

Embedded Pins and Migratory Needles: A Historical Folklore Perspective—Part 2

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Pin-and-needle women

Episodes with needles are not only found in delusions, though, but also in actual medical reports. Here, they often connect to non-suicidal self-harming behavior, i.e. the intentional and persistent ingestion of sharp objects (acuphagia) and/or their deliberate insertion through the subcutaneous or soft tissues: “in most cases patients have not only given no motives for their eccentricity, but have stoutly denied any knowledge as to how the foreign bodies entered their system” (Doran 1876:116). These experiences were almost invariably associated by 18th-, 19th- and 20th-century doctors with young female patients—after all sewing was (and still is) a predominantly female activity.¹ According to some medical writers, women with pins and needles passing through their body often acted for opportunistic reasons, “with the idea,” as two doctors put it, “of gaining notoriety and sympathy” (Eskridge and Freeman 1907:26). These women enjoyed the temporary freedom to violate moral norms in oppressive and misogynistic societies; and the medical and non-medical attention that they were given, including, apparently, free food and also accommodation in a hospital (Peter 1855:323-324; see Angelini 2012; 2013 for comparable early modern examples of medical frauds performed for economic reasons). In the so-called ‘motiveless malingering’ (a phrase coined in 1870) underlying the female psychology of disturbed and/or socially disadvantaged pin-and-needle women, there was also a wide but vague spectrum of psychological factors such as nervous disorders, mental disturbances, ‘excess of anger’ and hysterical deceptions.² Because of their odd character, reports of women having deliberately run needles into their body occasionally surfaced in the 19th-century press. Here follow two

Editors’ Note: Because of the length of what we consider to be an exemplary piece of scholarship well-suited to the aims and scope of this journal, the editors have made the unusual decision to split this article over two issues. The first part appeared as Davide Ermacora, “Embedded Pins and Migratory Needles: A Historical Folklore Perspective—Part 1,” *Contemporary Legend* series 3, vol. 8 (2018): 41-85.

cases labelled as ‘singular’ and ‘strange:’ one from Copenhagen, 1826, is a useful reminder that pin-and-needle women came from different cultural backgrounds; the other from Britain, 1851, was originally published in the *Bath Chronicle*:

The following strange story is at present the subject of the town’s conversation. Ever since the year 1807, a Jewess of the name of Rachel Herz has voided sewing needles, or had them cut out of her body. Nobody could clear up this extraordinary phenomenon. Observations and experiments were made, but the matter remained involved in mystery, till, by an accident, it was lately discovered that the whole was a deception. This singular patient had so hardened herself towards bodily pain, that without exhibiting the least susceptibility, she could suffer needles to be stuck under her nails. Besides this singular *penchant* to pass needles, she was distinguished by a high degree of cultivation, and could write Latin. (Anonymous 1826a; the story of Rachel Herz subsequently appeared, with few additional details, in medical discussions about feigned diseases: Anonymous 1840:371; 1847:189)

[w]ithin the last three months the waitress of the Cross Keys Inn, Orange-grove, in this city, has from time to time complained of pains and aches in different parts of her person, and she has been under medical treatment for the same. To the surprise of her medical attendant, within the last month no fewer than twenty-three needles have been extracted from her knees. She still exhibits symptoms of having many more to be yet extracted. She has not the slightest recollection of having at any time swallowed any needles. (Anonymous 1851a)³

I will argue, below, that MN tales should be examined together with (medical) observations such as these, when there are claims of the emergence of needles from the surface of the body. As Freud put it, in a letter dated January 17, 1897, while interesting himself in psychopathology and the connection between witchcraft and female hysteria (a vague nosological category that once covered a wide array of mental and physical symptoms): there are “some symptoms of hysteria that until now have been obscure. The pins which make their appearance in the oddest ways; the sewing needles on account of which the poor things let their breast be mutilated and which are not visible by X-ray.” The fear of these invisible needles, Freud added, can also be found in the stories that hysterical pin-and-needle women recounted to him during analysis: “the victims think of the same old cruel story in fictionalized form” (Masson 1985:224-225). Were these stories accounts of

hallucinatory sensations of needles lodged in the body, such as those examined above (as maintained by Bonomi 2017:73-85)? Or, rather, is it a matter of personal experience narratives involving MN? Interestingly enough, several of these pin-and-needle women insisted on the presence of needles, which they characterized as tormenting foreign bodies within them. They were subject to Christian visions, hallucinations and religious delusions: in later times they were examined by professors and scientists in the light of contemporary science, parapsychological theories and as vehicles for spiritualistic manifestations. Far from being exceptional, the fuzzy opposition between rationalists and believers, and the interaction of religion and science on events involving exceptional corporeal phenomena such as stigmata or, indeed, the appearance of objects embedded in the flesh, were fairly normal in the late 19th and early 20th century (de Blécourt and Davies 2004; Heimann 2013; Klaniczay 2013; Fassanelli 2015; Van Osselaer et al. 2017). As Francis Young put it, the acceptance of parapsychology ensured that the current debate on exorcism, witchcraft, etc. “was no longer a simple matter of ‘superstition versus science’” (Young 2016:203).

There has been comparatively little attention paid to the self-injury practices of “the sick stigmatics of the 19th century” (Klaniczay 2018:334), prevalently young female mystics and mediums who stuck needles into their flesh and who often (but not always) lived in isolated rural parts of Europe. One might mention the South Tyrolean Maria Theresia von Mörl (1812-1868) (Von Görres 1854:278-284; Priesching 2007); the Neapolitan Emilia Dinacci (Anonymous 1903a; 1903b; 1903c); and the Romanian Eleonore Zugun (1913-1991). There is the obvious possibility, here as elsewhere, that the worldviews held by these holy/charismatic women were a sociological rather than merely a pathological fact. Indeed, the retrospective application of medico-psychiatric diagnostic labels to the afflicted is treated, today, with suspicion by historians and witchcraft scholars (Fassanelli 2015; Pickering 2018:73). Still, these women can *also* be usefully approached through a medical paradigm. All of them, indeed, belonged to “a period of awakening for mysticism to some extent favored, in those years, by the Church itself” (Fassanelli 2015:28). All of them repeatedly expelled needles and related objects such as nails and glass splinters from their bodies. In the 1920s, for example, Eleonore exhibited spontaneous stigmatic marks;⁴ suffered physical attacks (bite marks and other injuries) from *Dracu*, the Romanian Devil, later considered to be a poltergeist by the scientists who experimented on her; and pins and needles appeared in her hands and arms. These objects, it was believed, were supernaturally embedded in her flesh, making Eleonore’s case very similar to what earlier demonologists classified as *obsessio*, i.e. “the

external assault on the afflicted person's body rather than an internal occupation" (Levack 2013:16-17, 222). As one sympathetic author put it, there is "the almost instantaneous movement of needles and pins which happen to be in close proximity to the medium. If Eleonore is sewing or is handling a needle or pin of any description it will suddenly bury itself in the child's flesh. This has happened several times." "It is of course possible" he continued "but very unlikely—that the child herself digs the needles into her hands. If so, it is an abnormality almost on a par with the assumption that some extraneous power is responsible for the sudden displacement of the needles." In conclusion, the author ventured, "[i]f the girl does it herself she must be less sensitive to pain than most mortals, as the needles are frequently deeply embedded in the fleshy part of her hand or arm" (Price 1926:456).

Witchcraft, sorcery and embedded needles

Here as well, one may quote abundant earlier historical evidence. In medieval demonic possessions, the 'realistic' expulsion of strange objects attested the authenticity of preternatural phenomena (Licciardello 2010:580; Katajala-Peltomaa 2014:127). This is there in early modern accounts involving "pin-related magic" as well (Pickering 2018:75). In Europe, from Norway to Italy, victims of witchcraft, or individuals possessed by malevolent demons, regularly spat iron pins, nails and needles or had these objects extracted from their bodies. The extraordinary vomiting or extraction of solid objects was a very typical symptom of bewitchment, proving to observers that vomiting children/adults had been supernaturally afflicted (Saintyves 1912:161-162; Ashwin and Summers 1930:139-142; Maxwell-Stuart 2000:127-128; Brambilla 2003:119-122, 151; 2010:40, 74-89, 187-242; Jensen 2007:202-203; Tóth 2009 425, 429; Levack 2013:9, 25, 72, 79, 125; Pickering 2018).⁵ A famous case is related in Benivieni's *De abditis nonnullis ac mirandis morborum et sanationum causis* 8: a young Italian demoniac woman afflicted by an evil spirit (*spiritu malo*) vomited bent nails (easier to swallow: Pickering 2018:88), bronze pins, a ball of wax and hair and a very large piece of food (this latter recurrent in exorcism stories: see Young 2016:183 for a Italian instance dating 1920). At the beginning Benivieni personally attempted to treat the woman, suspecting hysteria, but he gave up and turned her over to exorcists (*spiritalibus medicis*) (original Latin text and Italian translation in Costa and Weber 1964:113-114, translation in Singer 1954:37; see Midelfort 1999:174-176; Tóth 2009; Brambilla 2010:82-85, 187-242 for similar 16th- and 17th-century differentiations between those with medical problems and those who are possessed).⁶

In a section on melancholy and disorders of the imagination, in his 1586 work *De medica historia mirabili libri sex* [etc.] 2: 1, the Mantuan physician Marcello Donati (1538-1602) relates an anecdote about an unnamed doctor who treated a noble woman from Mantua who firmly thought she had been bewitched. With the complicity of the waiting-maid, the doctor made nails, feathers and needles appear in the woman's excrement: she subsequently healed from her hypochondriacal melancholy, believing that any witchcraft had been driven out of her (original Latin text in Donati 1586:33v, translation in Webster 1677:35; see also Cantù 1856:509). Donati's story of the Mantuan woman can be also found in Edward Jorden's (1569-1633) *Briefve Discourse of a Disease Called the Suffocation of the Mother* [etc.], a 1603 book on hysteria (original text in Jorden 1603:24rv). Discussing Jorden, Andrew Pickering pointed to the fact that pins and needles "placed in the body by witchcraft was a tradition established by the start of the [17th] century" (Pickering 2018:75). But Jorden simply relied on Donati here, the latter writing ca. twenty years before the former. A similar psychological stratagem to counteract bewitched patients was given by the cleric and physician John Webster (1610-1682) in his 1677 skeptical work *The Displaying of Supposed Witchcraft* [etc.]. In chapter 17, Webster tells us that he used to heal people who claimed to be bewitched by evil spirits or fairies: he did so by giving them amulets, believing not in the magical power of these objects but in their ability to free his superstitious patients of their convictions (original text in Webster 1677:323-324; Whitaker 1818:491 compared Webster's words with an anecdote similar to Donati's, of a hypochondriacal man persuaded that he was possessed). We see that early modern physicians were, occasionally, "blurring the boundaries between physic and theatre" (Kerwin 2005:266; see further Dandrey 2004). One might, usefully, think of the equivalent fraudulent therapies, staged for needle delusions and other psychosomatic disorders, such as those examined above.

Discernment has always been a central concern within Christian ideology. Benign acts inspired by God must be distinguished from those inspired by Satan; the matter is particularly complex in the case of divine vs. Satanic possession (Caciola 2003; Brambilla 2010:27-122). We have seen that modern cases are known of female mystics who self-embedded needles in their bodies, where the needles were taken as a sign of sanctity by external observers. Much the same can be said for holy pin-and-needle women practicing a monastic life: their severe penitential practices with needles need to be examined in the context of the 'mortification of the flesh,' i.e. self-inflicted physical punishment to bring one closer to God through suffering. In Christian Europe there was, in fact, "a universal conviction that the more a life was ascetic, that is,

unlike that of ordinary mortals, the more pleasing it was to God [...] It was usually on the basis of such acts that a saintly reputation was built” (Vauchez 1997:191, 193). The best documented case with needles is, perhaps, that of the Blessed Maria Maddalena Martinengo (1687-1737), an Italian Capuchin nun of noble origins who repeatedly self-embedded thorns and sewing needles in her shoulders, arms, hips, thighs and head. According to Maddalena’s 1725 autobiography, the insertion of needles was originally a secret supplice; though her confessors and other nuns of the convent soon become aware of her compulsive self-embedding habits (to say it in modern medical terms). Depositions collected during the 18th century tell us that nuns, occasionally, helped Maddalena to dislodge needles from her body because she feared that other nuns, led by curiosity and jealousy, could denounce her potentially subversive (= anti-religious) behavior (Pugnetti 1964:51). When Maddalena died, in 1737, two well-respected physicians working in Brescia, Gian Paolo Guadagni and Francesco Roncalli Parolino (1692-1769), conducted a partial anatomical examination of the surface of the nun’s body: they were surprised to find numerous iron needles under the skin, some of them rusted. The doctors asked themselves why the rust had not led to internal infections while Maddalena was still alive; interestingly, several of the needles extracted were kept as relics (proof of sainthood) by Parolino and Maddalena’s sisters in Christ (Pugnetti 1964; Schutte 2005:266-267; Fusar Bassini 2006:347, 458, 460-461, 720).⁷ A further medical investigation of Maddalena’s remains, in 1766, led to the retrieval of many additional needles (Pugnetti 1964:64).

More often the idea that needles were magically sent by witches into victim’s flesh shows up in sources: these are linked to the numerous instances of needle expulsions in medicine and folklore. In Maddalena’s extreme practices of devotion we have ‘benign’ needles. Then, there is the other side of the coin: sanctioned malevolent magic (heterogenous evidence in Ennemoser 1854:214-215; Rieti 1991b:288; Ruff 2003:79-82; Sands 2004:75-76). For example, in German physician Philipp Salmuth’s (†1626) *Observationum medicarum* [etc.] 3: 34, a medical work posthumously published in 1648, there is a story about an unnamed German maid who had a most intense pain in her left arm. Given that no tumour *nec quiduis aliud praeternaturale extrinsecus appareret* “nor any other preternatural thing did outwardly appear” on the woman’s arm, the suspicion of sorcery arose. Following the magico-medical application, for two days, of an amulet made with red corals (*corallos*) beaten up with a cataplasm made with rose water (*aqua rosacea*) and oak leaves (*folijs quercus*), the painful place was brought to suppuration until an abscess broke: in it needles, hairs and burnt coals were found (see Brundin et al. 2018:128-136 for coral magic in the Renaissance). All these objects were

ritually hidden in a hole made in the root of an oak, stopped up with a wedge made with the wood of the same tree. The pain, Salmuth tells us, ceased and the woman's wound cicatrized with the help of other medicines. Unfortunately, some skeptics took the objects out from the tree, [*quidam vero talia irridens, et praestigia putans* "deriding such things, and thinking them to be prestigious delusions." The maid was afflicted, again, with cruel pains—even stronger than the former ones. Therefore, the therapeutic procedure or "cure by transplantation" (Black 1883:37, 111) was repeated, and *copiosior prodit materia* "more copious matter" (involving needles?) issued forth, which was taken together with the amulet and put again in the oak. All the pains vanished: the woman had been healed (original text in Salmuth 1648:126-127, translation in Webster 1677:249).

In the 1691 collection of supernatural accounts *The Certainty of the Worlds of Spirits* [etc.] by the English Presbyterian Richard Baxter (1615-1691) there is, then, an intriguing reference to an "obstinate and bewitched pin" (Wallis 1886:254) in a woman's thigh. Baxter said that he personally got the account from a "credible Person," and joined, as an affidavit, a letter written by a doctor who was involved in the case in Honiton, Devon. In 1665, while she was waiting at the dinner-table, on Sunday, a certain housemaid named Elizabeth Brooker felt a pricking in her thigh: on looking, she touched a hidden pin, deep in the flesh. Most of the family attendants did not believe Elizabeth because there was nobody besides them in the room. She was sent to bed. Over the next two days, the pain increased: a local midwife and an apothecary were summoned to cure Elizabeth, but in vain. Three days later, the sufferer was brought to Exeter where she was visited by the city's surgeon Anthony Smith (†1699), "a prominent figure in dissenting circles." Smith performed a large incision and, with some difficulty, found and removed the pin before an audience of reputable ministers' wives from different Protestant backgrounds: an Anglican, a Congregationalist, a Presbyterian and a Quaker (Elmer 2016:205-206, 213-214). In 1681, Smith sent a letter to Baxter with a detailed description of the case. Elizabeth's job was to sell small wares and, the day before she had been attacked, an unknown woman had asked her for a pin. Elizabeth had refused to sell the object (the pin in question was the property of her mistress), and so the customer went away in a rage, threatening Elizabeth: had this frustrated customer sent a magical pin?⁸ Another woman, Agnes Richardson, had been equally angry (when?) with Elizabeth "about [a] Miscarriage in an Errand that she sent her on" (Baxter 1691:65-69). There are no reports about what happened later, whether the unnamed 'witch' was traced and/or Agnes pursued, and it is unlikely that the case ever went to court (Linton 1861:395-396). Not by

chance, one minister commented that the details of the story “were so strange, ’twould cause people to call in question their Veracity, beside it could not be told without entrenching upon modesty” (Elmer 2016:2014). The suspicion that the housemaid had pushed a pin into her thigh on purpose was, likely, strong (Linton 1861:396; Wallis 1886:254).

An incident recorded in the Book of Miracles of the Bavarian Monastery of Gräfrath has, meanwhile, an unmarried woman who could no longer bring her right hand to her mouth and make the sign of the cross: she had had a spell cast on her. After a pilgrimage to the monastery, twenty pins were extracted from her arm and she was cured: this happened sometime between 1444 and 1728 (Ruff 2003:80). Two pin-and-needle cases linked to witchcraft and sorcery were described in France during the 18th century: both the women in question had great quantities of sharp metallic foreign objects produced in, and extracted from, their bodies. Their malady was attributed to the action of spells and/or demonic activity, though the learned authors who wrote about them also explored a range of “semi-natural” and “semi-diabolical” alternative explanations: in one way or another connected to gendered mental disorders (neurosis), sorcery, deceit and supernatural intervention (Bizouard 1863:534-537). In one case, which took place between 1715 and 1717, a twenty-year-old woman named Madeleine Morin fell badly ill after she had quarreled with a female neighbor “accused of several malefices.” At first Madeleine vomited a lizard and many caterpillars. One year later, though, she was hit three times with a stick by the same ‘witch,’ and dozens of pins and needles started to appear in Madeleine’s tormented body. The pins, interestingly, had their heads cut off (Lange 1717). Another pin-and-needle case, from the 1740s, concerned Thérèse, the *maléficiée de Tourcoing*: this case was retrospectively considered by Saintyves, together with Madeleine’s, as evidence of psychological troubles (Saintyves 1912:85-86, 285-287). After Thérèse had learned that a man she had rejected had died of grief she suffered, for nine years, from a terrible ulcerating condition, with scores of needles and pins coming out of her. It was suggested, by one de Vallemont, that a spell had been put on her by the dying man: de Vallemont was an obscure writer who described Thérèse’s Calvary with a narrative style tinged with irony, and who mixed together magic, religion, occult sciences and Enlightenment philosophy (de Vallemont 1752:77-78; see Lemoine 2001:1575). In particular, de Vallemont discusses

the possibility of demonic activity in this Christian martyrdom as the girl bore all suffering with good humour and patience. He quotes theological opinion that devils could change into needles but never hides his own disbelief. The girl seems to him honest and virtuous and he concludes that the

only satisfactory explanation is that, after an initial illness, the girl wanted to suffer still more for the glory of God and pierced her own body with needles [= *imitatio Christi*]. To protect her good intentions and the notoriety she attained the people who took care of her lent themselves to the deceit. (Wilkins 1973:358)

Even the last European witch sentenced to death (in Switzerland in 1782), Anna Göldi, was accused of making a child magically swallow needles, pins and other metallic objects in her milk and biscuits. The child had felt ill and had started coughing up these objects. The details of the trial, spread by the press, later inspired “a rash of copycat pin spitting” where criminal behavior could sometimes be detected (Davies 2015:527-528; see Pickering 2018:90-91 on social contagion in relation to pin swallows). We will briefly examine, below, needles being put in food both in reality and fiction. The link between witchcraft, sorcery and injuries with needles directed against themselves or others deserves, however, further investigation. Sorcery at work can already be found in one of the earliest narratives of pin-and-needle women with psycho-behavioral disturbances: a famous French story featuring a young woman with her body “full” (Laghi 1597:448-449) of needles and wood splinters. The Bishop Pierre II de Tarentaise (1102-1174) personally healed the girl, through confession and by giving her the Eucharist. The passage of interest is recorded in two roughly contemporary 12th-century versions both from a Cistercian *milieu*. The first version is contained in Herbert de Clairvaux’s *Liber visionum et miraculorum Clarevallensium*, a collection of *exempla* completed around 1179 (original Latin text in Kompatscher Gufler 2005:287-288; Zichi et al. 2017:237-238); while the second appears in Saint Pierre de Tarentaise’s *Vita* 1, 3: 18, written between 1181 and 1185 by a Cistercian Abbot called Godefridus—most likely Geoffroy d’Auxerre. The two sources recount the same incident with different words, and so they perhaps rely on an unknown common (oral?) narrative. In what follows, I will rely on the longest text, the *Vita S. Petri archiepiscopi Tarentasiensis* given by Godefridus, noting important differences from Herbert de Clairvaux’s version. As an aside Stefano Mula wrote that the needle-miracle is also contained in an anonymous *Vita Hugonis* 28 edited by Anselme Dimier (Mula 2005:23; 2018:49 *apud* Dimier 1941:302-306). The passage in question, however, is not recorded anywhere in the *Vita*.

In a village near Lyon, a girl was troubled with a languor provoked by a *malefica* “witch” on the request of her mother-in-law, and she could not endure the presence of her husband. Godefridus heard about the events, which had probably happened fifteen or twenty years before, without ever meeting the girl (Dimier 1935:134-135). According to the

hagiographer, a famous *maleficum* “warlock” (a simple *medicus* “physician” in Herbert) once came, examined the sick girl and diagnosed her as *inferratam*, i.e. bewitched by iron objects that had been magically cast into her body (Carpentier 1766:col. 867; Blaise 1975:481; is *inferratam*, perhaps, a Latin rendition of a vernacular term?). The man then gave her a potion to drink, said some incantations and bit her arm (!). The girl recovered her health, but kept feeling as if needles were coming from her heart (*ex corde sentiens acus procedere*). After the treatment, more than thirty (seventeen in Herbert) needles/pins were expelled from her arm *quaedam admittendis idonea filis foramina praeferentes* “some with and some without an eye for the thread.” When the Abbot Hugues de Bonnevaux (†1194) was visiting the girl’s father, she said that she felt a needle coming.⁹ The object was extracted (from the arm?) by a lay brother who *annis pluribus ad testimonium conservandam* “kept [it] for many years as evidence of the fact.” (Noticeably, Goldberg 1997:198 very briefly equated the needle removed from the arm of the girl to contemporary MN tales). Hugues, thus, touched the wound and promised that no more iron would come out of it. Unfortunately, instead of needles sixteen wood splinters later emerged. When the girl finally took part in a mass celebrated by Pierre de Tarentaise (by Pierre *and* Hugues in Herbert), another piece of wood, the last, came from her body. The chaplain drew it out in the sight of all, and Pierre confessed and absolved the woman. Finally, freed from the spell, she had children with her husband. Godefridus concluded his account by giving the name of the father of the bewitched girl: a certain Pierre du Fraxinet, *notus et honoratus inter convicaneos suos: ut si quem dubium novitas tanta reddiderit, probare forsitan liceat, quod credere detrectarit* “well known and honoured by his neighbours, as may be verified by any who may find this story too strange to be believed” (original text in Saini and Signorato 1951:124-126,¹⁰ translation in Ashwin and Summers 1929:110-111).

It may prove useful to reconstruct here the textual diffusion of the needle-miracle performed by Saint Pierre de Tarentaise, as it demonstrates that sometimes “magical folk medicine and Christian treatment methods go hand in hand” with embedded needles (Rieken 2015:22; see also Von Görres 1854:278-284 who compared this narrative with the case of Maria Theresia von Mörl above). The needle-story was briefly summarized in the *Chronicon Clarevallense*, a work written by the Cistercian chronicler Alberic of Trois-Fontaines around 1229: the story most likely came from Godefridus, as the presence of the rare word *inferratam* indicates. In the *Chronicon*, it is said that Hugues de Bonnevaux, in 1183, *mulierem inferratam primo ab acubus ferreis liberavit; quam postea sanctus Petrus Tharentasiensis a sudibus, id est*

brochis ligneis de brachio ejus exeuntibus, perfecte sanavit “first freed a metal-bewitched (*inferratam*) woman from iron needles; later Saint Pierre de Tarentaise completely healed her from sticks, that is from wooden splinters which came out from her arm” (original text in Mula 2005:23; 2018:49; see Du Cange 1840:780; Niermeyer and van de Kieft 1976:106 for *sudes* and *broccae*). The miracle was also quoted, in full, in Hélinant de Froimont’s *Chronicon* 1: 48, written 1211-1223. Hélinant placed the needle-story just before a passage (taken from John of Salisbury’s 1159-1160 *Policraticus* 1: 12) on *malefici* called *vultivoli*, who make effigies of men in *molliori materia* “soft substance” such as wax or clay in order to magically damage them (original text in Migne 1855:cols. 1055-1057). This insistence on needles hardly offers more than a glimpse of Hélinant’s way of classifying things.¹¹

The *Vita* of Saint Pierre and the *stupendum miraculum* “stupendous miracle” there (original text in Pierozzi 1491:280r: this work was composed between 1439-1459) set off three reactions in early modern writings. First, the passage was listed (at second- or third-hand) by German authors as an instance of ‘medical magic’ (*magia medica*), i.e. assorted medical cures involving incantations, witchcraft, etc. (Schott 1659:529-530; Mercklin 1698:130-131); possibly also because of its [*m*]emorabilem “memorable” character and its resemblances with medical reports, some with an anecdotal flavor, of needles and pins mistakenly/intentionally swallowed by (mostly female) individuals. Many of these objects were spontaneously expelled or were retrieved by physicians (original text in Bierling 1694:376-384; see below for self-embedding behavior according to modern psychiatric nosology). Second, the Servite Father Paolo Maria Cardi (†1755), in his 1733 manual of exorcisms *Ritualis romani documenta de exorcizandis obsessis a daemonio commentariis* [etc.], compared the needle-story with three parallel instances, taken from medieval and early modern hagiography. These have no needles but show the miraculous healing of ‘mad’ young wives in conflictual relationship with their husbands: the couples cannot have sex and/or the women acts aggressively towards the men. In both cases, this is because of magical spells or demons (original Latin text in Cardi 1733:181). Third, demonologists used Saint Pierre’s needle-episode comparatively in their discussions about strange objects found inside the witch’s body or the body of the bewitched. This has led some modern commentators to believe, wrongly, that the French story took place during the 16th century (e.g. Ruff 2003:80; Rieken 2015:22).

A modern psychological interpretation would suggest that the French girl was so unhappy that she relieved emotional distress by self-inflicting physical pain.¹² She, it will be remembered, also felt as if she had needles coming out of her heart. We have seen that this is a common concern of

those with needle delusions. It is unclear, however, if the needles were actually believed by the French girl to be inside her heart, or not: we may just be in realm of ‘as if’ sensations here. The 1569 treatise on exorcism *Sacerdotale secundum* [etc.], for example, observes that possessed and bewitched individuals *habent puncturas in corde tanquam si acubus esset punctum* “have their hearts punctured as if by needles” (original text in Delatte 1957:22, translation in Ashwin and Summers 1929:143).¹³ The connection of witchcraft and self-harming with needles (seen negatively) continued until recent times. In the early 19th century, an Italian woman with psychiatric disorders expelled numerous needles from her body: the objects had, previously, been cunningly self-embedded. Given that she seemed utterly unable to explain how the needles got into her body, several individuals considered her to be a victim of witchcraft or even to be a ‘witch’ herself, despite her being resident in a hospital (Ferrario 1829; compare Fassanelli 2015:36-37 for popular demonological interpretations of mentally ill patients in Italy, around 1920-1930). Supernatural materializations of embedded pins and needles, said to have been sent by a village ‘witch,’ can also be found in a case of mass panic in Castelletto sopra Ticino, in Italy. There, in the early 20th century, multiple attacks were recorded, by the local press, against young peasant girls in the vicinity: victims found thorns in their soups; began to vomit and expel from their skin foreign objects such as needles, pins and hair strands; had mystical crises; and complained of physical symptoms such as violent aggressive impulses, catalepsy, suffocation by invisible hands and scratches on their necks. As one journalist sarcastically commented in his coverage, the strange and ‘inexplicable’ phenomena were so varied, abundant and most likely associated with the mental state of the women concerned that, he said, the “charming village is threatening to become a true Parisian ‘Salpêtrière’”—the infamous French asylum (Anonymous 1910; S.L. 1910a; 1910b).

The presence of sharp objects found in the soup as a result of sorcery, and the contextual vomiting of them, recalls a late 19th-century clinical case of a melancholic French woman who, apparently, developed needle phobia after a neighbor told her that her child had swallowed a pin. The woman “was very touched by this story and, for several weeks, she had a violent phobia of pins and needles. She had the fear of swallowing them or letting them fall on the plates of people around her, who might swallow them” (Pitres and Régis 1902:51; compare Van Herck 1961:641 for a Belgian psychotic woman with an “obsessive anxiety for needles and pins”). The same concern of handling needles (with supposedly malicious intentions?), is reported for another French psychiatric patient “afraid to put needles in the soup, to find pins in what she is eating, afraid

to poke pins in people's backs or throw them in the box of milk, etc." (Raymond and Janet 1903:288). These patients seem well acquainted with the fact that one way to harm someone is to put needles in his or her food: one wonders if this idea was widespread, and to what extent it was actually practiced or credible. A few 19th- and 20th-century judicial processes are known, from Italy, in which individuals were accused (or spontaneously declared) that they had secretly made victims swallow needles/pins to harm or kill them (Rizzatti 1942:809-811). There is, for example, the controversial 'Feltrinelli trial': the events took place, in 1867, near Brescia and they were widely discussed in the scientific *and* popular press of the time. A fourteen-year-old housemaid named Caterina Bertolotti claimed that she had attempted to kill, by various means, five sons of her master Cirillo Salvetti, a doctor: she gave, she stated, the youngest, a baby, ca. twenty-four broken needles and pins to swallow. Caterina declared she was encouraged in her criminal behavior by a local doctor, Giovanni Battista Feltrinelli, who was in competition with Salvetti; she also said that she had had sex with Feltrinelli. Medical-legal debates essentially concluded that Caterina's story was devoid of truth, that the housemaid was disturbed and that she acted thus to become an object of attention. Feltrinelli was acquitted of the accusations (Anonymous 1867; Tarchini 1867a; 1867b; Fornasini 1867).

An Italian forensic doctor writing, in 1941, on needles used to kill and the medico-legal effects of the presence of needles in the human body, wondered whether these objects might not pass through the intended victim's mouth without his or her knowledge. He concluded that the "malicious meal," i.e. the secret introduction of needles concealed in food for criminal purposes, could not be achieved without the victim realizing it. The back of the mouth and the pharynx are, he pointed out, extremely sensitive and there would be a burning sensation, irritation and perhaps suffocation (Nannini 1941:205, 211). Could small pins, however, go down without being noticed? Perhaps, but the criminal would hardly be able to rely on this and the chances that the objects would be seen in a plate of food must surely have been high. Another medical author observed that needles, to be an effective weapon, would have to be included in food that does not need to be chewed: "[s]emi-solid food such as puree and polenta are more appropriate as a vehicle [because] they are gulped down in mouthfuls of a certain volume." Alternatively, needles can be given with medications that need to be swallowed, if the subject is trusting enough: "a mentally sane and adult person can be primed to swallow needles believing that he or she is taking a medicinal substance" (Rizzatti 1942:829-830, 835). Needles swallowed with soup, however, are a fairly common motif in Italian and French MN narratives and personal experience stories (Petit 1721;

Breaschet 1813:65-66; Milliot 1880:951; Rizzatti 1942:811; see motifs H1185 ‘Task: preparing the food “Oh my [God].” Needle put in food which causes eater to say “Oh my [God]!”’; K951.2 ‘Murder by feeding with bread full of pins’.¹⁴ One may quote the following (seemingly realistic) 20th-century account from the Italian press:

[t]wo months of pain for a needle swallowed with soup. Two months ago a merchant from Sant’Agata Fossili, Luigi Corazza, 37, suddenly felt acute pains in the belly that occurred intermittently and seemed to be produced by pricks of a pin (*colpi di spillo*). The local doctor prescribed purges but the pains continued; Corazza, however, never wanted to undergo radiology for fear of an operation. Yesterday, Corazza had the last pangs and finally all was explained. The pains were caused by a four-centimeter sewing needle which passed through his system. It is believed that said needle was pinned to the blouse of Corazza’s wife. While the woman was preparing the soup, [the needle] fell into the pot and Corazza swallowed it without realizing. (Anonymous 1938; compare Rizzatti 1942:838 for a short press story involving a Piedmontese woman who died, in the 1930s, after she had eaten some *agnolotti* into which a needle had fallen)

Indeed, the enduring connection between needles, simulated affliction, witchcraft beliefs/supernatural causation, medical categories and the language and stereotypes of psychopathology, deserves to be studied in its own right. The old medical concept of *clavus/clavis* for one type of migraine, the ‘nail in the head,’ proves particularly interesting here. There is a frequent graphic complaint used by both male and female patients for localized cephalic pain: ‘Doctor, I have a needle/nail inside the brain/head’ (Roberts 1937; Ward 1939).¹⁵ The English physician Thomas Sydenham (1624-1689) is credited with the phrase *clavus hystericus*, to refer to a specific nervous (read: somatic) symptom experienced by female hysterics: the acute sensation of a nail being driven into one’s skull. The term was subsequently employed by Western doctors until the 20th century (Von Ludolf 1750; Büchner 1751; Wright 1867:43-44; Campbell 1894:251-255; Eadie 2012:82). At least half of the concept, however, has medieval origins and can be found, for instance, in Bernard de Gordon’s 1305 French medical treatise *Lilium medicine*. Here the concept is related not to gendered (i.e. uterine) hysteria but, rather, to sorcery. If the headache, Bernard says, *in aliqua parte appellatur clavus, et tunc vulgares dicunt quod fascinati sunt, quoniam videtur eis quod cum clavibus et acubus pungantur* “is confined to one spot, it is called *clavus*, and common people believe that they have

been bewitched, since it seems to them that they are pricked with nails and needles” (original text and Spanish translation in Sánchez González de Herrero and Vázquez de Benito 2010:87-88, translation in Wright 1867:44, slightly modified; see Norri 1992:131, 312; 2016:207 for the 1425 translation of this passage into Middle-English).

As far as I am aware, the medieval *clavus* has not been fully investigated, though several little-known medical dissertations in Latin were devoted, in the 18th century, to the early modern concept of the *clavus/clavus hystericus*: these discussed earlier authors as well (Keck 1703; Brigel 1704; Arnold 1704; Von Ludolf 1750; Büchner 1751; Wilcke 1795). More recently, Harry Campbell and Luke Demaitre have both devoted space to subjective perceptions of the headache during the Middle Ages, and their linguistic renditions including the *clavus* (Campbell 1894:251-255; Demaitre 2013:122). There are, in fact, works such as the anonymous late 14th-century medical collection *Summa medicinae*, where it is written that *Clavus est dolor fortissimus in parva parte capitis* “the *clavus* is an extremely strong pain in a small part of the head” (original text in De la Rosa Cubo 2000:408). *Clavus*, as one type of painful localized headache, is also mentioned around 1418 by a Portuguese doctor, Valesco de Taranta, in his *Philonium*: he explicitly stresses the association with *clavi ferrei* “iron nails” (original text in de Taranta 1500).¹⁶ Note that Valesco is very familiar with Bernard de Gordon’s *oeuvre*. One should recall the metal-bewitched (*inferrata*) girl with iron needles and wooden splinters described in Saint Pierre de Tarentaise’s earlier *Vita*. In Bernard’s writing, too, people who feel that their body (here the head) is pierced by needles and similar metallic objects are believed to be under a spell (*fascinati*). In another passage of his *Lilium medicine* Bernard states that headache, as a ‘primary disease’ (*morbus per se*), is a *denominatio vulgaris non realis* “popular name which is unreal” (Luke Demaitre, personal communication). One wonders if Bernard is thinking skeptically, here, about the *clavus* and its magical etiology, hinting at earlier process of the medicalization of belief.

I will elsewhere examine early modern witches attacking their victims with ‘intracranial needles,’ i.e. pins and needles being magically cast into the head (Ermacora [in preparation]). Around the year 1667, a bewitched young English woman named Catherine had the feeling that she was being pierced by invisible sharp objects which forced her to rise each night at 2 am: she felt, in fact, “strange paines as if shee was thrust wth nayles or needles” in her throat, heart, belly and back. We know of Catherine’s suffering thanks to a private letter written by her father (Barry 2012:32; see also Pickering 2017:60). In modern Newfoundland, sharp needles were “a very popular fairy projectile” shot into people’s

bodies (torso, limbs), and thus one wonders if a broader connection between witchcraft, sorcery and supernatural assailants can be envisaged: think of motif G269.17 ‘Invisible witch sticks victim with pins’ (Rieti 1991b:289; see also Rieti 1991a:72, 77, 144, 208). An alcoholic admitted to the asylum of Baltimore in 1897 had persecutory ideas, delusions and hallucinations which included the notion that “the room was filled with witches, who tormented him by inserting needles and knives into his flesh” (Berkley 1900-1901:430; compare Robe 1980:287 for Spanish legends from New Mexico about needles magically stuck by witches into victim’s bodies). At the psychiatric hospital at Alençon (France), meanwhile, there were, 1949-1963, forty-three male patients who believed themselves to be bewitched and who were subjected to paranoid delusions, “that is, unfounded but abnormally salient beliefs that others intend harm” (Deeley 2019:88). Among the physical symptoms described by two of these individuals, there were needles stuck in the head and tingling pains in the limbs “as if needles were thrust into the body.” The same symptoms were occasionally experienced by their relatives, who also shared the delusion of being victims of sorcery—‘shared psychotic disorders’ (SPD, also *folie partagée* or *à famille*), a pattern well known in the psychiatric literature (Jacquel and Morel 1965:23; see Guillemain 2012 on the medicalization of 20th-century witchcraft beliefs in France).¹⁷

Indeed, “[p]ins and needles were the most common materials” (Levack 2013:9) in early modern accounts of strange vomitings, and often became a material proof of diabolical bewitchment. These vomited objects were, then, preserved so that they could be displayed to skeptics, etc. There is enough evidence to suggest, meanwhile, that pin-and-needle women occasionally attributed the result of self-injurious acts to innocent individuals, who were consequently charged with sorcery and witchcraft. This blaming process in the context of community conflict seems to have been a reality from the high point of the European witch-craze, in the 16th/17th century, through to the 20th century (see, in general, de Blécourt and Davies 2004; Young 2016:182-183 on the continued relevance of witchcraft belief system and accusations in European society over the last two centuries). A list of twenty-six English witchcraft cases featuring the vomiting of pins, nails, needles and thorns, and/or the discovery of these objects in the skin of supposedly bewitched young (mostly women) individuals, has been put together by Pickering: they all date to the 17th or the early 18th century (Pickering 2017:156-159; 2018:93-95). Pickering’s focus is on England but there is no reason for thinking that the quantity and the quality of the evidence available would differ much for other European countries in the same period. In the accounts presented by Pickering it appears that women identified as

witches were often accused of sorcery by their victims; sometimes we know that fraud was at work and that needles and pins were put under the skin on purpose, during ‘performances,’ as proof of preternatural illnesses. One might remember Richard Baxter’s 17th-century account, quoted above, about Elizabeth who had a ‘magical’ pin stuck in her thigh. We do not know if Elizabeth was a pin-and-needle woman in psychological terms, i.e. if she self-embedded; in any case, two women were suspected of her bewitchment. More or less the same can be said for the notorious 1604-1605 case of Anne Gunter, a young English demoniac who had needles and pins emerge from her nose, mouth, fingers and breasts, and who publicly blamed three local ‘witches’ for this. Later on, Anne testified that her abusive father obliged her to fake the symptoms: as far as we know, then, the self-insertion of pins was not carried out to cope with disturbed feelings and emotions. Anne just piggy-backed on a pre-existing tradition and feigned her symptoms (Levack 1996; 2013:25; Sharpe 1999; Pickering 2017:140-143; 2018:78).

Another telling English case, dating to the early 1660s, can be found in Joseph Glanvill’s (1636-1680) book on witchcraft *Saducismus triumphatus*, published posthumously in 1681. An unnamed servant girl from Somerset claimed she was forced to swallow invisible pins by a witch named Julian Cox, aged about seventy. The pins, however, soon became very real, as they “did torment her in all parts of her Body that she could not endure it, and made lamentable out-cries for pain.” In front of several witnesses, “the Maid was undressed, and in several parts of the Maids Body several great swellings appeared, and out of the head of the swellings several great Pins [*sic*] points appeared.” At Cox’s 1663 trial for witchcraft, about thirty pins previously taken out from the sufferer’s body were presented to the court as material evidence of sorcery. We know the story of the servant girl thanks to a note written in 1672 by a certain “Mr Pool,” an official of the judge who presided over the trial: Mr Pool himself handled the needles. Reproducing Pool’s account in his book, Glanvill seems to have been thinking of MN narratives: he ambiguously commented that “for the Pins thus swallowed, their coming out into the exterior parts of her body, Examples of this sort are infinite” (Glanvill 1681:196-197, 202; see also Pickering 2017:57). The sheer number of pins extracted from the maid’s body allows us to hypothesize that she was a pin-and-needle woman. Again, recent documentation may supply fascinating insights here. “In some parts of the world,” as Pickering has efficiently put it, the sharp-objects-in-the-skin or vomiting-as-bewitchment assumption “is not an outmoded concept confined to the annals of seventeenth-century demonological texts,” being found in recent times. Thus, “[w]hat now

appears, at first, *incredible*, and to the seventeenth-century observer *supernatural*, becomes conceivably natural” [Author’s italics] (Pickering 2018:82-83).

In late 1990s rural Zimbabwe, a man claimed that the numerous needles—which he had introduced into his leg—had been supernaturally sent by his neighbor, an alleged ‘witch’ whose owl he had previously killed (Linde 1996; see Reynolds 1963 for an anthropological presentation of sorcery and ‘needle-projectiles’ in adjacent African cultural areas). According to the Italian press, another case concerning ‘witches’ took place in the late 1940s near Florence (Italy). A young woman named Maria Grazia Balocchi was found to have numerous sewing needles in her abdomen and legs, needles which were promptly extracted. Balocchi and her mother blamed two women, one old and the other younger. These two had, the mother and daughter insisted, on several occasions, years before, magically kidnapped the child while she passed near their home. The ‘witches’ inserted, Balocchi said, the needles into her body; perhaps some form of sexual abuse was also implied. The two accused women were arrested on a charge of grievous bodily harm. The case took another direction after medico-legal psychiatric assessments, when additional needles and pins were found in Balocchi’s body: the objects had evidently been self-inserted. The accuser was charged with slander and the two ‘witches’ were released from prison (Anonymous 1946; 1951; Orvieto 1948). Apparently, though—we are still drawing here on contemporary Italian press reports—guilty ‘witches’ could sometimes really insert pins. A “borderline case” (Manocchia 1974) involving intentional violence against others took place in Abruzzo in the late 1930s. A five-year-old child called Nicola Maggi, in 1937, was found to have hundreds of sewing needles and fragments of hairpins in his abdomen and chest; he also had four cobbler’s nails in the soles of his feet. These objects had been inserted by his grandmother, a village healer, to magically transfer a disease to Nicola from her son-in-law who was sick with tuberculosis; the son-in-law was a cobbler, and it was he who had implanted the nails. Both the grandmother and the son-in-law (the child’s uncle) were incarcerated after the trial held in 1939, named ‘the trial of the needles’ by the press. The unfortunate Maggi survived and was hospitalized several times, as an adult, for the extraction of dozens of needles which had been left inside him (Tortora and Sanvitale 1939; Anonymous 1939; 1964; Rizzatti 1942:811-812, 832-834; Morriconi 1955; Buzzati 1965; Maggi’s impressive case apparently entered Italian storytelling tradition, with regional variants: Arona 1999; 2015).

The idea that, by inserting a needle in the body, one drives away illnesses from the victim or from another person, can be found in another

pin-and-needle case from modern Italy. An old woman (a village healer) inserted, in Sicily, sixty-four needles into the calf of a young woman called Rosa Zangra who had been affected by convulsions: the healer gave a needle for each convulsive episode. Zangra was believed to be possessed by “evil spirits” which had entered her through the sole of the foot after she had accidentally stepped on a rag stuck full of needles; this because she had previously been bewitched by an old woman with whom she had quarreled. (Witchcraft incantations in the form of material objects that must be trod on by the victim have a long history: see Gri 2018:224 for a north Italian case dating to 1599). Following the needle cure, Zangra subsequently developed, in her leg, a severe inflammatory condition that led to an intense fever. A doctor warned the police (Anonymous 1931; see also Rizzatti 1942:812 who briefly compared this case to Maggi’s). According to an Italian press article the theory that, by inserting needles, one can free someone from epileptic seizures—based, in anthropological terms, “on the homoeopathic assumption that like affects like” (Reynolds 1963:40)—was advanced as a hypothesis to account for the needles found in Balocchi’s body (see above) (Orvieto 1948). However, the press report was very vague on this point and one cannot exclude here the influence of the aforementioned Sicilian case.

Ethnology, history and folklore studies have widely documented the belief that diseases and misfortune can be made to flow out from the body, as a means of protection, by ritually sticking a sharp metallic object such as a nail, a pin or a needle into the ground, tree, door or wooden statue: the cause of evil is immobilized in order to prevent its propagation. One wonders if the aforementioned Italian needle-cases, where needles are stuck in the flesh through ‘a ritual of implantation’ directed against harmful spirits and diseases, should be read in this manner. In the first case there is an attempt to transfer an illness from one person to another (Maggi); in the other, to transfer illness to needles (Zangra). We have, in all cases, the *transfert* of a malady to the nail/needle and through this to the object into which it is stuck, living bodies included (Deonna 1916; Bellucci 1919:134-173, 253-254; Bartoli 1994:124-129; Houlbrook 2018:43-44; none of these authors, note, has looked at the issue of objects actually being inserted into the human body).¹⁸ The implantation of needles into the body believed to function by sympathetic magic, also, occurs in many parts of South-East Asia, Korea, Japan, China, India *and* in Barotseland (Zambia). In South-East Asia, the Far East and India, ‘charm needles’ made of gold are inserted by mediums and religious specialists (of various faiths) into the soft tissues of the client’s body: they are left permanently there and believed to act as a protective talisman against ailments or any evil force, or to bring health, sexual energy, physical invincibility, etc. Today, ‘charm

needles' are routinely discovered by radiographers (Malcom 1839:307; Shenoï 1928; Jurkiewicz et al. 2017, Shun Him Kwok et al. 2018). For Zambia, there was (and still is?) the traditional custom of inserting from one to three "ordinary gramophone needles, halves of sewing needles" into the body, as a magical protective measure against invisible needle-missiles carrying the *siposo* disease (see Honko 1959 for a cross-cultural take on missile intrusions). Barrie Reynolds speculated that these might be ritual reinterpretations of European techniques, such as the use of needles in medical practice (Reynolds 1963:12, 40, 59, 74-79, 142-143, 152).¹⁹

Self-embedding behavior

Today, self-embedding behavior (SEB), i.e. the deliberate swallowing of foreign bodies such as sewing needles, safety pins and paperclips and/or their insertion into the muscles or under the skin, occurs mostly in female patients with chronic depressive symptoms associated with low self-esteem, post-traumatic stress disorder, compulsive bizarre behavior, intellectual disabilities or psychotic illnesses such as schizophrenia. "[S]elf-inflicted injury as an essentially female act" (Chaney 2013:188; compare Pickering 2018:85-86 for allotriophagy and gender factors) is especially true of those who were abused in their childhood and/or who had borderline personality disorders and paranoid delusional beliefs. Like their historical counterparts discussed above, individuals from various cultural backgrounds embedded objects as a way of reacting to emotional distress, intense anger, anxiety, negative experiences and/or for getting attention and recognition from those around them (Kellner 1991:68; Wraight et al. 2008; Cappello 2010; Wildt et al. 2010; Mesallam 2011; Benizri et al. 2012; Sarkar and Singh Balhara 2012; Chaney 2013; 2017; Yamaguchi et al. 2014; Soren et al. 2015; Dale 2015:59, 65-67; Zarei et al. 2016; Aktimur et al. 2016; Mannarino et al. 2017; Borhan et al. 2017). A case is even known in which male self-mutilation with nails and safety pins was supposed to relieve a "burning sensation in the left side of the chest and palpitations" (Soren et al. 2015). One wonders, here, if paresthesia played its part. Did the man, an Indian schizophrenic, insert needles because he *felt* needles? Paresthesia is the unpleasant and sometimes chronic sensation of being pierced by sharp invisible nails, pins or needles on or under the skin, with no apparent physical cause: 'pins and needles' is used as a subjective symptom descriptor in English (Kimsey 2016).²⁰

We have briefly looked, above, at 'as if' qualifications with needles in patients exposed to physical stress factors, and cephalic pain 'as if' nails/needles were pricking inside the head. In the late 19th century an English man from Eastbourne, we are told, drove four nails into his head

with a hammer. He was hospitalized and the nails “were withdrawn by the doctors with great difficult[y].” After the operation the man was conscious, “although the nails had penetrated the middle of his head through the brain. He had complained of pains in his head, and whilst his wife had gone to the doctor’s, the poor fellow drove in the nails as stated, and must have suffered great agony” (Anonymous 1890). The self-insertion of intracranial needles in suicide attempts or psychosis is a relatively well-known, though poorly understood medical phenomenon (Chandran and Honeybul 2015). The presence of persistent headaches in patients may be an important element there. An American psychotic woman, for instance, once complained of the feeling that she had a nail in her skull. The woman underwent x-rays which showed she really had a nail there, that she had hammered into her head: the nail did not affect her physical functioning and had no neurological effects (Freese 1973:4; Twerski 1974:156). Referencing the American story of the woman and the nail, rabbi and psychiatrist Abraham Twerski concluded as follows, perhaps sarcastically: “when a patient says he’s got a nail in his head, he should at least have an x-ray” (Twerski 1974:156); it is not clear, however, if Twerski came into contact with the woman or if he just passed on a medical anecdote.²¹ Admittedly, we know nothing about the mental state of the English man cited above. Taken together, however, the Indian, English and American cases seem to point to the same transitional process in patients with severe mental disturbances: from ‘as if’ descriptors for pain with nails/needles to a literal understanding of them, through self-embedding behavior. This was perhaps also done according to the principle of ‘counter-irritation,’ in which a sensation of pain is relieved by superimposing a different sensation over the same area (Ganne 1964; Wauters 2018:23). More focused psychopathological research, however, would be needed to clarify this point.

Very often, modern patients with pins and needles embedded in their body deny all responsibility. So, questioned by doctors, pin-and-needle women “repeatedly and insistently denied any knowledge” of having put a great quantity of needles inside themselves (such as the American female patient described in Andrews 1872:19); or they adopted, in order to avoid being blamed, a naive attitude (‘I do not know’) and then, working backwards from effect to cause, they came up with an acceptable explanation. Pin-and-needle women stated that they had swallowed the foreign bodies unintentionally—such as the numerous patients who claimed that they “had the misfortune to swallow a packet of needles” and that the needles were “gradually working their way out of the body” (Budd 1851:83; see further Anonymous 1901c; 1908b); or they told doctors that they had been pierced accidentally by falling on a needle, or needles, months or even years before. Take the 19th-century

British woman with dozens of needles embedded in one of her legs who said that a whole pack of about fifty needles, bought a few days before, had somehow pierced her (“a very odd story” for Collins Brodie 1844:427-428); or the 61-year-old American woman, with a history of anxiety and depression, who “attributed the presence [in her chest] of [three] needles to accidental penetration while sleeping with her sewing materials nearby,” two months before (Mick et al. 2010). There is also the English woman who (in the 1970s?) was admitted to hospital where “doctors learn of a past surgical procedure to remove a needle fragment from her leg—allegedly the result of a fall over her sewing basket—an explanation the staff considered ‘extremely unlikely’ in retrospect” (Millard 2015:189).

This is the way in which patients with self-embedding behavior have explained the presence of needles in their bodies (see Chaney 2013:204 for a modern case involving a—relatively rare—pin-and-needle man who claimed to have “fallen among needles”). Alternatively, pin-and-needle women maintained that they simply had not noticed the needles entering their body; or they explained that they had, but that they had not given the matter too much thought at the time. Physicians, often, trusted to the honesty of female patients (such as socially ‘reliable’ mothers), while describing remarkable discoveries of needles in their body (compare Brambilla 2010:111-112; Angelini 2012:108-109; 2013 for early modern accounts of monstrous births). The patients’ statement was believed and, as we shall see below, a shared belief-complex about MN, one that was known to patients and doctors, most likely also played a role. The object’s supposed journey through the human body and/or its permanence or semi-permanence inside was, too, mesmerizing for medical observers; these points certainly proved more interesting, for doctors, than the psychological reasons for an object’s insertion. (As we have seen above, in miraculous narratives with needles in the body the same strange temporal perspective was used, instead, to highlight divine efficiency). This can be clearly seen, for example, in the miraculous healing of Célestine Dubois at Lourdes analyzed above (Boissarie 1906-1907:179); in several Italian cases of pin-and-needle women (described in Nannoni 1774:91-103; Ferrario 1829; Anonymous 1954); in the widely debated French case of the *jeune fille aux aiguilles* from Saint-Germain-en-Laye (Anonymous 1901b; 1901d; de Parville 1901:577-579; Duchatel and Warcollier 1915:214); or in a 1901 American account from the press, about a nineteen-year-old woman who had “extracted from her arm needles, brass pins, comb teeth and a variety of similar small articles.” According to the anonymous journalist,

[t]he circumstances were so unusual that the physicians in attendance refused to make public the facts, but there is now

no doubt regarding the examination and the results. The young lady and her parents cannot recall how or when she could have got the articles into her body. It is barely possible that she might have swallowed them when a small child. The question that arises from this theory is how the articles passed from the stomach to the arm and why they should all work out to the same place. (Anonymous 1901a)

As I have argued above, witchcraft was another possible explanation, at least, in early modern times. Before being progressively medicalized, pin-and-needle women and related abnormal behavioral traits, such as the vomiting of sharp foreign objects, were best interpreted in the framework of witchcraft beliefs and sorcery. Indeed, afflicted individuals *really* did convey nails, pins and needles into their bodies. Any full understanding of the experiential themes behind these strange actions remains difficult to access today (much as it was in the past); what we can say, though, is that the people who expelled pins and needles were, in most of cases, “not merely telling tales” (Pickering 2018:73). Self-embedding behavior, perhaps even more than eating disorders such as allotriophagy/pica (Levack 2013:113-137; Pickering 2018; one could also mention rumination syndrome), is a credible medical conceptualization that contributes to explain “aspects of reality in beliefs about witchcraft and magic” (Bever 2008:XVI). Demonologists active at the end of the 16th century, such as Nicholas Rémy (1530-1612), believed that the reality of supernaturally embedded objects, needles included, could be proved by the simple fact that they can be touched and felt *evisceratisque corporibus reperire contigit* “whenever they are surgically extracted from various bodies.” In other words, although foreign objects were thought to be magically conveyed into the body by witches, the required treatment was often surgical (*Daemonolatriae libri tres* [etc.] 3: 1; original text in Rémy 1595:306, translation in Ashwin and Summers 1930:142). Here we see the fluid ontology of past and present belief systems, in which self-embedding behavior can be taken by observers as a ‘genuine’ sign of the existence of preternatural forces, increasing their credibility. In a contemporary Indian pin-and-needle woman clinical case, for instance, family members believed indigenous faith healers: the patient was afflicted by a powerful *jinn*. The family requested advice at a medical center but firmly ascribed the self-inserted metallic wires to supernatural causation; “the plurality of the belief system of the family” was stressed by psychiatrists (Sinha-Deb et al. 2013; compare with Singh et al. 2016 for the case of an Indian woman who had glass pieces coming out of her body and the role played there by magico-religious beliefs).

Of course, the deceptive behavior of pin-and-needle women, as described above, is not itself particularly special. It is consistent with the notorious difficulty, in the 19th and 20th century, of drawing a line between hysteria, psycho-behavioral conditions and illness feigned for reasons of social pressure (Chaney 2017); and, more generally, with the innumerable men and women who, for centuries, variously (and often creatively) avoided explaining to doctors how foreign bodies were introduced into their bodies: typically, hiding self-harming and/or some unusual form of sexual gratification. Today, such cases can be related by anyone working in a radiology department: often, they lack context and details, belonging to a corpus of hospital tales, sometimes spread together with (fraudulent or real) graphic evidence of the ingested materials (Robertson 2017, with a nuanced approach centered on faith in patients' words and motivations). An extreme account concerns a man who in 2019 was admitted to a hospital in Rome: he had practiced urethral sounding with a phone headset. He told the doctors, however, that he had fallen asleep on the couch with his phone next to him, the headsets entering "by themselves" (informants and other details are omitted for reasons of confidentiality). One can compare this to the case of a young French man with a fork in his penis: this notable event took place in 1785 and it was, one may suspect, another case of urethral masturbation gone badly wrong. As the physician who treated the man concluded: "[n]o doubt many will be curious to learn how this fork was introduced. I too would have liked to know more about it." Unfortunately, "the young man obstinately maintained that it had happened while he was asleep, that on waking up that morning he had found the knife in his hand." It seems, in fact, that forks were lodged in the handles of pocket knives used daily by French peasants (the two were also joined in other ways: Perret 1771:164-165; Lacombe 1782:37). The physician concluded: "I leave it to those who read this observation to decide whether it could have happened in this way" (Morris 2018, translating Herail 1786:79).²²

Medical evidence on intracardiac needles

So, yes, "facts in which we find that swallowed pins may make their way to the sole of the foot" were once generally accepted (Poulet 1880:8); as was the existence of "[h]ysterical girls [who] sometimes swallow pins and needles, which, passing through the esophagus and stomach, are found in various parts of the body" (Osler 1892:648). But to what extent have folklore, psychopathology and medicine interacted? There is a further argument which needs to be taken into account here. The present author was surprised to learn that medical specialists, and especially cardiologists and cardiothoracic surgeons, continue to accept that

‘intracardiac needles’ can migrate within the body and enter the heart of otherwise asymptomatic patients through the venous flow of blood; apparently, helped by bowel peristalsis or direct penetration from the liver through the diaphragm and other natural body barriers.²³ Analogous scientific conjectures were put forward by 19th-century doctors who had dealt with pin-and-needle women, wondering how needles and pins could (allegedly) travel inside said women before they were recovered from different body parts (see Lange 1717:27; Vallisneri 1733:360; Pêtrequin 1840:11; Caron 1855:409 for blood circulation and contractions of muscle fibers). Exactly as with the protagonists of the belief narratives with MN examined above, a remote needle accident is retrospectively remembered. Three or four centimeter needles or ones that are even longer, such as acupuncture needles, were ingested, accidentally or otherwise, inserted into the abdomen or another part of the lower body by someone with a history of self-harm, often months or even years before, etc. These foreign objects were later found embedded in the patients’ heart (Culp 1919:292-293; Yu and Cheng 1975; Konstantinov et al. 1997; Djokić et al. 2004; Neely et al. 2010; Perrotta et al. 2010; Gungor et al. 2010; Sobnach et al. 2011; Ghatak et al. 2015; Danek et al. 2016).²⁴ A few doctors showed skepticism on this topic, one citing wryly the Brazilian popular saying: “F[oreign] B[odies] walk to the heart.” They adopted a sort of intermediate ‘tradition of disbelief’ in accepting that foreign bodies can move through the body, but not that they go heartwards (Mamede et al. 2009; compare the—East European?—saying ‘a needle wanders’: Singer 1968:183).

Adriana Nogueira, in her paper mentioned in my acknowledgement, has gathered contemporary oral evidence of MN from South Africa to the United States and Europe. She has also shown that Portuguese doctors and nurses, when interviewed, either did not believe in the migrating needle or were unsure as to the question of whether needles migrated: opinions collected in 2018-2019 by the present writer from a dozen Italian doctors showed something very similar. Sometimes, Portuguese health professionals said they had been told stories about MN by their family. Belief, thus, may also play a role: people cannot explain MN, but they are primed to believe. Though not a medical specialist, I would like to make two observations about medical papers on intracardiac needles. Firstly, most medical authors, of course, are aware of accounts of intracardiac needles migrating because they have read about them in previous works. There is an accumulation of case reports of needles being extracted during heart surgery, needles that are suspected of having travelled to the heart from a distant part of the body such as the limbs, the esophagus or the abdomen. Most authors believe that the venous system plays a crucial role, though other possible routes

of entry and migration are often simultaneously proposed (see to the literature quoted above).²⁵ While such a hypothesis is relatively easy to propose, it would be a far more difficult task to demonstrate it. The exact mechanism of migration is unknown and the needle's internal journey has never, to the best of my knowledge, been observed in a scientifically-controlled setting. Rather, their movements have been occasionally, and retrospectively deduced by a series of external and internal factors such as x-rays taken over an interval of months (Neely et al. 2010; Ghatak et al. 2015). This wide temporal perspective should be contrasted to (naïve?) medical statements such as the “[o]bjects travel fastest in the circulatory system, as it requires but half a minute for the blood to make a complete circuit of the body object” (Damrau 1937:46).²⁶

Secondly, there is the (normal) practice of believing patients' accounts, including patients claiming to have no knowledge of how needles came to be lodged within his or her body. As I noted above, deceptive behavior in the case of self-harming must be acknowledged; together with the fact that sharp needles, when they penetrate the body, leave little or no scarring: “the scars are small and very soon heal” (Reynolds 1963:77; see also Cruveilhier 1849:70; Handsel Griffiths 1873). Critical thinking and healthy doubt should always be foremost when foreign objects are detected inside the body—with the obvious risk of minimizing the claims made by the patient as to the meaning of his or her acts (Robertson 2017). Many patients with intracardiac needles have a history of depression and there are intracardiac needle-cases where the injury was clearly self-inflicted, sometimes with suicidal intentions. The deliberate self-embedding of needles into the heart and/or pericardium is an established clinical problem observed in many different parts of the world, and thus internal venous flows are demonstrably not the only credible explanation for intracardiac needles. Most patients survive because the introduction of needles or pins into the heart “is not usually fatal” (Dagher and Bashour 1958:164; see e.g. Cruveilhier 1849:70; Skey 1860; Ceradini 1876-1877:51-53; Monod 1877:636; Huppert 1878; Cousot 1908:511-513; Lutz 1956:1-13; Perrotta et al. 2010; Mannarino et al. 2017). Self-harming behavior can be especially dangerous for slim patients: sharp pointed needles/pins would not need to be particularly long to produce direct chest trauma.

Having said that, the question remains whether the real experience of intracardiac needles contributed to, or even created long-standing imaginative ideas surrounding MN. Could the ‘historicity’ of earlier texts be based on reality? The evidence suggests that it is unlikely that folklore developed from reality: pre 19th-century MN narratives very rarely mention the heart (one might recall the 12th-century Cistercian story of the *inferratam* girl). On the other hand, the belief that embedded

needles can travel towards the heart is comparatively common in modern times—linked to the delusional idea that you have a needle in the heart. Intracardiac needles, moreover, never emerge from the skin. According to surgeon's reports, they slowly travel inside the patient who is unconscious of the danger, until they end up in the cardiac region. It would be difficult to account for a widespread awareness of this physiological (real or alleged) process in the past, when people were unable to observe the body's internal structure with non-invasive techniques (such as CT scans and x-rays). The only way to find needles in the body would have been through dissection—a complicated topic in the history of medicine. There are several 18th- and 19th-century European accounts in which needles that were swallowed, or variously embedded in the flesh, are found in body cavities after autopsies: they are thought to have killed the subject. Historical evidence, though, is often anecdotal and, as far as I am aware, rarely mentions the heart (as in Holland and Everett 1856:279-280) but rather the intestines, lungs and liver. There is not always, either, interest in the needle having migrated (Petit 1721; Bodie 1844:250; Monod 1877:634; Milliot 1880:951-952; Cousot 1908:511-512). A medical author warned, in 1941, that “we should use much circumspection” before establishing a cause-effect relation between the death of an individual and the fortuitous recovery, on the autopsy table, of needles and pins inside the body (= objects thought to be the cause of death). This is because ingested foreign bodies normally remain inside the human body with no harmful effects; or they—as typically happens—pass through it spontaneously (Nannini 1941:205, 208, 211).²⁷ Writing on the same topic with the same skeptical concerns, another doctor in 1942 talked of ungrounded fears about pins and needles once these had been ingested or had otherwise entered the body: he remarked that “their lethal nature [...] according to an exceptionally widespread belief of the public,” was “almost absolute” in Italy (Rizzatti 1942:812-813, 826, 828, 836).²⁸

There is, it is sometimes erroneously said, no smoke without fire: rumor, embellishments, exaggerations and misunderstandings color perceptions of reality. Actual needles *were* found during autopsies: one thinks especially of post-mortem examinations conducted on pin-and-needle women, and on those with self-embedded needles in the heart (see e.g. Monod 1877:634; Huppert 1878; Anonymous 1888). But people who forced needles inside their body are different in respect of the associated motif which I have investigated in this paper: the emergence from the surface of the body, after migration, of pins or needles that had formerly been swallowed or that had accidentally penetrated a man or woman (this was already remarked on by Cousot 1908). On the whole, it is perhaps best to withhold judgment on whether or not needles can

really travel inside the body towards the heart once embedded. The relationship between MN folklore and intracardiac needles will, perhaps, remain unclear until better scientific evidence for (or against) needle migrations becomes available. Physicians were deeply committed to needle matters and variously drew on eye-witness testimony, second-hand accounts, etc. They expressed their different opinions which regularly mirrored “[t]he tension between truth and story-telling” (Young 2017:52; this can be clearly seen e.g. in Damrau 1937). In this regard, it should be kept in mind that MN legends, without often having irrational elements *per se*, can easily end up resembling convincing accounts of what appears to be historical fact. Stories with MN may seem to us “to be fantastic, but they are nearly always offered with the sober and straightforward delivery of blunt truthfulness” (Chireau 2012:157). This is a central social function of legends which, generally speaking, need to appear factual and convincing to both listeners and tellers (Dégh 2001; Wilson 2013:95; see Young 2017 for a telling parallel case).

Conclusion

In this paper I hope that I have contributed, from a historical perspective, to the small corpus of literature “that explores the connection between narratives and vernacular concerns about health or that focuses on applications of legend study to health care” (Goldstein 2004:33; see, most recently, Kitta 2012; Wilson 2013; Lee 2014). Howsoever the issue of intracardiac needles and the “extreme ease of needle migration” (Nannini 1941:206)—also irrespective of the effect of gravity?—is understood medically today, it is reasonable to assume that deliberately ingested or embedded needles influenced the formation of modern medical story-telling involving MN. Beliefs about MN, on the other hand, were an acceptable explanation, for doctors and other external observers, in accounting for the presence of foreign objects in the bodies of pin-and-needle women. The cultural context of oral storytelling can, thus, shape interpretations. In the case of the mystic and pin-and-needle woman Emilia Dinacci (see above), physicians and psychiatrists suspected that the needles were swallowed and that they subsequently migrated within Dinacci’s body—this even if, as one of them observed, “science does not record, as far as I know, any case in which the migration was [so far as] from the stomach to the upper limbs” (Anonymous 1903b:150; 1903c:34; see Collins Brodie 1844:427-428; Anonymous 1901c; De Parville 1901 for similar medical reasoning to account for the appearance of needles embedded in the flesh of British and French women).²⁹ There is, also, evidence to suggest that MN belief narratives had been circulating independently for centuries before they interacted, in early modern times if not before, with emerging psycho-

behavioral complaints and attention-seeking behavior concerning the abnormal handling of foreign bodies such as pins and needles: Saint Pierre de Tarentaise's 12th-century *Vita*, quoted above, provides an apt illustration.

The role of folklore was, for instance, overlooked by Armando Favazza while investigating in 1987 "the cultural influences on the behaviour" of pin-and-needle women (Favazza 1996:156-157; fascinatingly, the same paragraph in the last edition of Favazza's book has newly added medical evidence on the suspected migrations of self-inserted needles in bodies: Favazza 2011:138). This may have led to some forms of ostensive action. MN belief narratives were probably enacted as well as told: "the playing of roles could engender extreme behaviours that combined the physical with the imagined" (Pickering 2018:92). Patients' voices in constructing their *own* narrative prove instructive here. I have scrutinized, above, how external observers and doctors have made sense of deluded individuals who believed themselves to have been penetrated by needles, and who felt these alleged objects moving inside them. We also have cases where self-embedders have explicitly said that the needles and pins were travelling inside them, causing great pain before these objects were surgically extracted by surprised doctors: of course, from a place which was different than the one where the needle had entered. One may mention the illness narrative of a bewitched Italian woman who expelled, in her youth, hairpins, needles and splinters: this went on for eight years (S.L. 1910a; 1910b). A French pin-and-needle woman around 1798, meanwhile, was "able to discern the progress made by the needles, which, being very slow, [according to her] produced more pain than the pins which were clearly advancing faster" (Breaschet 1813:67). This puzzled the famous surgeon Armand Desprès (1834-1896) as pins have heads and might be expected to move more slowly than needles (Desprès 1884:331; see, similarly, Ferrario 1867:62).

Here we might, usefully, think of the medieval hagiographic evidence with MN cited above; and, also, remember that stories with 'migratory ears of wheat or beards of barley' have been attested in Europe, since the Middle-Ages, in medical and religious literature: as we have seen, these are essentially identical in outline to MN tales. The theory that there is a potential connection between folk beliefs and psychopathological reality, in interpreting needle reports, is not new. A few scholars have observed that explanations provided by non-European patients, who inserted needles and wires into different parts of their bodies, may occasionally rely on local folklore complexes such as witchcraft/bewitchment (Brazil, Zimbabwe) or beliefs in indigenous supernatural creatures (India) (Linde 1996; Sinha-Deb et al. 2013;

Mannarino et al. 2017). We have seen, above, that Freud linked pin-and-needle-women to fictional stories narrated to him during psychoanalytic sessions: one wonders whether these involved MN and whether, as I said, “in conversion hysteria, symbols and metaphors are ‘enacted’” (Schaeffer 2011:102). While, in regards of a documented case of numerous pins being removed, over a period of four years, from the skin of an English woman (she claimed to have accidentally swallowed these pins, all together, years before), a 19th-century doctor expressed his skepticism as follows: “[t]he belief that pins and needles may travel from the stomach to the surface, much as it is doubted by competent professional observers, is almost universally believed among the lower classes in this country.” The patient, in this case, the doctor ventured, “having heard of alleged instances of this phenomenon may have desired to make herself an object of interest by secretly inserting pins under her skin to make those about her believe they had really passed there from the alimentary canal” (Doran 1876:120, 122-124).³⁰

Indeed, in Europe there were many similar cases of pin-and-needle women. It is to be hoped that physicians, folklorists and historians will dedicate more time to the intriguing and, thus far, largely overlooked phenomenon of self-embedding behavior, and the role played by belief in social and cultural attitudes to the same. Not the least fascinating aspect of pins and needles in the body is the reluctance of medical science to recognize it as a widespread, and very old, variant of self-embedding behavior. Far from being “a short-lived pattern of self-injurious behaviour” which reared up, and then died in the 19th century; or, even more reductively, “an archaeological layer or embryonic precursor to self-harm” (*pace* Steggals 2015:29), the habitual insertion of these objects into the body by mostly young women is a problem that requires multidisciplinary attention (Pickering 2018:91-92, interestingly, came to similar conclusions for early modern pin swallowers). To conclude, other researchers will, perhaps, find additional medieval and early modern needle stories; offer a philological, historical and sociological analysis of them; and look, from a comparative-contrastive viewpoint, at the whole range of relationships in modern contexts with embedded needles: folklore, medicine and psychiatric records. As we have seen, texts used in various contexts and presented with different expectations of credibility employed the same motifs. Hagiography, witchcraft and medicine, for instance, provided interrelated evidence involving needles expelled from the body. But motif analysis, while able to help scholars frame their questions, is a “tricky business” (Bartlett 2017:118, 124). Admittedly, my use of the philological-folklore paradigm has not perhaps given enough space to subjectivity and has left the social dimension in the background: I have downplayed the

‘subversive potential’ of the behavior of pin-and-needle women and, more broadly, the culture-specific meanings and local understandings of the human body (for the vulnerabilities of similar claims see e.g. Millard 2017). Psychological forms are connected to a wider range of behavioral and attitudinal variables, and the long-term transmission of culture is often dynamic. In the problematic relationship between lived experiences, narrative categories and written records, it is vital to see not only continuities between the past and present, but also ruptures.

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Notes

¹ A German paper published by a certain Dr. Rose in the late 19th century even coined the phrase “dressmakers’ malady,” for seamstresses who “frequently swallow needles which are later found in considerable quantities in different organs, such as the heart, liver, etc. also under the skin” (Anonymous 1901b). I was not able to identify Rose’s work.

² Numerous cases were described and commented on in Petit 1721; Hévin 1761; Sue 1798:266-268; Silvy 1803; Breaschet 1813:54-55, 65-66; Kirby 1820; Ferrario 1829; Pètrequin 1840; Lucas-Championnière 1850:159; Marshall 1852; Caron 1855:409-410; Eve 1857; Hutchison 1873; Doran 1876; Monod 1877:634; Il Curioso 1878; Poulet 1880; Milliot 1880; Desprès 1884; Gould and Lytle Pyle 1897:735-736; Cousot 1908; Culp 1919. To detect needles hidden beneath the skin of pin-and-needle women, two authors independently suggested employing magnets or a magnetized needle suspended by a thread over the suspected area (Smece 1844; Aveling 1851); another a magnetized galvanometer or compass (Milliot 1880:952). It is unclear how often these procedures have been employed. We have seen that magnets were (and still are) occasionally used in the retrieval of ferromagnetic foreign bodies from the stomach and other parts of the body (Part One at n.25).

³ The medical journal *The Lancet* took up the news, removed the detail about the surprised medical attendant and added that the usual occupation of the affected woman “has prevented her from making much use of those implements,” i.e. needles, which “first make their appearance beneath the skin; a small pustule forms, and the needle is then extracted from the orifice” (Anonymous 1851b). It is hard to know whether these lines were invented or depended on an unknown local correspondent.

⁴ One recurrent medical (and skeptical) explanation of stigmata, which can be found from 19th century onwards at least, is that they are self-produced by a small sharpened object such as a thorn, a needle or a pin: this was proposed several times, for instance, for the Belgian peasant mystic Louise Lateau (1850-1883) (Cowan 1920:860; Chaney 2013:193-194; Anonymous 2018b). “An Italian Louise Lateau” was reported in the Italian

(and then international) press in 1876: “[s]ome short time ago it was rumoured in Turin that a miracle had taken place. Every Friday wounds were noticed on the forehead, the hands, and the feet of a ‘holy’ nun of the Convent of Cottolengo. The authorities were anxious to ascertain the truth of the miracle, and entrusted the examination of the nun to Professors [Giacinto Pacchiotti, 1820-1893] (so well known in England and France), [Carlo Leopoldo Rovida, 1844-1877], and [Carlo Giacomini, 1840-1898]. These gentlemen sent in the following report: ‘In the first place we find that the patient is in a great state of excitement, which induces her to imitate the wounds of our crucified Saviour, wherein she has hitherto not particularly succeeded. In the second place, the wounds have been produced by sharp instruments, such as pins or needles; and every Friday, when these wounds are on the point of healing, they are reopened by the same instruments. The patient should be sent into a hospital to be watched and cured.’ The authorities, in compliance with this advice, ordered the nun to be conveyed to hospital” (Anonymous 1876; see also Comandini and Monti 1900:444).

⁵Fascinatingly, scholars have long noted that European disease concepts featuring foreign objects magically conveyed inside the body can be usefully compared with analogous magico-medical ideas found, all around the world, among pre-industrial cultures. Both are rooted in the archaic theory of the intrusion/extraction of the disease-object (Honko 1959; Gallini 1993:24; 1998:212; Brambilla 2003:120; 2010:83; Rieken 2015).

⁶Benivieni was taken up in Thomas Lupton’s 1579 *A Thousand notable things, on various subjects* [etc.] (Camporesi 1988:121; Concolato 2002:55); and was referenced by Richard Baxter, in the 17th century, who rejected hysteria both as an explanation for possession and for the “regurgitation of alien objects” (Levack 2013:125).

⁷Citing this case, Brambilla (2010:196) has stressed how Paolino, instead, in 1745 adopted a skeptical view for a possessed Italian peasant woman expelling stones, needles, nails and pieces of glass from her body: Paolino excluded supernatural intervention and suspected her of hysterical fraud.

⁸A witch asks for a pin or a needle who, refused, later magically conveys these objects inside the victim: the famous Pendle witchcraft trials of 1612 begun with a peddler refusing to sell pins to a witch who then becomes angry—a “classic story of refusal of charity” (Gibson 2000:245); and this can also be found in a 17th-century English accounts featuring a bewitched female pin swallower (Pickering 2017:145). Writing on the Pendle trials, Barrowclough (2012:8) adopted a socio-economical perspective and observed that 17th-century metal pins “were handmade and relatively expensive, but they were frequently needed for magical purposes” in healing, divination, and for love magic. This could explain, for Barrowclough, why witches were so keen to get hold of pins and why victims were so reluctant to sell them. The formulaic nature of the ‘request/refusal of pins’ pattern, however, might lead us to suspect that we are dealing with a folklore motif used to explain misfortune here: see Wood 1862:325; Creighton 1950:51 for modern oral narratives from, respectively, England and Canada.

⁹Godefridus wants, here, to preserve the anonymity of the Abbot and gives no name because the man was still alive when he wrote. The identification with Hugues de Bonnevaux is in Dimier (1935:134-135), based on the evidence provided by the *Chronicon Claraevallense* (see below). See most recently also Mula 2005:23; Zichi et al. 2017:388.

¹⁰The authors transcribed one version of the *Vita S. Petri archiepiscopi Tarentasiensis* contained in a 13th-century hagiographic manuscript (*Grande Leggendaro*) kept at the Sant’Orso collegiate church in Aosta, northern Italy. The *Vita* was also edited in *Acta Sanctorum Maii*, II, Bruxelles 1680, p. 330.

¹¹From Hélinant, the needle-story was taken up by Vincent de Beauvais in his 13th-century *Speculum historiale* 28: 125 (original Latin text in Atelier Vincent de Beauvais 2015; see Tarayre 1999:251). An abbreviated version of Vincent’s miracle can be found in Pietro Nadal’s *Catalogus sanctorum et gestorum eorum* [etc.], a hagiographic encyclopedia compiled in 1369-1372 (original Latin text in Paoli 2012:618).

¹² See Brambilla (2010:187-242) for the transition from witchcraft (theology) to hysteria (psychology). This medico-cultural process took place from the 17th century onwards.

¹³ This symptom/sign, together with many others, was taken up in the works of subsequent authors such as the influential 16th-century Italian exorcist Zaccaria Visconti (Maxwell-Stuart 1999:179; 2000:257).

¹⁴ Compare Mikkelson 2013; Pedrosa 2014 for dogs killed by needles and nails cunningly inserted into meatballs, sausages, fishes, etc. between rumors and reality. Tales of needles concealed in foods in supermarkets are also well known by scholars working with contemporary legends. In a Chinese variant of the very widespread tale-type ATU 301 'The Three Stolen Princesses' (Uther 2004:177-179), the hero "advised the [kidnapped] maiden to put her needle in the wine and urge the monster to drink the wine after it woke up. When the monster had swallowed the needle and was tossing about [in] pain, the youth killed it with his axe and escaped with the maiden" (Ting 1971:67).

¹⁵ An American bipolar female patient, unable to describe her headache symptoms verbally, drew a diagram representing the head in which she placed two nails and other objects (Campbell 1953:183). In 1915, an Italian author used the image of having a nail in the head/brain to criticize sarcastically contemporary politics: the painful nails were implanted "in many Italian heads, especially of socialists" (Anonymous 1915).

¹⁶ In ancient medical vocabulary, the terms ἤλος and, from there, *clavus*, were metaphorically used for a sort of painful tumor of the skin/callus/wart: there seems to be no association with pain in the head (sources in Maggiulli 1977:141-142). This meaning, of course, continued in later centuries: Montero Cartelle et al. (2018:117, s.v. *clavulus*, *clavus*).

¹⁷ Correll (2008:63-65) proposed that witchcraft attacks with needles and similar pointed objects should be seen as the historical antecedents of modern legends and rumors about attacks with AIDS-infected needles: both would involve, in his view, anxieties and fears about contamination. The problem with that is that the element of bodily intrusion, i.e. the presence of the entire needle actually *inside* the body, is not there in modern AIDS-related material.

¹⁸ One way to get rid of chronic headaches in modern Egypt, Ireland and the Netherlands was to drive nails into a skull or a wooden door (Egypt: ethnographic detail, unfortunately, remains very vague (Lane 1837:317; Westropp 1911:55-56; Jongmans 1962:61). A sound 15th-century case is recounted in Benivieni's *De abditis nonnullis ac mirandis morborum et sanationum causis* 115, to illustrate the healing powers of the imagination in terms of the cause and the treatment of disease: a priest is healed by suggestion from toothache which prevents him from celebrating Mass. To cure the priest, in fact, a rustic hammers the same nail into the ground three times while reciting some *formulae* (original Latin text and Italian translation in Costa and Weber 1964:635-636). Bellucci (1919:134-173, 253-254) provided a wide-ranging discussion of nails planted in the ground to 'fix' externally diseases, from ancient to contemporary times.

¹⁹ Interestingly, Zambian witchdoctors were also caught in police investigations on witchcraft in the 1950s and described as having "one or two inch long needles under the skin of their chests [...] apparently inserted [...] to protect the witchdoctor himself from being bewitched" (Wright 2001:273).

²⁰ There is a 16th-century case of a Portuguese man bitten by a scorpion who felt as if his whole skin was *acupuncta* "being pricked by needles" (original text and translation in Hunter and Davis 2000:337). Pickering (2018:75, 77) suggested that "the pins-and-needles metaphor took physical form" in early modern witchcraft accounts involving bodily afflictions provoked by pins and needles; how this process came to be, however, was not explained by him.

²¹ Compare the "old joke of the man who used to hit himself on the head with a hammer because it felt so good when he stopped" (Connolly 1922:440). This joke may be at the base of a piece of sensationalist American journalism about a man who cured his headaches

by hitting himself on the head with a hammer (Jeffries 1998). Compare also motifs F950.10.8 ‘Hitting with hammers (or the like) as cure for pain’; J2117.2.1 ‘Hitting head (violently) as remedy for headache – (thought to kill insect inside head causing pain)’ in El-Shamy (2016:200, 461). These motifs came out of Late Antique and medieval Jewish/Arabic legends, with imaginary parasites, which I have examined in Ermacora 2017; [forthcoming].

²² One should recall, also, the many early modern occurrences in which the mother (in the case of a delivery of a deformed child), or a midwife (in the case of a baby damaged during extraction), declared that they were not morally to blame. They justified themselves by recalling some alleged event which had occurred months earlier, invariably connected to the power of the mother’s imagination and the projection onto the child’s body of an unsatisfied desire or the effect of some frightening sight on the mother’s mind (Angelini 2012; 2013).

²³ For ingested fish bones migrating into the liver through gastrointestinal perforation, perhaps pushed by ingested food (an “extremely rare event”), see Ede et al. (2015). For rare cases of ‘intrahepatic sewing needles,’ i.e. swallowed needles that reach the liver by penetrating the stomach, duodenum or colon, see Aftab et al. (2015).

²⁴ There are also cases of needle migration in the spinal cord. Interestingly, in one of these, the patient (an Italian man) reported that “5 years earlier, while falling to the ground during a soccer game, he had felt pain suddenly in the higher right dorsal region at the level of the trapezius muscle ‘as if he had been pricked by a needle.’ Because he experienced no further problems, he underwent no clinical or radiological investigations at the time, and almost forgot the event” (Silvestro et al. 2001:578). In two other similar occurrences, patients retrospectively recalled that they had undergone acupuncture in the posterior neck region, respectively, 18 and 30 years before the onset of symptoms.

²⁵ There is a “particularly curious” case of a pregnant Vietnamese woman who died, in the late 1930s, at the maternity clinic of René-Robin Hospital in Hanoi. At the autopsy, a 32 mm long fish bone (not a “pigeon” bone, *pace* Nannini 1941:206) was found in her right ventricle. Her husband told doctors that he was always absent at the woman’s meals, and that she had never told him that she had swallowed a fishbone. Given that no wounds were visible in the woman’s pericardium, esophagus and thorax, the only plausible explanation, doctors concluded, was that the fishbone had quickly migrated from the pharynx or esophagus to the heart (Daleas et al. 1939).

²⁶ The same author, interestingly, referenced a series of experiments carried out on with dogs in the 1930s by Harry J. Warthen, a well-known American physician. By inserting small objects in the veins of the animals, Warthen “kept a log of the journey made by each bit of metal, watching its progress by means of X rays. Invariably, he found, the metallic objects reached the hearts of the animals” (Damrau 1937:47). I was not able, unfortunately, to find mention of Warthen’s experiments elsewhere.

²⁷ This even acknowledging that “[o]ne of the things about which medicine knows little is the difference in constitutions which permits one body to accommodate itself to things that might be fatal to another” (Damrau 1937:120).

²⁸ For killer-needles in folklore, it is worth considering motif L391 ‘Needle kills an elk. Slips into his stomach,’ showing up in tale-type ATU 90 ‘The Needle, the Glove, and the Squirrel.’ ATU 90 is described as follows in Uther (2004:73), who listed Northern European and Baltic variants: “[a] needle, a glove, and a squirrel live together. When the needle goes out walking, he finds an old kettle, a knife, and a match (a puddle, a tree stump). The others think these are worthless and beat the needle. When the needle sees an ox (elk, stag), he climbs onto it and kills it. The others rejoice at the successful hunt”. There is also motif Q412 ‘Punishment: millstone dropped on guilty person,’ recurrent in tale-type ATU 720 ‘The Juniper Tree’ (Uther 2004:389-390). Occasionally, “a needle or pin is dropped instead of the stone” on the head of the murderer, by a bird that emerged from the tree on the grave of the murdered child (Goldberg 1997:198).

²⁹ A fascinating 19th-century case concerns an English doctor who once extracted, to his astonishment, a pin from an abscess on a fourteen-year-old girl's back. The mother, who was standing close by, "on seeing this instantly exclaimed, 'Doctor, that's the pin she swallowed five years ago'". The author remarked that "[t]his is another instance of a foreign body, without producing the slightest inconvenience, remaining in the system for years before making its way to the surface" (Chain 1869). Given the position of the pin, it is of course impossible to know whether the girl had fallen on it, or whether the needle was intentionally inserted in her back by someone (perhaps even by the mother?).

³⁰ Other commentators grouped together medical reports of "needle-girls" and the wanderings of pins and needles in the body, but they never explicitly mentioned the role of belief (see e.g. Gould and Lytle Pyle 1897:735-737). In 1878 an Italian author, writing under a pseudonym, after having presented a series of medical cases involving MN and pin-and-needle women, concluded ironically: "[o]ne can derive a moral, which is the following: *First*. If (God forbid) some needle is buried in your stomach, oh gentle female readers, do not be terrified. No! The needle, as it found its entrance, will find its exit: let it walk, it is a good traveller. *Second*. It will be prudent to ban needles and pins from your diet forever" [Author's italics] (Il Curioso 1878).

Abbreviations

ATU—Uther, H.-J., ed. 2004. *The Types of International Folktales. A Classification and Bibliography Based on the System of Antti Aarne and Stith Thompson*. I (Animal Tales, Tales of Magic, Religious Tales, and Realistic Tales, with an Introduction). Helsinki: Suomalainen Tiedekatemia, Academia Scientiarum Fennica.

BHL—Société des Bollandistes, ed. 1898-1901. *Bibliotheca Hagiographica Latina Antiquae et Mediae Aetatis*. II vols. Bruxelles: Société des Bollandistes; Id. 1911. *Bibliotheca hagiographica latina antiquae et mediae aetatis. Supplementi editio altera auctior*. Bruxelles: Société des Bollandistes; Fros, H., ed. 1986. *Bibliotheca hagiographica latina antiquae et mediae aetatis. Novum Supplementum*. Bruxelles: Société des Bollandistes.

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