



Article professionnel

Article

2010

Published version

Open Access

This is the published version of the publication, made available in accordance with the publisher's policy.

Miracles and heretics: protestants and catholic healing practices in and around Geneva 1530-1750

Rieder, Philip Alexander

How to cite

RIEDER, Philip Alexander. Miracles and heretics: protestants and catholic healing practices in and around Geneva 1530-1750. In: Social history of medicine, 2010, vol. 23, n° 2, p. 227–243. doi: 10.1093/shm/hkp106

This publication URL: <https://archive-ouverte.unige.ch/unige:84973>

Publication DOI: [10.1093/shm/hkp106](https://doi.org/10.1093/shm/hkp106)

Miracles and Heretics: Protestants and Catholic Healing Practices in and around Geneva 1530–1750

Philip Rieder*

Summary. From the time of the Reformation, Geneva was well provided with medical services as many healers came to live in the town. Lay and Protestant control of medical practice led to the prohibition of traditional healing practices within the city and deprived Genevans of Catholic healing rituals. Various sources suggest nevertheless that demand for such services prevailed in Geneva well into the eighteenth century. Following the evolution of available religious healing services in the vicinity of the town throughout the early modern period, this article aims to discuss how they affected the local medical market and how the Counter-Reformation clergy established on the border of the city's territory maintained confessional tension by tempting ailing Protestants with Catholic healing rituals.

Keywords: medical marketplace; miracles; Jesuits; social discipline

By accepting the Reformation on 21 May 1536, the citizens of Geneva brought about a radical change in their daily lives. Previous decades had seen new judicial and political institutions established in order to reinforce the authority of the commune. The flight of the bishop left *de facto* the aldermen with paramount authority within the town and over a handful of villages lying beyond the city walls.¹ Legally, however, their authority remained fragile.² Geneva's inhabitants either embraced the new religion or left. This led to some migration, but more impressive are the numbers of foreign Protestants who found shelter and sometimes a home in Geneva during the following two and a half centuries. Newcomers included well-known theologians and humanists, but also hundreds of merchants and their families. Among those active in medical occupations figure apothecaries and a strikingly high number of physicians and surgeons.³

As more foreign-born healers arrived in Geneva, the number of town-dwellers specialising in medical occupations dramatically increased. Between 1547 and 1587, for instance, 152 new healers established themselves within the city.⁴ The number of those ultimately remaining in Geneva was restricted by the number of potential clients and the scarcity of salaried medical positions available.⁵ This limited the effects of

*Maître-Assistant, University of Geneva, Centre médical universitaire, Case postale 1211, Geneva 4, Switzerland. Email: Philip.Rieder@unige.ch

¹For details on the villages controlled by the town, see De la Corbière *et al.* 2001.

²For an overview, see Naef in Martin (ed.) 1956, p. 189. On the frailty of the town's legal situation, see Turchetti in Morerod *et al.* (eds) 2004.

³For discussions on migrants, see Mandrou 1959; Mandrou 1966; Geisendorf 1957; Perrenoud and Perret 1985. On the demographic impact of migrations, see Perrenoud 1979.

⁴Mandrou 1966, p. 247.

⁵The existing positions were at best part-time and badly paid. There was one position as physician to the Hospital, another as surgeon to the Hospital and a second individual, sometimes a surgeon, was paid to hold the register of the dead (which included establishing the cause of death).

immigration as the first section of this article will show, but it did guarantee a high density of regular medical practitioners. The presence of high numbers of regular healers together with the inception of a Reformed community where religious and magical healing practices were prohibited, determined the nature of medical commodities and the services available.⁶ Geneva's inhabitants suddenly lost access to traditional magical and religious healing rituals. The second section of this article describes the effect this new medical configuration had on Geneva's inhabitants and on the organisation of the local medical marketplace. Concentrating on medical practices and following patients' strategies to deal with the restrictions that were imposed on their use of regular physicians, surgeons and apothecaries, shows that patients ensured that they had access to a wider medical market. Interestingly, the involvement of political and religious considerations with medical issues sometimes led different Protestant authorities to investigate medical practices. By focusing on medical practices, the fragility of the Reformed way of life can be observed and the historical impact of both the long-term strategy of the Protestant, elite and the persistent resistance of Geneva's inhabitants to particular religious constraints assessed.

Controlling Medical Practice in Geneva

Written accounts of procedures concerning the admission of a candidate into a group of recognised practitioners are incomplete and it may be that at times effective authority was conveyed orally. Examining the material that is available, one of the most striking facts to emerge is that, from the early days of the Reformation through to the eighteenth century, the authority of the Small Council (*Petit Conseil*) was paramount on all matters relating to medical practice. The Small Council held effective power in Geneva at the head of the republican political structure.⁷ It consisted of 25 citizens, of whom four were elected each year as heads of the state (syndics) by the Council of 200.⁸ The Small Council was influential in many fields of everyday life, including the economic and professional organisation of the city.⁹ Between 1536 and 1569, there was no medical guild and the Small Council dealt, case by case, with medical disputes and also administered licences to practise. Following individual cases reveals how little heed the Small Council took of surgeons' and physicians' opinions of the candidates' medical capacities. More often than not they were more influenced by patients' requests for specific healers and by healers' reputations. Town aldermen gave some credence to a healer's capacity to account for his knowledge, namely through academic training, but they paid even more attention to his ability to cure.¹⁰

⁶Langstaff 1999. Debates on miracles came subsequently to fuel controversies between Protestants and Catholics. Counter-Reformation clergy used stories of miracles and exorcism as propaganda, a practice decried by Protestant authors: Walker 1981, pp. 4–8; Soergel 1993, pp. 131–58; Walsham 2003.

⁷Its organisation and prerogatives were codified in 1543. Rivoire and Van Berchem 1930, pp. 409–34.

⁸The Council of 200 assembled at least once a month to vote legislation or to pardon convicted criminals. All male citizens of Geneva were members of a third political arm, the General Assembly, which met twice a year. For an authoritative description of Geneva's institutions, see Monter 1967, pp. 144–7.

⁹The Small Council played an important role in the inception and control of most guilds. Mottu-Weber 1993.

¹⁰This is also the case in Venice. Ruggiero 1981, pp. 169–70.

The empirical emphasis placed on licensing medical practitioners confirms the coherence of defining practitioners as those who were active in selling medical services and commodities.¹¹ As most procedures leading to the assessment of foreign practitioners were set off by a complaint, or an administrative request, it is obvious that, in the chaotic years following the Reformation, the exact number of practising healers is difficult to evaluate.¹² On 22 July 1555, Cristofle Prevost, a refugee from Touraine, was admitted as an inhabitant. His profession is not mentioned and he never became a member of a regular group of practitioners, and yet a year after his arrival he is described as a master apothecary and opened a shop.¹³

This example, taken from a series of similar cases, is emblematic of the confusion prevailing in the medical market at the time the first medical professional edicts of 1569 were implemented (*Ordonnances médicales*). These mapped out the exclusive fields of competence of each of the three traditional medical figures: the physician, the apothecary and the surgeon. The impact on medical occupations was progressive and the rules regulating access to each occupation remained flexible, for instance enabling those who could display proof of former medical activities to be incorporated into the guild. The Small Council continued to interfere with all important decisions. Many part-time irregular healers and specialists, some being women, were tolerated within the town.¹⁴ Even itinerant specialists could obtain a licence to practise if it was required by a patient.¹⁵ The legal situation of established practitioners defined in 1569 changed little during the following two centuries. Practitioners were either admitted into the Guild or applied for a temporary licence which was rarely refused.¹⁶

When considering the data accumulated both on regular healers and on those working under their control within the city, it is striking to discover a high number of people engaged in health-related occupations. If one only considers master surgeons and physicians, the medical density in Geneva was approximately that of one healer for every 1,000 inhabitants. Therefore, compared to other early modern localities, the availability of orthodox medical services was high in Geneva. In spite of the concentration of regular healers, other practitioners were active within or in the vicinity of the town. These irregular healers seem to have been largely tolerated by the Guild, but fell under the scrutiny of an apparently unrelated body, the Consistory: an ecclesiastical court established during the Reformation. The court's aim was to enforce both confessional orthodoxy and Calvin's discipline.¹⁷ At weekly meetings, the court summoned inhabitants suspected of unorthodox religious practices and more generally any behaviour likely to cause scandal.¹⁸ From the point of view of medical practice, it is interesting to note

¹¹On the importance of lay opinions, see Pomata 1998; Pelling 2003.

¹²Perrenoud 1979, pp. 36–45.

¹³Archives d'Etat de Genève (hereafter AEG), Bernard Neyrod (1556–69), vol. 1, f. 203, 29 July 1556.

¹⁴For a detailed analysis of the Small Council's attitude, see Rieder and Tourn in Santschi (ed.) (forthcoming).

¹⁵This and all other translations are my own. Gautier 2001, pp. 610–18.

¹⁶See also Louis-Courvoisier in Barras and Louis-Courvoisier (eds) 2001.

¹⁷For more information on the Consistory's agenda, see Grandjean 1994, p. 41.

¹⁸The Consistory was a court formed by the ministers and 12 elders. Ten of the latter were chosen from among the members of Council of 200 and two from the Small Council itself. The Consistory's authority

that healers, or part-time practitioners, were called before the court in order to give an account of their religious orthodoxy and inhabitants of the town were suspected of consulting healers using what were considered to be superstitious means (for instance, intercessory prayers, magical formulas, images, novenas). Court proceedings can be used to reconstruct patient strategies and the extent of alternative medical services available to the population of Geneva.

There were also other inhabitants of the town who, when their activities came under scrutiny, had no trouble in admitting providing medical services. Jaques Carre, a well-established merchant and bourgeois of Geneva, was called before the court in 1542. Carre was unable to repeat the Lord's Prayer in French and claimed that:

he knows of ruptures, dislocations and breaks [broken bones] and this because his father was a surgeon and his father's father. He prepares plasters of [virgin] wax and certain herbs and then applies them in order to expel bad humours of the illness and he denies having ever used spells (brevet) or charms.¹⁹

After further questioning, he finally admits to using 'brevet', but he claimed never to have used spells. All that he had achieved, he reports, was through God's love for his patients. The Consistory encouraged him to learn his prayers and to attend Sunday school, but did not attempt to restrict his medical activities.²⁰

This case, and other similar ones, suggests that practitioners specialising in particular cures or medical specialties were regularly accepted as legitimate by both the court and the inhabitants of the town. Those who were reprimanded were caught out because they were heard to mutter mysterious words while performing empirical medicine or, as Aymoz Peronet claims, for saying 'au nom du Pere et du filz'—possibly as he performed the sign of the cross—while treating patients.²¹ Women were particularly active in less formal medical spheres attracting the Court's interest. Ayma du Chabloz appeared before the Consistory for not attending religious ceremonies in 1543. She justified her repeated absences by claiming that they were due to her medical activities. Ayma said that she treated patients suffering from the 'gorraz', a skin disease, possibly something like the king's evil (écrouelles).²² On one occasion she was caring for a girl in Viry, and at the time of Easter communion, she was treating a woman and her two daughters.²³ She denied using prayers, masses, novenas and the intercession of saints, which of course was precisely what the tribunal was worried about. In fact, she claimed that she had been 'taught how to heal a long time ago, in Piedmont, by a physician'.²⁴

was limited to enforcing spiritual sentences, but the court referred cases to the Small Council. See Kingdon in Pettegree, Duke *et al.* (eds) 1995; Monter 1976. Consistory records (henceforth R. Consist.) of the first two volumes are quoted from Lambert and Watt (eds) 1996; Lambert *et al.* (eds) 2001.

¹⁹'Brevet': notes, letters or words used in order to heal illnesses. See *Dictionnaire de l'Académie* (1694).

²⁰AEG, R. Consist., 1, f. 22, 20 April 1542.

²¹AEG, R. Consist., 1, f. 35, 26 May 1542.

²²'Gorraz', 'gormoz': a word probably derived from 'gourme' which meant the king's evil.

²³Viry: a village some 20 km beyond the city walls.

²⁴AEG, R. Consist., 1, f. 109v, 12 April 1543.

There were regularly such affairs in the sixteenth century. In most cases, the court interfered only indirectly with medical practice. Sometimes it went one step further. A few months after his first hearing, for instance, Jaques Carre was called a second time before the Consistory. The court ordered that he should not attempt cures with medicines he did not 'know' and in case of danger, he should let more knowledgeable people take over.²⁵ In the name of public order, the Consistory Court strove to regulate medical practice. Cases like this were more explicit and numerous in the decades following the Reformation than in the seventeenth and eighteenth centuries.

But Consistory Court records attest that until well into the eighteenth century, lay men and women continued to practise some form of medicine without attracting specific attention from either the Guild or the city authorities. In fact, cases only came to light because healing practices were admitted by those suspected of practising divination or magic. Different hypotheses can be advanced as to why these practices were tolerated within the town. Part-time and lay healers may have attracted mainly poor clients and probably asked for small sums of money—placing themselves on the fringe of the market where formally established healers were active. A second plausible hypothesis is that informal healing figures were assimilated to self-help and family medicine, undertaking informal and occasional cures.

Beyond the City Walls

Another aspect of the medical market revealed by the proceedings of the Consistory is the porosity of the city walls. Although Geneva was a strongly fortified town, depicted and described as isolated from its surrounding Catholic countryside, the town-dwellers of Geneva were constantly in touch with Savoy's inhabitants.²⁶ Surgeons, apothecaries and physicians active in the town travelled to Catholic villages and towns in Savoy at clients' requests. Geneva served as a source of *materia medica* for the region and offered quality orthodox medical services to the well-to-do and aristocratic Catholics of the region.²⁷

Surprisingly, there was a movement in the other direction as many inhabitants of Geneva had trouble accepting the loss of religious healing rituals and continued to accede to such services by simply walking either a few miles to the nearest Catholic sanctuary or to the abode of any known clerical or traditional healer established in the vicinity of the town. As may be expected, cases were particularly frequent during the first years of the Reformation, a period when irregular healers were more often than not inhabitants of the town. A baker's widow, for instance, was questioned in November 1545 for having previously consulted a sorcerer for her husband. She admitted a consultation with Claude Verna, a well-known 'superstitious healer'.²⁸ Verna had given her roots she claimed, but nothing else, so she refused to admit to 'superstitious practices'.²⁹ Some people made

²⁵AEG, R. Consist., 1, f. 53v, 31 August 1542.

²⁶The importance of demographic and economic exchanges between both communities are stressed by Perrenoud 1979; Piuz in Piuz and Mottu-Weber (eds) 1990.

²⁷Rieder 2005, p. 56.

²⁸Claude Verna was also named the 'Good Witch' and lived in Challex (Ain).

²⁹AEG, R. Consist., 2, f. 13v, 26 November 1545.

more damaging admissions. Such cases became rarer as time past and the inhabitants looked beyond the city walls.

Religious and popular healing centres were numerous in Savoy where the clergy of the Counter-Reformation continued to give meaning to suffering.³⁰ Trips by patients from Geneva to Savoy in search of Catholic healing facilities can be described as following a general scheme. In the 1540s, individuals and groups of Geneva's inhabitants made for Catholic sanctuaries.³¹ The most popular was Saint-Claude in the Jura where some of the relics kept by Geneva's clergy had been transferred at the time of the Reformation. In fact, Antoine Saunier reported in 1538 that the entire Jura range was then named St-Claude in Geneva.³² The patron day of Saint-Claude, 6 June, was a common occasion for such pilgrimages.³³ The monastery of St-Claude was controlled by the bishop, Geneva's former political figurehead, and the city's inhabitants travelling there indirectly undermined the political authority of the Small Council. Controlling the flux of pilgrims and the importance of Saint-Claude within the city was therefore both a religious and a political issue. It became one of the focal points of tension between Geneva's ministers and groups of inhabitants of the town. Claude was then a common name, clearly associated with the popular sanctuary and the beneficial effect of the relics of Saint Claude.³⁴

Tradition had it that it would remain popular as the new-born were commonly named at baptism after their godfathers and godfathers named Claude were numerous. The ministers' stand to refuse the transmission of saints' names, and specifically that of Claude, to the town's infants, provoked a popular uproar. The affair is well documented. Ami Chapuis, a surgeon, used the services of Boniface Vouvrey, a midwife, to baptise his child in August 1546 after a minister had refused to baptise him Claude.³⁵ This was illegal since midwives had been forbidden to christen babies since 1537. On 30 August 1546, following this affair, Calvin convinced the Small Council to rule that Christian names for children should be chosen from among names found in the Bible.³⁶

In the middle of the sixteenth century, Saint-Claude was successful in attracting Genevans, as were other sanctuaries in Savoy. Parents regularly carried their sick children to St-Urbain (Vetra Monthoux), a well-known resort for children suffering from rickets.³⁷ Others used the services of the chapel of Notre-Dame du Tinet at Seyssel which was a specialised 'centre of respite', a sanctuary where babies deceased before christening could 'live again' long enough to be baptised.³⁸ The latter service had been possible at the chapel of Notre-Dame de Grâce in Geneva's Augustinian monastery, prior to the Reformation. After 1536, miracles of timely resurrections were no longer possible

³⁰Havelange 1990, pp. 137–52.

³¹Savoy, and more precisely the north of Savoy surrounding Geneva, was renowned for the quantity of cults to saints. See Van Gennep 1973; Devos and Joisten 1978.

³²Saunier in Bétant (ed.) 1866.

³³Benoit 1890–2, t. 2, p. 244.

³⁴First names given to Geneva's children are discussed in Monter 1979, pp. 412–14.

³⁵AEG, R. Consist. 2, f. 74, 12 August 1546.

³⁶Calvin later drew up a list of undesirable names: Lambert *et al.* (eds) 2001, p. 280, note 299.

³⁷AEG, Registre du Conseil 80, f. 95v, 16 July 1585. See Devos and Joisten 1978, p. 66.

³⁸For an overview, see Gélis 2006.

within the town.³⁹ The centrality of this particular spiritual service in confessional conflicts was highlighted by the importance given to it in Catholic propaganda. Jeanne de Jussy, one of the last nuns to leave Geneva for Annecy on 5 September 1535, reports a visit to the sanctuary of Notre Dame l'Allée (Notre-dame-de-Liesse) shortly after her flight from Geneva. She describes a scene in the chapel involving a stillborn child which 'miraculously gave convincing signs of living' and was subsequently baptised.⁴⁰ Some years later, Bishop François de Sales prayed at least on one occasion for the child of a Protestant couple to live again in order for it to be baptised. The child's mother is reported to have thrown herself at his feet, declaring 'I will convert to Catholicism if through your prayer you can give life to my son so that he may be baptised.' The child is said to have lived again for two days and was baptised.⁴¹ Catholic healing rituals were clearly used by posttridentine clergy as a means to entice Protestants to convert.

As time progressed, namely in the later part of the sixteenth century and in the seventeenth century, inhabitants of Geneva were less often accused of going to a given healing place and more commonly suspected of having consulted a specific Catholic healer.⁴² In the sixteenth century, these tended to be established in isolated rural areas within Geneva's jurisdiction such as Peney and Jussy.⁴³ Increasingly, such healers were found systematically in Catholic parishes in Savoy. In the second third of the seventeenth century, Tyvent Colomb, a healer practising near Etrembières, was regularly associated with ritual healing practices, although he clearly also used common therapies such as bleeding.⁴⁴ Others operating at Vétra, Pouilly, Annemasse and Viry were also named in Consistory proceedings, sometimes described as peasant folk-healers, at other times as members of the Counter-Reformation clergy nourishing more or less serious intentions of converting suffering Protestants. Some Catholic healing places continued to attract Genevans. In 1619, the 'Bénite-fontaine', a fountain close to La Roche-sur-Foron or La Roche, became popular when a young shepherdess with scabies was healed after drinking its water. A series of other miraculous healings were reported in the following years, including 'even some Huguenot inhabitants of Geneva [who] were healed of the stone'.⁴⁵

Little is known of rural Catholic practitioners as they operated beyond the reach of Geneva's authorities and attracted little attention from other judicial instances. From the accusations voiced during the Consistory's sittings and the answers of those of Geneva's inhabitants who were suspected of resorting to such services, it is quite obvious that both parties were conscious of the fact that it was of interest to the latter to hide or deny certain details. More often than not, the suspected practice concerned parents searching for help for an ailing child, although the high percentage of such cases may simply be linked to the fact that leaving the city in haste with a sick child was more conspicuous than the departure of a suffering adult.⁴⁶ Traces of such strategies progressively disappear from

³⁹Watt 2002, p. 442.

⁴⁰Jussie 1865, p. 219.

⁴¹Quoted in Gélis 2006, p. 222. See also Sales 1870, p. 202.

⁴²Sometimes referred to simply as a priest. AEG, *Registre du Conseil*, 73, f. 147v, 22 July 1578.

⁴³Irregular healing practices were common in Geneva's countryside and surfaced in witchcraft trials: Monter 1971, p. 195.

⁴⁴AEG, R. *Consist.*, 56, f. 134, 11 September 1651.

⁴⁵Maurice Barfelly's text is quoted in Devos and Joisten 1978, p. 59.

the Consistory's records in the eighteenth century. This could mean that it was no longer possible to identify Protestants going to Catholic healing places; that the polemic nature of miracles waned as philosophers questioned more deeply the reality of miracles described in the New Testament;⁴⁷ that consulting 'superstitious' healers no longer caused a scandal; or more simply that the court lost interest in such affairs.⁴⁸ Other sources suggest that an interest in alternative healing practices prevailed, although the nature of medical assistance was not systematically spiritual as suggests the success of figures such as Count Cagliostro, Michael Schüppach and local disciples of Mesmer.

Jesuit Water and Protestants

One of the last affairs during which Geneva's citizens flocked to attend a Catholic healing ritual is worth describing in some detail as it reveals the level of confessional tension on the border of the Republic of Geneva at the turn of the eighteenth century. In 1702, Claude de Romeville (Romainville), a Jesuit from Vienne near Lyon, established himself at La Roche, a small town some 25 km from Geneva, where his order ran a successful secondary school.⁴⁹ Although Jesuits are commonly associated with elite education and served as confessors in court circles, in this instance, Romeville was involved in activities closer to the original missionary vocation of the order. This is not an isolated occurrence. Jesuits then carried out a series of popular conversion missions, namely in territories of mixed confessional identities. France was dealing with numbers of newly converted Catholics since the Revocation of the Edict of Nantes in 1685. Jesuits established in nearby Ornex, for instance, were at that time (1698–1702) active in missions to re-catholicise the region of Gex.⁵⁰ Romeville himself had been employed, between 1686 and 1698, by the Bishop of Nîmes to instruct the 'newly converted'.⁵¹

Starting off sometime in May 1702, Romeville rapidly gained a reputation during the following summer for healing chronic and debilitating ills such as paralysis, cancer, dumbness and blindness, but also more common complaints such as headaches and fevers. Patients travelled from Savoy, the Swiss towns and beyond. Catholic aristocrats paraded their miraculously healed bodies through the streets of Geneva.⁵² Success was due, Romeville explained, to the use he made of a small silver ring on which the name of St François Xavier (1506–52) was engraved. The ring is said to have been placed on the finger of one of the saint's 'miraculous arms' before travelling from Goa to Rome

⁴⁶Jeffrey Watt lists a series of cases in the middle of the sixteenth century, but the phenomenon persists throughout the early modern period. Watt 2002, pp. 451–4.

⁴⁷Namely the debate triggered by the third of Rousseau's *Lettres de la montagne*. Claparède 1765; [Voltaire] 1765.

⁴⁸Magic interested the Consistory at least until the late 1730s. This reflects a more general trend. See Monter 1996. Keith Thomas associates the gradual loss in credibility of miracles with Protestantism and the development of natural science, whereas Katherine Park and Loraine Daston describe how, as from the late seventeenth century, miracles and other wonders came to appear vulgar to men of letters. Thomas 1991, pp. 58–89 and 767–800; Daston and Park 1998, pp. 247–52.

⁴⁹Mugnier 1887, p. 43.

⁵⁰Devos 1966, p. 127. They were also active in England using similar means. See Walsham 2003.

⁵¹Mugnier 1887, p. 49.

⁵²M. de Novéry was among them. Mugnier 1887, pp. 43–5.

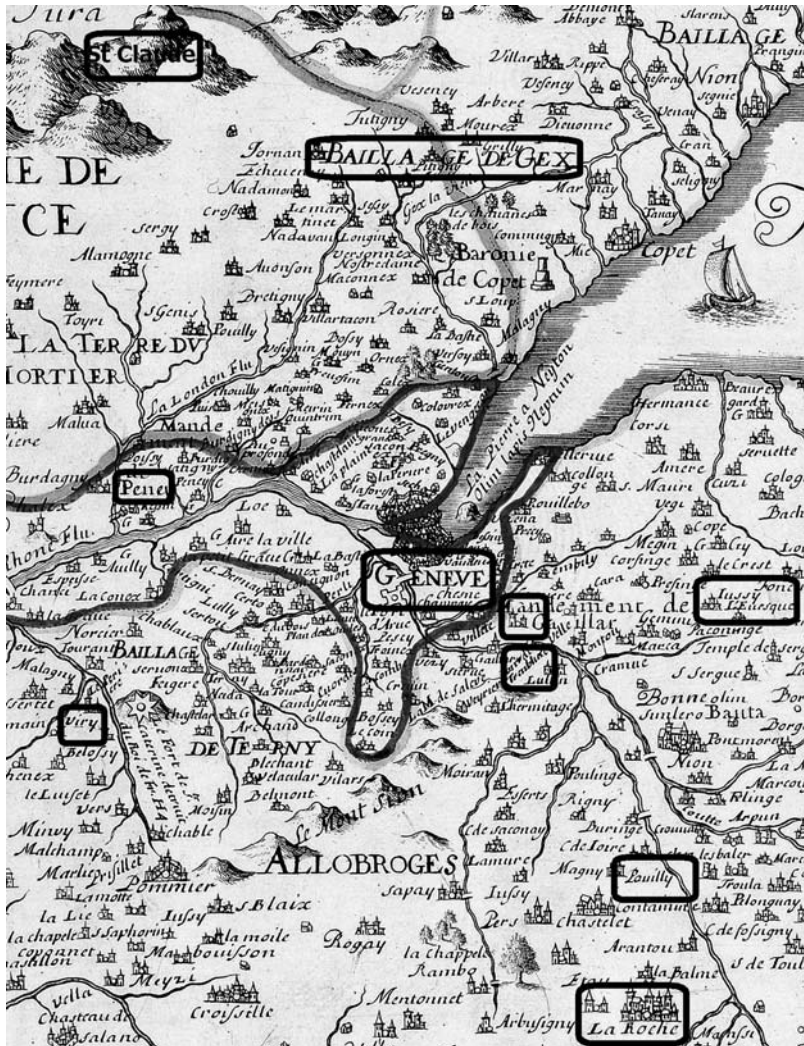


Fig. 1 Detail of 'Description du Pays Genvois et des Lieux Circonvoisins. Lacus Lemani Vicinorumque Locorum Nova et Acurata Descriptio'. Engraved map by Girard Jollain, Paris 1663.

Source: Photograph by Centre d'iconographie genevoise. Reproduced with permission from Bernard Favier Private Collection.

and hence down a succession of priests to Romeville himself.⁵³ The patient was to kiss the ring, or to drink water in which the ring had been dipped, before performing novenas and attending mass.⁵⁴ La Roche was conveniently close to Geneva and had been associated

⁵³ Archives départementales de la Haute Savoie (hereafter ADHS), 1 G 226, Claude Romeville to the bishop, [La Roche], n.d.

⁵⁴ Romeville's successes were mentioned in early 1704 in a theological controversy. Despineul 1704.

with the 'Bénite-fontaine' 70 years earlier. The predecessors of the Jesuits at the College, the Cappucins, had tried to gain control of the fountain themselves. However, interest in it had rapidly declined, and it was probably no longer more than a vague memory by 1700.⁵⁵ The association of La Roche with cures by absorption is interesting and suggests a possible inspiration for Romeville's practice. The link with Saint François de Sales is also important. La Roche was his territory: he was born and brought up there. Moreover, after his death, he became a thaumaturgical saint, healing through the absorption of water in which his relics had been dipped.⁵⁶ In short, Romeville sought to establish a competitive cult to a successful local saint.

In 1702, the records of the Consistory Court in Geneva were literally submerged by cases of inhabitants accused of having consulted Romeville 'who boasts that he can cure different terminal illnesses thanks to a ring that he claims to come from Saint François Xavier and which [a patient] must kiss, after which he has novenas prayed and masses preached'.⁵⁷ Five inhabitants of the city were finally reprimanded for having travelled to La Roche.⁵⁸ Quite logically, they either denied or minimised their participation in what were clearly Counter-Reformation healing rituals, just as they systematically denied kneeling in churches. Romeville's success is nevertheless emblematic of the persistent capacity of Catholic healing rituals to attract Protestants. Calvinist ministers and orthodox healers could not quench the Genevans' thirst for good health. Clearly, more than 150 years after the Reformation, Protestants were still prepared to transgress confessional boundaries in order to access Catholic healing potential.

The efforts of the Consistory to suppress such strategies seem to have had little effect. But what was the attitude of the Catholic clergy? Romeville was persistent in sending letters to a series of religious and political figures, including the Bishop of Annecy and the Bishop of Nîmes, the Archbishop of Besançon, Jesuits in Rome and also to the court of France. In this last instance, he was apparently successful. A copy of a letter from a former condisciple and fellow Jesuit, François d'Aix de La Chaise (1624–1709), Louis the XIVth's confessor, reports that 'his royal highness was touched and edified by such obvious miracles happening at the very gates of Geneva which can but convert Geneva or enhance the reprobation of those who are rebellious to the Light'.⁵⁹ The prelate proceeded to request the establishment of precise testimonials of miracles.⁶⁰ Catholic miracles were an important asset of Counter-Reformation strategy in the immediate vicinity of Geneva and added to the pressure applied from the very limits of the Republic's territory by the local clergy, headed by figures such as the Père Chérubin de Maurienne, François de Sales (1567–1622) and a succession of local parish

⁵⁵A chapel had been erected in the days of François de Sales. Writing around 1635, Barfelly had already mentioned its decline. See Devos and Joisten 1978, p. 59.

⁵⁶Van Gennep 1973, p. 147.

⁵⁷AEG, R. Consist. 70, p. 62, 31 August 1702.

⁵⁸AEG, R. Consist. 70, pp. 64, 66, 69, 72, 74, resp 7 September 1702, 14 September 1702, 28 September 1702, 19 October 1702 and 2 November 1702.

⁵⁹ADHS, 1 G 226, Père de la Chaise to Père de Romeville, Fontainebleau, 22 September 1702.

⁶⁰François Mugnier reports the enthusiasm of Louis the XIVth's court for the miracles at La Roche. Mugnier 1887, p. 43.

priests.⁶¹ The recourse to Catholic healing practices for converting Protestants was traditional by 1700, as the cases mentioned above and the content of contemporary theological controversies ascertain.⁶² That this was a conscious strategy is clear in Romeville's case and was explicitly mentioned in the letters he wrote to the Bishop of Annecy. He sought to gather support in order to develop his healing activities and described hundreds of patients travelling to La Roche: 'Those of Geneva have started to come. One brought a child who I managed to make walk. A nobleman announced that he would bring two of his children.'⁶³ The population of Geneva appears to have been sensitive to the demonstration of his healing power. Romeville reported:

The Protestant ministers start talking less loudly and contradict less openly the marvels which have occurred than they did formerly. They invite our patients to visit them on their return trips. A cripple passed through their town on the way from Burgundy. He could hardly walk with two crutches and they told him he would return as he had come. Once he had been touched by the ring, his pain ceased... and he walked straight in the chapel as though he had never been in pain. He decided to pass by Geneva on his return trip, having decided to keep one of his crutches in order to use it as a walking stick.⁶⁴

Most observed was the cure of a mute 'which created quite a disturbance in Geneva' if one is to believe the Jesuit.⁶⁵ Romeville repeats on this occasion, as at other times, that he 'does not doubt that they be convinced by such indisputable demonstrations that our religion is the true one, a religion where there are such great miracles'. Apparently, he had heard some Genevans admit that 'they believed that one was more secure in a Religion where the non-speakers talked'.⁶⁶ Lists of patients and miracles were inserted in Romeville's letters, including the story of a young lady, niece to Mr Trembley, syndic of Geneva and sister of a recent convert to Catholicism in Paris. She allegedly fled to La Roche and was converted after hearing that her cousin 'who was born mute, found fluent speech there'.⁶⁷

The list of cases reported by Romeville may invite social historians to wonder at the depth of the Protestants of Geneva's faith. Was Geneva inhabited by crypto-Catholics? Although there are many traces of the survival of Catholic practices and rituals in the years directly following the Reformation, it is difficult to believe that the inhabitants of Geneva remained Catholics for the following two centuries.⁶⁸ It is quite as unreasonable to consider that all those who travelled to consult a priest such as Romeville could easily

⁶¹ Charles de Genève 1976. See also Dompnier in Sauzet (ed.) 1992.

⁶² The miracles at La Roche were to be later used in controversies about miracles. See [Vernet] 1727, p. 86ff; [Hoquiné] 1728, p. 95ff; P.D.P 1755, pp. 128–9; [Baulacre] 1730; [Vernet] 1730. Romeville is mentioned by Picot 1811, p. 189 and in Grillet 1867, pp. 102–11; Mugnier 1887.

⁶³ ADHS, 1 G 228, Claude Romeville to the bishop, La Roche, 15 August 1702.

⁶⁴ ADHS, 1 G 228, Claude Romeville to the bishop, La Roche, 19 February 1703.

⁶⁵ ADHS, 1 G 228, Claude Romeville to the bishop, La Roche, 1 May 1703.

⁶⁶ ADHS, 1 G 228, Claude Romeville to the bishop, La Roche, n.d.

⁶⁷ ADHS, 1 G 228, Claude Romeville to the bishop, La Roche, 27 December 1702 and 17 January 1703.

⁶⁸ Research on popular piety in Geneva confirms such a view. See Lambert 1996; Spierling 2005. Long-term trends are tracked in Watt in Roney (ed.) 1998.

be convinced to change their pattern of belief. For Protestants to resort to such a ritual was an extreme and desperate move. Although Catholic healing practices were often used against common complaints, in the case of Protestant patients this was not the case.⁶⁹ Severe handicap, chronic disease and desperate situations tended to be the norm. Catholic rituals helped individuals to face circumstances which were considered dangerous or hopeless by regular medical practitioners.⁷⁰ Consulting the clergy of the Counter-Reformation seems to have been seen as a last chance by Protestant patients who had already tried other types of medical services. Consulting across the confessional border appears therefore to be less about beliefs than about desperation. Consequent healings had potentially important religious effects and the association of Protestants with miracles led to a series of theological controversies.⁷¹

In his letters to the Bishop Michel-Gabriel Rossillon de Bernex (1657–1734), Romeville regrets the decision taken to postpone the construction of a chapel which ‘must be built in order to convert heretics’.⁷² He was concerned that local support for this enterprise would be lost if the project were delayed. The reluctance of the bishop to comply with Romeville’s requests can be understood as an expression of the tensions inherent in the Catholic Church regarding miracles. The Council of Trent had clearly established the frame for the invocation of saints: believers could venerate a saint who had the power to intercede with God in turn, but it was always God’s will and God’s doings that answered prayers.⁷³ These precepts were promptly reinstated in a letter published by the Bishop of Annecy on 11 November 1702. Addressed to the clergy of the diocese, the bishop’s letter requested that they examine carefully reports of miracles accomplished at La Roche and requested certificates with both medical attestations and sworn testimonials of witnesses.⁷⁴

The content of the file subsequently put together clearly demonstrates the reluctance of the clergy to give credence to Romeville’s assertions. A series of letters signed by local clergymen and Catholic notables contest the reality of the miracles. Among these texts, one letter relates the story of a modest lackey who Romeville had tried to heal from partial blindness: ‘The Jesuit father asked him if he was not healed and although he answered in the negative, he would have him sign that he was healed’ the correspondent reported.⁷⁵ The bishop finally decided to play down the miracles in order to avoid criticism of Catholic credulity and filed the affair.⁷⁶ In July 1704, Romeville was persuaded to suspend his

⁶⁹Burkardt 2004, pp. 192–8.

⁷⁰Similar conclusions have been made for French and German contexts. See Mentzer 1996; Soergel 1993, p. 102.

⁷¹See the controversy set off by the publication of the news of the miraculous healing in Paris of Dame *La Fosse*, wife of a cabinet maker in August 1725. The issue is relevant as a Protestant lady is reported to have witnessed the miracle. Jacob Vernet, the Protestant minister, claimed that no Protestants had subsequently converted, whereas Hoquiné, the Catholic priest, maintained that some had. [Vernet] 1726, p. 18; [Hoquiné] 1727, pp. 21–2.

⁷²ADHS, 1 G 228, Claude Romeville to the bishop, La Roche, 11 September 1702.

⁷³Waterworth 1848, session 25, pp. 233–5.

⁷⁴*Michel Gabriel évêque de Genève aux révérends sieurs archiprêtres, curez et autres ecclésiastiques aians charge d’Ames dans nôtre Diocèse* [Annecy], [1702].

⁷⁵ADHS, 1 G 228, Billet d’avis d’un prétendu miracle qui n’est par vray, n.d.

⁷⁶Mugnier 1887, p. 130. See also Daston and Park 1998, pp. 337–8.

healing activities and to leave La Roche.⁷⁷ From the point of view of the history of the Counter-Reformation, the rituals implemented by Romeville are interesting as they are reminiscent of practices introduced by Jesuits in seventeenth-century Britain where, among other artefacts, water consecrated by contact with St Ignatius' relics was used in healing rituals.⁷⁸ The same technique was to be used again in the Palatinate more than a decade after Romeville left La Roche. Not only is the finality the same, but in this later case water affected by St-François Xavier's relics was also used, known as 'Xavier water'.⁷⁹ In British and German contexts, the emphasis was also placed on converting populations brought up in the Protestant faith. The Jesuits campaign to convert Protestants was clearly articulated around symbols signifying the Catholic power to heal. The capacity to provoke miracles was an important asset in religious propaganda.

Conclusion

The persistent resort by Geneva's inhabitants to both irregular medical services and to Catholic healing rituals is an illustration of the multifarious nature of healing available to early modern communities. Values and arguments voiced by town aldermen when attempting to control health-related practices demonstrate the pertinence of lay values in regulating medical activities and suggest a wide definition of what medicine was. Committed to different rules and legislations, town and countryside offered distinct types of medicine. The number of people actually selling medical commodities and services was considerably higher than the numbers of regular practitioners discussed briefly in the first part of this article. Nonetheless, healers tend to resist precise quantification as many only worked part-time and for short periods and sometimes expected other rewards than financial gratification. High densities of regular healers clearly do not suffice to guarantee a monopoly. In order to legitimate the variety of practices which entail some form of payment, they have been placed rather loosely under the banner of the 'medical marketplace'. The term has been used with a variety of meanings in contemporary historiography, generating criticism due to possible distortions through minimising charitable practices, social distinctions and religious issues.⁸⁰ Beyond the medical market's capacity to stimulate discussion on the nature of the offer and alternatively of the demand for medical services, it is not used here in order to analyse medical practices. The concept of medical marketplace may well be replaced by notions such as the 'medical world' in the future. That said, the data accumulated here on medical practices in the past do suggest some hints as to how—what we shall continue to call here—the medical marketplace can be considered.

First, the medical market is clearly about a particular place, with its local institutions, traditions and rules. The mobility of Protestants from Geneva shows that the *locus* of the market extended beyond the obvious limit of the city walls to nearby Catholic Savoy. In fact, the market should be depicted as flexible and related to the patients' mobility and capacity to access medical commodities. These are certainly useful landmarks for

⁷⁷Mugnier 1887, pp. 50–1.

⁷⁸Walsham 2003, pp. 797–8.

⁷⁹I am obliged to David Gentilcore for this point. Johnson in Scribner and Johnson (eds) 1996.

⁸⁰For references, see Jenner and Wallis in Jenner and Wallis (eds) 2007, pp. 3–7; Rieder 2005, pp. 39–42.

defining the pertinence of medical services and medical practitioners in a given context. Different types of services suggest different types of clientele. The social status of those using Catholic healing rituals and practices is an issue of interest. In the sixteenth century, both affluent and less affluent were involved in Catholic healing processes. A change occurred in the seventeenth century and more clearly again in the eighteenth century, when members of Geneva's governing class were no longer called before the Consistory to face such accusations. The evolution may have nothing to do with healing practices. Studies on the Consistory have shown that, from the beginning of the seventeenth century, the court hesitated to question the behaviour of the well-to-do and powerful families of the city.⁸¹ And yet Romeville clearly states that affluent and possibly aristocratic Genevan families travelled to La Roche. The information may be exaggerated and the number was probably limited, but it is interesting for the history of the Consistory that it failed to call this particular category of offenders to answer for their acts! In fact, many traces suggest a wide interest of all social groups for any method or technique capable of healing well into the eighteenth century.⁸²

Secondly, the medical market should be defined as construed by the buyers of services, the patients. For individuals only became healers through their recognition by patients. The patients' willingness to travel in order to access medical services could be used to define the limits of the market. Using their ability to choose, each individual and each social group participated in the definition of the spectrum of credible medical services, which formed the medical marketplace. This leads to the conclusion that not only were the limits flexible, but also that there were as many markets as there were buyers. Reputations grew and subsided; patients succeeded each other on paths to particular healers or sanctuaries. In the case of Catholic healing rituals, the nature and the agency of the offer clearly evolved through time, following the history and the intentions of the healers and the policy of the prelates of the Counter-Reformation.

This highlights the historical transformation of the market and leads to the last point I would like to make. The market should not be presented as a synchronic superstructure. The transformation of the nature of the religious medical offer and medical fashions alter the nature of the market, as do representations of the body, of health and of healers and a number of other factors. Economic realities structure time as new commodities and concepts are imported and consumed and, as Jenner and Wallis point out, different commodities generate different markets within the market.⁸³ The transformations of the social identities of healers cause or reflect important changes in market configurations. The limits of the contents and transformations of the medical market are boundless, as are finally the variability of medical notions and strategies. Enlarging the scope of medical history to include all those offering medical services in any given area and analysing the medical market from the point of view of the user is certainly not a simple process. But it appears to offer the most promising perspective yet for those who strive to

⁸¹ Lescaze in Tosato-Rigo and Staremborg (eds) 2004, p. 49.

⁸² This tends to nuance the distinction between elite and popular conceptions of miracles and wonders as is proposed by Daston and Park 1998, p. 344.

⁸³ Jenner and Wallis in Jenner and Wallis (eds) 2007, p. 16.

understand the nature of the services and commodities offered and the pattern of recourse to medical services during the early modern period.

Acknowledgements

Research for this article was subsidised by the Swiss National Research Fund (FNS 100011–107753/1). I would like to thank Christina Pitassi for bibliographical information. I am also grateful to Andrea Carlino, those present at seminars held at the University of Winnipeg and in Paris, and the SHM reviewer, for constructive comments on earlier versions of this article. Special thanks also to Sheena Rieder for her comments and careful rereading of the manuscript.

Bibliography

Primary sources

- Archives d'Etat de Genève, Geneva.
- Archives Départementales de la Haute Savoie, Annecy, France.
- [Baulacre L.] 1730, 'Lettre écrite de Genève . . . au sujet d'un livre intitulé 'Lettres critiques et dogmatiques sur le Nubes testium' . . .', *Bibliothèque Germanique*, t. XVIII, 50–75 and t. XIX, 208–21.
- Charles de Genève 1976, *Les trophées sacrés ou missions des capucins en Savoie, dans l'Ain, la Suisse romande et la vallée d'Aoste, à la fin du XVIe et au XVIIe siècle*, ed. Tisserand F. 3 vols, Lausanne: Société d'histoire de la Suisse romande.
- Claparède D. 1765, *Considérations sur les miracles de l'Evangile*, Genève: Claude Philibert.
- De la Corbière M., Piquet M. and Santschi C. 2001, *Terres et châteaux des évêques de Genève*, Annecy: Académie Salésienne; Genève: Archives d'Etat de Genève.
- Despineul 1704, 'Troisième réponse critique à Mr Leclerc', *Journal de Trévoux, Suite du mois de janvier 1704*, 86–7.
- [Hoquiné, curé de Saint-Julien] 1727, *Réponse aux deux lettres imprimées à Genève, au mois d'Août 1726 au sujet du miracle publié à Paris le 10 août 1725 . . .*, [Genève].
- [Hoquiné, curé de Saint-Julien] 1728, *Suite de la réponse aux deux lettres imprimés à Genève, au mois d'Août 1726 au sujet du Miracle publié à Paris le 10 août 1725 . . .*, [Genève].
- Jussie J. de. 1865, *Le levain du calvinisme ou commencement de l'herésie de Geneve, fait par Reverende soeur leanne de Jussie*, Grivel Ad.-C. (ed.), Genève: Impr. de Jules-Guillaume Fick.
- Lambert T. A. and Watt I. M. (eds) 1996, *Registres du Consistoire de Genève au temps Calvin*, 1 (1542–4), Genève: Droz.
- Lambert T. A., Watt I. M. and McDonald W. (eds) 2001, *Registres du Consistoire de Genève au temps Calvin*, 2 (1545–6), Genève: Droz.
- P.D.P. [François de Pierre] 1755 [1728], *Catholische send-schreiben an herrn Johann Alphons Turretin, Calvinischen worts-diener, und Professor zu Genf, uber dessen Buch, unter dem Titul: Nubes Testium . . .*, Augsburg: Maximilian Simon Pingiker.
- Picot J. 1811, *Histoire de Genève*, t.3, Geneva: Manget et Cherbulliez.
- Rivoire E. and Van Berchem V. (publ. by) 1930, *Les sources du droit du canton de Genève*. T. 2, *De 1461 à 1550*, XXIII, *Les sources du droit suisse 22e partie*, t. 2. Aarau: H. R. Sauerländer.
- Saunier A. 1866 [1538], 'L'ordre et la manière d'enseigner en la ville de Geneve au College, avec la description de la ville de Geneve', in Bétant E. A. (ed.), *Notice sur le Collège de Rive*, Genève: E. Finck, [25–47].
- [Vernet J.] 1726, *Deux lettres à Monsieur l'Abbé ****, chanoine de Nôtre Dame de Paris, sur le Mandement de Monseigneur le Cardinal de Noailles, du 10 Aout 1725 au sujet de la guérison de la Dame, La Fosse, [Geneva].
- [Vernet J.] 1727, *Défenses des deux lettres adressées à Monsieur ****, chanoine de Nôtre Dame . . . sur le Mandement de Monseigneur le Cardinal de Noailles, du 10 Aout 1725 au sujet de la guérison de la Dame, La Fosse . . . , [Geneva].

- [Vernet J.] 1730, 'Lettre à Monsieur . . . Sur la 3^e. 4^e. et 5^e Lettre d'un Docteur de la Sorbonne . . .', *Bibliothèque germanique*, XIX, 221–34.
- [Voltaire] 1765, *Collection des lettres sur les miracles, écrites à Genève, et à Neufchâtel . . .*, Neufchâtel [Genève]: [Cramer].
- Waterworth J. (ed. and trans.) 1848, *The Canons and Decrees of the Sacred and Oecumenical Council of Trent*, London: Dolman.

Secondary sources

- Benoit D. P. 1890–2, *Histoire de l'Abbaye et de la terre de Saint-Claude*, 2 vols, Montreuil-Sur-Mer: Imprimerie de la Chartreuse de Notre-Dame des Près.
- Burkardt A. 2004, *Les clients des saints. Maladie et quête du miracle à travers les procès de canonisation de la première moitié du XVII^e siècle en France*, Rome: École française de Rome.
- Daston L. J. and Park K. 1998. *Wonders and the Order of Nature 1150–1750*, New York: Zone Books.
- Devos R. 1966, 'Clergé rural du diocèse de Genève—Annecy sous l'épiscopat de Mgr de Rossillon de Bernex (1697–1734)', *Congrès des Sociétés savantes de la province de Savoie: actes du congrès de Moutiers 5 et 6 septembre 1964*, Moutiers: Imprimerie du Bugey, 111–34.
- Devos R. and Joisten C. 1978, *Moeurs et coutumes de la Savoie du nord au XIX^e siècle: l'enquête de Mgr Rendu*, Mémoires et documents publiés par l'Académie salésienne, 87–88, Annecy: Académie salésienne; Grenoble: Centre alpin et rhodanien d'ethnologie.
- Dompnier B. 1992, 'L'image du protestant chez les missionnaires de l'intérieur', in Sauzet R. (ed.), *Les frontières religieuses en Europe du X^e au XVII^e siècle: actes du XXXI^e Colloque international d'études humanistes*, Paris: J. Vrin, 27–36.
- Gautier L. 2001 [1906], *La médecine à Genève jusqu'à la fin du 18^e siècle*, Genève: Georg.
- Geisendorf P.-F. 1957, *Livre des habitants de Genève*, Genève: E. Droz.
- Gélis J. 2006, *Les enfants des limbes: mort-nés et parents dans l'Europe chrétienne*, Paris: L. Audibert.
- Grandjean M. 1994, 'Du catéchisme à la discipline', *Equinoxe*, 11, 37–50.
- Grillet M. 1867 [1790], *Histoire de la ville de La Roche*, Annecy: L. Thésio.
- Havelange C. 1990, *Les figures de la guérison, XVIII^e–XIX^e siècles: une histoire sociale et culturelle des professions médicales au pays de Liège*, Liège: Bibliothèque de la Faculté de philosophie et des lettres.
- Jenner M. S. R. and Wallis P. 2007, 'The Medical Marketplace', in Jenner M. S. R. and Wallis P. (ed.), *Medicine and the Market in England and its Colonies, c. 1450–c. 1850*, Basingstoke: Palgrave Macmillan, 1–23.
- Johnson T. 1996, 'Blood, Tears, and Xavier Water', in Scribner B. and Johnson T. (ed.), *Popular Religion in Germany and Central Europe, 1400–1800*, New York: St Martin's Press, 183–202.
- Kingdon R. M. 1995, 'The Geneva Consistory in the Time of Calvin', in Pettegree A. and Duke A., et al. (ed.), *Calvinism in Europe, 1540–1620*, Cambridge: Cambridge University Press, 21–34.
- Lambert T. A. 1996, 'Cette loi ne durera guère: inertie religieuse et espoirs catholiques à Genève au temps de la Réforme', *Bulletin de la Société d'histoire et d'archéologie de Genève*, 23 and 24, 5–24.
- Langstaff B. Y. 1999, 'Temporary Gifts: John Calvin's Doctrine of the Cessation of Miracles', unpublished PhD thesis, Princeton: UMI Microform.
- Lescaze B. 2004, 'Funus Consistori, o miserere!': l'égalité de traitement devant le Consistoire de Genève autour de 1600', in Tosato-Rigo D. and Staremborg N. (ed.), *Sous l'oeil du consistoire, Etudes de lettres*, 3, Lausanne: Université de Lausanne, Faculté des lettres, 41–55.
- Louis-Courvoisier M. 2001, 'Rhabilleurs, experts, chirurgiens, sages-femmes et pasteurs: les malades et leurs soignants en Suisse romande au XVIII^e siècle', in Barras V. and Louis-Courvoisier M. (ed.), *La médecine des Lumières: tout autour de Tissot*, Genève: Georg, 187–200.
- Mandrou R. 1959, 'Les Français hors de France aux XVI^e et XVII^e siècles', *Annales: histoire, sciences sociales*, 14, 662–6.
- Mandrou R. 1966, 'Les protestants français réfugiés à Genève après la St-Barthélémy', *Revue Suisse d'Histoire*, 243–9.

- Mentzer R. A. 1996, 'The Persistence of 'Superstition and Idolatry' among Rural French Calvinists', *Church History*, 65, 220–33.
- Monter E. W. 1967, *Calvin's Geneva*, New York: John Wiley.
- Monter E. W. 1971, 'Witchcraft in Geneva: 1537–1662', *Journal of Modern History*, 43, 179–204.
- Monter E. W. 1976, 'The Consistory of Geneva, 1559–1569', *Bibliothèque d'Humanisme et Renaissance*, XXXVIII, 467–84.
- Monter E. W. 1979, 'Historical Demography and Religious History in Sixteenth-Century Geneva', *Journal of Interdisciplinary History*, 9, 399–427.
- Monter E. W. 1996, 'Magic', in *The Oxford Encyclopaedia of the Reformation*, New York, Oxford: Oxford University Press, 482–4.
- Mottu-Weber L. 1993, 'Métiers jurés et fabricants. Quelques traits spécifiques de l'organisation du travail artisanal et manufacturier à Genève sous l'Ancien Régime', *Itinera. Histoire de l'Artisanat*, 14, 66–86.
- Mugnier F. 1887, 'Notes et documents sur l'évêché de Genève', *Revue Savoisienne*, 35–52 and 129–41.
- Naef H. 1956, 'L'Emancipation politique et la Réforme', in Martin P.-E. (dir.), *Histoire de Genève des origines à 1798*, Genève: SHAG, 187–217.
- Pelling M. 1982, 'Tradition and Diversity: Medical Practice in Norwich 1550–1640', *Scienze, credenze occulte, livelli di cultura: Convegno internazionale di studi (Firenze, 26–30 giugno 1980)*, Florence: Leo S. Olschki, 159–71.
- Pelling M. 2003, *Medical Conflicts in Early Modern London*, Oxford: Clarendon Press.
- Perrenoud A. 1979, *La population de Genève du XVIe au début du XIXe siècle*, Genève: Société d'Histoire et d'Archéologie.
- Perrenoud A. and Perret G. 1985, *Livre des Habitants de Genève 1684–1792*, Genève: SHAG.
- Piuz A.-M. 1990, 'Les subsistances et le ravitaillement', in Piuz A.-M. and Mottu-Weber L. (ed.), *L'économie genevoise de la Réforme à la fin de l'Ancien Régime*, Genève: Société d'Histoire et d'Archéologie, 241–384.
- Pomata G. 1998 [1994], *Contracting a Cure. Patients, Healers, and the Law in Early Modern Bologna*. Baltimore: Harvard University Press.
- Rieder P. 2005, 'Médecins et patients à Genève: offre et consommations thérapeutiques à l'époque moderne', *Revue d'histoire moderne et contemporaine*, 52, 39–63.
- Rieder P. and Tourn C. 2009, 'Les Conseils et la santé: histoire d'une autorité médicale laïque', in Santschi C. (ed.), *Les registres du Conseil de la République de Genève sous l'Ancien Régime, nouvelles approches, nouvelles perspectives*, Genève: AEG, 129–48.
- Ruggiero G. 1981, 'The Status of Physicians and Surgeons in Renaissance Venice', *Journal of the History of Medicine and Allied Sciences*, 36, 168–84.
- Sales de Ch. A. 1870, *Histoire du bienheureux François de Sales, évêque et prince de Genève*, 2 vols, Paris: Louis Vivès, t. 1.
- Soergel P. M. 1993, *Wonderous in his Saints. Counter-Reformation Propaganda in Bavaria*, Berkeley: University of California Press.
- Spierling K. E. 2005, *Infant Baptism in Reformation Geneva: The Shaping of a Community, 1536–1564*, *St Andrews Studies in Reformation History*, Aldershot: Ashgate.
- Thomas K. 1991 [1971], *Religion and the Decline of Magic*, London: Penguin Books.
- Turchetti M. 2004, 'Genève à la veille de la Réforme, ou comment échapper aux convoitises de la Savoie et à la juridiction de l'Empire', in Morerod J.-D. and Tappy D., et al. (ed.), *La Suisse occidentale et l'Empire*, Lausanne: SHSR, 187–200.
- Van Gennep A. 1973, *Culte populaire des saints en Savoie. Archives d'ethnologie française no 3*, Paris: G.-P. Maisonneuve et Larose.
- Walker D. P. 1981, *Unclean Spirits: Possession and Exorcism in France and England in the Late Sixteenth and Early Seventeenth Centuries*, London: Scolar Press.
- Walsham A. 2003, 'Miracles and the Counter-Reformation Mission to England', *Historical Journal*, 46, 779–815.
- Watt J. R. 1998, 'Reformed Piety and Suicide in Geneva, 1550–1800', in Roney J. B. (ed.), *The Identity of Geneva*, Westport, CN: Greenwood Press, 111–28.
- Watt J. R. 2002, 'Calvinism, Childhood, and Education: The Evidence from the Genevan Consistory', *Sixteenth-Century Journal*, 33, 439–56.