

August 1984

Miraculous Cures

Eugene F. Diamond

Follow this and additional works at: <https://epublications.marquette.edu/lnq>

Recommended Citation

Diamond, Eugene F. (1984) "Miraculous Cures," *The Linacre Quarterly*: Vol. 51 : No. 3 , Article 6.
Available at: <https://epublications.marquette.edu/lnq/vol51/iss3/6>

Miraculous Cures

Eugene F. Diamond, M.D.

Doctor Diamond is a frequent contributor to Linacre Quarterly and is a member of its editorial advisory board. He is affiliated with the department of pediatrics at the Loyola University Stritch School of Medicine.

The people recognized Him and ran about the whole neighborhood bringing the sick on their pallets. And wherever He came, in village, cities or country, they besought that they might touch even the hem of His garment. As many as touched it were made well.

— Mark 6:55-56

Case Report

Cirolli D. was born in Palermo, Sicily on Nov. 16, 1964. At age 11, she developed a swelling of her right knee and was brought to the orthopedic clinic at the University Hospital in Catania. A biopsy of the right tibia was read as Ewing's sarcoma, a malignant tumor. Parents were advised that the child needed an amputation and radiation therapy. They declined and returned the child to her home.

The school children in Palermo collected money to send her to Lourdes and she made a pilgrimage from August 5 to 13, 1976.

In December, 1976, there was a gradual resolution of all signs and symptoms and x-rays of the knee showed no residuals of the tumor.

Parents brought the child back to Lourdes in 1977 and reported the apparent disappearance of the lesion to the Medical Bureau. The Bureau requested the biopsy slides and x-rays and re-examined the patient for signs of recurrence in 1978 and 1979. After three years of investigation, the cure was designated as scientifically inexplicable and was presented to the International Medical Committee of Lourdes for evaluation as a possible miracle.

All healing ultimately is from God. God works through His handmaiden, nature, and the cure is achieved through the *vis medicatrix naturae* which is the ameliorative or self-corrective energy of nature. The ministrations of the physician, be they medical or surgical, are aimed at the augmentation of natural functions or the removal of interference with natural function-by-disease processes. In this sense, every cure is a miracle, derivative of the finely tuned and truly miraculous processes of nature. The physician is a man learned in the natural functions and recuperative powers of the live human person, and the

good physician is a man who learns to respect and to cooperate with these built-in forces of self-healing. As Benjamin Franklin wisely stated, "There is a great difference between a good physician and a bad physician but very little difference between a good physician and no physician at all."

When we speak of miraculous cures in common parlance, however, we are speaking of those situations in which a cure occurs from inexplicable causes. Our knowledge of healing is finite and limited even in this age of so-called scientific explosion of knowledge so that most such dramatically unexpected cures are probably the result of natural processes still poorly understood. There is a class of inexplicable recoveries, however, in which the recovery strongly contravenes well understood and widely experienced disease processes. When these inexplicable cures coincide with or follow closely upon strong religious experience or direct petition of the faithful, there is a tendency to declare the cures to be the result of the direct intervention into natural processes by God, the Blessed Virgin or one of the saints. The existence of miracles cannot, of course, be proven by experience or history except to the person prepared to accept the possibility of divine intervention. To the person who is philosophically unwilling to accept the supernatural, all such cures will remain either unexplained or attributed to an illusion. There are two widely-practiced views of miraculous cures which are, in the strictest sense, *nonsequiturs*. The first is to respond to the description of a truly inexplicable recovery by saying that it never happened. The second is to state that because an event occurred which cannot be explained by the current state of medical knowledge, that it must have occurred as a result of a supernatural cause.

The first fallacy will cause denials of the results of biopsies or x-rays and will demand of cures attributed to supernatural causes all sorts of special tests and vindications which would not ordinarily be required of cures attributed to conventional medical or surgical therapies. This type of reasoning is almost always illogical because the acceptance of the possibility of miraculous cure would cause the doubter to accommodate a whole new philosophy or view of life. As Cardinal Newman said, "A miracle is no argument to one who is, on principle, an atheist."

The second fallacy, that of attributing all inexplicable cures to supernatural causes, is illogical in many instances because it fails to come to grips with the finite limits of science and the fact that the processes of nature sometimes take unexpected turns, even under circumstances devoid of all religious overtones. Some basic views of the laws of nature are necessary in order to place the occurrence of miracles in some perspective. People of different philosophical persuasion may view nature in different ways. They may believe 1) that nature acts in a way which is observable but not predictable and that

there are no natural laws; 2) that nature follows the law of averages and that unexpected events are only statistical aberrations related to the huge frequency with which natural events are always taking place; 3) that the laws of nature are necessary truths and that nature always reacts in a given way to a given set of circumstances. The third view obviously would be the view held by most people who believe that natural laws are the laws instituted by the Creator of nature. If we define a miracle as an interference in nature by a supernatural power, then we can see some formidable obstacles to the casual proliferation of miracles. God as the Author of nature is in a position of seeming self-contradiction when He deems to suspend the laws of nature to allow a miracle to take place.

Knowledge from Revelation

We know, of course, from revelation, that God is willing to intervene directly in the laws of nature to achieve a miraculous cure. The gospels tell us repeatedly of Christ's miraculous cures of the blind, the dumb, the leper and even, in the case of Lazarus, the reversal of an already fatal illness. These miracles were intended, of course, to confirm the belief of the witnesses and to prove Christ's divinity through the manifest exercise of what would be universally accepted as supernatural powers. Beyond the cure of the sick, he also suspended other physical laws to still the wind, walk on water, etc. Were such miracles to be limited to the earthly life of Christ or were they to continue through time as further witnesses of His power and His concern for the suffering? Is nature to be sovereign except for this brief three-year interlude or are we to accept a monarchical view of nature in which God continues to intervene intermittently in order to confirm the belief of the faithful? It is obvious that the progress of science has made it possible to understand events previously thought to be miraculous. It is not to be expected that science will eventually enable us to understand all alleged miracles because, by the previous definition, miracles are not events that normally occur but rather events which occur in violation of natural laws because of a supernatural suspension of a law already deciphered. C. S. Lewis has clarified this point with a literary metaphor. Shakespeare has created his works and their characters. In *Hamlet*, Ophelia dies when she crawls out on a limb and when the limb breaks, she falls into a stream and drowns. Does Ophelia die because the limb breaks or because Shakespeare has decided to get rid of her as a character in the play? In the allegorical sense, she dies for both reasons. When we recover from an illness, it ordinarily occurs because the natural recuperative powers, as augmented by the ministrations of the physician, allow the cure to take place. In the case of a miraculous cure, the Creator of nature might intervene directly and either expedite, promote or supplant the actions of natural healing in

order to accomplish a cure.

The essential ingredient in evaluating miracle cures is a state of mind which says that miracles are possible and that there is nothing innately incredible in the stories inside and outside the scriptures which say that God has performed them at times. To this we might add a skepticism which says that the most improbable natural event is still more likely than a miracle. Finally, we might reject many alleged miracles on the basis of their triviality, that is, a combination of events which would seem unlikely to have brought about a justification for the suspension of the natural law even for an instant. It is unlikely, for example, that a miracle would be performed to clear a case of acne in order that an adolescent might be more attractive for the Junior Prom.

When we think of miracle cures, we are likely to think first of Lourdes as a site of some of the most dramatic and highly publicized of such healings. The most widely acclaimed was that described by Dr. Alexis Carrel, a most esteemed French physician, in 1902. Dr. Carrel, a nonbeliever, accompanied a pilgrimage train to Lourdes in order to study the impact of emotion and psychological state on therapy. On the pilgrimage train, he was asked to examine a Marie Bailly of Lyons whom he diagnosed as having a fatal case of tuberculous peritonitis. He was asked to examine her because of a fear that she would not survive the trip to Lourdes. Twenty-four hours later, after having taken the baths at Lourdes, she was re-examined by Carrel and found to be free of signs or symptoms of tuberculous peritonitis. Dr. Carrel reported his observations with scientific detachment and with no claim of miraculous occurrence, only a statement of the fact that the recovery was scientifically inexplicable. Despite this, he incurred the considerable rancor of the French scientific community for his alleged contribution to superstitious claims. He ultimately left France to continue his medical research in the United States. His work on blood vessels eventually won him the Nobel prize for medicine.

For anyone who has visited Lourdes, it is obvious that the ambience of this shrine has the capability of eliciting very strong emotional and psychological reactions. For a physician visiting Lourdes, there are dramatic religious and medical impacts. In many ways, Lourdes stands as a testimonial to the failures of both modern religion and modern medicine. Post-Vatican II religious practice has been characterized by a contempt for external ritual forms, by a private internalizing and intellectualizing of religious experience and by an emphasis on social action. An attempt at demythologization has really resulted in a demystification. With this demystification has come a decline in Church influence, empty pews and barren cloisters and a frantic search for a substitute in astrology, cults, and worship of the environment. As Chesterton has said, "When you stop believing in religion, you don't believe in nothing. You believe in everything." Lourdes, on the other hand, is given over largely to symbolic and external forms of

worship. Processions, common prayer, candle-lighting, hymn-singing and healing waters awaken the senses and the emotions of the participants in a way which many accept as a stimulus to the rekindling of faith.

In a similar way, the sight of a huge assemblage of sick pilgrims on any day at Lourdes is a chilling reminder of the failures of scientific medicine and technology. As Zola said of the Lourdes pilgrims, they are "abandoned by science." It is fitting that the doctors follow the Blessed Sacrament in the great daytime procession of Lourdes which terminates with the blessing of the "malades." No physician who has gazed at the row after row and tier upon tier of terminally cachectic, severely obtunded and neurologically dysfunctional patients awaiting the blessing can ever again be smug about the triumphs of medical progress. In no other setting is the spectacle of incurable illness so visible. In the largest hospital, the numbers could not be duplicated. In no clinical setting would the patients be so clearly on display and conspicuous to public scrutiny. The heroes and heroines of the blessing of the sick are not the physicians but the hundreds of volunteers and acolytes who make the spectacular experience available to the sick. The failures of medicine are not so much the inability to cure the incurable as they are the inability to teach patients to reconcile themselves to the inescapability of terminal or chronic disability. This is what most patients seek and many achieve at Lourdes. The rare miracle is the hoped-for but unexpected ingredient which is secondary in importance to the spirit of peaceful resignation which many discover.

Claimed Cures Promptly Checked

All occurrences of claimed miraculous cure are investigated promptly and thoroughly by the Medical Bureau of Lourdes. Established in 1883, this Bureau has examined 6,000 such cases of which only 64 have been officially designated as miraculous. The International Bureau will open a dossier on a patient if the following criteria are met: 1) the cure must be sudden, unforeseen, complete and lasting (at least 3-4 years before investigation); 2) the disease must be serious, life-threatening, and organic (functional and psychosomatic illnesses are not investigated); 3) objective evidence such as x-rays, biopsies or laboratory testing must be available; 4) response to other forms of conventional therapy must be excluded.

Even if all the criteria are met, it is still mandatory that details of the state of illness prior to the visitation to Lourdes be provided by local attending physicians. Because of the hostility of the medical profession, these are not always provided and the investigation cannot be consummated. Not all patients are willing to invest the time required to undertake the international travel involved in the required follow-up evaluations by the Bureau. In other instances, ecclesiastical

authorities may withhold verification even when the scientific community and the Medical Bureau are convinced that the circumstances are inexplicable. For these reasons, the 64 approved cases (see following) are probably the tip of the iceberg of legitimate, but unclaimed miracles. In any event, no one could fault the very rigorous, objective and scientifically detached procedures employed by the Medical Bureau under its director, Dr. Theodore Mangiapan of Marseilles.

It is nevertheless true, however, that the inexplicable cures which occurred and are occurring at Lourdes might be interpreted differently in other medical settings. Those of us who believe that these occurrences are indeed the result of direct supernatural intervention must be reminded of the admonition of Franz Werfel, "For those who believe, no explanation is necessary; for those who do not believe, no explanation will suffice."

CURES OF LOURDES RECOGNIZED AS MIRACULOUS BY THE CHURCH

List of cures in chronological order

No.	Name & Domicile	Nature of Illness	Age at Date of Cure
1	Mrs. Latapie-Chouat, Catherine of Loubajac	Paralysis of cubital type due to traumatic clongation of the brachial plexus for 18 months	39 years old on 3-1-1858
2	Mr. Bouriette, Louis of Lourdes	20 years old injury to the right eye with blindness for 2 years	54 years old in March, 1858
3	Mrs. Cazenave, Blaisette (nee Soupene) of Lourdes	Chemosis or chronic ophthalmitis with ectropion for 3 years	About 50 years in March, 1858
4	Mr. Busquet, Henri of Nay	Adenitis of the root of the neck (undoubtedly tuberculous) with fistulae for 15 months	About 15 years on 4-29-1858
5	Mr. Bouhort, Justin of Lourdes	Chronic post-infective hypothrepsia with retarded motor development. Diagnosis at the time: consumption.	2 years old on 7-6-1858
6	Mrs. Rizan, Madeleine of Nay	Left hemiplegia for 24 years.	About 58 years on 10-17-1858
7	Miss Moreau, Marie of Tartas	Very marked impairment of vision with inflammatory lesions especially of the right eye, progressive for 10 months.	About 17 years on 11-9-1858
8	Mr. de Rudder, Pierre of Jabbeke (Belgium)	Ununited fracture of the left leg.	52 years old on 4-7-1875
9	Miss Dehant, Joachime of Geves (Belgium)	Leg ulcer with extensive gangrene	29 years old on 9-13-1878

CURES OF LOURDES, continued

10	Miss Seisson, Elisa of Rognognas	Hypertrophy of the heart and oedema of the lower limbs	27 years old 8-29-1882
11	Sister Eugenia (Marie Mabile) of Bernay	Abscess of the true pelvis with vesical and colic fistulae. Bilateral phlebitis.	28 years old on 8-1-1883
12	Sister Julienne (Aline Bruyere) of La Roque	Cavitating pulmonary tuberculosis	25 years old 9-1-1889
13	Sister Josephine-Marie (Anne Jourdain) of Goincourt	Pulmonary tuberculosis	36 years old on 8-1-1890
14	Miss Chagnon, Amelie of Poitiers	Tuberculous osteo-arthritis of the knee and second metatarsal of the foot	17 years old on 8-1-1891
15	Miss Trouve, Clementine (Sr. Agnes-Marie) of Rouille	Osteo periostitis of the right foot with fistulae	14 years old on 8-1-1891
16	Miss Lebranchu, Marie (Mrs. Wuiplier) of Paris	Pulmonary tuberculosis (Koch's bacillae present in sputum).	35 years old on 8-10-1892
17	Miss Lemarchand, Marie (Mrs. Authier) of Caen	Pulmonary tuberculosis with ulcers of face and leg.	18 years old on 8-1-1892
18	Miss Lesage, Elise of Bucquoy	Tuberculous osteo-arthritis of knee.	18 years old on 8-31-1892
19	Sister Marie de la Presentation of Lille	Chronic tuberculous gastro-enteritis	44 years old on 8-29-1892
20	Father Cirette of Beaumontel	Antero-lateral spinal sclerosis	46 years old on 8-31-1893
21	Miss Huprelle, Aurelie of St. Martin-le-Noeud	Apical pulmonary tuberculosis	26 years old on 8-21-1895
22	Miss Brachmann, Esther of Paris	Tuberculous peritonitis	15 years old on 8-21-1896
23	Miss Tulasne, Jeanne of Tours	Lumbar Pott's disease, with neuropathic club foot	20 years old on 9-8-1897
24	Miss Malot, Clementine of Gaudechart	Pulmonary tuberculosis with haemoptysis	25 years old 8-21-1898
25	Mrs. Francois, Rose (nee Labreuvoies) of Paris	Fistular lymphangitis of the right arm with enormous oedema	36 years old on 8-20-1899
26	Rev. Father Salvator of Dinard	Tuberculous peritonitis	38 years old on 6-25-1900
27	Sister Maximilien of Marseille	Hydatid cyst of the liver, phlebitis of the left lower limb	43 years old on 5-20-1901
28	Miss Savoye, Marie of Cateau-Cambresis	Rheumatic disease of the mitral valve with failure	24 years old on 9-20-1901

29	Mrs. Bezenac, Johanna (nee Dubos) of St.-Laurent-des-Batons	Pyrexia of unknown origin, impetigo of the eyelids and forehead	28 years old on 8-8-1904
30	Sister Saint-Hilaire of Peyreleau	Abdominal tumor	39 years old on 8-20-1904
31	Sister Sainte-Beatrix (Rosalie Vildier) of Evreux	Laryngo-bronchitis, probably tuberculous	42 years old on 8-31-1904
32	Miss Noblet, Marie-Therese of Avenay	Dorso-lumbar spondylitis	15 years old on 8-31-1905
33	Miss Douville de Franssu, Cecile of Tournai (Belgium)	Tuberculous peritonitis	19 years old on 9-21-1905
34	Miss Moulin, Antonia of Vienne	Osteitic fistulae of the right femur with arthritis of the knee	30 years old on 8-10-1907
35	Miss Borel, Marie of Mende	Four pyelo-colic fistulae of the lumbar region	27 years old on 8-22-1907
36	Miss Haudebourg, Virginie of Lons-le-Saulnier	Tuberculous cystitis, nephritis	22 years old on 5-17-1908
37	Mrs. Bire, Marie (nee Lucas) of Ste-Gemme-la-Plaine	Blindness of cerebral origin, bilateral optic atrophy	41 years old on 8-5-1908
38	Miss Allope, Aimee of Vern	Numerous tuberculous abscesses with 4 fistulae of the anterior abdominal parietis	37 years old on 5-28-1909
39	Miss Orion, Juliette of St-Hilaire-de-Voust	Pulmonary and laryngeal tuberculosis, suppurating left mastoiditis	24 years old on 7-22-1910
40	Mrs. Fabre, Marie of Montredon	Muco-membranous enteritis, uterine prolapse	32 years old on 9-26-1911
41	Miss Bressolles, Henriette of Nice	Pott's disease, paraplegia	About 30 years on 7-3-1924
42	Miss Brosse, Lydia of St-Raphael	Multiple tuberculous fistulae with wide undermining	41 years old on 10-11-1930
43	Sister Marie-Marguerite (Francoise Capitaine) of Rennes	Abscess of the left kidney with phlyctenular oedema and cardiac crises	64 years old on 1-22-1937
44	Miss Jamain, Louise (Mrs. Maitre) of Paris	Pulmonary, intestinal and peritoneal tuberculosis	22 years old on 4-1-1937
45	Mr. Pascal, Francis of Beaucaire	Blindness, paralysis of the lower limbs	3 years, 10 mos. on 8-28-1938
46	Miss Clauzel, Gabrielle of Oran	Rheumatic spondylitis	49 years old on 8-15-1943
47	Miss Fournier, Yvonne of Limoges	Extending and progressive post-traumatic syndrome (Leriche's syndrome)	22 years old on 8-19-1945

CURES OF LOURDES, continued

48	Mrs. Martin, Rose (nee Perona) of Nice	Cancer of the uterine cervix (epithelioma of the cylindrical glands)	45 years old on 7-1-1947
49	Mrs. Gestas, Jeanne (nee Pelin) of Begles	Dyspeptic troubles with obstructive episodes	50 years old on 8-1-1947
50	Miss Canin, Marie- Therese of Marseille	Dorso-lumbar Pott's disease and tuberculous peritonitis with fistulae	37 years old on 10-1-1947
51	Miss Carini, Maddalena of San Remo (Italy)	Peritoneal, pleuro-pulmonary and bony tuberculosis with coronary disease	31 years old on 8-1-1948
52	Miss Fretel, Jeanne of Rennes	Tuberculous peritonitis	34 years old on 10-1-1948
53	Miss Thea, Angele (Sr. Marie-Mercedes) of Tettmag (Germany)	Multiple sclerosis for six years	29 years old on 5-1-1950
54	Mr. Ganora, Evasio of Casale (Italy)	Hodgkin's disease	37 years old on 6-1-1950
55	Miss Fulda, Edeltraut (Mrs. Haidinger) of Wien (Austria)	Addison's disease	34 years old on 8-2-1950
56	Mr. Pellegrin, Paul of Toulon	Post-operative fistula following a liver abscess	52 years old on 10-3-1950
57	Brother Schwager, Leo of Fribourg (Switzerland)	Multiple sclerosis for 5 years	28 years old on 4-10-1952
58	Mrs. Couteault, Alice (nee Gourdon) of Bouille-Loretz	Multiple sclerosis for 3 years	34 years old on 5-15-1952
59	Miss Bigot, Marie of La Richardais	Arachnoiditis of the posterior fossa (blindness, deafness hemiplegia)	31 years old on 10-8-1953
60	Miss Nouvel, Ginette (nee Fabre) of Carmaux	Budd-Chiari disease (supra-hepatic venous thrombosis)	26 years old on 9-23-1954
61	Miss Aloï, Elisa (nee Varacalli) of Patti (Italy)	Tuberculous osteo-arthritis with fistulae at numerous sites on the lower right limb	27 years old on 6-5-1958
62	Miss Tamburini, Juliette of Marseille	Femoral osteoperiostitis with fistulae, epistaxis, for 10 years	22 years old on 7-17-1959
63	Mr. Micheli, Vittorio of Scurelle (Italy)	Sarcoma of pelvis	23 years old on 6-1-1963
64	Mr. Perrin, Serge of Lion d'Angers	Recurring organic hemiplegia, with ocular lesions, due to cerebral circulatory defects	41 years old on 5-1-1970