

## Lourdes cures and their medical assessment<sup>1</sup>

**St John Dowling** MB MRCGP

*General Practitioner, Much Hadham, Hertfordshire  
and Member, International Medical Committee of Lourdes*

---

### Historical background

In 1858 a 14-year-old girl claimed that a lady had appeared to her at the cliff of Massabielle, just outside the town of Lourdes in the French Pyrenees. The child's reports of their conversations led to the conclusion that this lady was the Blessed Virgin Mary, mother of Jesus Christ, and Lourdes rapidly became a place of pilgrimage.

Although the healing of the sick did not feature in the statements made by the lady, sick people seeking a cure that could not be given to them by their doctors soon became prominent among the pilgrims: a few of them found what they sought.

The local authorities, both Church and State, were suspicious and disapproving. After initially putting every obstacle in the way of the cult, the State eventually decided to leave the matter to the Church. The Bishop set up a commission to investigate the problem. Following their report 4 years later he declared that 'it is our verdict that the Immaculate Mary, Mother of God, did really appear to Bernadette Soubirous . . . Our conviction is based on the testimony of Bernadette but more especially on the events which have occurred and which have no explanation save in the intervention of God'.

The Catholic Church is well used to claims of miraculous cure and to evaluating them by means of a set of criteria devised in 1735 by Cardinal Lambertini (afterwards Pope Benedict 14th). The rules are:

- (1) The disease must be serious, incurable or unlikely to respond to treatment.
- (2) The disease which disappeared must not have reached a stage at which it would have resolved by itself.
- (3) No medication should have been given, or if some medicines were prescribed then they must have had only unimportant effects. (It is most unusual nowadays to find a case completely untreated and this rule is interpreted as excluding any patient who has had potentially curative treatment unless that treatment can be demonstrated to have failed.)
- (4) The cure must be sudden and reached instantaneously. (This is now extended to include cures developing over a period of days.)
- (5) The cure must be complete, not partial or incomplete.

### Initial investigation at Lourdes

The late 19th century was a time of marked conflict between religion and science, many claiming that the one excluded the other, so the Church authorities in Lourdes were particularly anxious to have medical advice before investigating alleged cures. In 1883 a doctor, Baron de St Maclou, took up duty in the Domaine of the Grotto and examined people who claimed to have been cured, asking them to produce medical certificates to prove that they had suffered from some defined medical condition. This was the start of the present system in which nobody may be officially registered as a sick pilgrim without basic medical documents completed before the pilgrimage – these serve a dual purpose in enabling the authorities to weed out unjustified claims and providing the pilgrimage doctors with the information they need for looking after the sick person during the pilgrimage. Dr de St Maclou also invited all members of the medical profession to take part in his investigations

<sup>1</sup>Paper arising from Dr Dowling's Valedictory Address to the Section of General Practice, 20 October 1982. Accepted 12 April 1984

and this led to the foundation of the Bureau des Constatations Medicales. It became the custom for invalids claiming a cure to be examined in front of all the doctors present there at that time, any of whom were welcome to participate in the examination. This is still done today.

If the President of the Medical Bureau, a doctor who is a wholetime member of the permanent staff of the Sanctuaries, together with the doctors present consider that there is a possibility of a medically inexplicable cure, a dossier is opened and the pilgrim is invited to return the following year. In the meantime the President contacts the doctors who have been involved in the diagnosis and treatment of the patient for further information. The next year the pilgrim is again examined in Lourdes in the presence of all interested doctors and the cure is reconsidered in the light of the additional evidence obtained. If the doctors decide to keep the dossier open, the cured person usually attends at least two more examinations in Lourdes at annual intervals.

### **Second stage of assessment**

Prior to 1947 the final medical decision on the authenticity of a cure was taken at the Medical Bureau in Lourdes, but in that year a National Committee of French doctors was set up as a higher authority and in 1954 this was replaced by the International Medical Committee of Lourdes (CMIL) with representatives of each of the main nations sending regular pilgrimages, nominated by the hierarchy of the sending country and appointed by the Bishop of Tarbes and Lourdes, subject to approval by the President and the Committee of the candidate's professional standing.

The brief given to the CMIL by Bishop Theas in 1954 was (1) to oversee the organization of the Medical Bureau; (2) to oversee the organization for the hospitalization of sick pilgrims during their stay in Lourdes and their conditions generally; (3) to examine cases of alleged cure, essentially under three headings: (a) was he truly sick? (b) is he truly cured? (c) is the cure scientifically explicable? The Committee appears to have done little work in the first two categories, and in 1975 Bishop Donze, Mgr Theas' successor, gave a new brief confined to the examination of cures.

At present there are 25 members of CMIL – 13 French, 2 Italian, 2 Belgian, 2 English, 2 Irish and one each from Spain, Holland, Scotland and Germany. There is a wide spread of specialties – 4 each from general medicine and surgery, 3 from orthopaedics, 2 each from psychiatry and general practice, and one each from radiology, neuropsychiatry, dermatology, ophthalmology, paediatrics, cardiology, oncology, neurology and biochemistry. Ten members hold chairs in their medical schools. All are practising Catholics. Many are doctors who come regularly to Lourdes as pilgrimage medical officers, but some have little or no connection with the shrine.

If, after the initial scrutiny and follow up, the Medical Bureau thinks that there is good evidence of an inexplicable cure, the dossier is sent on to the CMIL which usually meets once a year in Paris. A preliminary examination of the data is made and if the members agree that the case is worth investigating they appoint one or two of their number to act as rapporteur. The rapporteur makes a thorough study of the case, usually seeing the patient himself, and presents the material in a detailed written dossier circulated to the members before the meeting at which they will take their decision.

The report is then discussed critically at length under 18 headings, a vote being taken at each stage. In the first three stages the Committee considers the diagnosis and has to satisfy itself that a correct diagnosis has been made and proven by the production of the results of full physical examination, laboratory investigations, X-ray studies and endoscopy and biopsy where applicable: failure at this stage is commonly because of inadequate investigation or missing documents. At the next two stages the Committee must be satisfied that the disease was organic and serious without any significant degree of psychological overlay. Next it must make sure that the natural history of the disease precludes the possibility of spontaneous remission and that the medical treatment given cannot have effected the cure: cases ruled out here are those about which there cannot be any certainty

that the treatment has not been effective – e.g. a course of cytotoxic drugs would lead to the case being rejected, even where the likelihood of success was small. Then the evidence that the patient has indeed been cured is scrutinized and the Committee must be satisfied that both objective signs and subjective symptoms have disappeared and that investigations are normal. The suddenness and completeness of the cure are considered together with any sequelae. Finally, the adequacy of the length of follow up is considered. After this detailed study, the question ‘Does the cure of this person constitute a phenomenon which is contrary to the observations and expectations of medical knowledge and scientifically inexplicable?’ is put. A simple majority carries the case one way or the other.

The declaration by the CMIL that it considers the cure to be medically inexplicable does not make it a miracle because that is a matter for the Church, not doctors. The verdict is sent to the patient’s bishop and if he thinks fit he appoints a Canonical Commission with its own medical advisers. If it reports favourably and the bishop accepts the report, he issues a decree declaring the case to be a miracle.

### **The latest cure**

The latest cure to be passed by the CMIL as medically inexplicable is that of Delizia Cirolli, in September 1982 – a child from a village on the slopes of Mount Etna in Sicily. In 1976 when she was 12 years old she presented with a painful swollen right knee. An X-ray showed bone change, so she was referred to Professor Mollica at the Orthopaedic Clinic of the University of Catania. After further X-rays he did a biopsy which Professor Cordaro reported as showing a bony metastasis of a neuroblastoma. The surgeon advised amputation; the family refused. He then advised cobalt irradiation and she was transferred to the Radiotherapy Unit where she was so unhappy that her parents took her home the next day, before she had had any treatment. She went for a further consultation at the University of Turin but returned home without treatment. Her teacher suggested that Delizia be taken to Lourdes, and a collection made locally enabled her to go with her mother in August 1976. There she spent 4 days attending the ceremonies, praying at the Grotto and bathing in the water. There was no improvement and X-rays in September showed extension of the growth. The child went downhill and her mother began to prepare for her funeral. Nonetheless, the villagers continued to pray to Our Lady of Lourdes for her cure and her mother regularly gave her Lourdes water. Shortly before Christmas she suddenly said that she wanted to get up and go out, which she did without pain but she was not able to get very far owing to weakness; at this time she weighed only 22 kg. Her knee swelling disappeared, leaving her with a degree of genu valgum, and her general condition returned to normal. X-rays showed repair of the bone. The following July she returned to Lourdes to present herself to the Medical Bureau and did so again in 1978/79/80. X-rays of the thorax and abdomen showed no sign of the calcification often seen in neuroblastoma.

There was no doubt that she had been cured but the exact diagnosis proved more difficult. The histological opinion of Professor Cordaro of Catania was a metastasis from a neuroblastoma. He sent the biopsy slides to the Medical Bureau and they were submitted to French histologists eminent in the field of bone tumours. Professor Payan of Marseilles considered that a metastasis from an undifferentiated neuroblastoma was a possibility, but gave his opinion that it was a Ewing’s tumour. Professor Nezelof of Paris agreed that the diagnosis of a metastasis from a neuroblastoma could not be absolutely excluded, but concluded that Ewing’s tumour was the most likely diagnosis. Dr Mazabraud and his colleagues at the Curie Institute reached the same conclusion. Spontaneous remission of neuroblastoma has been reported, but very rarely and never after the age of 5 years. Spontaneous remission of Ewing’s tumour has not been recorded.

The CMIL studied the case in 1980 and 1981 and at their meeting in 1982 they decided that Ewing’s tumour was the correct diagnosis and concluded that the cure was scientifically inexplicable. The fact that the moment of cure was at home in Sicily and not in Lourdes was irrelevant to the work of the Committee. The child’s family claimed that she had been cured

by Our Lady of Lourdes, therefore the Lourdes system of medical scrutiny was set in motion. It is for the Church to decide whether or not the cure was miraculous and to be attributed to Our Lady of Lourdes: a year later no decision had been reached.

### Frequency of cures

At the present time more than 4 million pilgrims visit the shrine every year and about 65 000 of them are registered and documented as sick. The special hospitals built to accommodate sick pilgrims have over 1500 beds and many of the less gravely handicapped stay in hotels and hostels. The Medical Bureau estimates that over 2 million sick pilgrims have come to Lourdes since 1858 and about 6000 persons claiming to be cured have been examined by the doctors there: a total of 64 have been recognized as miraculous cures by the Catholic Church. In the 30 years 1947-1977, the claims to cure of 1300 people have been deemed to merit the opening of a dossier at the Medical Bureau and, after the follow up described above, 55 were sent forward to the second stage of investigation where 27 were accepted as medically inexplicable.

Since the CMIL became the second-stage arbiter of cure in 1954, 38 dossiers have been submitted to it by the Medical Bureau. Ten of these were rejected after preliminary examination and 28 were subjected to full study: 3 of these have lapsed without a formal decision having been reached, 6 were rejected, and 19 were accepted as cures that were medically and scientifically inexplicable. There were no cases pending in January 1984. Of the 19 accepted as cures, 13 have been recognized as miraculous by the Church (Table 1), 5 have been rejected by Canonical Commissions and in the remaining case a decision has not yet been made. Of the 13 passed by the CMIL and recognized by the Church as miraculous over the period of the Committee's existence, 11 were alive and well in 1983: one of the 2 dead was killed in a tractor accident, and the other died of late complications of her original illness 9 years after the CMIL had passed her as a cure. Reviewing the latter after her death, the Committee concluded that when they reached their decision they were insufficiently aware of the natural history of Budd-Chiari syndrome and the possibility of natural remission.

*Table 1. Cases passed by the CMIL and recognized by the Church as miraculous cures*

Name	Age at time of cure	Date of cure	Passed by CMIL	Recognized as miracle	Diagnosis	State in 1983
Brosse, Miss L	41	11/10/30	1956	1958	Tuberculosis with multiple fistulae	Alive and well
Fournier, Miss Y	22	17/8/45	1959	1959	Post-traumatic syndrome of Leriche	Alive and well
Thea, Miss A	29	20/5/50	1961	1961	Multiple sclerosis (for 6 years)	Alive and well
Ganora, Mr E	37	2/6/50	1955	1955	Hodgkin's disease	Died 1957, tractor accident
Fulda, Miss E	34	12/8/50	1955	1955	Addison's disease	Alive and well
Schwager, Mr L	28	30/4/52	1959	1960	Multiple sclerosis (for 5 years)	Alive and well
Couteault, Mrs A	34	15/5/52	1955	1956	Multiple sclerosis (for 3 years)	Alive and well
Nouvel, Miss G	26	23/9/54	1961	1963	Budd-Chiari syndrome	Died 1970, late complications of BCS
Bigot, Miss M	31	8/10/53	1956	1956	Arachnoiditis of posterior fossa	Alive and well
Aloi, Miss E	27	5/6/58	1961	1965	Tuberculous hip with multiple fistulae	Alive and well
Tamburini, Miss J	22	17/7/59	1964	1965	Chronic osteomyelitis of femur with multiple fistulae	Alive and well
Micheli, Mr V	23	1/6/63	1970	1976	Sarcoma of pelvis	Alive and well
Perrin, Mr S	41	1/5/70	1976	1978	Recurring organic hemiplegia (cerebral circulatory defect)	Alive and well

### **Comment**

Inevitably the work of this Committee is controversial. It is very difficult for many doctors to accept a cure as scientifically inexplicable, let alone miraculous, and some have reacted to the unexpected cure of their patient by declaring the original diagnosis wrong, even when it was well supported by full investigations. Others, notably West (1957) in '11 Lourdes Miracles', have questioned the scientific standards of the examination of cures: only 2 of his cases were considered by the CMIL. In this connection it is necessary to say that the acceptance or otherwise of a cure as inexplicable must be seen in the context of its time and of medical knowledge and practice at the time of scrutiny. The reluctance of the Medical Bureau to consider claims of cure from psychiatric illness has also been criticized: none has been forwarded to the CMIL. Believers, and even some doctors, have complained that the CMIL is too rigid in its attitude to cures, that the important factor is the cure of the patient and that the exact diagnosis is not necessarily of major importance. In answer to this one can only say that the role of the Committee is to advise the Church in the light of current medical knowledge and the rules laid down by the Church.

The CMIL makes a detailed and deliberate study of these cases. To the faithful, a miraculous cure is a sign of the power of God, a joy and a wonder; some, like the Church authorities, are anxious to see a medical imprimatur, whilst others are impatient of these long-winded procedures; some sceptics start from the premise that miracles are impossible, therefore they do not happen in Lourdes; and in between are all manner of gradations. The one immutable is the impossibility of satisfying everyone.

*Acknowledgments:* I am very grateful to Dr Th Mangiapan, President of the Medical Bureau and Secretary of the CMIL, for much help in the preparation of this paper and for giving me access to the minutes of all the meetings of the CMIL. My thanks are also due to Professor T W Glenister who passed me his files on the CMIL when I succeeded him as one of the English representatives.

### **Reference**

West D J (1957) 11 Lourdes Miracles. Duckworth, London