THE SAINT PEREGRINE PROJECT

How I met St Peregrine

H Partsch[1]

[1]Emeritus Head of the Dermatological Department of the Wilhelminen-Hospital, Vienna, Austria.

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DOI: 10.24019/jtavr.76 - Corresponding author:Prof. Hugo Partsch, Hugo.Partsch@meduniwien.ac.at

Abstract Based on the historic reports about the life of Peregrine Laziosi (1265-1345) and a post-mortem examination 638 years after his death, the most probable diagnosis in this case was a venous ulcer on his right leg. As an act of penance, he did not lie down but stood in an upright position, praying to God for most of his adult life. Therefore he developed swollen legs and one extremity exulcerated. This is the typical story of a venous stasis ulcer. When the doctor came to amputate the leg the wound was healed (maybe due to excellent compression therapy performed by an angel, as demonstrated in many pictures and statues showing the miracle of St. Peregrine) (Canonization 1726). Cancer seems rather improbable based on the autopsy performed more than 600 years later and on the high age of Peregrine at his death. This case report from the middle ages is discussed concerning pathophysiology, prevention and therapy of stasis ulcers and some historic implications for todays practice are reported. Without any doubt St. Peregrine deserves more publicity, not only for the patients with leg ulcers, but also for the medical staff treating ulcer patients and how the fate of St. Peregrine can be prevented.

Keywords Peregrine's ulcer, stasis ulcer, hypertension, compression therapy, prolonged standing

I met St. Peregrine for the first time 1945, as a seven year old boy during my preparation for my first holy communion in the “Servites' church“ (the church of the order of the servants of Mary) in Vienna.

In a side corner of the 350 years old cloister attached to the church - today still a monastery - he was sitting in his black monk’s habit, showing an ugly wound on his lower leg, which was obviously very painful according to the expression of his pale face. At one side of the statue there was a cross on the wall and - strangely enough - the crucifixus had his right arm freed and pointed to the wound.

Fig 1 - Statue of St. Peregrine in the cloister of the Servites' church in Vienna.

Many silver legs and hearts were decorating the room (Fig 1)

I was deeply impressed by this poor chapel, but forgot about him after my family moved to another district of Vienna.

About twenty years later - I was a young registrar at a dermatological department which had some reputation for swollen legs and leg ulcers - I visited a patient at his home which was one block behind the church and a secret force guided me to the cloister beside the Servites' church. Here he was, my old friend still sitting there, and now it became clear to me that he obviously suffered from the same disease which I had seen dozens of times every day and just a few minutes ago in my patients leg. Peregrine had a venous ulcer! I bought a little brochure describing the life history of St. Peregrine [1]

The Case History of St. Peregrine

Born as the only son of the wealthy family of Laziosi from Forli, in the province of "Emilia e Romagna", Italy, he was a rebellious youngster. In the historic controversy between Guelphs and the Ghibellines, Peregrine stood on the imperial side (against the party of the pope) and attacked his later prior of the Servites' order, Philippus Benitius, by slapping his face in rage. Utterly surprised by the mild and benevolent reaction of his victim, he was so overwhelmed that he asked Benitius for forgiveness.

As reported by Nicolo Borghese[2] (1483) the repentant then followed a calling of the holy virgin Mary, took the latin name of Peregrinus and wandered to Siena. There he was accepted by a group of young monks as a member of the newly formed congregation of the servants of the holy virgin (Servites).

Following a command of his prior he went back to Forli when he was 30, bearing a strict religious life.

Between the age of 30 and 60 Peregrine was never seen in a sitting or resting position. As an act of penance, he spent all his lifetime in an upright position and even during night he did not lie down but instead he put a board to the wall which kept him upright.

St. Peregrine was about 60 years old when leg swelling occurred and one lower leg exulcerated leaving a malodorous skin defect which was called a cancer. Dr. Paulus Salatius (or Salagis) was consulted and recommended instant amputation. During the night before surgery (Fig. 2), Peregrine crawled into the chapter house and prayed under the painting of a crucifixus which can still be found there (Fig. 3). Before losing consciousness, he saw the right hand of Christ coming free of the cross and touching his wound. On waking up the next morning, the wound was healed.

The doctor who came next morning bringing his instruments for amputation (Fig. 2) was deeply impressed and spread the story of the miraculous healing in the neighbourhood which caused masses of people to come and see Peregrine during his last years of life. It is reported that several miraculous healings of different other diseases happened in this time[2]. St. Peregrine died on May 1, 1345 without any visible skin changes on his leg.

Fig 2 - Painting of St. Peregrine in the previous Servites' church in Maria Jeutendorf, Lower Austria.On the 160 bottom right side one can see the surgeon coming in with the instruments for amputation.

Fig 3 - Early medieval painting of the crucifixus in the chapter house in Forlì, Italy, where the miracle took place.

Fig 4 - Picture showing an angel performing a compression bandage to Peregrines right leg. (Basilika Maria Loretto, Burgenland, Austria)

Fig 5 - Stamp in memory of the foundation of the Servites' monastery in Maria Luggau, Carinthia, Austria, 500 years ago showing St. Peregrine's miracle.

Clinical differential diagnosis

Based on the reported history the most probable diagnosis is a stasis ulcer and not a malignant tumor. The term cancer was frequently used in the middle ages for all sorts of malodorous skin defects failing to heal. We may assume that the life style of Peregrine, staying upright with a diminished venous pump for 30 years, caused chronic venous hypertension, possibly aggravated by several phases of deep venous thromboses, which ultimately led to skin defects in the lower leg. (To differentiate between a "stasis ulcer" and a "post-thrombotic ulcer" in such a case seems to be an academic concern)

Long standing ulcers may rarely show malignant degeneration ("Marjolin ulcer" - first description 1828) leading to destruction of underlying tissues including the bone[3].

Post-mortem examination was performed more than 600 years later (1958) by two surgeons from Forli[4] who were unable to find bone destruction, but there was some evidence that the ulcer had been situated on the right leg, which is in accordance with most paintings and statues which can be found especially in Austria. (e.g. Fig. 2)

Probable cause of Peregrine´s ulcer

Stasis is the main trigger for the complex of "chronic venous insufficiency" leading to an ulcer. Due to the long upright phases without movement blood stagnates in the veins of the lower extremities causing venous hypertension. The continuous overload of veins and venules lead to an increased capillary filtration. We are all victims of gravity, people especially affected are those spending their working days mainly in the standing position[5]. Lymphatics are overloaded by the continuously increased amount of fluid and decompensate. Capillary hypertension causes micro-angiopathy with microthrombi, thickening of basal membrane and endothelial damage with widening of inter-endothelial spaces. The increased permeability leads to an extravasation of fluid, escape of blood cells into the pericapillary spaces and inflammatory processes with trapping of white blood cells and growth factors[6]. These factors, sometimes triggered by a minimal trauma, lead to a breakdown of the skin which will not heal as long the "stasis factor" is not resolved.

Based on Duplex examinations we know today, that the majority of patients with venous leg ulcers have venous refluxes causing ambulatory venous hypertension due to retrograde flow waves with every step. Also constantly elevated venous pressure leading to ulceration has been shown in patients with proximal venous obstruction[7] or with massive obesity, when the weight of abdominal fat masses compresses the veins in the groin area, causing an increase of pressure in the distal veins[8].

Therapeutic implications

There are mainly two ways to treat this complex:

- A) Bed rest
- B) Compression

A) Bed rest is the most basic modality to reduce venous hypertension and was still recommended for

treating venous leg ulcers in older textbooks. For the perioperative treatment of leg ulcers Obermayer has proposed an "active bed-rest" regime, putting patients into the bed plus performing organized exercises. In his clinical surrounding this procedure has been called "Peregrines regime"[9].

B) Compression therapy is the most effective way to counteract stasis[10]. Interestingly most paintings and statues show Peregrine being treated by bandages on the leg which are frequently applied by angels (Fig. 4)

St. Peregrine´s tracks up today

Whenever there was international venous meeting in Vienna, I showed interested attendants my discovery in the Servites' church. There is a small chapel attached to the main church, where a copy of the original statue in the cloister can be seen. This was done due to a fire regulation of Josef II, the "Emperor of Enlightenment", who closed down most catholic orders. Even the pope Pius VI coming to Vienna in 1782 to calm down Josef II, visited the chapel of St. Peregrine who had been canonized 52 years before. This was an important sign from a first visit of a pope to Vienna to impress ordinary people for whom leg ulcers were very well known as disorders of underprivileged workers (coachmen, servants). St. Peregrine had a huge fan-club at his time and his chapel was full of donations spent for "miraculous wound healings", mostly in form of silver legs.

Peregrine´s popularity decreased through the following decades and he was almost forgotten.

In recent years, there has been a renaissance and increased interest. Nursing companies in Canada and clinics in Holland opened carrying the name of "St. Peregrine". The Austrian mail service released two stamps, one in the year 1994 to commemorate the foundation of the Servite's monastery in Maria Luggau (Carinthia) 500 years ago (Fig. 5), and the second in 2012 to honour the merchants in the district of the Servite's church in Vienna.

The Austrian Society of Phlebology created a "Peregrini-Prize" for outstanding scientific publications in the field of Phlebology (https://www.phlebologie.at/peregrini-preis.html).

One of the first consensus documents of the International Union of Phlebology (IUP), dedicated to Compression therapy[11] chose a picture on its front page showing the rural painting in a remote Carinthian chapel, in which Peregrine was asked for his help to heal the ulcer of the sponsor who built the chapel (Fig. 6).

Some years ago, Alfred Obermayer started to organize "Peregrine pilgrimages" every May 4 (the festival day of the saint) to places where pictures and statues of St. Peregrine can be seen. The tours led to places in Austria, to Bohemia in the Czech Republic and two years ago to Forlì, where we visited not only the private house of the saint, the place where he used to do his exercises of penance, but also the place under the gothic cross where the miracle happened, and the skeleton of St. Peregrine dressed in a simple soutane can be seen (Fig. 7).

In 2014 a wonderful book was edited by D. Hübsch containing a collection of beautiful illustrations of chapels and churches in Austria where the saint is still adored and a club of the friends of the Servite's order was created[2].

Today I am happy to see that my "divine appointment" (as it was called by Joe Caprini) from the year 1945 seems to flourish and will go on as a mediator between different groups of people interested in leg ulcers which are still a very prominent disease all over the world.

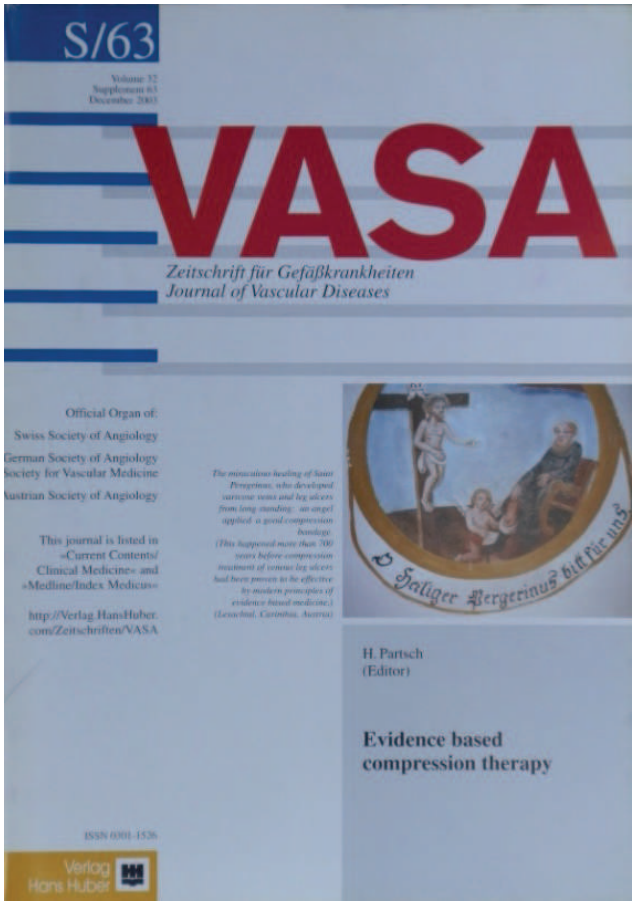

Fig 6 - Title page of the IUP consensus document on compression therapy shows the wall painting in a small chapel in a remote Carinthian valey which had been erected by a local farmer to thank Saint Peregrinus for healing his leg ulcer.

Fig 7 - St. Peregrine in a glass sarcophage which is opened for the public around his birthday every year in the Servite's basilica in Forlì.

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