modern medical practice.

In a manner that will satisfy physician readers, their approach is unapologetically presentist, relying on retrospective (even revisionist)