



Fig. 1: Soles of the feet as seen on the Shroud. The right foot, entirely covered with blood, is on the reader's left.

## CONSIDERATIONS ON THE FEET OF THE MAN OF THE SHROUD\*

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In studying the Shroud, all authors have remarked that there is not always total conformity between interpretations of details and other data. One is always left holding a fragment which does not fit well into the mosaic. And this is the interesting, the mysterious aspect of this cloth, that it never leaves the mind quite satisfied, but rather invites it to further research. Thus it happens that the logic of that stray fragment can lead to a different conclusion.

Given this premise, we will see how much can be observed on the Shroud in the area corresponding to the feet.

1) *Left foot, instep*; no blood-mark, no indication of a wound or of a nail-hole, but a very evanescent fading away, devoid of significance. (Fig. 2)

2) *Sole of the left foot*; an evident and squabby transfer stain corresponding to the outside margin of the sole of the foot and the heel. At the inner margin of the arch, only a faint vaporous imprint can be seen. The nail-hole is not well indicated but it could be localized at the point where a thin stream begins, which runs toward the root of the first toe. (Fig. 1)

3) *Right foot, instep*; all the central part of this area is covered by the "Rose of Blood", a transfer stain of polygonal form from which a curving stream reaches the inside edge at the level of the first toe. In the center of the Rose of Blood, the nail-hole is visible. (Fig. 2)

4) *Sole of the right foot*; an intense bloodstain delimits the entire surface of the sole. The major axis of the foot is oriented from the back forward, converging with the median line. The two margins, outside and inside, are equally strongly impressed and rectilinear. In the center, in correspondence to the second intermetatarsal space, the nail-hole is apparent. (Fig. 1)

### **Interpretation and Significance of These Data**

A) Either a minimal amount of blood issued from the wound on the instep of the L foot, because the nailhead was forcibly imbedded in the foot, obstructing the hole; or the manual manoeuvres for the deposition and transport wiped the blood from this area; or the upper layer of the cloth made a bridge, passing from an ankle bandage to the point

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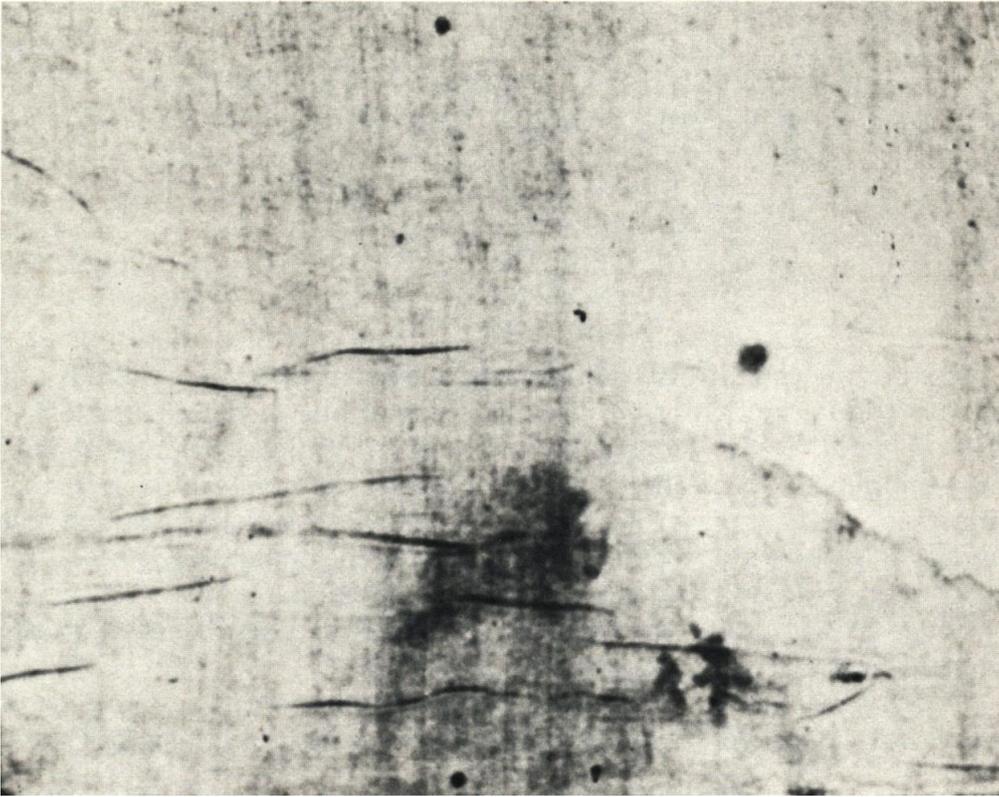


Fig. 2: Front view of the area of the feet, showing the Rose of Blood on the instep of the right foot (on reader's right).

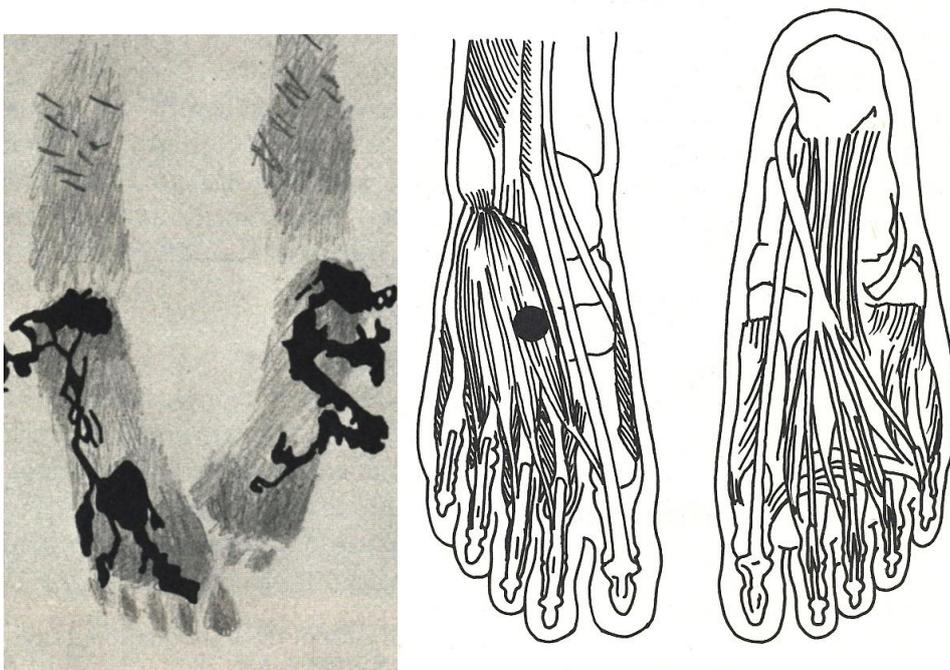


Fig. 3: (Left) Artist's reconstruction of the position of the feet in the tomb.

Fig. 4: (Right) Diagram of a foot, showing the location of the nail in the approximate area of the second intermetatarsal space (on instep only), and the muscles of the instep and the sole of the foot.

of the foot. of the toes, not touching the instep, since the foot was in talus position, i.e., at a right angle to the axis of the leg and to the surface of the funeral bench. This position can be explained when one considers that the lacerations of the tendons in the arch of the foot would have brought the instep into hyperflexion and the toes into hyperextension.

B) With the foot in talus position, the heel would be the lowest part, and this would explain how the blood could accumulate there. But in that position, the external edge of the sole consequently had to be turned medially, i.e., in varus. This is shown, not so much from the blood coagulation at the heel, but rather in the position on the funeral bench, since the under layer of the cloth received the blood transfer. (Fig. 3)

Another reason for the minimal flow from the sole of the L foot could be that some obstacle had prevented the blood from spreading toward the anterior part and the concave margin; and since this obstacle could be nothing other than the R foot, one is inclined to admit that, on the Cross, the L foot was nailed over the R. (In the tomb it was moved aside.)

C) But this is not confirmed by another observation: The Rose of Blood corresponds to that part of the L sole which is free of any clot.

Even if one admits that the holes we see are each in the approximate area of the second intermetatarsal space, it would not be physically possible to make the two surfaces come together, (the R instep and the L sole), oriented anatomically and functionally in diametrically opposite directions. And if one admits that the tarso-metatarsal articulations of the two feet had been subjected to a distortion in pronation so exceedingly violent as to lacerate the various and robust ligamentous formations in these areas, one would have to renounce the idea that the feet rotated on the nail. Rotary movements would not have been possible, for the torn ligaments would not have provided the strength and firmness necessary in the feet for the efforts of lifting the body. (Fig. 4)

D) The little stem-like branch from the Rose marks the downward flow of blood from the R instep. It then flows around the foot to mix with the blood which issued from the hole in the sole. The large quantity of blood would have been plentiful enough to produce the uniform spread, since the sole of the R foot was pressed against the surface of the stipes and afterwards was in contact with the under layer of the cloth. Therefore, the foot would had to have been in plantar hyperextension, the toes in internal rotation, and the sole turned outward.

### **Concluding Considerations**

From the interpretation of sindonic data, it is quite difficult to describe, with due technical precision, the position of the feet of the Man of the Shroud. In summary: The left foot talus varus, the right foot

adducted equino-valgus. However, to be honest, I own that other conclusions, reached by means of the evaluation of some detail observed, could be acceptable.

EXCERPTS FROM OTHER AUTHORS:

DR. ROBERT BUCKLIN: "The imprint of the right foot is a nearly complete footprint on which the outlines of the heel and toes can be seen. In the center is a square mark surrounded by a pale halo ... where the foot was pierced... A single nail was used to fix both feet, passing between the metatarsal bones." (*La Sindone e la Scienza*, pg. 117)

DR. GIOVANNI JUDICA-CORDIGLIA: The nail hole in the right foot is 8 cm. from the heel, 3 cm. from the inside edge of the sole of the foot. (*Sindon* #1, pg 8, 1959). The nail hole on the right instep is not visible because there is too much blood. (*L'Uomo della Sindone e il Gesù dei Vangeli?* 1974)

On the R sole ... the square nail-mark is clear. From that point are numerous blood-flows; those going toward the toes represent blood which flowed while Jesus was on the cross; others, more numerous, flow toward the heel. These flows, more abundant, were caused by the extraction of the nail; they continued to flow during the transport of the body, in horizontal position, to the tomb. Legal medicine has studied these wounds and their traces, clearly distinguishing venous blood, flowing toward the toes, from postmortem blood in the zone of the heels. The clots are not distinct because they were not yet perfectly coagulated, and the serous fluid is opaque, almost blackish. The nailhole is just in front of the Lisfranc line ... With the feet placed one above the other, the thickness the nail had to traverse is relatively small, so that the nail was driven deep into the wood, thus providing a fulcrum for the efforts of lifting the body to breathe. (*La S. Sindone*, Bulletin of the Holy Shroud Chapel; #6, 1966)

DR. PIERRE BARBET: Experiments on cadavers showed that a single nail pierced the two feet. "The technic is extremely easy, such as an executioner would wish ... The feet cross easily, the right foot flat against the stipes; and this is done without any dislocation or twisting ..." The Rose of Blood is probably on the instep of the R foot; it is blood which ran between the instep of the R foot and the sole of the L foot, joined together by the nail. In the tomb, the L foot moves aside, covering only the anterior part of the R foot. (*Sindon* 14-15, 1970)

PAUL VIGNON: "In the total absence of any frontal image of the feet, the large bloodstain seems to be situated outside of any context. One sees, however, at the extreme left of the stain, a circle surrounded by a pale border; evident signature of one of the wounds from the nail. This wound ... is on the instep of the left foot. It is from the left foot that this bloodflow issued ..." (*Le Saint Suaire de Turin*, 1939, pg 43)